



PEDIATRIC ADOLESCENT MEDICINE CLINICAL PRIVILEGES

Name: _____

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Service Chief / Department Chair: Check the appropriate box for recommendation on this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PEDIATRIC ADOLESCENT MEDICINE

Initial Applicants - To be eligible to apply for privileges in adolescent medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in family medicine, pediatrics, or internal medicine followed by successful completion of an accredited fellowship in adolescent medicine.

AND

Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in adolescent medicine by the American Board of Pediatrics, or the American Board of Internal Medicine, or a Certificate of Added Qualifications (CAQ) in adolescent medicine by the American Board of Family Medicine or in adolescent and young adult medicine by the American Osteopathic Board of Pediatrics or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and experience with at least twenty-five (25) patient encounters reflective of adolescent medicine during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



PEDIATRIC ADOLESCENT MEDICINE CLINICAL PRIVILEGES

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CORE PRIVILEGES – PEDIATRIC ADOLESCENT MEDICINE

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Admit, evaluate, diagnose, consult, and provide care to children, adolescents, and young adults with problems of chronic handicaps, disorders of the endocrine system and metabolism, eating disorders, gender related disorders, infectious disease, mental illnesses of adolescence including psychopharmacology and psycho-physiologic disorders, organ-specific conditions frequently encountered during teenage years, pubertal maturation and its disorders, reproductive disorders, sexual health problems and sexually transmitted diseases, substance abuse other complex or severe illnesses or problems of adolescents with immediate or serious threat to life. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Includes performance of history and physical exam, removal of IUD, and implantation and removal of subdermal contraceptive devices.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for an initial five (5) cases that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privilege) Requirements: To be eligible to renew privileges in adolescent medicine, the reapplicant must meet the following criteria:

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent

AND

Current demonstrated competence and experience with at least fifty (50) patient encounters reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.



PEDIATRIC ADOLESCENT MEDICINE CLINICAL PRIVILEGES

Name: _____

QUALIFICATIONS FOR PEDIATRIC SPORTS MEDICINE

Initial Applicants - To be eligible to apply for privileges in sports medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics followed by successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in sports medicine.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in sports medicine by the American Board of Internal Medicine, the American Board of Emergency Medicine, the American Board of Physical Medicine and Rehabilitation, the American Board of Pediatrics or Certification of Qualification (CAQ) by the American Board of Family Medicine, the American Osteopathic Board of Internal Medicine, the American Osteopathic Board of Family Physicians, the American Osteopathic Board of Emergency Medicine or the American Osteopathic Board of Pediatrics or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and experience with clinical ambulatory or inpatient services to at least twenty-five (25) sports medicine patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

CORE PRIVILEGES – SPORTS MEDICINE

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Evaluate, diagnose, consult and provide continuous care to patients of all ages for the enhancement of health and fitness and the prevention of injury and illness with common sports injuries and illnesses. Integration of medical expertise by seeing patients referred by other healthcare providers, including medical specialists, athletic trainers and allied health professionals. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for an initial five (5) patients that are a representative mix of privileges granted. Methods may include direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in sports medicine, the reapplicant must meet the following criteria:



PEDIATRIC ADOLESCENT MEDICINE CLINICAL PRIVILEGES

Name: _____

Board certification, board eligibility (with achievement of certification within five years of completion of training), or UMHS approved international equivalent

AND

Current demonstrated competence and experience with at least fifty (50) sports medicine patients reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant.

IUD PLACEMENT

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Criteria: As for adolescent medicine, plus the following required current experience: Demonstrated current competence and experience with the placement of at least three (3) IUDs in the past 12 months or completion of training in the past 12 months with experience with at least six (6) placements of IUDs.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored in person for a minimum of one (1) case.

Renewal of Privilege: Demonstrated current competence and experience with the placement of at least six (6) IUDs reflective of the scope of privileges requested, for past 24 months based on results of ongoing professional practice evaluation and outcomes.



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SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)

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

- ▶ FLUOROSCOPY
- ▶ HYPERBARIC OXYGEN THERAPY
- ▶ LASER
- ▶ ROBOTIC SURGICAL PLATFORM
- ▶ CHEMOTHERAPY (FOR NON-ONCOLOGIST)
- ▶ SEDATION PRIVILEGES (FOR A NON-ANESTHESIOLOGIST)
- ▶ BATTLEFIELD AURICULAR ACUPUNCTURE

PLEASE go to URL: www.med.umich.edu/i/oca/mss/pdocs for instructions, or contact your Clinical Department Representative.



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CORE PROCEDURE LIST

This list is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

Pediatric Adolescent Medicine

1. Perform history and physical exam

Sports Medicine

1. Perform history and physical exam
2. Emergency assessment and care of acutely injured athletes
3. Management of medical problems in the athlete
4. Proper preparation for safe return to participation after an illness or injury
5. Provide education and counseling regarding nutrition, strength and conditioning, ergogenic aids, substance abuse including performance-enhancing and mood-altering drugs, and other medical problems that could affect athletes.
6. Rehabilitation of the ill or injured athlete



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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Michigan Medicine, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner Printed Name _____

Signed _____ **Date** _____

SERVICE CHIEF / DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____

Notes

Service Chief Printed Name _____

Service Chief Signature _____ **Date** _____

Department Chair Printed Name _____

Department Chair Signature _____ **Date** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Action _____ **Date** _____

Executive Committee on Clinical Affairs Action _____ **Date** _____

Governing Board Action _____ **Date** _____