



University of Michigan
Hospitals and Health Centers

UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

Delineation of Privileges Department of Pediatrics/Division of Genetics

Name: _____
Please Print or Type

Department: _____ Division/Section: _____

CORE PRIVILEGES

Minimum Training and Experience:

M.D. or D.O.

Graduation from an accredited Pediatric residency training program.

Graduation from an accredited Medical Genetics residency training program (minimum 2 year experience), or a Combined Pediatrics/Medical Genetics residency training program.

Active Candidate Status or Board-certified by the American Board of Pediatrics.

Active Candidate Status or Board-certified by the American Board of Medical Genetics.

Expanded Maintenance of Certification required for, but not limited to, core clinical care discipline.

Scope of Practice/Privileges

Diagnosis, treatment, and counseling of newborn through adult age patients with genetic problems.

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.

- Admit, evaluate, consult, diagnose, treat and manage inpatients and outpatients of all ages with genetic or possibly genetic disorders.
- Biochemical genetic analyses (interpret lab data)
- Bioinformatics, use of
- Birth defects, diagnose and treat
- Chromosome number and structure, treat diseases of
- Complex risk assessments
- Congenital malformations, isolated or syndromic, treat
- Genetic counseling for patient/family

- Gene dosage variation, diagnose and treat diseases of
- Cytogenetic analyses, interpret lab data
- Dysmorphology
- Forensic computations
- Genetic disorders, explain causes and natural history
- Genetic screening, diagnosing, risk assessment, counseling, and managing
- Inborn errors of metabolism, diagnosis/treatment
- Interpretation of testing: -biopsies -clinical genetic tests -specialized laboratory testing information
- Mendelian disorders, treatment
- Mental retardation/developmental disabilities
- Metabolism, treat inborn errors
- Molecular genetic analyses (interpret lab data)
- Paternity computations
- Patient-care decision making, apply knowledge of: -heterogeneity -natural history of genetic disorders - variability
- Pedigree construction and analysis; interpretation of (both segregation and linkage)
- Psychiatric referral; recognize situations requiring
- Quantitative human genetics
- Reproductive genetics
- Syndrome identification
- Teratology

▶ 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: _____