



GENERAL PEDIATRICS 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 GENERAL PEDIATRICS

Initial Applicants - To be eligible to apply for privileges in general pediatrics, 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 general pediatrics.

AND

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

AND

Required Current Experience: Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, for at least twenty-five (25) pediatric patients in the past 12 months, or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.



GENERAL PEDIATRICS CLINICAL PRIVILEGES

Name: _____

CORE PRIVILEGES – GENERAL PEDIATRICS

Applicant: Requested Initial

Requested Renewal

Service Chief/Chair: Recommended

Not Recommended

Admit, evaluate, diagnose, treat, and provide consultation to children (including newborn and infants), adolescents and young adults, concerning their physical, emotional, and social health as well as treating acute and chronic disease including major complicated illnesses. 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.

PEDIATRIC HOSPITAL MEDICINE PRIVILEGES

- If you want to request privileges in pediatric hospital medicine, check here to request that form for completion.*

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for at least 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 Privilege) Requirements - To be eligible to renew privileges in pediatrics, 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 fifty (50) pediatric patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.



GENERAL PEDIATRICS CLINICAL PRIVILEGES

Name: _____

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.

HORMONAL CONTRACEPTIVE ROD (E.G. NEXPLANON) PLACEMENT AND REMOVAL

Applicant: Requested Initial **Requested Renewal**

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

Criteria:

Successful completion of an ACGME- or AOA- accredited residency in general pediatrics.

AND

Successful completion of the manufacturer's initial certification training pathway.

Required Current Experience: Demonstrated current competence and evidence of the performance of at least one (1) procedure, placement or removal, in the past 12 months or completion of training in the past 12 months with documented evidence of competency for hormonal contraceptive rod placement and removal in an approved setting.

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: Newly privileged practitioners will be monitored for at least two (2) procedures, placements or removals. Methods must include direct observation, and 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 two (2) procedures, placements or removals, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.



GENERAL PEDIATRICS CLINICAL PRIVILEGES

Name: _____

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.



GENERAL PEDIATRICS 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. Application of fluoride varnish age 9 months through 35 months
3. Bladder catheterization
4. Cryotherapy
5. Management of burns, superficial and partial thickness
6. Interpretation of ECG
7. Incision and drainage of abscess
8. Gynecologic evaluation of prepubertal and postpubertal females
9. Local anesthetic techniques
10. Lumbar puncture
11. Reduction and splinting of uncomplicated minor closed fractures and uncomplicated dislocations
12. Perform simple skin biopsy or excision
13. Placement of anterior and posterior nasal hemostatic packing
14. Placement of intravenous lines
15. Remove non-penetrating foreign body from the eye, nose, or ear
16. Subcutaneous, intradermal, and intramuscular injections
17. Supernumerary digit ligation
18. Umbilical cauterization
19. Wound care and suture uncomplicated lacerations



GENERAL PEDIATRICS 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** _____