



**DEPARTMENT OF PEDIATRICS
PEDIATRIC GASTROENTEROLOGY**
Delineation of Privileges

Please Print Name _____

QUALIFICATIONS: Licensed physician (MD or DO) as defined in the Pediatrics Department Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted will permit the physician to treat patients as delineated for all inpatient and outpatient areas, intensive care units, and Emergency Department.

(REQ=Requested) - (APP=Approved)

REQ	APP	Privilege Requested
		ADMIT, evaluate, diagnose and provide treatment or consultative services to pediatric patients in need of gastroenterology or general medicine related illnesses. Physicians applying for privileges will have completed an ACGME approved Pediatric Residency Program, be Board Certified in Pediatrics, and have completed a three year Pediatric Gastroenterology Program.

ENDOSCOPIC PROCEDURAL PRIVILEGES: All Pediatric Gastroenterologists are eligible to apply for the following procedures. A letter from the residency/fellowship program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program, with the appropriate number of cases as listed below. Applicants out of training over 5 years must provide documentation of training and recent experience.

REQ	APP	Privilege Requested
		Sigmoidoscopy with biopsy (included in the total # of colonoscopy)
		Colonoscopy
		Colonoscopy with polypectomy (Included in the total # of Colonoscopy)
		EGD/Upper Intestinal Endoscopy
		Esophageal dilation with guidewire
		Esophageal variceal sclerosis/band ligation
		Removal of gastrointestinal foreign bodies
		Percutaneous Endoscopic Gastrostomy placement (PEG)
		Rectal biopsy
		Percutaneous liver biopsy

ENDOSCOPIC SPECIAL PROCEDURES: Documentation of specific training/expertise must be submitted. Pediatric Gastroenterologists with appropriate specialty training/ experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable)

REQ	APP	Privilege Requested
		Esophageal PH Monitoring
		Capsule endoscopy (completion of course, if not included in formal training program)

(REQ=Requested) - (APP=Approved)

CONSCIOUS SEDATION

REQ	APP	Privilege Requested:
		Conscious sedation (see attached criteria for granting privileges)

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges:

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Medicine Department Chairman/Vice Chairman	Date:
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

**JOHN C. LINCOLN HEALTH NETWORK
PHOENIX, ARIZONA
CRITERIA FOR GRANTING PRIVILEGES**

PEDIATRIC GASTROENTEROLOGY

QUALIFICATIONS

Licensed physician (MD or DO) as defined in the Pediatric Department Rules and Regulations with appropriate specialty training.

PROCEDURAL PRIVILEGES

ENDOSCOPIC PROCEDURAL PRIVILEGES: All Pediatric Gastroenterologists are eligible to apply for the following procedures.

A letter from the residency/fellowship program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program, with the appropriate number of cases as listed below. Applicants out of training over 5 years must provide documentation of training and recent experience.

Documentation of experience and the required minimum number of procedures performed are as follows:

100 Colonoscopy	150 EGD/Upper Intestinal Endoscopy
10 Esophageal dilation with guidewire	5 Esophageal variceal sclerosis/band ligation
10 Removal of gastrointestinal foreign bodies	5 Percutaneous Endoscopic Gastrostomy placement (PEG)
10 Rectal biopsy	10 Percutaneous liver biopsy

SPECIAL PROCEDURES

ENDOSCOPIC SPECIAL PROCEDURES: Documentation of specific training/expertise must be submitted. Pediatric Gastroenterologists with appropriate specialty training/ experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable)

OBSERVATION REQUIREMENTS

1. Observation/retrospective review may be required if determined necessary for new procedures under development.
2. The Department of Pediatrics reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

CONSCIOUS SEDATION PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients