



University of Michigan
Hospitals and Health Centers

UNIVERSITY OF MICHIGAN HEALTH SYSTEMS

Delineation of Privileges Department of Pediatrics/Division of Pulmonary Medicine

Name: _____
Please Print or Type

LEVEL I CORE PRIVILEGES – GENERAL PEDIATRICS

To qualify for the subspecialty of Pediatric Pulmonary Medicine, a practitioner must first be trained in General Pediatrics. Therefore a practitioner who is granted Pediatric Pulmonary Medicine privileges is automatically granted privileges in General Pediatrics that may be found at:

<http://www.med.umich.edu/mss/pdf/PedGen.pdf>

CORE PRIVILEGES – PEDIATRIC PULMONARY MEDICINE

Minimum Training and Experience: All faculty must meet Level I Core Privileges in General Pediatrics. The candidate must have successfully completed a Pediatric Pulmonary Fellowship. The physician should be board certified in Pediatric Pulmonology by the American Board of Pediatrics within five years of initial appointment. Experience is indicated by successful completion of treatments and procedures. Physician must demonstrate competence in those treatments and procedures. Determination of competence is based on the judgment of the Service Chief who will use treatment results and quality measures.

Scope of Practice/Privileges:

To diagnose and treat patients with conditions, injuries, and diseases of the organs of the thorax or chest including the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents diaphragm and circulatory system.

FPPE Requirements for Core Privileges:

For new faculty hires or new privileging requests, inpatient and outpatient clinical care and decision making will be monitored by an established faculty member with level I privileges for a period of no less than six weeks. This includes chart review, admission and discharge management and procedural competency. Outpatient monitoring activity: 3 cases/month for 6 months. Monitor will schedule one 1 hr meeting/month to review cases. Inpatient monitoring activity: Monitor will meet with faculty member before each 7 day inpatient rotation, be available during the rotation and review 3 cases after the rotation for a total of six months.

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/procedures included in the description of privileges.

- Acute Life Threatening Events (ALTE's)
- Admit, evaluate, diagnose, consult and provide care to patients from ages newborn to young adulthood with injuries, disorders, or illnesses of the respiratory systems.
- Airway appliances

- Airway management
- Allergic bronchopulmonary aspergillosis
- Alveolar proteinosis
- ARDS (adult respiratory distress syndrome)
- Arterial puncture and blood sampling/blood gases
- Aspiration syndromes
- Asthma
- Atelectasis, pulmonary
- Bronchiectasis
- Bronchiolitis
- Bronchitis, acute/chronic
- Bronchogenic cyst
- Bronchomalacia
- Bronchopulmonary dysplasia (BPD)
- Carbon monoxide poisoning
- Cardiopulmonary resuscitation
- Chest tubes, management of
- Chronic cough
- Collagen vascular diseases
- Congenital central hypoventilation syndrome (CCHS) and other disorders of respiratory control
- Congenital cystic adenomatoid malformations and other congenital anomalies of the lung
- Congenital stridor
- Continuous positive airway pressure masks, use for supplemental oxygen delivery
- COPD
- Cystic fibrosis
- Emphysema
- Empyema
- Endotracheal intubation (fiberoptic technique)
- Exercise testing
- Genetic/developmental disorders of respiratory system
- Goodpasture syndrome
- Hemosiderosis
- Hemothorax
- Histoplasmosis
- Humidifier use
- Hydrocarbon inhalation injury
- Hypersensitivity pneumonitis
- Iatrogenic respiratory disease, including: - drug induced
- Idiopathic pneumonia syndrome
- Imaging procedures, including: - chest roentgenograms; - computed axial tomograms; - pulmonary angiograms; - radionuclide scans
- Incentive spirometry
- Inhalation challenge studies
- Interstitial lung diseases
- Laryngomalacia
- Laryngoscopy
- Loeffler syndrome/pulmonary eosinophilia
- Lower respiratory tract infections
- Lung cancer
- Lung disease, including: - diffuse interstitial; - environmental; - occupational
- Lung injuries, acute

- Mechanical ventilation, management of including: - respiratory care techniques; - weaning
- Mediastinum disorders
- Methacholine challenge testing
- Nasal intubation
- Nebulizer use
- Neuromuscular diseases
- Newborn respiratory diseases
- Pectus carinatum
- Pectus excavatum
- Pleura disorders
- Pleural effusion
- Pneumonia
- Pneumothorax management
- Primary ciliary dyskinesia
- Provocation testing
- Pulmonary function testing (PFT), supervise technical aspects, interpret/Cardiopulmonary exercise testing
- Pulmonary infections, including: - fungal; - HIV-related; - tuberculous, viral, bacterial
- Pulmonary intensive care
- Pulmonary malignancy, primary/metastatic
- Pulmonary sequestration
- Pulmonary vascular disease, including: - hypertension, primary/secondary; - pulmonary hemorrhage syndromes; - vasculitis
- Respiratory distress syndrome (hyaline membrane disease)
- Respiratory failure, including: - adult respiratory distress syndrome; - neuromuscular respiratory drive disorders; - respiratory failure in obstructive lung disease, acute/chronic
- Right middle lobe syndrome
- Sarcoidosis
- Sleep disorders
- Solitary pulmonary nodule
- Sudden infant death syndrome
- Suppurative lung disease, chronic
- Sweat Tests
- Tracheal intubation
- Tracheomalacia
- Tuberculosis
- Upper airway obstruction
- Volume, pressure, or jet Ventilators (COMPLEX)
- Wegener Granulomatosis

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

LEVEL II

Scope of Privileges

BRONCHOSCOPY with lavage, brushing and biopsy, flexible fiberoptic bronchoscopy

Additional Education, Training and Experience: Completion of bronchoscopy training course and/or satisfactory performance of 20 procedures over 12 months.

FPPE Requirements for Level II Privileges: For new faculty hires or new privileging requests, an established physician will monitor and review the results of all bronchoscopies for the first three months.

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

LEVEL III

Scope of Privileges

SLEEP STUDY INTERPRETATION

Minimum Training and Experience: A practicing specialist in sleep medicine must have completed an M.D. or D.O degree; an accredited residency in anesthesiology, neurology, psychiatry, internal medicine, otolaryngology, family medicine, or pediatrics; and a one-year fellowship (or equivalent training) in sleep disorders medicine. The physician must be board certified in Sleep Medicine by the American Board of Pediatrics, or within 5 years of completion of an accredited fellowship in sleep medicine.

Scope of Services/Privileges: A physician must be skilled in the evaluation and treatment of sleep disorders. This sleep evaluation requires elicitation of a pertinent sleep and wakefulness history. The physician must perform a physical examination pertinent to potential sleep disorders, general health status, and when necessary neurological, pulmonary and psychiatric health. Privileges include: 1) develop a provisional diagnosis and differential diagnosis; 2) decide on utilization of tests for further evaluation of the illness; 3) communicate a plan with the patient and/or care giver and the referring physician; 4) review and interpret any additional tests ordered; 5) render a final therapeutic plan. The physician is expected to read nocturnal polysomnograms, daytime multiple sleep latency tests or variants thereof, and ambulatory cardiorespiratory sleep studies.

FPPE Requirements for Level III Privileges: For new faculty hires or new privileging requests, an established physician in sleep medicine will monitor and review the first 5 interpretations.

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

SPECIAL PRIVILEGES

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

- ▶ CHEMOTHERAPY
- ▶ FLUOROSCOPY
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to the appropriate MLEARNING Module.

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: _____