

ATRIUM HEALTH FLOYD/POLK/CHEROKEE  
DELINEATION OF PRIVILEGES  
SPECIALTY OF INTERNAL MEDICINE

Print Name \_\_\_\_\_

Initial appointment    Reappointment    Updated DOP    Request for Clinical Privileges

Granting of clinical privileges in the Department of Medicine is based upon a review by the Department Chairman, the Executive Committee, and the governing board of the clinician's training and experience. Prior to requesting clinical privileges, each physician should carefully evaluate his own practice with regard to the types of patients cared for and the severity and complexity of illness in those patients. As a general rule, each physician should request privileges in those areas matching his own practice patterns. Physicians who request privileges in areas outside their area of specialization, or for care of patients within certain categories defined below may be requested to provide documentation of training and competence in these areas beyond that indicated by specialty board certification alone. Privileges should not be requested for situations unlikely to occur within the scope of the physician's present practice, even though he may have had previous training in this area. Information obtained from departmental QA efforts may prompt requests for specific limitations in practice, or mandatory consultation under specific circumstances.

Approval of requests to perform special procedures will require that such procedures be considered an integral part of the specialty interest, or that documentation of special training and competence be submitted. Physicians should request privileges for procedures which they perform regularly, and which they expect to perform at Floyd Medical Center. Performance of a specified minimum number of procedures of given type each year will be required to maintain privileges for that procedure without further documentation of additional experience or training.

Requests to perform new procedures will be reviewed on an individual basis by the Department Chairman and pertinent subspecialty representative(s). The type of procedure, training required for competency, evidence of hands-on experience, and related specialty training will be considered in evaluating the physician's request. For procedures posing significant patient risks, a six-to-twelve month monitoring period will be established to allow review of performance and complications. The Executive Committee will grant such privileges after review and recommendations by the Department Chairman.

Delineation of specific privileges is not intended to prevent physicians acting in emergency situations to provide life-saving care or to perform urgent procedures, where delay might endanger a patient. All members of the Department of Medicine are granted Emergency privileges to act according to their judgment to provide urgent care.

**PART 1 – GENERAL MEDICAL PRIVILEGES**

This category of privileges includes treatment of all medical conditions of mild degree, which do not pose a serious threat to life or patient well-being, as well as more serious conditions occurring in patients with or without co-existing serious acute or chronic illnesses. Patients may be admitted to and consultation provided in Intensive Care areas (including Coronary Care). Conditions of unusual seriousness or complexity would warrant consultation by an appropriately qualified sub-specialist. Examples of conditions treated by physicians with privileges in General Internal Medicine would include acute myocardial infarction, congestive heart failure, stroke, seizures, gastrointestinal bleeding, hepatitis, pneumonia, acute asthma, anemia, treatment of complications of cancer, renal insufficiency, diabetic acidosis, and hyperthyroidism. Subspecialty physicians with privileges in

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General Internal Medicine may desire consultation with a General Internist for care of problems outside their particular area of expertise. Based on information obtained during the departmental Quality Assurance process, physicians may be required to obtain consultation for care of certain categories of patients.

## PART 2 – SUBSPECIALTY PRIVILEGES

Physicians eligible for certification or currently certified in medical subspecialties may request privileges within the area of expertise of that specialty. Documentation of current expertise may be requested based upon the physician's dates of training, prior experience, and current practice patterns. Physicians holding such privileges will provide primary and consultative care for patients with illnesses falling within the realm of the specialty. General Internists with documentation of relevant training and expertise may also request specific privileges in these areas. Evaluation of performance by peers and by relevant subspecialty physicians, as well as the recommendation of the Department Chairman, may be requested prior to granting such privileges by the Executive Committee. Subspecialty physicians will be expected to provide upon request evidence of current expertise in the performance of procedures integral to that specialty if such procedures are performed infrequently by that physician, or based on information obtained through the departmental Quality Assurance program.

Medical subspecialties currently represented at Floyd Medical Center include:

### Allergy-Immunology

Diagnose, treat, and help prevent allergic diseases and disease processes affecting the immune system.

### Cardiology

Expertise in management of patients with acute myocardial infarction, including administration of thrombolytic agents; cardiac arrhythmia diagnosis and management; treatment of congestive heart failure, valvular heart disease, hypertensive heart disease, and bacterial endocarditis; diagnostic evaluation and management of coronary artery disease.

### Critical Care

Certification of special qualifications through American Board of Internal Medicine. Expertise in management of multiple-system illness of a critical nature, including shock, sepsis, acute respiratory insufficiency, renal and cardiac failure, poisoning, and acute gastrointestinal disease; hemodynamic evaluation and monitoring; use of mechanical ventilation.

### Dermatology

Expertise in diagnosis and treatment of patients with disorders of the skin and their systemic manifestations. It is understood that approval of requests for dermatology procedures performed in the operating room are reviewed under the auspices of the Department of Surgery.

### Endocrinology

Expertise in evaluation and therapy for complex endocrinopathy involving thalamic pituitary, thyroid, adrenal, pancreatic, and reproductive glands, as well as congenital and acquired metabolic disorders.

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### Gastroenterology

Expertise in evaluation and management of disorders of the alimentary system, including disorders of deglutition, esophageal disorders, gastric diseases, ulcerative diseases of the GI tract, hepatobiliary disease, pancreatic secretory and inflammatory diseases, diarrheal diseases, and malignant diseases of the gastrointestinal tract.

### Hematology

Expertise in evaluation and management of disorders of blood and blood forming organs, including anemia, thrombocytopenia, leukocyte disorders, coagulation disorders, and malignant diseases.

### Hospice

A multidisciplinary approach to specialized medical and nursing care for people with life-limiting illnesses. It focuses on providing people with relief from the symptoms, pain, physical stress, and mental stress of the terminal diagnosis. The goal of such therapy is to improve quality of life for both the person and their family.

### Nephrology

Expertise in diagnosis and management of diseases of the urine excretory system including renal failure, fluid and electrolyte disorders, inflammatory or immunologic diseases of the kidneys, refractory hypertension, and in management of patients requiring peritoneal dialysis or hemodialysis.

### Oncology

Expertise in medical management of patients with internal malignancy of all types, and in administration of cytotoxic agents for treatment of malignant disease.

### Neurology

Expertise in diagnosis and management of patients with acute or chronic diseases of the central nervous system and peripheral neuromuscular disorders including ischemic disorders, stroke, seizures, infections, and metabolic and degenerative disorders.

### Palliative care

A multidisciplinary approach to specialized medical and nursing care for people with life-limiting illnesses. It focuses on providing people with relief from the symptoms, pain, physical stress, and mental stress of the terminal diagnosis. The goal of such therapy is to improve quality of life for both the person and their family.

### Physical Medicine and Rehabilitation

Physical medicine and rehabilitation (PM&R), also known as rehabilitation medicine, is the specialty concerned with the diagnosis and nonsurgical management of patients with neuromuscular and musculoskeletal disorders. The primary focus of the PM&R specialist, or physiatrist, is the restoration of functioning as well as the alleviation of pain. The PM&R specialist may practice Rehabilitation Medicine with patients in diagnostic groups including, but not limited to Amputation, Arthritis, Cancer, Cardiac, Chronic Pain, Industrial Injury, and Neurological Disorders. Treatment can incorporate such modalities as exercise, prosthetics, orthotics, and mechanical and electrical devices.

### Neurorehabilitation

Physical medicine and rehabilitation (PM&R), also known as rehabilitation medicine, is the specialty concerned with the diagnosis and nonsurgical management of patients with neuromuscular and musculoskeletal disorders. The primary focus of the PM&R specialist, or physiatrist, is the restoration of functioning as well as the alleviation

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#### Pulmonary Diseases

Expertise in evaluation and management of patients with disorders of the chest and respiratory system, including airway diseases, infections (including tuberculosis), respiratory or ventilatory failure requiring artificial ventilation, pleural diseases, pulmonary vascular diseases, embolic diseases, and disorders of respiratory control.

#### Rheumatology

Expertise in evaluation and treatment of patients with disorders of the articular system, including inflammatory and degenerative arthritis, as well as immunologic disorders involving multiple organ systems, including systemic lupus erythematosus, polymyositis, systemic sclerosis, and vasculitis.

#### Sleep Studies

Expertise in comprehensive recommendations for the evaluation, diagnosis, treatment and follow-up of patients with sleep disorders.

### *PART 3 – PROCEDURES*

Clinicians credentialed in the Department of Medicine may request privileges to perform certain procedures for which they are able to demonstrate training and current competence. While some procedures may be considered integral to the performance of the duties of specific specialties, documentation of the type, extent, and duration of training in a procedure, and the level of experience of the practitioner in performing that procedure may be requested prior to granting privileges for its performance. Physicians should not request privileges to perform procedures which they do rarely in their practice. Documentation of current competence in a procedure may require evidence that the procedure is performed on a regular basis, as indicated by a specified minimum number of procedures per year, or by evidence of additional training. The adequacy of such training will be judged by the Executive Committee with the recommendation of the Department Chairman.

Statistics with regard to complications of invasive procedures shall be maintained for each clinician performing the procedure, and reviewed by the Department Chairman at least annually, with comparison to local and national norms. Physicians demonstrating excessive rates of complications may be required to document additional training before renewal of privileges. Physicians will be required to review their privileges for procedures at least bi-annually, and should not expect renewal of privileges for procedures which they have not performed during that period.

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**Please check all categories and privileges desired.**

PRIVILEGE	FLOYD	POLK	CHEROKEE
<b>General Internal Medicine</b>			
<b>Subspecialty Care</b>			
Allergy-Immunology			
Cardiology			
Critical Care			
Dermatology			
Endocrinology			
Gastroenterology			
Hematology			
Hospice			
Infectious Disease			
Nephrology			
Neurology			
Neurorehabilitation			
Oncology			
Palliative Care			
Physical Medicine and Rehabilitation			
Pulmonary Diseases			
Rheumatology			
Sleep Studies			
<b>PROCEDURES</b>			
<b>Cardiology</b>			
ECG interpretation			
Emergent cardioversion			
Elective cardioversion			
Emergent Pericardiocentesis			
Pericardiocentesis			
Temporary pacemaker insertion			
Permanent pacemaker insertion			
Exercise ECG/"stress test"			
Pulmonary artery catheterization			
Administration of thrombolytic therapy In acute myocardial infarction			
Aortic balloon pump insertion			

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PRIVILEGE	FLOYD	POLK	CHEROKEE
Cardiac Catheterization Diagnosis			
Cardiac Catheterization Intervention			
Cardiac Echo Doppler			
Transesophageal Echocardiography (TEE)			
Stress Echocardiography			
Stress Echo/Dobutamine Echo			
2 D Echo			
Echocardiography			
<b>Critical Care</b>			
Tracheal intubation oral/nasal			
Central vein catheterization			
Pulmonary artery catheterization			
Arterial catheterization			
Closed tube thoracostomy			
Therapeutic bronchoscopy			
<b>Gastroenterology</b>			
Rigid sigmoidoscopy			
Flexible procto-sigmoidoscopy			
Upper GI endoscopy			
Sclerosis of varices			
Colonoscopy			
Endoscopic polypectomy and biopsy			
Percutaneous liver biopsy			
Endoscopic retrograde cholangio- Pancreatography (ERCP)			
Endoscopic sphincterotomy/stone extraction			
Endoscopic gastrostomy			
Endoscopic hemostasis			
Esophageal prosthesis placement			
Esophageal dilation			
Paracentesis			
Foreign body removal			
Therapeutic endoscopic manipulation of bleeding sources – EGD			
Therapeutic endoscopic manipulation of bleeding sources – Colon			
PillCam			

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PRIVILEGE	FLOYD	POLK	CHEROKEE
<b>Hematology/Oncology</b>			
Lumbar Puncture with Intrathecal Chemotherapy			
Bone marrow aspiration/biopsy			
Intravenous antineoplastic chemotherapy			
<b>Nephrology</b>			
Percutaneous renal biopsy			
Hemodialysis			
Peritoneal dialysis			
Intravenous cytotoxic therapy			
<b>Neurology</b>			
Lumbar puncture			
EMG			
EEG interpretation			
Intravenous cytotoxic therapy			
<b>Neurorehabilitation</b>			
<b><u>Electrodiagnosis</u></b>			
Measurements of excitability & accommodation			
Electromyography and/or nerve conduction studies			
Evoked Potential Studies			
Somatosensory evoked responses			
Auditory evoked responses			
Visual evoked responses			
Muscle Strength Testing			
Range of Joint Motion Evaluation			
Neuromuscular Junction Studies			
<b><u>Therapeutic Procedures</u></b>			
Intra-articular Injection			
Motor Point Blocks			
Soft Tissue Injection, ligament, sheath, tendon, trigger point			
Digital Block			
Neurolytic Nerve Block, BOTOX, Nerve Blocks, ESI			
Serial Casting			
Management of Prosthetics and orthotics			

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PRIVILEGE	FLOYD	POLK	CHEROKEE
<b>Physical Medicine and Rehabilitation</b>			
<b><u>Electrodiagnosis</u></b>			
Measurements of excitability & accommodation			
Electromyography and/or nerve conduction studies (EMG)			
Evoked Potential Studies			
Somatosensory evoked responses			
Auditory evoked responses			
Visual evoked responses			
Muscle Strength Testing			
Range of Joint Motion Evaluation			
Neuromuscular Junction Studies			
Intrathecal morphine pump trials			
Spinal cord stimulator trials			
<b><u>Therapeutic Procedures</u></b>			
Intra-articular Injection			
Motor Point Blocks			
Soft Tissue Injection, ligament, sheath, tendon, trigger point			
Digital Block			
Neurolytic Nerve Block, BOTOX, Nerve Blocks, ESI			
Serial Casting			
Management of Prosthetics and Orthotics			
IDETS			
Intrathecal Pain Pump Implementation			
Intrathecal Baclofen Pump Implementation			
<b>Pulmonary Diseases</b>			
Thoracentesis			
Closed pleural biopsy			
Tube thoracostomy			
Fiberoptic bronchoscopy			
Transbronchial lung biopsy			
Rigid bronchoscopy			
Pleurodesis			
Direct and interpret sleep studies			
Intravenous cytotoxic therapy			
Intrapleural Sclerosis via Chest Tube			



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PRIVILEGE	FLOYD	POLK	CHEROKEE
<b>Robotic Assisted Navigational Bronchoscopy</b> <i>(For initial application, please request requirements from the Floyd Medical Staff Office; reappointment requests are monitored through Quality Improvement)</i>			
Intravenous Thrombolytic Therapy for Massive Pulmonary Embolus			
Intrapleural Cytotoxic Therapy			
<b>Rheumatology</b>			
Arthrocentesis			
Closed synovial biopsy			
Intravenous cytotoxic therapy			
<b>Conscious Sedation</b> <i>(For <u>initial</u> application, please request Conscious Sedation Credentialing packet from the Floyd Medical Staff Office; reappointment requests are monitored through Quality Improvement)</i>			
Additions/Deletions/Conditions/Other Limitations:			

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**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Atrium Health Floyd/Polk/Cherokee, and I understand that:

1. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

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Applicant's Signature

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Date