



**CHILD BEHAVIORAL HEALTH – DEVELOPMENTAL AND BEHAVIORAL
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 DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

Initial Applicants - To be eligible to apply for privileges in Developmental-Behavioral 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, followed by an ACGME-accredited fellowship in Developmental-Behavioral Pediatrics.

AND

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

AND

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



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CORE PRIVILEGES – DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

Applicant: Requested Initial **Requested Renewal**

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

Admit, evaluate, diagnose, consult and provide care to children (including newborn and infants), adolescents and young adults with special needs related to developmental-behavioral areas with developmental-behavioral deviations and disorders. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent developmental-behavioral 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 NH/NP) guidelines: New physicians will be monitored for an initial ten (10) 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 Privileges) Requirements: To be eligible to renew privileges in developmental-behavioral 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 evidence of developmental-behavioral pediatric outpatient services with at least fifty (50) patients, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

EDUCATION PRIVILEGES

**QUALIFICATIONS FOR DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS: BASIC (PRACTICING SPECIALIST
GAINING ADDITIONAL TRAINING)**

Initial Applicants - To be eligible to apply for privileges in Developmental-Behavioral Pediatrics: Basic, 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, Internal Medicine-Pediatrics or Family Medicine.

AND



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Current certification or board eligible (with achievement of certification within five years of completion of training) leading to certification in General Pediatrics or Family Medicine by the American Board of Medical Specialties, or the American Osteopathic Board, or UMHS approved international equivalent.

AND

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

**CORE PRIVILEGES – DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS: BASIC (PRACTICING SPECIALIST
GAINING ADDITIONAL TRAINING)**

Applicant: Requested Initial Requested Renewal

Service Chief/Chair: Recommended Not Recommended

Scope of Practice/Privileges: Qualified clinicians will receive additional training in the outpatient pediatric developmental behavioral environment. They will be supervised by BC/BE University of Michigan faculty in the Department of Pediatrics/ Division of Developmental Behavioral Pediatrics for all pediatric developmental behavioral care related activities, including providing specialized care to infants, children and adolescents with developmental disabilities and/or behavioral problems, sleep disorders, genetic disorders, feeding disorders, anxiety, trauma and elimination disorders, including problems at school.

Privileges include the following:

- Perform history and physical examination
- Developmental assessment to include:
 - Performing developmental testing
 - Interpretation and scoring of developmental testing
- Development of comprehensive care plan;
- Ongoing developmental-behavioral/mental health care management including collaboration with community partners

Focused Professional Practice Evaluation (FPPE NH/NP) guidelines: New physicians will be monitored for an initial ten (10) patient encounters 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 Privileges) Requirements – Applicants are NOT eligible for reappointment for these educational privileges since the training program is one-year duration. Exceptions would be rare and could be reviewed on a case-by-case basis.



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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. Assessment of behavioral adjustment and temperament
3. Behavioral screening and surveillance techniques
4. Developmental screening and surveillance techniques
5. Neurodevelopmental assessment
6. Interviewing and assessment of family and community functioning including schools

Patient management skills include but are not limited to the following:

1. Anticipatory guidance
2. Behavioral treatment and recommendations
3. Developmental interventions and recommendations
4. Individual and family counseling regarding management of neurodevelopmental concerns
5. Medical management of developmental-behavioral conditions including psychopharmacotherapy



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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** _____