



University of Michigan

Hospitals and Health Centers

**Delineation of Privileges for Child & Adolescent Psychiatry
Department of Psychiatry**

Name: _____
Please print or type

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 psychiatry, qualifying them for certification in Psychiatry by the American Board of Psychiatry and Neurology.

Completion of an ACGME-approved residency training program in Child and adolescent Psychiatry, qualifying them for certification in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology.

Must be able to demonstrate that he or she has provided inpatient/outpatient or consultative services in child or adolescent psychiatry for at least 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. Certification in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology within 3 years of the initial appointment to this staff is required.

If board certified in Child and Adolescent Psychiatry, it is not necessary to maintain the General Psychiatry board certification unless also privileged to practice in Adult Psychiatry or its respective subspecialties.

At least 3 letters of reference, including one from the Director of Psychiatry Residency Program and one from the Director of Child and Adolescent Program under which the applicant trained, documenting satisfactory completion of program and areas of potential competency which can contribute to our mission.

Experienced Child and Adolescent Psychiatrist: Certification in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology is required. 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 adequate clinical volume and competency in patient care and two additional supporting letters from Child and Adolescent psychiatrists who have known the applicant for at least two years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of Child and Adolescent Psychiatry.

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 all 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 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, 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***
- ***Diagnosis and co-management of neurologic disorders often seen in the practice of child psychiatry, including: brain injury, epilepsy, head traumas, movement disorders, pseudoseizures/other conversion reactions, Tourette syndrome, tic disorders, and developmental and cognitive disorders***
- ***Working knowledge of essential psychotherapeutic interventions including CBT, parent training, and child behavioral management.***

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

LEVEL II PRIVILEGES - ELECTROCONVULSIVE THERAPY

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.

- **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

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)

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 the 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:
