



UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

Delineation of Privileges  
Department of Anesthesiology

Name: \_\_\_\_\_  
Please Print or Type

**LEVEL I CORE**

**Scope of Practice/Privileges**

The anesthesiologist is the perioperative physician who provides medical care to patients throughout his or her surgical experience. This includes medically evaluating the patient before surgery, consultation with the surgical team and providing pain support and control of life functions during surgery, supervising care after surgery and medically discharging the patient from a recovery unit. In addition, provides sedation and anesthesia for patients undergoing medical procedures as well as caring for patients during their obstetrical care.

**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.**

1. Invasive Monitoring Techniques
2. Central and Peripheral Nerve Blocks
3. Providing anesthesia in the following subspecialty areas not limited to: Critical Care Medicine, Cardiac Anesthesia, Thoracic Anesthesia, Vascular Anesthesia, Neuro Anesthesia, Obstetrical Anesthesia, Pediatric Anesthesia (excluding patients less than 2 years of age or less than 5 years of age with an ASA status of 3 or greater), Anesthesia for transplant surgery, and anesthesia for Trauma Surgery.
4. Airway techniques including intubation and insertion of LMA awake, fiber optic intubation, jet ventilation and other airway management techniques.
5. Preoperative Consults: Perioperative care including, but not limited to: Critical Care Medicine, Acute Pain Medicine, and Chronic Pain Medicine.

**Minimum Training and Experience**

Applicants must have received a MD or DO degree from an approved school of medicine or osteopathy. Applicants must have completed an approved internship and residency program approved by the American Board of Anesthesiology or the equivalent board in another country, which is recognized by the American Board of Anesthesiology. Applicants must be board certified by the American Board of Anesthesiology (or its equivalent) or in the examination process.

**FPPE Monitoring Requirements:** One observation as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)**                       **Not Requested (Applicant)**
- Recommended approval (Service Chief/Chair)**

## LEVEL II

### PAIN MANAGEMENT

**Scope of Practice/Privileges** Conduction of all peripheral and sympathetic nerve blocks performed for the purpose of pain management.

Invasive pain treatment procedures include:

- 1) Spinal catheter and pump implant
- 2) Epidural leads and stimulator implant
- 3) Peripheral nerve stimulator implant, and
- 4) Nucleoplasty

The above privileges are not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

#### Minimum Training and Experience

Subspecialty training in pain management is required to conduct all peripheral and sympathetic nerve blocks performed for the purpose of pain management. Subspecialty training may be documented by fellowship training for the equivalent in pain management and demonstrated competency by completing a minimum of 3 cases under supervision by an individual privileged in that area at the University of Michigan.

Invasive pain treatment procedures which include

- a) spinal catheter and pump implant,
- b) epidural leads and stimulator implant,
- c) peripheral nerve stimulator implant, and
- d) nucleoplasty.

**FPPE Monitoring Requirements:** Three observations under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)**                       **Not Requested (Applicant)**
- Recommended approval (Service Chief/Chair)**

---

### MILD Procedure

**Minimum Training and Experience** For MILD-Minimal Invasive Lumbar Decompression privileges, applicant must in addition have all of the following:

1. Completed fellowship training in Pain Medicine, Interventional Radiology or Neuroradiology; or completed a residency in Neurosurgery or Orthopedics.
2. Received training in performance in image-guided percutaneous procedures involving the spinal region in one of the training programs noted above.
3. Completed a hands-on percutaneous MILD Cadaver course with certification
4. Annual training in radiation safety
5. Have Fluoroscopy Privileges (separate application)

For **renewal of privileges**, applicant must perform on average 100 fluoroscopy-guided procedures on the spine per year since the last Reappointment. In addition the applicant must participate in at least 2 MILD procedures per year since the last Reappointment, or repeat the hands-on percutaneous MILD Cadaver course.

**FPPE Monitoring Requirements:** One observation under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

Requested (Applicant)                       Not Requested (Applicant)

Recommended approval (Service Chief/Chair)

---

## VERTEBROPLASTY

### Minimum Training and Experience

For vertebroplasty privileges, applicant must in addition have all of the following:

1. Completed fellowship training in Pain Medicine, Interventional Radiology or Neuroradiology; or completed a residency in Neurosurgery or Orthopedics.
2. Received training in performance in image-guided percutaneous procedures involving the spinal region in one of the training programs noted above.
3. Completed a hands-on percutaneous vertebroplasty course with certification
4. Annual training in radiation safety
5. Have Fluoroscopy Privileges (separate application)

For **renewal of privileges**, applicant must perform on average 100 fluoroscopy-guided procedures on the spine per year since the last Reappointment. In addition the applicant must participate in at least 2 vertebroplasty procedures per year since the last Reappointment, or repeat the hands-on percutaneous vertebroplasty course.

**FPPE Monitoring Requirements:** One observation under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

Requested (Applicant)                       Not Requested (Applicant)

Recommended approval (Service Chief/Chair)

---

## KYPHOPLASTY

**Minimum Training and Experience** For kyphoplasty privileges, applicant must in addition have all of the following:

1. Completed fellowship training in Pain Medicine, Interventional Radiology or Neuroradiology; or completed a residency in Neurosurgery or Orthopedics.
2. Received training in performance in image-guided percutaneous procedures involving the spinal region in one of the training programs noted above.
3. Completed a hands-on percutaneous kyphoplasty course with certification
4. Annual training in radiation safety
5. Have Fluoroscopy Privileges (separate application)

For **renewal of privileges**, applicant must perform on average 100 fluoroscopy-guided procedures on the spine per year since the last Reappointment. In addition the applicant must participate in at least 2 kyphoplasty procedures per year since the last Reappointment, or repeat the hands-on percutaneous kyphoplasty course.

**FPPE Monitoring Requirements:** One observation under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

Requested (Applicant)                       Not Requested (Applicant)

Recommended approval (Service Chief/Chair)

---

---

## PEDIATRIC ANESTHESIOLOGIST

### Scope of Practice/Privileges

Provision of anesthesia services for any pediatric patient less than 2 years of age or less than 5 years of age with an ASA status of 3 or greater.

### Minimum Training and Experience

Subspecialty training in an ACGME accredited pediatric anesthesiology program is required, with board eligibility/certification in Pediatric Anesthesiology by the American Board of Anesthesiology. If not board certified by the ABA, the American College of Surgeons requires the applicant must meet the following requirements:

1. Evidence that the anesthesiologist successfully completed a residency training program in anesthesiology with the time period consistent with the years of training in the US.
  - a. *Completion must be certified by a letter from the program director that details the pediatric component of the individuals training*
2. Documentation of current status as a provider in PALS
3. A list of 48 hours of children's anesthesia related CME during the past three years
4. Documentation of membership or attendance at local, regional, or national anesthesia meetings with a children's component in the past three years
5. Documentation of license to practice medicine and documentation of full and unrestricted anesthesia privileges to care for children younger than 2 years by the hospital's credentialing committee

**FPPE Monitoring Requirements:** One observation as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)                       Not Requested (Applicant)
- Recommended approval (Service Chief/Chair)

---

## PEDIATRIC CARDIAC ANESTHESIOLOGY

**Scope of Practice/Privileges** Provision of anesthesia services for any pediatric cardiac surgical procedure that involves cardiopulmonary bypass.

**Minimum Training and Experience** Subspecialty training in pediatric cardiac anesthesiology is required to provide anesthesia services for any pediatric cardiac surgical procedure that involves cardiopulmonary bypass. Subspecialty training may be documented by fellowship training (or its equivalent) in pediatric anesthesia and demonstrated experience by completing a minimum of 5 cases under supervision by an individual privileged in that area at the University of Michigan.

**FPPE Monitoring Requirements:** Five observations under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)                       Not Requested (Applicant)
- Recommended approval (Service Chief/Chair)

---

## MEDICAL ACUPUNCTURE

### Scope of Practice/Privileges

Diagnosis of underlying medical conditions should be established within the context of the state-of-the-art of medical care. Once diagnosis has been made and routine treatment measures are in progress, Medical Acupuncture, if appropriate, can be used as a complementary modality within the working allopathic framework.

### Minimum Training and Experience

Must have privileges in the Department of Anesthesiology (or another University of Michigan Medical School Department) in good standing. Must have obtained 200 hours of graduate training in medical acupuncture at an AMA Category I certified program, or equivalent training approved by the Department of Anesthesiology after consultation with the American Academy of Medical Acupuncture. If previously practicing medical acupuncture, submission of three letters of recommendation specifically addressing and attesting to the applicant's qualification and experience in medical acupuncture. Maintenance of Privileges: Must

show evidence of a minimum of 30 accredited hours over a three (3) year period of continuing education in medical acupuncture. At least thirty (30) patient contacts per year.

**FPPE Monitoring Requirements:** One observation under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)                       Not Requested (Applicant)
  - Recommended approval (Service Chief/Chair)
- 

## **PAIN PSYCHOLOGIST**

**Scope of Practice/Privileges** The scope of the practice includes the psychological diagnosis and treatment of all childhood and adult syndromes listed in the American Psychiatric Association Diagnostic and Statistical Manual. The Psychologist may provide psychological treatments for patients with other medical disorders that are caused by, present with, or are exacerbated by psychological factors. Treatments and diagnostic procedures include: behavioral therapy, biofeedback, psychotherapy, group therapy, family therapy, psychological assessment, neuropsychological rehabilitation, neuropsychological assessment, and consultation/liaison.

### **Minimum Training and Experience**

The Psychologist must have:

A doctorate (Ph.D., Psych.D., Ed.D.) in Psychology

A valid license to practice Psychology in Michigan

5 year minimum experience with chronic pain and pre-surgery evaluation or one year of supervised clinical training.

Reappointment Requirement: 24 cases annually – 50 cases at the time of reappointment.

**FPPE Monitoring Requirements:** One observation under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)                       Not Requested (Applicant)
  - Recommended approval (Service Chief/Chair)
- 

## **NON-INTERVENTIONAL PAIN PHYSICIAN – ADDICTIONOLOGIST**

**Scope of Practice/Privileges** The scope of the practice includes assessment for chronic pain syndrome, addiction therapy and detoxification. Treatment and diagnostic procedures include: treatment and assessment programs, detoxification, medication management, buprenorphine, group therapy/individual support, and coordination of medical care.

### **Minimum Training and Experience**

Applicants must have received a MD or DO degree from an approved school of medicine or osteopathy. Applicants must be board certified by the American Board of Addiction Medicine.

**FPPE Monitoring Requirements:** One observation under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)                       Not Requested (Applicant)
  - Recommended approval (Service Chief/Chair)
-

---

## NON-INTERVENTIONAL PAIN PHYSICIAN

**Scope of Practice/Privileges** The scope of the practice includes assessment for chronic pain syndrome. Treatment and diagnostic procedures include: treatment and assessment programs, medication management, buprenorphine, group therapy/individual support, and coordination of medical care.

### Minimum Training and Experience

Applicants must have received MD or DO degree from an approved school of medicine or osteopathy. Applicants must be board certified by one of the following: American Board of Internal Medicine, American Board of PM&R, or the American Board of Psychiatry and Neurology. Must have five-year minimum experience with chronic pain syndromes.

**FPPE Monitoring Requirements:** One observation under supervision by an individual privileged in this area at the University of Michigan, as well as automatic capture of events as part of clinical documentation. Current peer review indicators are evaluated and compared. Cases are identified for peer review, and every case is scrutinized for error and standard of care. Risk Management screens incident reports to help identify outliers and watch for trends.

- Requested (Applicant)                       Not Requested (Applicant)
- Recommended approval (Service Chief/Chair)
- 

## LEVEL IV

### NON-ANESTHESIOLOGIST INTENSIVIST

**Scope of Practice/Privileges.** The scope of practice includes the provision of full critical care privileges. They provide care to patients in intensive care units including placing central monitoring catheters, pulmonary ventilator management, and hemodynamic management. In addition they provide training and supervision of residents and fellows assigned to the intensive care unit. They also provide supervision and training for non-physician personnel (nurse practitioners, physician assistants, respiratory therapists, and nursing personnel).

### Minimum Training Experience.

Applicants must have an MD or DO degree from an approved school of medicine or osteopathy.

Applicants must be board certified by one of the following: American Board of Internal Medicine, American Board of Emergency Medicine, the American Board of Neurology, or equivalent board certification from the American Osteopathic Association.

They must have completed an ACGME or AOA approved fellowship in critical care medicine either through Emergency Medicine, Internal Medicine, Surgery, or Anesthesiology.

**FPPE Monitoring Requirements:** Observation as rounding faculty for two weeks. Participate in performance and supervision of procedures to include central catheter placement. Meet monthly while on service with Service Chief to review care and outcomes. Service Chief recommendation to advance to OPPE after six months if successful performance of FPPE. Participation in routine Peer Review and quality review metrics.

- Requested (Applicant)                       Not Requested (Applicant)
- Recommended approval (Service Chief/Chair)
- 

### SPECIAL PRIVILEGES

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

- ▶ FLUOROSCOPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM

**These privileges may be obtained through MLearning.**

**TO BE COMPLETED BY APPLICANT:**

I meet the previously stated minimum 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 (please explain) \_\_\_\_\_

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 \_\_\_\_\_ Not Approved (please explain) \_\_\_\_\_

Credentials Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

**EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:**

\_\_\_\_\_ Approval as Requested \_\_\_\_\_ Not Approved (please explain) \_\_\_\_\_

Executive Committee On Clinical Affairs - Member: \_\_\_\_\_ Date: \_\_\_\_\_