

INTERNAL MEDICINE / RESPIROLOGY

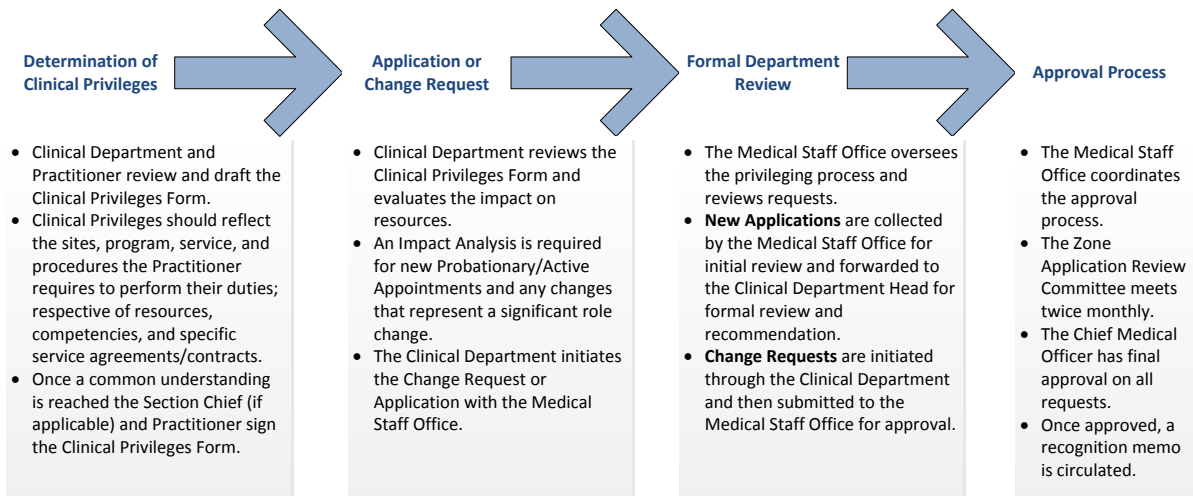
The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.
(AHS Medical Staff Bylaws article 3.2.6.3)

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
Respirology 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

<u>Section</u> Select new, add, remove, or change then locum and/or primary if applicable	New	Add	Remove	Change	Locum	Primary
Respirology	<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 the section of Respirology

INPATIENT HOSPITAL SERVICE	Primary Site (select 1 only)
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	FMC	PLC	RGH	SHC	Exclusions
Admitting <i>Includes; assessment, evaluating, consulting, diagnosing & treating</i>	<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"/>	
Respirology Clinical Privileges	FMC	PLC	RGH	SHC	Exclusions
Bronchial removal of foreign body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical pleurodesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest tube insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage of pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine needle lung or mucosal aspiration and biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine needle superficial lymph node aspiration and biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexible bronchoscopic procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insertion, management, and removal central venous catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insertion, management, and removal of arterial lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intrapleural fibrinolytic therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Invasive ventilator management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nasociliary brushing or biopsy					
Nasopharyngoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-invasive ventilator management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pleural biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pleural drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pleural or chest ultrasonography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep monitoring and polysomnography interpretation	<input type="checkbox"/>				
Thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tracheotomy tube replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transbronchial aspiration and biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respirology Privileges Requiring Additional Training/Experience/Skills	FMC	PLC	RGH	SHC	Exclusions
Balloon bronchoplasty <i>Demonstrated currency in core pleural procedures to satisfy the ZCDH.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Bronchial thermoplasty <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Cryosurgery <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Electrocoagulation <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Endobronchial stent placement and management <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Endobronchial ultrasound (EBUS) (ADULT ONLY) <i>Successful completion of an accredited RCPSC (or equivalent) postgraduate training program that included training in EBUS or completion of a hands-on continuing medical education program.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Fluoro-guided bronchoscopy <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infant lung function testing (PEDS ONLY) <i>Demonstrated training and experience to satisfy ZCDH..</i>					
Percutaneous lung biopsy <i>Demonstrated training and experience to satisfy ZCDH..</i>					

Respirology Privileges Requiring Additional Training/Experience/Skills Cont.	FMC	PLC	RGH	SHC	Exclusions
Placement of endobronchial valves <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Point of care ultrasound <i>Demonstrated training and experience to satisfy the ZCDH.</i>	<input type="checkbox"/>	<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"/>	
Pulmonary function tests / exercise testing (consistent with accredited level of lab) <i>(CPSA approval required)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Right heart catheterization (ADULT ONLY) <i>Demonstrated training and experience to satisfy ZCDH.</i>		<input type="checkbox"/>			
Rigid bronchoscopy <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>				
Sleep monitoring (Level 1 – polysomnography, monitored) <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>				
Sleep monitoring (Level 2 – polysomnography, unmonitored) <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>				
Sleep monitoring (Level 3 – home sleep apnea testing) (ADULT ONLY) <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tunneled pleural catheter placement <i>Demonstrated training and experience to satisfy ZCDH.</i>	<input type="checkbox"/>			<input type="checkbox"/>	
Use of endobronchial laser <i>Demonstrated training and experience to satisfy ZCDH.</i>	<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