UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

Delineation of Privileges
Department of Pediatrics/Division of Endocrinology

Name: ____________________________________________________________

Please Print or Type

CORE PRIVILEGES

Minimum Training and Experience:

Basic Education: M.D. or D.O. degree.

Minimum certification and Board status: Physicians should be board certified in Pediatrics and board eligible or board certified in Pediatric Endocrinology.

Under exceptional circumstances, the Division Chief and Department Chair can waive the Board requirement if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Required previous experience: Active participation in the care of patients with illnesses relevant to the practice of Pediatric Endocrinology including any general pediatric care.

Scope of Practice/Privileges:

The scope of practice of Pediatric Endocrinology also includes the core privileges of General Pediatrics. Privileges include admission, work up, diagnosis, and provision of non-surgical treatment including consultation for patients who are admitted or in need of care to treat general inpatient and outpatient pediatric endocrine and diabetes consultation and ongoing care (ages birth to 25 years).

Physicians with these privileges may act as consultants to others, and may in turn be expected to request consultations when a) diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of a life-threatening illness; b) unexpected complications arise which are outside the physician level of competence; and c) specialized treatment or procedures are contemplated with which they are not familiar.

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.
Instructions: Strike out any privilege not requested or performed.

- 17-Hydroxylase deficiency syndrome
- 3-Beta-Hydroxysteroid dehydrogenase deficiency
- 5-Alpha-reductase deficiency
- Admit evaluate diagnose consult treat patients age from newborn through young adulthood who present with illnesses injuries disorders endocrine metabolic systems
- Adrenocortex hypofunction therapy
- Adrenal hyperplasia congenital
- Adrenal insufficiency
- Adrenal tumors, benign/malignant
- Adrenogenital syndromes
- Adrenomedullin deficiency excess
- Aldosteronism, primary
- Allgrove AAA syndrome
- Amenorrhea, primary/secondary
- Androgen insensitivity syndrome
- Autoimmune polyglandular failure syndrome
- Bartter syndrome
- Beckwith-Wiedemann syndrome
- Bone mineral metabolism disorders
- Catecholamine deficiency excess
- Cerebral saltwasting syndrome
- Chronic subcutaneous insulin infusion
- Constitutional growth delay
- Cortisol deficiency/excess
- Cushing's syndrome, including drug-induced
- Diabetes insipidus
- Diabetes mellitus, including: - Type 1, chronic/acute; - Type 2, chronic/acute
- Diabetic ketoacidosis
- Diabetic patient infections
- Dysfunctional uterine bleeding
- Electrocardiogram interpretation (during metabolic abnormalities)
- Endocrine function testing (static/dynamic), interpret
- Erectile dysfunction
- Familial glucocorticoid deficiency
- Genetic counseling
- Gestational diabetes mellitus
- Gigantism/acromegaly
- Glucose metabolism disorders
- Goiter
- Gonad disorders
- Graves disease
- Growth failure
- Growth hormone deficiency
- Gynecomastia
- Hirsutism/virilization
- Home blood glucose monitoring
- Hormone delivery systems, manage
- Hormone-producing neoplasms, including: - carcinoid syndromes; - ectopic hormone production; - islet cell tumors; - multiple endocrine neoplasia syndromes
- Hyperaldosteronism
- Hypercalcemia
• Hyperinsulinemia, including: - sustained; - transient
• Hyperkalemia
• Hypermagnesemia
• Hypernatremia
• Hyperosmolar non-ketotic syndrome
• Hyperparathyroidism
• Hyperpituitarism
• Hypertension, primary/secondary, diagnose/manage
• Hyperthyroidism
• Hyperzincemia
• Hypocalcemia
• Hypoglycemia
• Hypogonadism
• Hypoinsulinemic hypoglycemia
• Hypokalemia
• Hypomagnesemia
• Hyponatremia
• Hypoparathyrodism
• Hypopituitarism
• Hyposomatotropism
• Hypothalmic and pituitary tumors, including: - craniopharyngeoma; - diabetes insipidus (primary/nephrogenic); - galactorrhea; - growth hormone disorders; hypopituitarism; - hypothalamic insufficiency; - pituitary tumors (all types); - SIADH
• Hypothyroidism, congenital
• Hypozincemia
• Infertility
• Insulin allergy
• Kidney stone, evaluation/prevention
• Laron syndrome
• Lipid/lipoprotein disorders, diagnose/manage
• Lipoatrophy
• Lipohypertrophy
• Lipoprotein electrophoresis, interpret
• Lipoprotein phenotypes, analyze
• Lumbar puncture
• Magnesium/phosphorus metabolism disorders
• McCune-Albright syndrome
• Metabolic acidosis
• Metabolic alkalosis
• Micro and macrovascular disease, including: - cerebral vascular disease; - coronary heart disease; - dermatologic aspects; - diabetic nephropathy; - diabetic neuropathy; - diabetic retinopathy; - peripheral vascular disease
• Microphallus
• Mineral metabolisms disorders
• Nelson syndrome
• Nephrolithiasis
• Nesidioblastosis
• Nodular thyroid disease
• Nutritional disorders, including: - anorexia nervosa; - bulimia; - obesity; - pathophysiology, diagnose/manage
• Osteomalacia
• Osteoporosis, diagnose/manage
• Paget's disease
• Panhypopituitarism
• Parenteral nutritional support
- Pheocromocytoma
- Pituitary apoplexy
- Polycystic ovarian syndrome
- Precocious pseudopuberty
- Provocation testing, including: - growth hormone release; - LHRH; - TRH
- Pseudohypoaldosteronism
- Reproductive endocrinology adolescents
- Sexual differentiation/development disorders
- Short stature
- Soft-tissue calcification
- Supervision and interpretation of continuous glucose monitoring systems
- Supervision and interpretation of provocative endocrine tests
- Testicular tumors
- Thyroid hormone binding protein abnormalities, including: - dysalbuminemia; - TBG deficiencies; - TBG excess
- Thyroid, fine needle aspiration of
- Thyroiditis, including: - autoimmune; - chronic; - silent; - subacute

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

LEVEL II

Minimum Training and Experience:  Minimum formal training: Fellowship in Pediatric Endocrinology.

Required previous experience:  Active participation in the care of at least 24 patients with illnesses relevant to the practice of Pediatric Endocrinology during the past 12 months.

Minimum certification and Board status:  -Board certified in Endocrinology by the American Board of Pediatrics within 5 years of initial appointment.  Under exceptional circumstances, the Division Director and Department Chair can waive the Board requirement if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence.

Appropriate education and experience are indicated by successful completion of a Pediatric Endocrinology fellowship training program and/or by the individual’s demonstrated competence in the treatment of areas or procedures. The Division Director will make use of treatment results and quality measures.

Scope of Practice/Privileges:

Privileges include being able to admit, work up, diagnose, and provide treatment to patients with illnesses, injuries, and disorders of the endocrine or metabolic systems.

Physicians with these privileges have the highest level of competence in Pediatric Endocrinology on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the medical center whenever needed.

☐ 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: ______