



University of Michigan
Hospitals and Health Centers

Delineation of Privileges for Adult Psychiatry
Department of Psychiatry

Name: _____

CORE PRIVILEGES

Focused Professional Practice Evaluation (FPPE) Requirements: For all new hires or faculty adding Core privileges: All new faculty with clinical privileges have a period of observation lasting no less than six months.

- Selection of monitor(s): Monitor(s) will be identified by Section Director.
- Monitoring activity: At a minimum, 2 cases/month for 6 months will be reviewed in detail with monitor. Monitor will schedule a meeting at 3 months and again at 6 months to discuss 6 cases pulled randomly from faculty member's case load by chart review. Monitor will be available to discuss cases prospectively at faculty member's request.

Minimum Training and Experience

Basic Education: MD or DO is required from an approved school of medicine or osteopathy.

Successful completion of an ACGME or AOA-approved residency training program in general psychiatry, qualifying them for certification in Psychiatry by the American Board of Psychiatry and Neurology.

Must be able to demonstrate that he or she has provided inpatient, outpatient, or consultative psychiatric services for 30 patients during the past 12 months. Clinical activity within a residency program will qualify.

New graduate: Certification in Psychiatry by the American Board of Psychiatry and Neurology within one year of hire.

A letter of reference from the applicant's director of residency training that documents successful completion of the program as well as stating that the applicant is qualified for the independent practice of Psychiatry as defined in this document.

Two additional letters of support from faculty members in the applicant's residency training program endorsing the above two issues. 1) Successful completion of the residency; 2) Qualified for the independent practice of Psychiatry.

Experienced Psychiatrist: Board certification in Psychiatry by the American Board of Psychiatry and Neurology. Under exceptional circumstances, the Service Chief/Section Director and Department Chair may make a request to the Credentialing and Privileging Committee that the Board requirement be waived, if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Must have been actively engaged in the practice of clinical psychiatry for at least three years prior to hire.

A letter of reference from the applicant's most recent service chief documenting the applicant's successful performance at that place of employment and two additional letters of reference from two experienced psychiatrists who have known the applicant and his/her professional work for at least two years, and who can attest to the applicant's current professional status, medical/psychiatric practice, and the applicant's moral and ethical issues in his/her professional practice.

Scope of Practice/Privileges

Must be able to treat both inpatients and outpatients of **all ages**. This treatment includes, but is not limited to, the ability to admit, work up, diagnose and provide psychiatric treatment to patients who suffer from mental, behavioral, or emotional disorders. Must be able to engage in initial and continuing evaluation and/or treatment of patients, including evaluation and treatment intervention. Must be able to provide both psychotherapeutic and psychopharmacologic services to patients and teach those services to house staff, fellows, medical students, and other health care professionals. Privileges also include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and the interaction of these disorders with physical disorders and somatic and pharmacologic treatments. Treatments include work with individuals, couples, families, groups, children, families, and/or young and old adults as appropriate to this individual's assigned duties in the medical center.

Privileges also include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

- **Clinical interviewing, including psychosocial history taking**
- **Mental status examination**
- **Physical examination including radiological and lab tests**
- **Psychiatric diagnosis using DSM**
- **Consultation and liaison with other physicians in other fields regarding psychiatric disorders interacting with physical disorders.**
- **Crisis intervention**
- **Emergency psychiatry**
- **Inpatient psychiatry**
- **Ambulatory psychiatry**
- **Psychopharmacology**
- **Working knowledge of major psychotherapeutic modalities.**
- **Psychiatric care of patients with medical disorders/neurologic disorders. Differential diagnosis of patients with medical problems presenting with behavioral symptoms.**
- **Use of psychological tests, rating scales and outcomes measures**
- **Community outreach, health promotion**
- **Domestic violence, recognize/manage**
- **Physical, emotional and sexual abuse, neglect, recognize/manage**

Requested (Applicant)

Recommended approval (Service Chief/Chair)

LEVEL II PRIVILEGES

Focused Professional Practice Evaluation (FPPE) Requirements: For all new hires or faculty adding Level II privileges (with the exception of ECT and TMS [see below]): All new faculty with clinical privileges have a period of observation lasting no less than six months.

- Selection of monitor(s): Monitor(s) will be identified by Section Director.
- Monitoring activity: At a minimum, 2 cases/month for 6 months will be reviewed in detail with monitor. Monitor will schedule a meeting at 3 months and again at 6 months to discuss 6 cases pulled randomly from faculty member's case load by chart review. Monitor will be available to discuss cases prospectively at faculty member's request.

GERIATRIC PSYCHIATRY Minimum Training and Experience

Completion of all Level I requirements.

Completion of a fellowship in Geriatric Psychiatry or its equivalent so that the individual qualifies to sit for the Geriatric Psychiatry subspecialty exam.

Successful completion of the Geriatric Psychiatry board exam within two years of hire. Under exceptional circumstances, the Service Chief/Section Director and Department Chair may make a request to the Credentialing and Privileging Committee that the Board requirement be waived, if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Evidence that the individual has had at least the equivalent of one year of clinical work in Geriatric Psychiatry. Fellowship training can meet this objective.

Scope of Practice/Privileges

Must be able to treat geriatric patients in both inpatient and outpatient settings, as well as consult with other physicians in the Health System and the community. This treatment includes but is not limited to, the ability to admit, work up, diagnose and provide psychiatric treatment to older adults who suffer from mental, behavioral, or emotional disorders. Must be able to engage in initial and continuing evaluation and/or treatment including evaluation and treatment intervention. Must be able to provide both psychotherapeutic and psychopharmacologic services and teach those services to house staff, fellows, medical students, and other health care professionals. Treatments include work with individuals, couples, families, and groups that would be included in comprehensive psychiatric care of geriatric patients.

- Requested (Applicant) Recommended approval (Service Chief/Chair)

ADDICTION PSYCHIATRY Minimum Training and Experience

Completion of all Level I requirements.

Completion of a fellowship in Addiction Psychiatry or its equivalent so that the individual qualifies to sit for the Addiction Psychiatry subspecialty exam.

Successful completion of the Addiction Psychiatry board exam within two years of hire. or passing the certifying exam by the American Society of Addiction Medicine. Under exceptional circumstances, the Service Chief/Section Director and Department Chair may make a request to the Credentialing and Privileging Committee that the Board requirement be waived, if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Evidence that the individual has had at least the equivalent of two years of clinical work in Addiction Psychiatry. Fellowship training can meet this objective.

Scope of Practice/Privileges

Must be able to treat patients of all ages who suffer from substance-related disorders in inpatient, outpatient and residential settings, as well as consult with other physicians in the Health System and the community. This treatment includes but is not limited to, the ability to admit, work up, diagnose and provide psychiatric treatment to patients who suffer from substance-related disorders that co-occur with other mental disorders. Must be able to engage in initial and continuing evaluation and/or treatment including evaluation and treatment intervention. Must be able to provide both psychotherapeutic and psychopharmacologic services and teach those services to house staff, fellows, medical students, and other health care professionals. Treatments include work with individuals, couples, families, and groups that would be included in comprehensive psychiatric care of patients with substance abuse and addictive disorders. Must be familiar with and appreciate the value of mutual self-help groups in recovery from these disorders.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

PSYCHOSOMATIC MEDICINE

Minimum Training and Experience

Completion of all Level I requirements.

Completion of a fellowship in Psychosomatic Medicine or its equivalent so that the individual qualifies to sit for the Psychosomatic Medicine subspecialty exam.

Successful completion of the Psychosomatic Medicine board exam within two years of hire. Under exceptional circumstances, the Service Chief/Section Director and Department Chair may make a request to the Credentialing and Privileging Committee that the Board requirement be waived, if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Evidence that the individual has had at least the equivalent of two years of clinical work in Psychosomatic Medicine. Fellowship training can meet this objective.

Scope of Practice/Privileges

Must be able to treat the psychosomatic/psychiatric attributes of patients who suffer from co-morbid medical and psychiatric conditions in inpatient and outpatient settings. Must be able to treat these patients in both inpatient and outpatient settings, as well as consult with other physicians in the Health System and the community. This treatment includes but is not limited to, the ability to admit, work up, diagnose and provide psychiatric treatment to patients with medical illness who also suffer from mental, behavioral, or emotional disorders. Must be able to engage in initial and continuing evaluation and/or treatment including evaluation and treatment intervention. Must be able to provide both psychotherapeutic and psychopharmacologic services and teach those services to house staff, fellows, medical students, and other health care professionals.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

FORENSIC PSYCHIATRY

Minimum Training and Experience

Completion of all Level I requirements.

Completion of a fellowship in Forensic Psychiatry or its equivalent so that the individual qualifies to sit for the Forensic Psychiatry subspecialty exam.

Successful completion of the Forensic Psychiatry board exam within two years of hire. Under exceptional circumstances, the Service Chief/Section Director and Department Chair may make a request to the Credentialing and Privileging Committee that the Board requirement be waived, if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Evidence that the individual has had at least the equivalent of two years of clinical work in Forensic Psychiatry. Fellowship training can meet this objective.

Scope of Practice/Privileges

Must demonstrate ability to perform specialized assessments of patients of in both civil and criminal forensic cases. Exhibits expertise in civil law, criminal law, corrections and correctional healthcare, legal systems and basic law, children and families, special diagnostic and treatment issues, special procedures in forensic psychiatry, special consultations and investigations, risk assessment (including violence, dangerousness, criminology, suicide, and psychiatric autopsy), and forensic psychiatry practice issues.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

LEVEL II PRIVILEGES---ECT

Focused Professional Practice Evaluation (FPPE) Requirements: All new hires, faculty adding ECT privileges, or faculty who have lapsed privileges must be placed on a FPPE. The FPPE must have a period of observation lasting no less than six months during which at least 25 additional ECT treatments are observed by the Director of the ECT Program.

ELECTROCONVULSIVE THERAPY

Minimum Training and Experience

Completion of all Level I requirements.

Approval by the Director of ECT Program who will review letters of recommendation regarding ECT training and experience, history of past ECT privileging, and records of residency and/or CME education or training in ECT. Candidates should be able to demonstrate that their ECT training experience included specific reference to clinical indications, anesthesia for ECT, management of side effects and complications from ECT, and currently recommended ECT techniques.

Scope of Practice/Privileges

Performance of electroconvulsive therapy on children and adults.

Any privileged physician whose ECT practice becomes inactive (fewer than 100 treatments during the two year appointment cycle for two years) will be required to re-demonstrate proficiency in ECT techniques under the supervision of the ECT Program Director and under an FPPE.

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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LEVEL II PRIVILEGES-TRANSCRANIAL MAGNETIC STIMULATION (TMS)

Focused Professional Practice Evaluation (FPPE) Requirements: All new hires, faculty adding TMS privileges, or faculty who have lapsed privileges must be placed on a FPPE. The FPPE must have a period of observation lasting no less than six months during which at least 2 additional TMS treatments are observed by the Clinical Director of the TMS Services.

Minimum Training and Experience

Completion of all Level I requirements

TMS training and experience, history of past TMS privileging, and records of residency and/or CME education or training in TMS. Demonstration that their training experience has specified reference to skill in evaluating patients for TMS, ability to conduct motor threshold procedure, and knowledge of benefits and side effects of TMS. A candidate must be observed conducting a TMS motor threshold and dosing procedure and complete an orientation to the TMS clinic policies, equipment, and staff.

The Clinical Director of TMS Services (appointed by the Chair of Psychiatry and delegated the authority to recommend TMS privileges to appropriately trained and vetted faculty) will recommend these privileges after above criteria are met.

Scope of Practice/Privileges

Performance of TMS procedure on adult patients. Skill using the TMS equipment, conducting a TMS motor threshold and dosing procedure. Skill in evaluating patients for TMS procedure and knowledge of the benefits and side-effects of TMS.

To maintain privileges, privileged TMS practitioners are expected to conduct at least 1 motor threshold procedure per year. A TMS practitioner who has become inactive will be required to re-demonstrate proficiency in TMS techniques under the supervision of the Clinical Director and re-apply for privileges.

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ FLUOROSCOPY
- ▶ LASER

**▶ ROBOTIC SURGICAL PLATFORM
▶ SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST**

PLEASE go to appropriate Module in MLEARNING.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION

Approval: As Requested As Modified

Explanation for any modifications:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date: _____

Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION

Approval: As Requested As Modified

Explanation for any modifications:

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION

Approval: As Requested As Modified

Explanation for any modifications:
