



**PEDIATRIC RHEUMATOLOGY 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.

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**QUALIFICATIONS FOR PEDIATRIC RHEUMATOLOGY**

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**Initial Applicants** - To be eligible to apply for privileges in pediatric rheumatology, 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 fellowship in pediatric rheumatology

AND

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

AND

Required Current Experience: Demonstrated current competence and experience with inpatient, outpatient or consultative services for at least twenty (20) pediatric rheumatology patients, reflective of the scope of 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 RHEUMATOLOGY**

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**Applicant: Requested Initial**

**Requested Renewal**

**Service Chief/Chair: Recommended**

**Not Recommended**

Admit, evaluate, diagnose, consult and provide treatment to patients between the ages of birth to 18 years and to patients older than 18 years whose ongoing rheumatic disease has been continuously treated by the Pediatric Rheumatology Service at the University of Michigan Health System, with proven or suspected, acute and chronic, rheumatic diseases or disorders of the joints, muscle, bones, and tendons including but not limited to management of arthritis, back pain, muscle strains, common athletic injuries, and collagen diseases. 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 five (5) patients that are a representative mix of pediatric rheumatology 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 rheumatology, 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 (inpatient, outpatient, or consultative services) with at least fifty (50) pediatric rheumatology patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.



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**SPECIAL INSTITUTIONAL PRIVILEGES (SEPARATE APPLICATION REQUIRED)**

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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](http://www.med.umich.edu/i/oca/mss/pdocs) for instructions, or contact your Clinical Department Representative.



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**CORE PROCEDURE LIST**

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*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. Diagnostic aspiration of joints and interpretation of synovial fluid studies
3. Nailfold capillary microscopy
4. Arthrocentesis and intraarticular administration of glucocorticoids
5. Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses;
6. Use of nonsteroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs, biologic therapies, glucocorticoid drugs, cytotoxic agents, plasmapheresis, and infectious/antimicrobial therapy, intravenous immunoglobulin
7. Interpret biopsies of tissues relevant to the diagnosis of rheumatic diseases
8. Interpret bone density measurements
9. Interpret electromyograms, nerve conduction studies, and muscle/nerve biopsy
10. Preliminary interpretation of radiologic and other imaging studies for diagnosis and treatment of rheumatic diseases



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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:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Service Chief Printed Name** \_\_\_\_\_

**Service Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department Chair Printed Name** \_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**  
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**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Committee on Clinical Affairs Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Board Action** \_\_\_\_\_ **Date** \_\_\_\_\_