



# Atrium Health

## IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH  
DELINEATION OF PRIVILEGES  
[SPECIALTY]  
SPECIALTIES OF INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, AND PEDIATRICS**

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

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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**\*If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

**Initial appointment**     **Reappointment**     **Updated DOP**     **Request for Clinical Privileges**

To be eligible for core Medical Genetics privileges, the applicant must meet the following qualifications:

- If the applicant is not currently certified by the American Board of Medical Genetics and Genomics (ABMGG) the applicant must:
  1. Provide documentation of successful completion, within the past five (5) years, of an ACGME accredited residency training program in Medical Genetics; **AND**
  2. Verification from the residency Program Director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
  
- If the applicant is currently certified by the American Board of Medical Genetics and Genomics (ABMGG) the applicant must:
  1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least fifty (50) medical genetics patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
  1. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least fifty (50) patients during the past two (2) years; **OR**

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

NOTE 1: Clinicians must apply for "CORE" privileges in order to be eligible for clinical privileges in the specialty of [insert] at any facility within Atrium Health.

NOTE 2: "CORE" privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE		<b>EXAMPLE CLINICIAN CORE PRIVILEGES</b>
										EX-1	Privileges to evaluate, diagnose, treat, and provide consultation to patient of all ages with metabolic or genetic, or possibly genetically linked, diseases or disorders by using cytogenetic, molecular, genomic, radiologic, and biochemical testing to assist in specialized genetic counseling and implementing needed therapeutic interventions as well as prevention through prenatal diagnosis.

These privileges include medical consultation as requested by other clinicians; ordering and interpretation of specialized cytogenetic, molecular, genomic, and biochemical testing; diagnosis and management of genetic disorders; application of knowledge of heterogeneity, variability, and natural history of genetic disorders in patient care decision-making; genetic risk assessment; genetic counseling; skin biopsy; lumbar puncture.

**Maintenance Criteria for Continued Privileges – EX-1:**

The Clinicians must submit a minimum of twelve (12) Medical Genetics Core privilege elements of which may in inpatient, outpatient, or consultative during the past two (2) year period based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Medical Genetics Core privileges (CGEN-1) but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	PVL	UNV	CR	LIN	CAB	UNN	STA	ANN	CLE	<b>GENERAL EMERGENCY MEDICINE SPECIAL PRIVILEGES</b>	Minimum Number Required	Number Performed Within Past 2 Years	Location	Proctoring Requested
										Must apply for and maintain Emergency Medicine Core Privileges (CEMD-1)				

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CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLE	<b>GENERAL EMERGENCY MEDICINE SPECIAL PRIVILEGES</b>	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										Must apply for and maintain Emergency Medicine Core Privileges			

										(CEMD-1)			
										CEMD-1(a)*	Emergency Ultrasound – Biliary (Cholecystitis and Cholelithiasis)	50	

**Maintenance Criteria for Continued Special Privileges (CEMD-1(a-c)):**

The Physician must submit a minimum of ten (10) cases over the past two (2) years for each ultrasound privileges held, based on acceptable results of ongoing professional practice evaluation and outcomes, and five (5) ultrasound related Category I or II CME hours over the past two (2) years to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

**CEMD-1(f) RESUSCITATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY**

**SHORT DEFINITION** - Use of limited TEE to assess the patient in active cardiac arrest with suboptimal transthoracic windows to evaluate for aortic dissection, tamponade, hypovolemia, significant ventricular dysfunction. TEE may also be used in this patient population to evaluate the quality of CPR.

**SKILLS AND TRAINING NEEDED** - The applicant must meet the following:

- 1 Emergency US TTE cardiac credentials through core or specific privilege **AND**
- 2 Documentation of TEE Ultrasound course that covers limited views focusing on 4-6 views (Resuscitative TEE and EMTEE courses commonly used) **AND**
- 3 Documentation of 5 TEEs in cardiac simulator **AND**
- 4 Documentation of 10 TEEs on actual patients **OR**
- 4 Proctoring – 10 TEEs on actual patient supervised by a cardiologist. Cardiologist will attest to competency in obtaining the specified TEE views (see protocol)

REFERENCE ONLY

REFERENCE ONLY

**PRIVILEGES REQUESTED BY:**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- a) 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.
- b) 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.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

REFERENCE ONLY

CASE LOG

Clinician's Name: \_\_\_\_\_

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

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure
1				
2				
3				
4				
5				
6				
7				
8				
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11				
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30				
			<b>TOTAL</b>	

REFERENCE ONLY