

# Regions Hospital Delineation of Privileges Internal Medicine - Rheumatology

Applicant's Name: \_\_\_\_\_  
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
  - Review *education and basic formal training* requirements to make sure you meet them.
  - Review *documentation and experience* requirements and be prepared to prove them.
    - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested
    - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
  - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

## Overview

Core I – General staff privileges in rheumatology

Core II – Special privileges in rheumatology

Core procedure list

Conscious sedation

Signature page

☐ **CORE I — General privileges in rheumatology**

<b>Privileges</b>
<p>Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with diseases of the joints, muscle, bones and tendons, and autoimmune and immune mediated disorders; rheumatoid arthritis; infections of joint and soft tissue; osteoarthritis; metabolic diseases of bone; systemic lupus erythmatosus, scleroderma/systemic sclerosis and crystal-induced synovitis; polymyositis; spondyloarthropathies; regional, acute, and chronic musculoskeletal syndromes; nonarticular rheumatic diseases, including fibromyalgia; nonsurgical, exercise-related injury; systemic disease with rheumatic manifestations; osteoporosis; and Sjogren syndrome disorders.</p> <p>The core privileges in this specialty include the procedures on the attached procedure list and other procedures that are extensions of the same techniques and skills.</p>
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH</li> <li>2. Completion of an approved internal medicine or internal medicine/pediatrics residency program for ACGME, AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec.</li> <li>3. Completion of an accredited fellowship in rheumatology.</li> <li>4. Current subspecialty certification by the American Board of Internal Medicine or a Certificate of Added Qualifications in Rheumatology by the American Board of Osteopathy or active participation in the examination process with achievement of certification within 5 years.</li> </ol>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Verification of completed rheumatology fellowship; <b>Or</b> Competency evidenced by proctorship with a Regions Hospital rheumatology physician, or their designee.</li> <li>2. Provide contact information for a physician peer, or the physician who acted as proctor, whom the credentialing specialist may contact for an evaluation of your clinical competency.</li> </ol> <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation showing numbers of inpatient services performed during the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</li> </ol> <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>

☐ **CORE II — Special privileges in rheumatology**

<b>Privileges</b>	
<input type="checkbox"/>	Bone density measurements
<input type="checkbox"/>	Controlled clinical trials in rheumatic disease
<input type="checkbox"/>	Electromyograms, nerve conduction studies, and muscle/nerve biopsy
<b>Basic education and minimal formal training</b>	
<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Completion of an approved internal medicine or internal medicine/pediatrics residency program for ACGME, AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec.</li><li>3. Completion of an accredited fellowship in rheumatology.</li><li>4. Current subspecialty certification by the American Board of Internal Medicine or a Certificate of Added Qualifications in Rheumatology by the American Board of Osteopathy or active participation in the examination process with achievement of certification within 5 years.</li></ol>	
<b>Required documentation and experience</b>	
<b>NEW APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Verification of completed rheumatology fellowship.</li><li>2. Evidence of training and current competence related to the special privilege requested; <b>Or</b> Competency evidenced by proctorship with a Regions Hospital rheumatology physician, or their designee.</li><li>3. Provide contact information for a physician peer, or the physician who acted as proctor, whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol> <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p> <b>REAPPOINTMENT APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide documentation showing numbers of inpatient services performed during the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li></ol> <p>Name _____ Phone: _____</p> <p>Name of Facility: _____ Fax: _____</p> <p>Address: _____ Email: _____</p>	

## Core Procedure List — Rheumatology Clinical Privileges

<b>To the applicant:</b> Strike through those procedures you do not wish to request.
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This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

1. Diagnostic aspiration and analysis by light and compensated polarized light microscopy of synovial fluid
2. Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses
3. Use of nonsteroidal anti-inflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, antihyperuricemic drugs, and antibiotic therapy for septic joints
4. Performance or interpretation of:
  - ✓ Biopsies of tissues relevant to the diagnosis of rheumatic disease
  - ✓ Bone and joint imaging techniques
  - ✓ History and physical examination

## ACKNOWLEDGEMENT OF PRACTITIONER

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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested 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

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date