

Department of Medicine - Hospital Medicine 2020 Privileges Request Form

I am requesting the specific privileges marked below. I understand that I may request additional privileges, or privileges in another Clinical Department, at any time. I also understand that the granting of these privileges is subject to verification of proficiency by the Chair of the Department, the Credentials Committee of the Medical Staff, and/or any other person or body appropriately designated under the Bylaws, Rules and Regulations of the Medical Staff.

I understand that in an emergency (any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient), I am authorized to treat any medical disease and/or perform any medical or surgical procedure indicated that is within the scope of my license.

Minimal formal training: Successful completion of an ACGME- or AOA accredited residency in internal medicine, and/or current certification or active participation in the examination process (with achievement of certification in accordance with UCSF Medical Staff Bylaws) leading to certification in internal medicine by the ABIM or AOBIM, or foreign training and board equivalency.

Renewal Criteria: Practitioners who do not meet the activity levels for maintenance/renewal criteria (such as Courtesy appointee) for particular privileges may submit – from their primary practice location—either;

- A.) A peer reference from the service Chief or Chair attesting to clinical competence in the requested privileges, or
- B.) Case-logs of clinical activity from their primary practice location.

CATEGORY 1 Core Privileges

| Requested | Privilege Description | Initial Criteria | Renewal Criteria | Proctoring |
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| | <p>A - Core privileges for internal medicine include the ability to admit, evaluate, diagnose, treat and provide consultation to adolescent and adult patients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Internists may provide care to patients in the intensive care setting in conformance with unit policies. They also should be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the procedures list below and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Performance of history and physical exam <input type="checkbox"/> Arthrocentesis and joint injections <input type="checkbox"/> Incision and drainage of abscesses <input type="checkbox"/> Local anesthetic techniques <input type="checkbox"/> Placement of a peripheral venous line <input type="checkbox"/> Interpretation of EKGs <input type="checkbox"/> Removal of nonpenetrating foreign body from the eye, nose, or ear <input type="checkbox"/> Management of burns, superficial and partial thickness <input type="checkbox"/> Aspiration of joints & subcutaneous lesions | <p>Provision of care to at least 50 patient encounters, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months</p> | <p>Reappointment should be based on unbiased, objective results of care according to a hospital's quality assurance mechanism. To be eligible to renew privileges in internal medicine, the applicant must have current demonstrated competence and an adequate volume of experience 50 patient encounters with acceptable results, reflective of the scope of privileges</p> | <p>(10) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring</p> |

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| | | | <p>requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p> <p>In addition, continuing education related to internal medicine should be required</p> | |
| | B - Abdominal Paracentesis | Case logs documenting 5 procedures with acceptable results for each procedural privilege requested | Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs. | (5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring |
| | C - Drawing of Arterial Blood | Case logs documenting 5 | Maintenance of these procedural | (5) encounters |

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| | | procedures with acceptable results for each procedural privilege requested | privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs. | with satisfactory outcomes for each requested procedure must be submitted to complete proctoring |
| | D - Insertion Arterial Blood | Case logs documenting 5 procedures with acceptable results for each procedural privilege requested | Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs. | (5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring |
| | E - Nasogastric Intubation | Case logs documenting 5 procedures with acceptable results for each procedural privilege requested | Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results | (5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring |

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| | | | of ongoing professional practice evaluation and outcomes or case logs. | |
| | F - Thoracentesis | Case logs documenting 5 procedures with acceptable results for each procedural privilege requested | Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs. | (5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring |
| | G - Lumbar Puncture | Case logs documenting 5 procedures with acceptable results for each procedural privilege requested | Maintenance of these procedural privileges requires demonstrated competence of at least 5 procedures with acceptable results within the past 24 months, based on results of ongoing professional practice evaluation and outcomes or case logs. | (5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring |

F - Central Line Placement & Removal

Documented Completion of the Central Venous Catheter Procedure Education and Training Module via the UCSF Learning Center AND Documentation of at least one of the following: 1. Board Eligibility/Board Certification in specialties that include CVC Insertion and/or removal procedure as part of the basic delineated competencies (ie. Anesthesia, Cardiology, Emergency Medicine, General Surgery, Interventional Radiology and Nephrology). 2. Completion of one-month experience/rotation in Interventional Radiology. 3. Attestation or certification by Service Chief or Program Directors. 4. Documented supervised insertion procedures (5 internal jugular, 5 femoral, 5 PICC, 5 subclavian). Documented supervised removal procedures (2 non-tunneled lines)

(5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring

**CATEGORY 2
Special Privileges**

| Requested | Privilege Description | Initial Criteria | Renewal Criteria | Proctoring |
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| | A - Acupuncture | 220 hours of CME in acupuncture training | Documentation of 10 procedures in the past 24 months | (5) encounters with satisfactory outcomes for each requested procedure must be submitted to complete proctoring |
| | B - Provider Performed Microscopy | Completion of PPM Competency training through the University of Washington's Department of Laboratory Medicine website (annual) and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form | Annual review of online assessment through the University of Washington's Department of Laboratory Medicine website and UCSF's Provider Performed Microscopy Procedures (PPMP) Competency/Proctoring form | |
| | B1 - Urine | | | |
| | B2 - KOH | | | |
| | B3 - Wet Prep | | | |
| | B4 - Fern | | | |
| | B5 - Pinworm | | | |
| | C - Waived Point-of-Care Testing | Completed "Waived Testing Privileges" form signed by applicant and Division/Department | | |

| | | signer(s) | | |
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| | C1 - IM Confirms® Urine Pregnancy Test | | | |
| | C2 - Urine Multistix® or Uristix® | | | |
| | C3 - pH testing using pH paper | | | |
| | C4 - Coloscreen® | | | |
| | C5 - Gastrocult® | | | |
| | C6 - Quickview Influenza | | | |
| | C7 - Signify Strep A | | | |
| | C8 - Binax Now ® RSV | | | |
| | C9 - OraQuick Advance ® Rapid HIV ½ Antibody | | | |
| | D - Ultrasound for limited anatomic examination | <p>Documentation of ultrasound training with certification form at least one of the following:</p> <p>A. UCSF Hospital Medicine Ultrasound Training Pathway</p> <p>B. SHM Point of Care Certificate Pathway</p> <p>C. Chest Critical Care Ultrasonography Certificate Pathway</p> | <p>Documentation of ongoing use of point of care ultrasound with acceptable accuracy rate as determined by the Hospital Medicine Ultrasound Committee.</p> | |
| | <p>D1 - Focused cardiac ultrasound, including</p> <p>a) Presence or absence of pericardial fluid</p> <p>b) Qualitative assessment of LV size and function</p> <p>c) Assessment of inferior vena cava size and respiratory variation</p> <p>d) Evaluation of internal jugular vein for jugular venous distention</p> | | | |

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| | D2 - Thoracic ultrasound a) Evaluation for pneumothorax b) Evaluation of lung parenchyma for pulmonary edem/consolidation c) Evaluation for pleural effusion | | | |
| | D3 - Abdominal ultrasound focused abdominal sonography in Trauma (FAST) a) Evaluation of bladder volume b) Identification of hydronephrosis c) Evaluation of ascites | | | |
| | D4 - Examination of vascular structures a) Evaluation of lover extremity deep venous thrombosis b) Evaluation of abdominal aorta | | | |
| | D5 - Musculoskeletal a) Identification of joint effusion b) Identification of abscess c) Identification of cellulitis | | | |
| | CP - Consult Privileges Only | | | |
| | LPPHC - LPPHC - I'm applying for Courtesy Consultative Privileges at UCSF Langley Porter Psychiatric Hospital and Clinics (LPPHC) | | | |

APPLICANT'S SIGNATURE: _____

Date: _____

DEPARTMENTAL REVIEW AND RECOMMENDATION

I am not aware of any physical or mental health status issue that could in any way impair this individual's abilities to practice within the privileges requested.

UCSF Division Chief Signature

Date

UCSF Department Chair Signature

Date