



PEDIATRIC CRITICAL CARE 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 CRITICAL CARE MEDICINE

Initial Applicants - To be eligible to apply for privileges in pediatric critical care 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 or Internal Medicine-Pediatrics followed by successful completion of an accredited fellowship in Pediatric Critical Care Medicine.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in Pediatric Critical Care Medicine by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics (Intensive Care) or international equivalent or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of at least thirty (30) Pediatric Critical Care patient encounters, reflective of the scope of pediatric critical care medicine 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.



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CORE PRIVILEGES – PEDIATRIC CRITICAL CARE MEDICINE

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Admit, evaluate, diagnose and provide treatment or consultative services and critical care management of life-threatening organ system failure from any cause in children (including newborn and infants), adolescents and young adults, and support of vital physiological functions. 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. 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 NEW HIRE/NEW PRIVILEGE) guidelines: New physicians will be monitored for at least five (5) cases that are a representative mix of core pediatric critical care medicine privileges granted. Methods must include direct observation, and may include 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 pediatric critical care medicine, the re-applicant 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 an experience with sixty (60) Pediatric Critical Care patient encounters, 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.

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) – MANAGING PHYSICIAN

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Scope of privileges: ECMO is an extracorporeal technique of providing both cardiac and respiratory support to patients whose heart and lungs are so severely diseased or damaged that they can no longer



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serve their function. ECMO should only be performed by clinicians with training and experience in its initiation, maintenance, and discontinuation.

Criteria*: Successful completion of an accredited ACGME or AOA post graduate training program in Anesthesiology – Critical Care Medicine, Cardiothoracic Surgery, Congenital Cardiac Surgery, Neonatal – Perinatal Medicine, Pediatric Cardiology, Pediatric - Critical Care Medicine, Pediatric Surgery, IM – Critical Care Medicine, or Surgical Critical Care, that included training in ECMO or UMHS approved international equivalent that included training in ECMO. If completion of accredited post graduate training in one of the above specialties had no training in ECMO, applicants must demonstrate evidence of completion of ECMO Management course work inclusive of didactic and simulation and/or hands-on training.

**Specialty names mentioned under above Criteria are based on ACGME naming convention*

Required Current Experience: Demonstrated current competence and experience with at least three (3) ECMO patients in the past 12 months or completion of training in the past 12 months. (This training could include completion of accredited post graduate training that included ECMO Management OR completion of ECMO Management course work inclusive of didactic and simulation and/or hands-on training).

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be proctored in person for the first five (5) days of ECMO care. Methods must include direct observation and may include case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with at least three (3) ECMO patients in the past 24 months based on results of ongoing professional practice evaluation and outcomes. This volume can be supplemented with ECMO simulation that is comprised of both individual and team simulation in order to achieve three (3) ECMO patients within the past 24 months.

FIBEROPTIC BRONCHOSCOPY

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in pediatric critical care medicine or pediatric pulmonology that included training in flexible bronchoscopy or the equivalent in training and experience.

Required Current Experience: Demonstrated current competence and experience with at least three (3) procedures reflective of the scope of privileges requested or completion of training in the past 12 months.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for their first five (5) procedures. Methods must include direct observation, and may include



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direct observation, case review, proctoring, discussions with other medical professionals involved in the care of each patient, and review of patient feedback.

Renewal of Privilege: Demonstrated current competence and experience with the performance of at least six (6) procedures reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes or if < 6 procedures demonstration of 2 hours of simulation center experience the last 24 months.



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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.

1. Perform history and physical exam
2. Abdominal Paracentesis
3. Arterial puncture for blood gases
4. Lumbar puncture
5. Nasogastric tube insertion
6. Evaluation and management of life-threatening disorders or injuries in intensive care units including but not limited to shock, coma and elevated ICP, seizures, infections, acute and chronic renal failure, acute endocrine electrolyte emergencies including DKA, non-ketotic hyperosmolar coma, thyrotoxicosis, SIADH, DI, adrenal insufficiency, heart failure, trauma, acute and chronic respiratory failure, drug overdoses, massive bleeding, CNS dysfunction including cerebral resuscitation, diabetic acidosis and kidney failure
7. Airway maintenance intubation
8. Basic and advanced cardiopulmonary resuscitation
9. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
10. Cardiac output determinations by thermodilution and other techniques
11. Cardioversion
12. Continuous veno-venous hemofiltration
13. Establishment and maintenance of open airway in nonintubated, unconscious, paralyzed patients
14. Hemodynamic monitoring
15. Insertion and management of chest tubes
16. Insertion of central venous catheters
17. Insertion of central or peripheral arterial catheters
18. Interpretation of antibiotic levels and sensitivities
19. Intracranial pressure monitoring
20. Management of anaphylaxis and acute allergic reactions
21. Management of massive transfusions
22. Management of pneumothorax (needle insertion and drainage systems)
23. Management of the immunosuppressed patient
24. Management of renal and hepatic failure, poisoning, and complicated hematological, infectious, and immune problems
25. Monitoring and assessment of metabolism and nutrition
26. Non-invasive cardiovascular monitoring including electrocardiogram
27. Emergent Pericardiocentesis or tube placement
28. Peritoneal dialysis
29. Peritoneal lavage
30. Pharmacokinetics
31. Stabilization for transport



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- 32. Thoracentesis
- 33. Use of narcotics, ketamine, pentobarbital, thiopental, etomidate, benzodiazepines, and other sedatives to facilitate airway management in the ICU
- 34. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers
- 35. Ventilator management, including experience with various modes



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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** _____