

**INTERNAL MEDICINE CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

**QUALIFICATIONS FOR INTERNAL MEDICINE**

<b><i>Education and training</i></b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine.
<b><i>Certification</i></b>	Initial applicants must have board certification or be board eligible (with achievement of certification within seven (7) years of post-graduate training) in internal medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
<b><i>Required current experience – initial</i></b>	Demonstrated current competence and evidence of the provision of internal medicine services, reflective of the scope of privileges requested, during the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.
<b><i>Required current experience – renewal</i></b>	Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes as per the Medical Staff Bylaws.
<b><i>Ability to perform (health status)</i></b>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES – INTERNAL MEDICINE**

**Requested**     **BHMC**     **BHCS**     **BHIP**     **BHN**

Admit (in accordance with staff category), evaluate, diagnose, treat, and provide consultation to adolescent and adult patients, with common and complex illnesses, diseases, and including but not limited to, functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, neurological (inclusive of Stroke), hematopoietic, gastroenteric, and genitourinary systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine 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 listed below and such other procedures that are extensions of the same techniques and skills.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BHN = Broward Health North

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**Approved by MEC = May 11<sup>th</sup>, 2021**

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Page 2

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1. Perform history and physical exam
2. Draw arterial blood
3. Management of burns, superficial and partial thickness
4. Excision of skin and subcutaneous tumors, nodules, and lesions
5. I & D abscess
6. Local anesthetic techniques
7. Nasogastric intubation
8. Order hyperalimentation (TPN)
9. Perform simple skin biopsy
10. Placement of anterior and posterior nasal hemostatic packing
11. Placement of peripheral venous line
12. Preliminary interpretation of electrocardiograms
13. Remove non-penetrating corneal foreign body, nasal foreign body
14. Soft tissue injections
15. PAP Smear

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Page 3

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**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

**ARTHROCENTESIS AND JOINT INJECTIONS**

Requested     BHMC     BHCS     BHIP     BHN

**Criteria:** Successful completion of an accredited ACGME or AOA post graduate training program which included training in arthrocentesis and joint injection procedures, or completion of a hands-on training in arthrocentesis and joint injection procedures under the supervision of a qualified physician preceptor.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of at least [5] arthrocentesis and joint injection procedures in the past 12 months or completion of training in the past 12 months. **Renewal of Privilege:** Demonstrated current competence and evidence of the performance of at least [10] arthrocentesis and joint injection procedures in the past 24 months based on results of ongoing professional practice evaluation and peer review outcomes.

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Page 4

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**ACKNOWLEDGEMENT OF PRACTITIONER**

Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Broward Corporate, 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

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

**DEPARTMENT CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):*

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials and Qualifications Committee Action** **Date** \_\_\_\_\_

**Medical Executive Committee Action** **Date** \_\_\_\_\_

**Board of Commissioners Action** **Date** \_\_\_\_\_

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