



Medical Oncology 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 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.

Maintenance of Basic Life Support (BLS) at a minimum.

Required current experience: Inpatient, consultative services, outpatient or clinic patients for at least 24 medical oncology patients, reflective of the scope of privileges requested, during the previous 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the previous 12 months.

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 Medical Oncology Privileges:

Core privileges for oncology include the ability to admit, evaluate, diagnose, treat, inpatient and outpatients and provide consultation to patients of all ages with all types of cancer and other benign and malignant tumors. Oncologists may provide care to patient in the intensive care setting in conformance with unit policies. Oncologists may assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. Core privileges include but are not limited to:

Performance of history and physical exam

Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes

Assessment of tumor imaging by CT, MRI, PET scanning, and nuclear imaging techniques

Complete blood count, including platelets and white cell differential, by means of automated or manual techniques

Diagnostic lumbar puncture

Management and maintenance of indwelling venous access catheters Preparation, staining, and interpretation of blood smears, performing bone marrow aspirates and touch preparations, and interpreting bone marrow biopsies

Serial measurement of tumor masses

Therapeutic thoracentesis and paracentesis

**Special Non-Core Privileges in Medical Oncology:**

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>
Bone marrow transplantation					
High-dose chemotherapy with autologous peripheral blood stem cell and/or bone marrow transplantation					
Allogeneic bone marrow transplantation stem cell harvest					
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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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