

UNIVERSITY OF MARYLAND MEDICAL CENTER
Department of Medicine, Division of Gastroenterology
Delineation of Privilege Form

Applicants for membership in the Department of Medicine, Division of Gastroenterology of the University of Maryland Medical Center may request admission to the Active staff or the Courtesy staff.

Please indicate the Staff Category to which you wish to apply: (refer to Medical Staff Bylaws for qualifications)

_____ **Active** _____ **Courtesy**

Name: _____ **Date:** _____

Please check where privileges will be performed:

___ AeroDigestive Center ___ UHC: GI Clinic ___ University Medical Ctr. ___ All Sites

NOTE: Privileges marked with an asterisk (*) also require approval of Moderate Sedation privilege (under Section 4)

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. *Approved per the Medical Staff Bylaws	√*	Yes
Category I – Core Privileges: To be eligible for core privileges, applicants must have completed an ACGME approved Internal Medicine residency program and be Board Certified or a candidate for Board Certification.		
Outpatient/Ambulatory Services: Practitioners granted core privileges in ambulatory care will provide services to patients in various outpatient clinic settings. The practitioner will routinely interact with patients as the primary care or ambulatory care provider. Services include: <ul style="list-style-type: none"> • General patient examination and care involving observation, assessment, planning, implementation and evaluation. • Ordering, Interpreting, and evaluating diagnostic tests to identify and assess patients’ clinical problems and health care needs. • Performs Preventative health care counseling and instructs patients and/or families on treatment plans. Ambulatory Service locations are as follows:		
AeroDigestive Center: Privileges include ambulatory core privileges as listed above in addition to: proctoscopies, rigid sigmoidoscopies, biopsies, excisions, incisions, drainages, G tube removals and changes, wound and skin debridements, wound care		
UHC Medical Specialties: Privileges include ambulatory core privileges as listed above in addition to: G tube removals/change and anoscopy		
UMMC Category I - Core Privileges:		
Core privileges include but are not limited to inserting central venous catheters, anoscopy, gastric intubation, electrocardiogram review, thoracentesis, paracentesis, arterial blood gas, pelvic exam and pap smear, open wound culture, passage of urethral catheter, lumbar puncture, insertion of arterial line, arthrocentesis, and insertion of esophageal tamponade tube.		

Name: _____

Date: _____

NOTE: Privileges marked with an asterisk (*) also require approval of Moderate Sedation privilege (under Section 4)

Privilege/Operative Procedure	Check (√) if Requested	Chair Approval Initial if Yes Write Not Approved if No
<p>Category II: to be eligible for Category II privileges, applicants must have completed an ACGME approved Gastroenterology fellowship program, be Board Certified or a candidate for Board Certification, or provide documentation as to course work and recent experience. Category II privileges are as follows. Endoscopic Procedures are covered under separate Endoscopy Privilege Form. Use Initial or Reappointment Form as appropriate.</p>		
Electrocoagulation or Injection of Bleeding Lesion *		
Argon Beam Coagulation for Bleeding *		
Laser Therapy for Occluding Tumor (<i>see Category IV for laser privileges</i>) *		
Laser Therapy for Bleeding Lesion (<i>see Category IV for laser privileges</i>) *		
Colonoscopy and Polyp Resection *		
Esophageal Motility Study		
24 Hour Esophageal pH Probe		
Anorectal Motility		
Liver Biopsy		
Hemorrhoid Infrared Coagulation		
<p>Category III: to be eligible for Category III privileges, applicants must have completed an ACGME approved Gastroenterology fellowship program, and be Board Certified or Equivalent.. Category III privileges are as follows:</p>		
Biliary Drainage (Intubation) *		
Endoscopic Papillotomy/Stone Retrieval *		
Endoscopic Biliary/Pancreatic Stent Placement *		
Biliary Sphincter Manometry *		
Endoscopic Cyst Drainage *		
Laser Therapy, Photo Dynamic Therapy (<i>see Category IV for Laser Privileges</i>) *		
Peritoneoscopy/Biopsy *		
Extra Corporeal Lithotripsy		
<p>Category IV: Special/Cross Disciplinary Procedures:</p>		
<p>Moderate (Conscious) Sedation - Criteria for Approval:</p>		
<p>1. Proof of Current BCLS certification (please attach);</p>		
<p>2. Completion of age-appropriate basic airway management in-service by the</p>		
<p>UMMC Department of Anesthesia (and every two years thereafter for</p>		
<p>reappointment).</p>		
<p>(Physicians board certified in Anesthesiology, Critical Care Medicine,</p>		
<p>Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not</p>		
<p>required to fulfill criteria 2.)</p>		
<p>Laser Privileges (separate application required) *</p>		
<p>Carbon Dioxide</p>		
<p>Argon (Not Argon Plasma Coagulation)</p>		
<p>Nd-Yag</p>		
<p>Ultrasound Procedures (please list)</p>		
<p>Endoscopic Ultrasound/Biopsy *</p>		

Name: _____

Date: _____

Applicant's Signature

Date

Jean-Pierre Raufman, MD, Division Head

Date

Frank M. Calia, MD, M.A.C.P., Department Chairman

Date

Applicant's Confirming Signature
(required if any requested privilege is not approved)

Date

**UNIVERSITY OF MARYLAND MEDICAL CENTER
RENEWAL APPLICATION FOR ENDOSCOPY PRIVILEGES**

NAME: _____ **DATE:** _____

DEPT/DIVISION: _____

NOTE: Any attending physician not meeting the following criteria will have the next 3 procedures that are deficient in number monitored by the Endoscopy Director, then have an additional 12 months to reach the goal number.

Procedures	To Be Completed By Applicant			Recommendations (To be completed by Section Chief)
	Criteria	Requested	# done in past 24 months	
Esophagogastroduodenoscopy (EGD)	25			
Colonoscopy	25			
Sigmoidoscopy (includes colonoscopy)	20			
Polypectomy	10			
Endoscopic Retrograde Cholangiopancreatography (ERCP)	20			
Nonvariceal Hemostasis	10			
Variceal Hemostasis	5			
Esophageal Balloon Dilation	5			
Enteral Stent Placement	5			
Percutaneous Enteral Gastrostomy (PEG)	10			
Endoscopy Ultrasound	50			
Endoscopic Ultrasound Fine Needle Aspiration	20			
Argon Plasma Coagulation	10			
Pneumatic dilation for achalasia	5			
Enteroscopy	5			
Liver Biopsy	5			
Laser Therapy of Malignancy*	5			

** Separate Laser Application Required*

NOTE: All physicians must be credentialed for moderate (conscious) sedation. Please complete appropriate portion on your departmental delineation of privileges.

After completing this form, please return it to Medical Staff Services, 110 S. Paca Street, 8th Floor, Baltimore, MD 21201.

Applicant's Signature

Date

Director of Endoscopy

Date

Section Chief/Department Chair

Date

**UNIVERSITY OF MARYLAND MEDICAL SYSTEM
APPLICATION FOR RECERTIFICATION FOR CLINICAL USE OF LASERS**

NAME: _____

DEPT/DIVISION: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE: _____

Current privileges are for the following lasers:

Carbon Dioxide ____ **Argon** ____ **Nd-YAG** ____ **Other** _____

Please list the type of laser and procedures for which you are requesting continued privileges. (Use additional pages if needed for the following information.)

TYPE OF LASER	PROCEDURES

List the laser cases which you have done in the past two years:

TYPE OF LASER	PROCEDURE	NUMBER DONE	NUMBER AND TYPE OF COMPLICATIONS, IF ANY

Since your original certification, have you had any further formal courses in laser surgery? If so, specify title of course, which types of lasers were used, institution where you took the course, date taken, number of hours of hands-on supervised use of the laser, CME credits earned. Enclose copy of CME certificate for the course.

After completing this form, please return it to Medical Staff Services, 110 South Paca Street, 8th Floor, Baltimore, MD 21201, or fax to 410-328-6433.

Applicant's Signature

Date

Signature of Department/Division Chief

Date

Approved by Credentials Committee Member

Date