



University of Michigan
Hospitals and Health Centers

UNIVERSITY OF MICHIGAN HEALTH SYSTEMS

Delineation of Privileges Department of Pediatrics/Division of Pediatric Hospitalist PEDIATRIC HOSPITALIST

Name: _____
Please Print or Type

Department: _____ Division/Section: _____

CORE PRIVILEGES

Minimum Training and Experience (Pediatric and Newborn Core):

M.D. or D.O degree. Successful completion of an ACGME or AOA accredited three year pediatric residency training program. For those joining the faculty immediately after completion of Pediatric Residency Program, a letter of reference from the Director of the residency program at which the applicant trained documenting satisfactory completion of the program (including adequate patient care volume and demonstration of competency in patient care required by the American Board of Pediatrics prior to certifying examination); two additional supporting letters from Pediatric faculty of the candidate's residency program. Certification by the American Board of Pediatrics within 3 years of initial appointment is required. Active Board Certification must be maintained. Must be certified in Pediatric Advanced Life Support (PALS) and attach current certification documentation.

For those joining the faculty after having already been practicing Pediatrics elsewhere: two letters of reference from Pediatricians who can attest to the applicant's competency in patient care and teaching abilities; three additional supporting letters from Pediatricians who are acquainted with the applicant's current professional status, medical practice, and involvement in the field of Pediatrics. Certification by the American Board of Pediatrics is required if the applicant has graduated from a Pediatric training program more than three years from the time of expected appointment and Board Certification must be maintained. Must be certified in Pediatric Advanced Life Support (PALS) and attach current certification documentation.

Reappointment Requirements: To retain privileges, caring for a minimum of 24 patients during a 12 month period is required. Must be certified in Pediatric Advanced Life Support (PALS) and attach current certification documentation.

Pediatric Core Privileges

Privileges include the treatment of patients from birth to young adult, the performance of minor procedures (including related admission, consultation, and work-up; lumbar puncture, venipuncture, arterial puncture; laceration repair, incisions and drainage of superficial abscesses), and the treatment of major or complicated illnesses.

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.

Instructions: Strike out any privilege not requested or performed.

- Coordinate comprehensive primary care for children with complex/multiple-related problems.
- Diagnose and/or manage pediatric problems including, but not limited to: -adjustment reactions -behavioral -developmental disabilities -emotional -physical/sexual abuse -poisoning/ingestions -psychiatric - psychosocial
- Diagnose/manage acute episodic medical illnesses including, but not limited to: -coma -dehydration - childhood exanthem -diarrhea -fever -hypertension -hypotension -meningitis -pneumonia -renal failure seizure -respiratory illnesses -sepsis -shock -skin disorders -sudden infant death syndrome (SIDS)
- Diagnose/manage acute problems associated with chronic diseases including, but not limited to: -chronic renal disease -congenital heart disease -cystic fibrosis -diabetic ketoacidosis -gastrointestinal disorders - hepatic failure -metabolic disorders -neurologic disorders -oncologic therapy/complications -status asthmaticus -status epilepticus
- Endotracheal intubation, emergency
- Foreign bodies (eg. from ears/nose), simple removal of
- Gastric lavage (accidental ingestions)
- Gynecological evaluation: prepubertal/postpubertal females
- Immunizations
- Incision/drainage of superficial abscesses
- Injections: - subcutaneous; - intradermal; - intramuscular Joint aspiration, diagnostic
- Laceration repair, simple suture/suture removal
- Lumbar Puncture - General
- Manage preoperative/postoperative care directly or consultative basis
- Myringotomy
- Peripheral arterial puncture
- Simple fractures/dislocations, manage uncomplicated
- Urethral catheterization
- Venous aspiration: -cephalic vein; -external jugular ; -femoral; -saphenous; -subclavian;

Requested (Applicant)

Recommended approval (Service Chief/Chair)

Newborn Core Privileges

Privileges include the ability to provide care to all newborns, including those with potentially life-threatening illnesses. Consultation is suggested in extremely complex, life-threatening situations.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

LEVEL II

Newborn/Delivery Room Resuscitation

Minimum Training and Experience: Requires Neonatal Resuscitation Certification by the American Heart Association.

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Circumcision and Nerve Block

Minimum Training and Experience: Includes the ability to perform circumcision with the GOMCO Clamp Technique or equivalent method using adequate local Nerve Block. A minimum of 8 supervised circumcisions and nerve blocks are required to demonstrate proficiency. Four procedures are required every 12 months for reappointment.

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Child Protection Team

Minimum Training and Experience: A minimum of 1 week of clinical training with an experienced Child Protection Team physician or a certificate of participation in a workshop on child abuse.

Privileges include formulating and providing opinions to other physicians, protective services and legal agencies regarding the likelihood that a particular medical condition or injury was either caused by or exacerbated by child abuse or neglect. Such opinions are often provided via legal testimony in Family and/or Criminal Courts and often represent the collective opinions of treating U of M physicians as well as that of the CPT physician him/herself.

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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LEVEL III

Pediatric Palliative Care

Scope of Privileges:

A Hospice and Palliative Medicine Physician provides subspecialty services in the comprehensive assessment and management of patients with advanced illness and their families, through end-of-life and bereavement. A Pediatric Palliative Care Provider practicing within C.S. Mott Children's Hospital, will act as a member of a multidisciplinary consultative team.

Privileges include being able to admit, evaluate, diagnose, and provide palliative care treatment to the patients of C.S. Mott Children's hospital with advanced illness and end of life disease. Physicians with these privileges have the highest level of competence in Hospice and Palliative Medicine on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the medical center whenever needed.

Elements of subspecialty hospice and palliative medicine practice include, but are not limited to:

- Assessment and management of pain
- Assessment and management of physical symptoms (pain, nausea, dyspnea, fatigue, etc)
- Assessment and management of psychological symptoms (depression, anxiety, grief, etc)
- Goals of care determination, and support for appropriate decision-making and treatment planning
 - Running family meetings
 - Managing interprofessional collaboration
 - Navigating complex or challenging communication
- Identification and management of spiritual distress
- Identification and management of bereavement needs, including complicated grief
- Leadership of interdisciplinary care teams focused on care of patients with serious illness, and their families

Minimum Training and Experience: A practicing subspecialist in Pediatric Hospice and Palliative Medicine (HPM) must have successfully completed an M.D. or D.O. degree or equivalent, an accredited residency program, and a Hospice and Palliative Medicine Fellowship. HPM subspecialists are additionally expected to be board-certified within 5 years of appointment. Physicians who obtain HPM board certification through a practice pathway (i.e. 'grandparenting') before 2012 (MD) or 2014 (DO) will be exempt from the fellowship completion requirement.

Under exceptional circumstances, the Director of Pediatric Hospice and Palliative Medicine Program, the Director of the Pediatric Hospitalist Service, and the Chair of the Department of Pediatrics may make a request to the Credentialing and Privileging Committee that the fellowship training/board eligibility requirement be waived, if they determine that the applicant has received equivalent training and experience, and has demonstrated a high level of competence.

- 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: _____