



PEDIATRIC PULMONARY 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 PULMONARY

Initial Applicants - To be eligible to apply for privileges in pediatric pulmonary, 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 pulmonology.

AND

Current subspecialty certification or board eligible (with achievement of certification within five years of completion of training) leading to subspecialty certification in pediatric pulmonology 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 experience with inpatient or outpatient consultative services for at least fifty (50) patients, reflective of the scope of pediatric pulmonary privileges requested, within the last 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 PULMONARY

Applicant: Requested Initial ☐

Requested Renewal ☐

Service Chief/Chair: Recommended ☐

Not Recommended ☐

Admit, evaluate, diagnose, treat and provide care to infants, children and young adults with all types of conditions, disorders and diseases of the respiratory system and the lungs utilizing a variety of invasive and noninvasive diagnostic and therapeutic techniques. 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 an initial fifteen (15) patients that are a representative mix of core pediatric pulmonary 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 pulmonary, 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 one-hundred (100) patients 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.

SLEEP STUDY INTERPRETATION

Applicant: Requested Initial ☐

Requested Renewal ☐

Service Chief/Chair: Recommended ☐

Not Recommended ☐

Includes: Elicitation of a pertinent sleep and wakefulness history, performing a physical examination pertinent to potential sleep disorders, general health status, and when necessary neurological, pulmonary and psychiatric health. Privileges include: 1) develop a provisional diagnosis and differential diagnosis; 2) decide on utilization of tests for further evaluation of the illness; 3) communicate a plan with the patient



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and/or care giver and the referring physician; 4) review and interpret any additional tests ordered; 5) render a final therapeutic plan. The physician is expected to read nocturnal polysomnograms, daytime multiple sleep latency tests or variants thereof, and ambulatory cardiorespiratory sleep studies.

Criteria: Successful completion of an ACGME- or AOA- an accredited residency in anesthesiology, neurology, psychiatry, internal medicine, otolaryngology, family medicine, or pediatrics; and a one-year fellowship (or equivalent training) in sleep disorders medicine. Board eligibility or certification in sleep medicine from the American Board of Pediatrics is required.

Required Current Experience: Demonstrated current competence and experience with the performance of at least twenty-five (25) sleep study interpretations 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) interpretations.

Renewal of Privilege: Demonstrated current competence and experience with at least fifty (50) sleep study interpretations, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional 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.



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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. Ventilator management e.g., invasive and noninvasive ventilation
3. Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
4. Bronchoscopy with lavage, brushing and biopsy, flexible fiberoptic
5. Inhalation challenge studies
6. Methacholine challenge testing
7. Non-invasive cardiovascular monitoring including electrocardiogram
8. Pulmonary function tests to assess respiratory mechanics and gas exchange, to include but not limited to: spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
9. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry



MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

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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** _____