INTERNAL MEDICINE CORE PRIVILEGES

**Basic Education:** MD or DO

**Qualifications as per GRMC Bylaws:**

Medical Staff membership is a privilege extended by the Hospital, and not a right of any physician, practitioner, or other person. Membership and/or the permission to exercise clinical privileges shall be extended only to individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws.

The applicant for membership on the Medical Staff shall be a graduate of an approved or recognized school conferring M.D or D. O. degrees, legally licensed to practice in the State of Texas and qualified for membership in the local Medical or Dental Society. In addition, licensed dentists and podiatrists are eligible for Medical Staff membership. Sex, race, creed and/or national origin are not used in making decisions regarding the granting or denying of Medical Staff membership or clinical privileges.

As of September 2007, all new physician and podiatric applicants to the GRMC staff must have completed a residency program and obtained Board certification within the timeframe specified by their specialty board. The residency program must be recognized by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the Council on Podiatric Medical Education, as appropriate. Board certification must be recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Podiatric Specialties, as appropriate. As of May 1, 2011, all staff members who were not previously grandfathered prior to September 2007 must maintain board certification status to maintain medical staff privileges.

____________________________________
Printed Name of Applicant
PLEASE CHECK APPROPRIATE BOXES FOR PRIVILEGES BEING REQUESTED
AND SCRATCH THROUGH ANY PRIVILEGES OFFERED UNDER “CORE”
WHICH YOU DO NOT INTEND TO PERFORM

☐ Core privileges in Internal Medicine: Privileges include admission, evaluation, diagnosis, and provision of non-surgical treatment, including consultation for patients admitted or in need of care to treat general medical problems.

- Administration of thrombolytics
- TPN Management
- Arterial line placement
- Central Venous Line Placement
- Thoracentesis
- Paracentesis
- Intubation
- EKG Interpretation
- Skin Biopsy
- Minor Suturing
- I&D of abscess
- Treadmill exercise testing

Special requests for Internal Medicine: The following are examples of procedures that require special training and are not considered part of core privileges. The decision to grant any special privileges will be based on case by case review by the Credentials Committee based on reasonable standard of care. Parameters that may be used to determine appropriateness of privilege includes the requesting physician’s previous experience, volume and outcomes as well as regional standards established by applicable specialty boards.

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Cardiology</th>
<th>Neurology</th>
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<tbody>
<tr>
<td>□ Sedation</td>
<td>□ Echocardiogram Interpretation</td>
<td>□ EEG interpretation</td>
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<tr>
<td>Documented viewing of the GRMC Sedation video and successful completion of the post test.</td>
<td>□ Pacemaker insertion</td>
<td>□ Lumbar puncture</td>
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<tr>
<td>Pulmonary</td>
<td>Gastroenterology</td>
<td>Hemotology/Oncology</td>
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<td>□ Vent Management □ Bronchoscopy</td>
<td>□ EGD</td>
<td>□ Bone Marrow Aspiration</td>
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<td>□ Flex Sigmoidoscopy</td>
<td>□ Chemotherapy</td>
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<td></td>
<td>□ Colonoscopy</td>
<td>□ Therapeutic Phlebotomy</td>
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<td></td>
<td>□ Liver Biopsy</td>
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<td>□ Other</td>
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</tbody>
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Printed Name of Applicant
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 for which I wish to exercise at Guadalupe Regional Medical Center, 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.

______________________________
Printed Name of the Applicant

______________________________       ________________
Signature of the Applicant           Date

______________________________       ________________
Signature of Department Chair        Date