

EVALUATION OF CLINICAL PRIVILEGES - INTERNAL MEDICINE

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD) FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	Category IV clinical privileges			
	Medical Subspecialty			
	Allergy/Immunology			
	Cardiology			
	Endocrine and Metabolic Disease			
	Gastroenterology			
	Hematology/Oncology			
	Infectious Disease			
	Internal Medicine			
	Critical Care			
	Nephrology			
	Pulmonary Disease			
	Rheumatology			
	GENERAL INTERNAL MEDICINE PROCEDURES			
	a. Arterial puncture			
	b. Arthrocentesis			
	c. Bone marrow aspiration and biopsy			
	d. Central venous cannulation			
	e. Chest tube insertion			
	f. Moderate sedation			
	g. Electrocardiogram (ECG) interpretation			
	h. Electrocardioversion			
	i. Endotracheal intubation			
	j. Flexible sigmoidoscopy and biopsy			
	k. Fluoroscopy			
	l. Paracentesis			
	m. Pericardiocentesis (emergent)			
	n. Pulmonary function interpretation			
	o. Skin biopsy			
	p. Spinal tap			
	q. Thoracentesis			

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
GENERAL INTERNAL MEDICINE PROCEDURES				
	r. Treadmill stress tests			
ADDITIONAL GASTROENTEROLOGY PROCEDURES				
	a. Colonoscopy - diagnostic and therapeutic			
	b. Diagnostic ERCP			
	c. Therapeutic ERCP			
	d. Esophageal dilation			
	e. Esophageal manometry			
	f. 24-hour pH study			
	g. Esophagogastroduodenoscopy - diagnostic			
	h. Esophagogastroduodenoscopy - therapeutic			
	i. Liver biopsy			
	j. Percutaneous endoscopic gastrostomy			
ADDITIONAL CARDIOLOGY PROCEDURES				
	a. Cardiac catheterization			
	b. Intraaortic balloon pump insertion			
	c. Transesophageal echocardiography			
	d. Transthoracic echocardiography			
ADDITIONAL HEMATOLOGY/ONCOLOGY PROCEDURES				
	a. Cisternal tap			
	b. Prescription and administration of chemotherapy and biological therapy by IV, SQ, IM, IT, and intracavitary routes			
	c. High dose chemotherapy with stem cell rescue, autologous and allogeneic			
ADDITIONAL PULMONARY PROCEDURES				
	a. Bronchoscopy			
	b. Lung biopsy			
	c. Pleural biopsy			
ADDITIONAL ALLERGY PROCEDURES				
	a. Rhinoscopy			
ADDITIONAL ICU PROCEDURES				
	a. Arterial cannulation			
	b. Pulmonary artery catheterization			
	c. Transvenous temporary pacing			
	d. Ventilator management			
ADDITIONAL ENDOCRINOLOGY PROCEDURES				
	a. Thyroid biopsy			

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
OTHER PROCEDURES				

SECTION II - COMMENTS

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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