

INTERNAL MEDICINE / GASTROENTEROLOGY

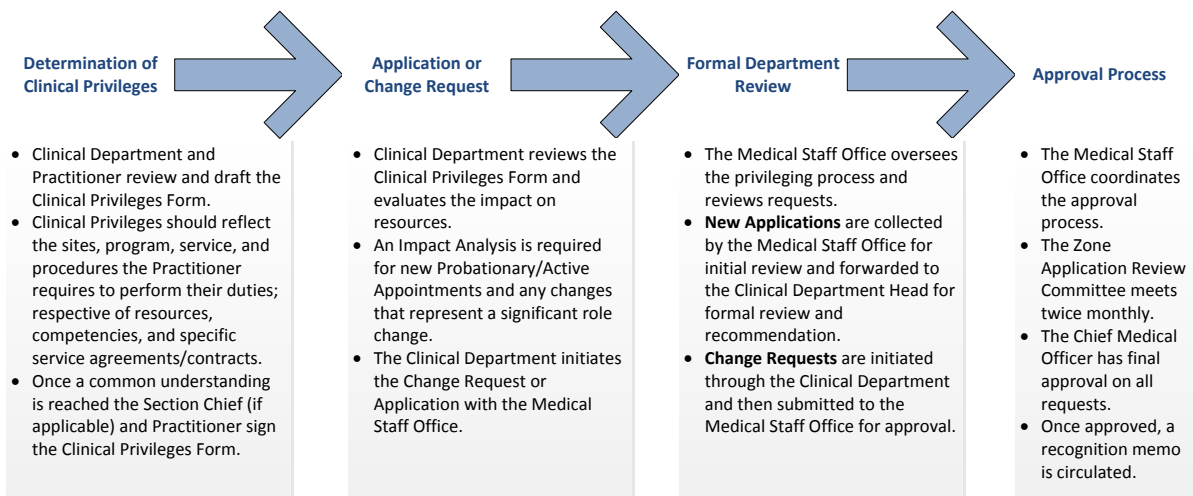
The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.
(AHS Medical Staff Bylaws article 3.2.6.3)

Please review the procedures listed below and select privileges using the corresponding checkbox. Upon completion, please sign and date where indicated and submit with the Appointment Application Form or Change Request Form per the process summarized below.

Practitioner Signature	Practitioner Name	Date

This Form cannot fulfill a request unless attached to a New Appointment Application or a Change Request Form.

The following summarizes the document flow in the typical application and change processes.



RECOMMENDATION		
Zone Clinical Department Head Signature	Printed Name	Date
Gastroenterology Section Chief Signature	Printed Name	Date

The personal information on this form is collected under the legal authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. The information will be used by or disclosed for employment purposes. For questions, concerns or more information about the collection, use or disclosure of the personal information, please contact Information and Privacy at 1-877-476-9874 or by email at privacy@albertahealthservices.ca

Section	New	Add	Remove	Change	Locum	Primary
Select new, add, remove, or change then locum and/or primary if applicable						
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legend for Selecting Sites of Clinical Privileges for Gastroenterology

INPATIENT HOSPITAL SERVICE	Primary Site (select 1 site only)	OUTPATIENT CLINICS AND SERVICES IN HOSPITAL AND OTHER FACILITIES	Primary Site
ACH – Alberta Children’s Hospital	<input type="checkbox"/>	RRDTC – Richmond Road Diagnostic & Treatment Centre	<input type="checkbox"/>
FMC – Foothills Medical Centre	<input type="checkbox"/>		
PLC – Peter Lougheed Centre	<input type="checkbox"/>		
RGH – Rockyview General Hospital	<input type="checkbox"/>		
SHC – South Health Campus	<input type="checkbox"/>		

General Privileges	ACH	FMC	PLC	RGH	SHC	RRDTC	Exclusions
Admitting <i>Includes; assessment, evaluating, consulting, diagnosing, treating and surgical assistance.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultation <i>Includes; conduct history and assessment for the purpose of making recommendations and implement management related to care and treatment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Colonoscopy Privileges <i>The examination of the large intestine (rectum and colon) using an endoscope. Colonoscopy privileges include biopsies, polypectomy, hemostasis, foreign body removal</i>	ACH	FMC	PLC	RGH	SHC	RRDTC	Exclusions
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Complex Polypectomy (large or flat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dilation of Colonic Stricture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flexible Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proctoscopy/Rigid Sigmoidoscopy - with or without biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gastroenterology Privileges Requiring Additional Training/Experience/Skills	ACH	FMC	PLC	RGH	SHC	RRDTC	Exclusions
Capsule Endoscopy <i>Fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH</i>					<input type="checkbox"/>		
Colonic Stent placement <i>Fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Double Balloon Enteroscopy <i>Post fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH</i>		<input type="checkbox"/>					
Endoscopic Retrograde Cholangiopancreatogram (ERCP) with or without Biliary Stent placement <i>Post fellowship training or equivalent in advanced endoscopic techniques which includes ERCP and/or demonstrate training and experience to satisfy the ZCDH</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Endoscopic Ultrasound <i>Post fellowship training or equivalent in advanced endoscopic techniques which includes endoscopic ultrasound and/or demonstrated training and experience to satisfy the ZCDH.</i>		<input type="checkbox"/>	<input type="checkbox"/>				
Esophageal or Duodenal Stent placement <i>Post fellowship training or equivalent in advanced endoscopic techniques which includes ERCP and/or demonstrate training and experience to satisfy the ZCDH</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gastrointestinal motility studies, Esophageal Manometry and 24 hour pH monitoring <i>Fellowship training or equivalent in advanced motility techniques and/or demonstrated training and experience to satisfy the ZCDH</i>					<input type="checkbox"/>		
Percutaneous Endoscopic Gastrostomy (PEG) <i>Additional training or demonstrated experience in Percutaneous Endoscopic Gastrostomy (PEG) satisfactory to the ZCDH</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pneumatic dilation for achalasia <i>Fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH</i>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Procedural Sedation <i>Compliance with the AHS Procedural Sedation Policy (PS-21) and Procedure (PS-21-01)5. Demonstrated combination of education, training AND/OR experience in conscious sedation to satisfy the ZCDH.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Privileges Requiring Addition Training/Experience/Skills cont.	ACH	FMC	PLC	RGH	SHC	RRDTC	Exclusions
Radiofrequency ablation (RFA) <i>Fellowship training or equivalent in advanced endoscopic techniques which include RFA and/or demonstrated training and experience to satisfy the ZCDH.</i>					<input type="checkbox"/>		
Single Balloon Enteroscopy <i>Post fellowship training or equivalent in advanced endoscopic techniques and/or demonstrated training and experience to satisfy the ZCDH</i>		<input type="checkbox"/>					
Gastroscopy Privileges <i>The examination of the upper digestive tract (the esophagus, stomach and duodenum) using an endoscope. Gastroscopy privileges include biopsies, hemostasis, and foreign body removal</i>	ACH	FMC	PLC	RGH	SHC	RRDTC	Exclusions
Esophageal Dilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Esophagoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gastroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Management of non-variceal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Management of variceal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

[Procedural Sedation Policy, Procedure and Education Materials http://insite.albertahealthservices.ca/9227.asp](http://insite.albertahealthservices.ca/9227.asp)

Note: No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person