



Adult Gastroenterology Physician Privileges
Department of Medicine

Name: \_\_\_\_\_
(Please print)

- Initial privileges (initial appointment)
Renewal of privileges (reappointment, on 2 year specialty cycles)
Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited fellowship in gastroenterology and current certification or board eligibility (with achievement of certification within 5 years of training) leading to certification in gastroenterology by the ABIM or completion of a certificate of special qualifications in gastroenterology by the AOBIM.

Required current experience: Inpatient, outpatient, clinic or consultative services for at least 50 patients, 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. Current BLS certification required.

Table with 5 columns: Facility (Check ALL that are applicable to your request), Baroness\*, Children's\*\*, North, East, Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
\*\*Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Gastroenterology Privileges:

Core privileges for gastroenterology include the ability to admit, evaluate, diagnose, treat, perform history and physical, and provide consultation to patients 12 and older with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, gallbladder, and related structures, such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. Gastroenterologists may provide care to patients in the intensive care setting in conformance with unit policies. Gastroenterologists assess, stabilize, and determine the 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 following procedures and such other procedures that are extensions of the same techniques and skills:

- Endoscopic control of bleeding (various methodologies)
Biliary tube/stent placement

Biopsy of the mucosa of the esophagus, stomach, small bowel, and colon  
 Breath test performance and interpretation  
 Capsule endoscopy  
 Colonoscopy with or without polypectomy  
 Diagnostic and therapeutic esophagogastroduodenoscopy  
 Endoscopic mucosal resection  
 Endoscopic retrograde cholangiopancreatographies (ERCP)  
 Enteral and parenteral alimentation  
 Esophageal dilation  
 Esophageal or duodenal stent placement  
 Colonic stent placement  
 Esophagogastroduodenoscopy, including foreign body removal, stent placement, or polypectomy  
 Flexible sigmoidoscopy  
 GI motility studies and 24-hour pH monitoring  
 Interpretation of gastric, pancreatic, and biliary secretory tests  
 Nonvariceal hemostasis (upper and lower)  
 Percutaneous endoscopic gastrostomy  
 Proctoscopy  
 Sengstaken/Minnesota tube intubation  
 Snare polypectomy  
 Ultrasound, including endoscopic ultrasound and fine-needle aspiration  
 Variceal hemostasis (upper and lower)

**Special Non-Core Privileges in Gastroenterology:**

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff guidelines governing the exercise of specific privileges.

<b>Procedure</b>	<b>Baroness</b>	<b>Children's</b>	<b>North</b>	<b>East</b>	<b>Bledsoe/Sequatchie</b>
ERCP					
E-POEMS, G-POEMS, D-POEMS					
EUS					
EUS-guided gastroenterostomy					
EDGE Procedure					
Endoscopic suturing					
Endoscopic Neurosectomy					
Administration of Moderate sedation and analgesia (see below for criteria).					

***Request for Privilege Not Listed in Core or Special Non-Core*** *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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**Special Procedures Privileges Criteria**

**Moderate Sedation**

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

*NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.*

**Department Chief Recommendation:**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Signature

\_\_\_\_\_  
Date