

**SCOTLAND MEMORIAL HOSPITAL  
Clinical Privileges Delineation Form  
Specialty: Internal Medicine**

**PHYSICIAN:**

**Criteria For Clinical Privileges:** To be eligible for clinical privileges in internal medicine, an applicant must meet the following criteria:

**Basic Education:** MD or DO

**Minimal Formal Training:** Completion of an approved residency training program in internal medicine.

**Special Procedures:** Documented training in each procedure requested, during residency, fellowship, or special class.

**General Privileges:** When granted any level of clinical privileges, a physician is automatically granted the following privileges:

- ◆ Ordering and interpreting of diagnostic studies that are normally considered part of the practice of internal medicine, including, but not limited to, laboratory, diagnostic imaging, and electrocardiograph studies.
- ◆ Prescribing and administering medications normally considered part of the practice of internal medicine.
- ◆ Requesting consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.
- ◆ During a clinical emergency, the provision of whatever care is indicated to prevent loss of life or serious injury to a patient.

	<u>Requested</u>	<u>Recommended</u>	<u>Not Recommended or Restrictions Recommended</u>
<b>CORE PRIVILEGES:</b> Admission, work-up, diagnosis, and provision of non-surgical treatments, including consultation, for patients over the age of 18 years admitted or in need of care to treat general medical problems. This includes the admission and treatment of critically ill patients in the ICU. <u>These privileges do not include any of the "special procedures" listed below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPECIAL PROCEDURES:** You must specifically identify each individual procedure that you wish to perform.

<u>Procedure</u>	<u>Requested</u>	<u>Approved</u>	<u>Not Approved/ Approved with Restrictions</u>
Pulmonary Artery Balloon Flotation Catheter Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treadmill Exercise Testing (supervision & interpretation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy / Conscious Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EGD / Conscious Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchoscopy / Conscious Sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect Laryngoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Pacemaker Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percutaneous Liver Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Mass Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I request the clinical privileges listed above.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Clinical Privileges Delineation Form**

**Specialty: Internal Medicine**

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**Department Chairman / Vice Chairman REPORT**

Any request indicated as "Questions Or Restrictions Recommended" must be explained here, including listing any restrictions.

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I have reviewed this request for privileges and the applicant's qualifications and competency to exercise clinical privileges as noted above.

\_\_\_\_\_  
**Department Chairman**

\_\_\_\_\_  
**Date**