

## Department of Medicine-Endocrinology/Metabolism

### **CAT 1 Basic Privileges: Patient management, including H & Ps and diagnostic and therapeutic treatments, procedures and interventions encompassing the areas described below and similar activities.**

Requiring a level of training generally associated with persons who have completed the residency program prescribed by the American Board of Internal Medicine, and a level of skill and ability generally associated with persons who are diplomates of that board

- A Basic privileges in general medicine**
- B Thoracocentesis**
- C Abdominal paracentesis**
- D Bone marrow aspiration**
- E Bone marrow biopsy**
- F Liver biopsy**
- G Sigmoidoscopy, proctoscopy with biopsy**
- H Aspiration of joints & subcutaneous lesions**
- I Lumbar puncture**
- J Arterial puncture**
- K Skin Biopsy**
- L Central Line Placement & Removal**

Criteria: Documented Completion of the Central Venous Catheter Procedure Education and Training Module AND Documentation of at least one of the following: 1. Board Eligibility/Board Certification in specialties that include CVC Insertion and/or removal procedure as part of the basic delineated competencies (ie. Anesthesia, Cardiology, Emergency Medicine, General Surgery, Interventional Radiology and Nephrology). 2. Completion of one-month experience/rotation in Interventional Radiology. 3. Attestation or certification by Service Chief or Program Directors. 4. Documented supervised insertion procedures (5 internal jugular, 5 femoral, 5 PICC, 5 subclavian). Documented supervised removal procedures (2 non-tunneled lines)

### **M Muscle Biopsy**

### **CAT 2 Subspecialty Privileges: Patient management at this level encompasses Category 1 patient management, the areas checked below and similar activities.**

Requiring a level of training, skill and ability generally associated with persons who are Diplomates of the American Board of Internal Medicine and of the subspecialty board(s) designated below.

- A Endocrinology and Metabolism**
  - 1 Basic privileges in endocrinology and metabolism**
  - 2 Needle biopsy of thyroid**

- 3 Bone biopsy**
- 4 Thyroid Ultrasound (Anatomic evaluation of thyroid/parathyroid masses and regional lymph nodes)**  
Criteria 100 Examinations required for initial Privileges. Maintenance of competence: 50 examinations within two (2) year period for reappointment
- 5 Ultrasound-guided FNA Biopsy**  
Criteria 100 Examinations required for initial Privileges. Maintenance of competence: 50 examinations within two (2) year period for reappointment

### **CAT 3 Special Privileges**

#### **A Acupuncture**

#### **B Fluoroscopy**

(CA State Certification required)

#### **C Provider performed microscopy (Annual competency module required)**

Please circle the privilege(s) being requested

##### **1 Urine**

##### **2 KOH**

##### **3 Wet Prep**

##### **4 Fern**

##### **5 Pinworm**

#### **D Waived Point-of-Care Testing**

Please circle the privilege(s) being requested

##### **1 IM Confirms® Urine Pregnancy Test**

##### **2 Urine Multistix® or Uristix®**

##### **3 pH testing using pH paper**

##### **4 Coloscreen®**

##### **5 Gastrocult®**

##### **6 Quickview Influenza**

##### **7 Signify Strep A**

##### **8 Binax Now ® RSV**

##### **9 OraQuick Advance ® Rapid HIV 1/2 Antibody**

### **CAT 4 Limited Privileges in Medicine: Patient management limited to the areas specified**

#### **A Podiatric practice only (Parnassus only)**

#### **B Clinical psychology only**

#### **C Metabolic privileges only**

#### **D Consultation only**

**E EKG reading only**

**ADMSE Admitting Services**

I expect to admit and care for patients under my own name on the following inpatient services:

**CD Cardiology**

**GM Medicine**

**CR Hematology/Oncology**

**MT MT GCRC (Requires GCRC Medical Director Approval)**

\_\_\_\_\_  
Signature of GCRC Medical Director

\_\_\_\_\_  
**PRINT NAME - APPLICANT**

**SIGNATURE**

**DATE**

\_\_\_\_\_  
**PRINT NAME - PROCTOR / SUPERVISING PHYSICIAN SIGNATURE - SUPERVISING PHYSICIAN DATE**

\_\_\_\_\_  
**PRINT NAME - DEPARTMENT CHIEF**

**SIGNATURE - DEPARTMENT CHIEF**

**DATE**

\_\_\_\_\_  
**PRINT NAME - DEPARTMENT CHAIR**

**SIGNATURE - DEPARTMENT CHAIR**

**DATE**