

## AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER

**Department Of Internal Medicine**  
**Division of Gastroenterology**

## APPLICATION FOR CLINICAL PRIVILEGES

Name: \_\_\_\_\_  
 Effective from: \_\_\_ / \_\_\_ / \_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_

**Initial Privileges (Initial Appointment)  Renewal of privileges (reappointment)**

All Initial applicants must meet the following requirements as approved by the Medical Board, effective: \_\_\_ / \_\_\_ / \_\_\_

**Applicants:** Check the "Requested" box for each privilege requested. Initial applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Chairperson:** Check the appropriate box for level of approval and if there are any comments, please include them in the space provided.

### Qualifications for Gastroenterology

**The following are eligibility criteria for application for Initial appointment and reappointment and granting of core privileges in Gastroenterology:**

1. **Basic Education:** Medical Degree in an institution accredited in the corresponding country.
2. **Specialty Training:** Successful completion of an accredited residency training in Internal Medicine followed by completion of an accredited 3 year fellowship training in Gastroenterology.
3. **Board Certification or equivalent (optional):** Board Certified by the American Board of Internal Medicine (ABIM) in Internal Medicine and board certified or eligible for board certification by the ABIM with subspecialty certification in Gastroenterology and maintenance of certification as dictated by the ABIM. Alternative certification should be by a similar organization in the European Union.
4. **Licensure:** Lebanese Order of physicians registration as a specialist in Gastroenterology
5. **Current Competence:**  
Initial privileges: Competence is evaluated by the peer review mechanism as defined by letters of recommendation (from previous tutors, program directors, division directors) and past experience and work history (log book or other form of documentation of types, numbers, and dates of procedures).

Documentation or attestation of provision of care to (at least 100 patients), reflective of the scope of privileges requested during the past 12

months OR completion of an accredited Gastroenterology fellowship training within the past 12 months.

References: A letter of reference must come from the director of the applicant's training program in gastroenterology. In addition, a letter of reference may come from the head of gastroenterology at the facility where the applicant most recently practiced. Another two letters of reference should be provided by colleagues practicing in the same area of specialty and who are knowledgeable of the applicant's professional performance.

Renewal of privileges during reappointment: Current demonstrated competence and an adequate volume of experience (*n patients*) with *acceptable results*, reflective of the scope of privileges requested, for the past 12 months based on results of ongoing professional practice evaluation and outcomes.

### Core privileges: Gastroenterology

**Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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 procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

**Check here to request the Internal Medicine privilege form**

**Requested**

### Special non-core privileges

Note: Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria for that privilege.

#### A. Non-Core privileges: Administration of sedation and Analgesia

**Requested**

(See hospital policy for "Moderate sedation/Analgesia (Conscious Sedation)")

#### B. Non-core privileges: Endoscopic Ultrasonography (EUS)

**Requested: with fine needle aspiration/biopsy (FNA)**

**Requested: without fine needle aspiration/biopsy (FNA)**

**Initial Privileges:****Education and Training:**

**For EUS/FNA:** Successful completion of a post-GI fellowship accredited program in advanced therapeutic endoscopy with endoscopic ultrasonography. This should include supervised hands-on training in EUS/FNA procedures of a minimum of 50 EUS/FNA procedures.

**For EUS without FNA:** Successful completion of a post-GI fellowship accredited program in advanced therapeutic endoscopy with endoscopic ultrasonography. This should include supervised hands-on training in EUS procedures with a minimum of 250 EUS procedures.

**Current Competence:**

**For EUS/FNA:** Demonstrated current competence and evidence of the performance of at least 20 EUS/FNA procedures in the past 12 months or completion of training in the past 12 months

**For EUS without FNA:** Demonstrated current competence and evidence of the performance of at least 25 EUS procedures in the past 12 months or completion of training in the past 12 months

**Renewal of privileges during reappointment:**

**For EUS/FNA:** Demonstrated current competence and evidence of the performance of at least 20 EUS/FNA procedures in the past 12 months based on the results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy is required.

**For EUS without FNA:** Demonstrated current competence and evidence of the performance of at least 25 EUS procedures in the past 12 months based on the results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy is required.

**C. Non-Core privileges: Capsule Endoscopy Performance and Interpretation****□ Requested****Initial Privileges:**

**Education and Training:** Successful completion of an ACGME- or AOA-accredited program in gastroenterology that included training in capsule endoscopy or completion of a hands-on course with a minimum of eight hours of CME credit, endorsed by a national or international gastroenterologist or surgical society and a review of the first 10 capsule studies by a credentialed capsule endoscopist.

**Current Competence:** Demonstrated current competence and evidence of the performance of **at least 2 capsule** endoscopy procedures in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges during reappointment:** Demonstrated current competence and evidence of the performance of **at least 2 capsule** endoscopy procedures in the past 12 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to capsule endoscopy is required.

## D. Non-Core privileges: Therapeutic Endoscopy Retrograde Cholangiopancreatographies (ERCP)

### □ Requested

#### Initial Privileges:

Education and Training: Successful completion of an accredited program in gastroenterology that included training in ERCP of a minimum 200 procedures (including 40 sphincterotomies and 10 stent placements).

Current Competence: Demonstrated current competence and evidence of the performance of **at least** 40 therapeutic ERCP procedures in the past 12 months or completion of training in the past 12 months

**Renewal of privileges during reappointment:** Demonstrated current competence and evidence of the performance of **at least** 30 therapeutic ERCP procedures in the past 12 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy is required.

## Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**To the applicant:** If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, and then initial and date.

### Gastroenterology

Performance of history and physical exam

- Argon plasma coagulation
- Colonoscopy with biopsy
- Esophagogastroduodenoscopy (EGD) with biopsy
- Endoscopic mucosal resection (EMR)
- Enteral and parenteral alimentation
- Esophageal **and gastrointestinal dilation**
- Esophageal, gastric, or duodenal stent placement
- Foreign body removal (EGD and colonoscopy)
- Flexible sigmoidoscopy with biopsy
- **Gastrointestinal motility studies**
- **24-hour pH monitoring**
- Nonvariceal hemostasis (EGD and colonoscopy)
- Percutaneous endoscopic gastrostomy (PEG)
- **Percutaneous endoscopic Jejunostomy (PEJ)**
- Percutaneous liver biopsy

- Balloon enteroscopy (diagnostic and therapeutic)
- **Intragastric Balloon insertion for Obesity**
- Sengstaken/Minnesota tube intubation
- Snare polypectomy (EGD and colonoscopy)
- Endoscopic submucosal dissection (ESD)
- Variceal hemostasis (EGD and colonoscopy)
- Flexible sigmoidoscopy with therapy of hemorrhoids

### Acknowledgment of practitioner

I have requested only those privileges for which my education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at AUBMC, and I understand that,

- In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation
- I am in good physical and mental health to perform privileges requested
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation actions are governed by the applicable section in the medical staff bylaws.

Signature:

Date:

### Head of Division

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/modification/explanation

Signature:

Date:

### Chairperson

I have reviewed the requested clinical privileges and supporting -

documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/modification/explanation

Signature:

Date: