MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

PEDIATRIC GASTROENTEROLOGY 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 GASTROENTEROLOGY

Initial Applicants - To be eligible to apply for core privileges in Pediatric Gastroenterology, 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 accredited fellowship in Pediatric Gastroenterology,

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in pediatric gastroenterology by the American Board of Pediatrics or UMHS approved international equivalent.

AND

Required Current Experience: Demonstrated current competence and evidence of inpatient or consultative services for at least twenty-five (25) patients, reflective of the scope of Pediatric Gastroenterology 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.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

PEDIATRIC GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

CORE PRIVILEGES – PEDIATRIC GASTROENTEROLOGY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Admit, evaluate, diagnose, consult and treat infants, children, adolescents and young adults with diseases of the digestive system including the performance of gastrointestinal diagnostic and therapeutic procedures. 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 gastroenterology 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 gastroenterology, 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 experience with at least fifty (50) pediatric gastroenterology patients, reflective of the scope of core pediatric gastroenterology 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.

ADVANCED ENDOSCOPY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Includes: ERCP, endoscopic ultrasound, double balloon enteroscopy, endoscopic mucosal resection, esophageal or duodenal stent placement, and pancreatic stimulation tests

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

PEDIATRIC GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

Criteria: Successful completion of an ACGME- or AOA-accredited program in Gastroenterology followed by successful completion of an accredited fellowship, or documentation of specific training or experience in advanced endoscopic procedures.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least 25 advanced endoscopic procedures in the past 12 months or completion of training in the past 12 months.

FPPE NEW HIRE/NEW PRIVILEGE: Newly privileged practitioners will be monitored for at least five (5) procedures. 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 evidence of the performance of at least fifty (50) advanced endoscopic procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

DIAGNOSTIC MOTILITY STUDIES FOR FUNCTIONAL BOWEL DISORDERS, INCLUDED MANOMETRY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Criteria: Successful completion of an ACGME- or AOA-accredited program in Gastroenterology that included training in diagnostic motility studies and manometry or additional non-accredited fellowship training.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least twenty (20) studies in the past 12 months or completion of training in the past 12 months.

FPPE NEW HIRE/NEW PRIVILEGE: Newly privileged practitioners will be monitored for at least five (5) studies. 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.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of at least forty (40) studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

TRANSPLANT HEPATOLOGY

Applicant: Requested Initial ☐ **Requested Renewal** ☐

Service Chief/Chair: Recommended ☐ **Not Recommended** ☐

Evaluation of patients pre-transplant, the evaluation and treatment of the post-transplant patient, and the management of the complications of transplantation.

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in Gastroenterology or followed by an accredited fellowship in Transplant Hepatology or the equivalent in training and experience. Current subspecialty certification or board eligible (with achievement of certification within five

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

PEDIATRIC GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

years of completion of training) leading to subspecialty certification in Pediatric Transplant Hepatology by the American Board of Pediatrics or international equivalent.

Required Current Experience: Demonstrated current competence and evidence of care of at least ten (10) transplant patients in the past 12 months or completion of training in the past 12 months.

FPPE NEW HIRE/NEW PRIVILEGE: Newly privileged practitioners will be monitored for at least five (5) transplant patients. 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.

Renewal of Privilege: Demonstrated current competence and evidence of the care of at least ten (10) transplant patients in the past 24 months based on results of ongoing performance practice evaluation and outcomes.

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.

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

PEDIATRIC GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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. Argon plasma coagulation (APC)
3. Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
4. Botulinum toxin injection
5. Breath test performance and interpretation
6. Capsule endoscopy
7. Colonoscopy with or without polypectomy
8. Diagnostic and therapeutic EGD
9. Enteral and parenteral alimentation
10. Esophageal banding
11. Esophageal dilation
12. Esophagogastroduodenoscopy to include foreign body removal or polypectomy
13. Flexible sigmoidoscopy
14. Interpretation of esophageal studies e.g., PH probe monitoring, Bravo, etc.
15. Hemorrhoid banding
16. Interpretation of gastric, pancreatic, and biliary secretory tests
17. Nonvariceal hemostasis (upper and lower)
18. Paracentesis
19. Percutaneous liver biopsy
20. Snare polypectomy
21. Variceal hemostasis (upper and lower)

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

PEDIATRIC GASTROENTEROLOGY CLINICAL PRIVILEGES

Name: _____

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*** _____