



General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid
 for initial granting and reappointment of privileges.
- 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.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.



Delineation of Clinical Privileges Specialty of Endocrinology

Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
Endocrinology Core	Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine and subspecialty certification in Endocrinology OR Successful completion of ACGME or AOA accredited post-graduate training programs in both: Internal Medicine Endocrinology and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: First 5 cases
Endocrinology Pediatric Core	Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics and subspecialty certification in Endocrinology OR Successful completion of ACGME or AOA accredited post-graduate training programs in both: Pediatrics Endocrinology and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: First 5 Patients admitted for diabetes
Bone Biopsy		Case log documenting the performance of at least 5 procedures within the previous 24 months	FPPE: First 5 procedures Case log documenting the performance of at least 5 procedures within the previous 24 months
Internal Medicine Core	Current board certification in Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine. OR Successful completion of an ACGME or AOA accredited post-graduate training program in Internal Medicine and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: N/A



Delineation of Clinical Privileges Specialty of Endocrinology

Privilege	Initial Application Required Education or Training	Initial Application Current Clinical Competence	Reappointment Retrospective Review of Cases Performed at MLH Facility (FPPE)
Pediatric Core	Current board certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. OR Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics and board certification within 5 years of completion.	Case logs and Procedure Lists from Primary Practice Facility for previous 12 month time period Any complications/poor outcomes should be delineated and accompanied by an explanation	FPPE: N/A



Delineation of Clinical Privileges Specialty of Endocrinology

Core Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

Endocrinology Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages except where specifically excluded from practice, with injuries, or disorders of the internal (endocrine) glands such as thyroid and adrenal glands, and metabolic and nutritional disorders, diabetes, pituitary diseases, and menstrual and sexual problems. Interpretation of laboratory tests; immunoassays; and radionuclide, ultrasound, radiologic, and other imaging studies and basic laboratory techniques.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- Internal Medicine Core
- performance and cytologic interpretation of fine needle aspiration of the thyroid

Endocrinology Pediatric Core Privilege:

Admit, evaluate, diagnose, consult, and provide treatment to infants, children and adolescents with diseases or disorders resulting from an abnormality in the endocrine glands, including but not limited to diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, the genital region, and disorders of the thyroid, adrenal and pituitary glands.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- Pediatric Core
- provocation testing
- serving as consultant in endocrinology
- Diagnostic/therapeutic procedures granted with general pediatric privileges



Delineation of Clinical Privileges Specialty of Endocrinology

Internal Medicine Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation to patients 13 and above admitted with both common and complex illnesses of cancer, infections and diseases affecting the heart, blood, kidneys, joints and the digestive, respiratory and vascular systems and treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Inherent in core privileges are the following areas/procedures:

- Arthrocentesis
- Lumbar puncture
- Thoracentesis
- Exercise testing
- EKG interpretation

Pediatric Core Privilege:

Admit, evaluate, diagnose and treat patients, ages 0-18, for common illnesses and injuries including disorders common to general pediatric diseases and conditions.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- Bone marrow aspiration
- Burns, superficial and partial thickness
- I&D of superficial abscess
- Local anesthetic techniques
- Lumbar puncture
- Management uncomplicated minor closed fractures and dislocations
- Perform simple skin biopsy or excision
- Peripheral arterial puncture
- Digital peripheral nerve blocks
- Placement of anterior and posterior nasal hemostatic packing
- Pre-operative and postoperative medical care for surgical patients
- Removal of foreign body by speculum, forceps, or superficial incision
- Removal of non-penetrating corneal foreign body
- Suprapubic bladder aspiration
- Suture uncomplicated lacerations
- Venipuncture

Special Privileges:

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.

Requires: Separate DOP, ACLS, NRP or PALS certification

Delineation of Clinical Privileges Specialty of Endocrinology

Endocrinology Clinical Privileges

Check below the particular privileges desired in Endocrinology for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description		acilities	Methodist Olive Branch Hospital (MOBH)		
	Neonates (0-28 days)	Infants (29 days–2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Endocrinology Core					
Endocrinology Pediatric Core					
Special					
Bone Biopsy					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas rep	ı present privileges not av	ailable to any practitioner due	to the privilege not being offered b	y the facility.	

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature	Date	
Printed Name		