



Printed Name

Clinical Privileges Profile Hematology/Oncology

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off the “Requested” box for each privilege requested. 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.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR HEMATOLOGY

To be eligible to apply for core privileges in hematology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine followed by successful completion of an accredited fellowship in hematology or integrated fellowship in oncology.

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in hematology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in hematology by the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 hematology patients during the past 12 months or demonstrate successful completion of a hospital-affiliated formal fellowship, special clinical fellowship, or research within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in hematology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated 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 outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

HEMATOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases and disorders of the blood, spleen, lymph glands, and immunologic system, such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR ONCOLOGY

To be eligible to apply for core privileges in oncology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited postgraduate training program in internal medicine followed by successful completion of an accredited fellowship in medical oncology or an integrated fellowship in hematology/medical oncology.

AND

Current subspecialty certification or active participation in the examination process [with achievement of certification within six years leading to subspecialty certification in oncology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in oncology by the American Osteopathic Board of Internal Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate that they have provided inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 oncology patients during the past 12 months, or demonstrate successful completion of a hospital-affiliated formal fellowship, special clinical fellowship, or research within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in oncology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated 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 outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

ONCOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages, with all types of cancer and other benign and malignant tumors. 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM

- Requested**

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Moderate Sedation

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

Hematology

1. Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes
2. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques
3. Diagnostic lumbar puncture
4. Indications and application of imaging techniques in patients with blood disorders
5. Management and care of indwelling venous access catheters
6. Perform history and physical exam
7. Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies
8. Therapeutic thoracentesis and paracentesis

Oncology

1. Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes
2. Assessment of tumor imaging by computed tomography, magnetic resonance, PET scanning, and nuclear imaging techniques
3. Complete blood count, including platelets and white cell differential, by means of automated or manual techniques
4. Diagnostic lumbar puncture
5. Management and maintenance of indwelling venous access catheters
6. Perform history and physical exam
7. Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates, and touch preparations as well as interpretation of bone marrow biopsies
8. Serial measurement of tumor masses
9. Therapeutic thoracentesis and paracentesis

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 Hospital, 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.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

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:

| Privilege | Condition/Modification/Explanation |
|------------------|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____