



University of Michigan
Hospitals and Health Centers

UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

Delineation of Privileges Department of Pediatrics/Division of Pediatric Nephrology

Name: _____
Please Print or Type

Department: _____ Division/Section: _____

LEVEL I CORE PRIVILEGES

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

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

CORE PRIVILEGES – PEDIATRIC NEPHROLOGY

Minimum Training and Experience:

- Basic education: M.D. or D.O. degree.
- Successful completion of an approved residency training program in General Pediatrics.
- Required previous experience: Provision of inpatient or consultative services for at least 24 patients during the past 12 months.
- Active candidate for Board Certification or Board certified by the American Board of Pediatrics
- Successful completion of a fellowship program in Pediatric Nephrology and active candidate for Board Certification or Board certified by the American Sub-Board of Pediatric Nephrology OR Alternatively with the chair's approval a candidate may be Board Certified in Adult Nephrology and General Pediatrics with inpatient and outpatient pediatric nephrology experience over 2 years.

Scope of Practice/Privileges

Privileges include being able to admit, evaluate, work up, diagnose, and provide treatment or consultative services to pediatric patients presenting with illnesses and disorders of the kidneys or any other disease which affects kidney function. Privileges include acute and chronic hemodialysis, acute and chronic peritoneal dialysis, continuous renal replacement therapy (CRRT), urinary catheter insertion, placement of acute peritoneal dialysis catheters, and performance of renal biopsies.

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.

- Admit, evaluate, consult, diagnose and treat patients from newborn through young adulthood with disorders or illnesses of the kidneys.
- Bartter's syndrome
- Biochemical monitoring and treatment
- Catheter insertion
- Continuous renal replacement therapy (CRRT)
- Coordinate ESRD Care team
- Cystic disorders
- Diabetic nephropathy
- Dialysis and extracorporeal therapy (minimum of 4 months clinical experience during fellowship training)
- Edema and ascites
- End-stage renal disease (ESRD)
- Fabry disease
- Fanconi syndrome
- Fluid/electrolyte disturbances, manage
- Focal segmental glomerulosclerosis
- Genetic renal diseases, including but not limited to: - aplastic; - dysplastic; - hypoplastic kidneys
- Glomerulonephritides
- Glomerulonephritis
- Hemodialysis, acute/chronic
- Hemofiltration, including: - CAVH; - CAVHD; - CVVH; - CVVHD
- Hemolytic-uremic syndrome
- Hepatorenal syndrome
- Hyperammonemia
- Hypercalciuria
- Hypertension
- Hypophosphatemic rickets
- IgA nephropathy
- Interstitial nephritis
- Kidney stones
- Medullary cystic disease
- Medullary renal dysplasia
- Myoglobinuria
- Nail-patella syndrome
- Nephritis
- Nephrolithiasis
- Nutritional therapy
- Obstructive uropathy
- Oligomeganephronia
- Oliguria
- Peritoneal dialysis catheter placement
- Peritoneal dialysis, acute/chronic
- Plasma exchange, therapeutic
- Interpretation of radiologic results of the kidney and urinary tract
- Reflux
- Renal acidosis
- Renal dialysis
- Renal disorder treatment, including: - hematuria; - mild azotemia; - proteinuria
- Renal failure, acute/chronic
- Renal insufficiency, acute/chronic
- Renal mitochondrial disorders
- Renal osteodystrophy
- Renal transplantation patient care (minimum of 2 months clinical experience during residency training)
- Renovascular accidents
- Renovascular hypertension
- Systemic Lupus Erythematosus
- Tubulointerstitial renal diseases, including: - congenital disorders; - cystic diseases; - inherited diseases of transport

- Uric acid stones
- Urinary tract infections
- Urolithiasis
- Vasculitis
- Vesicoureteral reflux
- Vitamin D metabolism disorders
- Voiding dysfunction
- Xanthinuria

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

LEVEL II

Scope of Practice/Privileges

TREATMENT AND CARE OF PEDIATRIC RENAL TRANSPLANT RECIPIENTS

Minimum Training and Experience: Includes requirements set forth in level I.
 Required previous experience: Experience in taking care of at least 30 pediatric renal transplant patients during fellowship or in the previous 3 years (AAP requirements).
 Under exceptional circumstances, the Division Chief and Department Chair can waive this requirement if they determine that the applicant has received equivalent training and experience with fewer patients, and has achieved a high level of competence.

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

LEVEL III

Scope of Practice/Privileges

NATIVE AND TRANSPLANT KIDNEY BIOPSIES

Minimum Training and Experience: Attaining skills and care of these procedures in an approved fellowship program.

New Applicants: Successful completion of an accredited Pediatric Nephrology fellowship program which includes training in the performance of percutaneous and transplant renal biopsies.

Re-Appointments (every 2 years): Completion of the performance of **10** kidney biopsies over the two year period.

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

Scope of Practice/Privileges

PERFORMANCE OF RENAL ULTRASOUNDS AS A GUIDANCE TOOL FOR THE PURPOSE OF PERFORMING RENAL BIOPSIES

Minimum Training and Experience:

New Applicants Includes requirements set forth in level I and must qualify for privileges in native and transplant kidney biopsies.

Successful completion of an accredited Pediatric Nephrology Fellowship that included at least 6 weeks of training with supervised performance of at least 10 renal ultrasounds for renal biopsies

OR

Successful completion of at least 40 hours of formal training provided by an experienced, certified nephrologists who is currently privileged to perform renal ultrasounds for renal biopsies.

This training will include:

- 1) 3 hours of ultrasound physics and instrumentation instruction
- 2) 4 hours of basic ultrasound interpretation instruction
- 3) Performance of at least 10 supervised pediatric native and transplant renal ultrasounds with at least 10 ultrasound-guided biopsies as primary operator. (It is anticipated that this will comprise an additional 25-30 hours of supervised training)

Re-Appointments (every 2 years): Written documentation of performance of at least 10 renal ultrasounds for renal biopsies over the 2 year period.

At least 8 hours of CME-accredited training that includes both didactic and hands-on instruction regarding updates in ultrasound physics, instrumentation, and interpretation of native and transplant renal biopsies.

▶ 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 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 (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: _____