

DELINEATION OF PRIVILEGES Certified Nurse Midwife

Applicant's Full Name	Michigan License Number
Primary Service:	
Supervising Physician:	

Minimum Qualifications:

- Possession of a license as a Registered Nurse in the State of Michigan
- Possession of Specialty Certification as a Certified Nurse Midwife in the State of Michigan as specified in section 333.17210 of the Michigan Public Health Code
- Graduation from an accredited Nurse Midwifery Education program with a Master's degree
- Certification from the American Midwifery Certification Board

Supervision:

- A CNM may not perform any activity that is not permitted by state law and that is outside the scope of practice/privileges of his or her supervising physician as approved by UMHHC.

LEVEL I Core Privileges

Privileges:

Core Privileges for Certified Nurse Midwives includes the admission, diagnostic evaluation, consultation as indicated and treatment of patients as delegated by an attending physician. This will include managing patients with complex, acute, and chronic health conditions and may be in a variety of clinical settings. These core privileges may include, but are not limited to the following:

- Performing detailed patient history and physical examinations
- Conducting appropriate preventive screening and health promotion procedures based on age and history
- Ordering, performing, and interpreting results of diagnostic and laboratory studies
- Formulating the appropriate differential diagnosis based on history, physical and diagnostic findings
- Developing and implementing treatment plans
- Providing patient education and counseling
- Monitoring the effectiveness of therapeutic interventions
- Authorized prescribing for non-controlled substances. **Prescription of controlled substances requires separate controlled substance delegation to be updated annually.**
- Coordinating follow up care for patients
- Making referrals to various internal and external services
- Writing patient care orders
- Obtaining pre-procedure and surgical consents
- Writing pre and post procedure notes and orders
- Performing consultations
- Direct and perform cardiopulmonary resuscitation efforts, defibrillation (BLS required)
- Ordering durable medical equipment
- Suturing, stapling, removal of sutures or staples
- Management of antepartum, intrapartum and postpartum care

FPPE Requirements: Each new appointee will have a senior faculty member identified to serve as a clinical mentor and review of initial professional practice. This advisory and monitoring function will occur for the first six months of appointment. After successful completion of this initial six month period, the appointee's professional practice will be monitored through the Ongoing Professional Practice Evaluation process. It is understood that the FPPE may not be completed at the end of six months. As part of this initial FPPE, a provider profile will be reviewed for clinical activity and for medical record compliance. Outpatient and/or inpatient notes will be evaluated for key components including history, physical examination, and medical decision making. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of appointment. Reporting will be made through the Division leadership.

- Core Requested (Applicant) Core Recommended approval (Service Chief)

LEVEL II:

Additional privileges not included in Core Privileges for Certified Nurse Midwives will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. These additional privileges may include those from the following representative list, not intended to be all-encompassing, but rather to reflect the categories/types of procedures included in the description of privileges.

Requested (Applicant)	Recommend approval (Service Chief)	Privilege	FPPE Requirements and Minimum Training & Experience
<input type="checkbox"/>	<input type="checkbox"/>	Management of vaginal birth including laceration repairs	Independently perform the procedure 3 times under the direct observation of an appropriately privileged clinician. For renewal, participation in 3 or more of during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	Intrauterine contraception insertions	Independently perform the procedure 3 times under the direct observation of an appropriately privileged clinician. For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	Insertion and removal of transdermal contraceptive implant including administration of local anesthetic	Completion of an instructional program. Independently perform 1 insertion and removal under the direct supervision of an appropriately privileged clinician. For renewal, participate in 1 or more of these procedures during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	Limited obstetric ultrasound	Complete an instructional program. Independently perform the procedure 3 times under the direct observation of an appropriately privileged clinician. For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	Laminaria insertion	Independently perform the procedure 3 times under the direct observation of an appropriately privileged clinician. For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	Endometrial biopsies	Independently perform the procedure 3 times under the direct observation of an appropriately privileged clinician. For renewal, participation in 3 or more of each procedure during the previous 12 month period.



<input type="checkbox"/>	<input type="checkbox"/>	Vulvar biopsies	Independently perform the procedure 3 times under the direct observation of an appropriately privileged clinician. For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	Colposcopy	Complete an instructional program. Independently perform the procedure 3 times under the direct observation of an appropriately privileged clinician. For renewal, participation in 3 or more of each procedure during the previous 12 month period

TO BE COMPLETED BY APPLICANT:

I meet the above mentioned minimum training and experience criteria and request that my application be considered for the delegated functions that I have selected.

Applicant:

Signature

Date

Scope of Services approved

As Requested _____

As Modified Explain _____

ACKNOWLEDGMENT OF DELEGATING PHYSICIAN(S): The above-named practitioner shall work in collaboration with physicians in the exercise of clinical privileges, including those privileges exercised pursuant to delegation and supervision. I believe the above-named practitioner is competent and qualified to perform the requested privileges. Consistent with MCL 333.17409(5), I am signing on behalf of the group of physicians privileged in this clinical department/service.

Supervising Physician:

Signature

Date

Service Chief:

Signature

Date

Department Chair:

Signature

Date