



University of Michigan
Hospitals and Health Centers

**Delineation of Privileges
Department of Pediatrics
Division of Pediatric Hematology/Oncology**

Name (Please print)	Department/Division/Section
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CORE LEVEL I PRIVILEGES

Minimum Training and Experience M.D. or D.O degree. Successful completion of an ACGME or AOA accredited residency training program in pediatrics, followed by successful completion of an accredited fellowship in pediatric hematology/oncology. American Board of Pediatrics/American Osteopathic Board of Pediatrics certification, in active pursuit of, or with subspecialty certification, in pediatric hematology/oncology (or an equivalent board in another country recognized by the American Board of Pediatrics).The successful applicant must be able to demonstrate that he or she has provided inpatient or consultative services for at least 24 patients during the past 12 months.

Scope of Practice/Privileges

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.

- Evaluate, diagnose, consult, and treat on inpatient/outpatient basis patients of any age with illnesses and disorders of the blood, blood-forming tissues, and the immunologic system; and provide treatment or consultation for patients ranging in age from newborn through young adulthood with cancer.
- Antithrombotic therapy
- Apheresis procedures
- Arterial venous cutdowns
- Biological response modifiers, administration through all therapeutic routes
- Blood count, measurement of, including: - platelets differential; - use of automated or manual techniques w/appropriate quality control; - white cell differential
- Blood diseases: diagnose/treat, including: - anemias; - diseases of stem cells; - diseases of white blood cells; - disorders of hemostasis; - thrombosis
- Blood disorders patients, pain management
- Bone marrow aspiration and biopsy, including: - bone marrow aspirates; - examination; - interpretation of blood smears; - preparation; - staining; - touch preparations of bone marrow biopsies
- Chemotherapeutic agents, administration through all therapeutic routes
- Coagulation assays (standard) performance and interpretation, including: - bleeding time; - partial thromboplastin time; - platelet aggregation; - prothrombin time
- Correlate clinical information with the findings of: - cytology; - histology; - imaging techniques; - immunodiagnostic techniques
- Cytochemical studies
- Fibrinogen abnormalities, inherited
- Graft-versus-host (GVH) disease
- Granulomatous disease, chronic
- Hematopoietic malignancies: - apply radiation medicine; - combined modality therapy; - multiagent chemotherapy protocol

- Hemostasis, congenital/acquired disorders
- Imaging techniques, patients with blood disorders and tumors
- Immunodeficiencies, including: - acquired; - congenital
- Immunophenotyping
- Indwelling venous access catheters, management and care
- Leukapheresis aspiration
- Leukemias, including: - acute; - chronic
- Lumbar Puncture - General
- Lymphopietic malignancies: - apply radiation medicine; - combined modality therapy; - multiagent chemotherapy protocols
- Neoplastic diseases of blood, blood-forming organs, and lymphatic tissues, diagnose/manage, including: - cytogenetic analysis; - DNA analysis
- Neutropenic patient, manage
- Organ-specific cancers
- Pain management
- Paracentesis, therapeutic
- Paraneoplastic disorders, recognize/manage
- Peripheral blood films, interpretation
- Peripheral venous cutdowns
- Phlebotomy, therapeutic
- Plasmapheresis aspiration
- Platelets disorders, including but not limited to: - acquired platelet function defects; - idiopathic thrombocytopenic purpura (ITP); - inherited platelet function defects
- Posttransplant complications, manage
- Splenomegaly
- Thoracentesis
- Thrombosis, congenital/acquired disorders
- Transfusion medicine, including: - apheresis; - blood compatibility; - evaluation of antibodies; - long-term transfusion therapy, patient management; - use of blood-component therapy

CORE PROCEDURES

- Apheresis procedures
- Fine needle aspiration/biopsy
- General Lumbar Puncture
- Thoracentesis

Requested (Applicant)

Recommended approval (Chief/Chair)

LEVEL II

Minimum Training and Experience: These privileges require specialty training and are not considered part of standard core privileges. Privileges are granted when documented evidence has been provided that the applicant has attended a recognized postgraduate training course, or completed a preceptorship in bone marrow transplantation. In addition, the applicant must be observed performing the procedures and found competent in that specific procedure by a member of the medical staff who has current privilege and competence in bone marrow transplantation.

Scope of Practice/Privileges

- Selected members of the faculty who have obtained recognized training in bone marrow transplantation may be granted privileges in performing bone marrow aspirates in patients for subsequent infusion of bone marrow cells into recipient patients.
- Physicians with privileges in bone marrow transplantation may care for patients of any age who are being evaluated for, are undergoing or have undergone bone marrow transplantation.

Requested (Applicant)

Recommended approval (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 URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.

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, 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	_____
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CREDENTIALS COMMITTEE ACTION:

Approval: ___ As Requested ___ Disapproved, explain _____

Credentials Committee Member: _____ Date _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

Approval: ___ As Requested ___ Disapproved, explain _____

Executive Committee On Clinical Affairs Member: _____ Date _____

