



Pediatric Clinical Privileges

Name: _____ Application Date: _____

Initial privileges (initial appointment)

Requested

Renewal of privileges (reappointment)

Requested

Expansion of privileges (modification)

Requested

Clinic: _____ Location: _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair & Clinic Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

UNM Medical Group, Inc., is a part of an association of healthcare providers established by the UNM Health Sciences Center Board of Directors under and pursuant to the provisions of the Review Organization Immunity Act, Section 41-9-1 et seq., NMSA 1978 ("ROIA"). The information and materials identified in this document were prepared for the purposes of peer review as described and defined in ROIA and are, therefore, confidential and not to be disclosed except as provided in ROIA.

Policies Governing Scope of Practice

Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the providers provide to a patient in the clinic and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

Qualifications for Pediatric Core

Initial Applicant - To be eligible to apply for privileges in 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 pediatrics.

AND

Current certification or active participation in the examination process leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

AND

Current PALS certification for all clinical acute care pediatric providers only

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for acceptable volume of pediatric patients in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements- To be eligible to review privileges in pediatrics, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is requested of all applicants for renewal of privileges.

CORE PRIVILEGES: *Pediatrics*

Evaluate, diagnose, treat and provide consultation to patients from birth to young adulthood, concerning their physical, emotional, and social health as well as treating acute and chronic disease including major complicated illnesses. 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.

Requested

This list is a sampling of procedures included in the pediatric core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Acute pain management
2. Arterial puncture
3. Application of dental varnish
4. Arthrocentesis and joint injection
5. Bladder aspiration
6. Bladder catheterization
7. Management of burns, superficial and partial thickness
8. Circumcision with regional block
9. Cerumen removal by irrigation/curettage
10. Cryotherapy
11. Endotracheal intubation/airway management
12. Electrocardiography interpretation, preliminary
13. Fluorescein exam of the eye
14. Frenulotomy
15. I & D abscess/hematoma
16. I & D peritonsillar abscess
17. Gynecologic evaluation of prepubertal and postpubertal females
18. Local anesthetic techniques
19. Lumbar puncture

Continued...

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20. Nail wedge excision/nailbed repair
21. Reduction & splinting/casting of uncomplicated minor closed fractures & uncomplicated dislocations
22. Perform simple skin biopsy or excision (foreign body removal)
23. Perform history and physical exam
24. Peripheral nerve block
25. Placement of anterior and posterior nasal hemostatic packing
26. Placement of intravenous lines
27. Placement of intraosseous lines
28. Placement of NG tube
29. Remove non-penetrating foreign body from the eye, nose, or ear
30. Silver nitrate cauterization
31. Subcutaneous, intradermal, and intramuscular injections
32. Thoracentesis
33. Tympanocentesis
34. Venipuncture
35. Wound care and closure uncomplicated lacerations

Special Non-Core Privileges (See Specific Criteria)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing. The exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

Qualifications for Special Procedures in Pediatrics

Criteria: Successful completion of an ACGME or AOA accredited residency in pediatrics which included training in requested procedure(s), or documentation of a special course for procedure(s) requested.

Required Current Experience: Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results, in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Colposcopy*

Requested

NON-CORE PRIVILEGES: *Pharmacologic Treatment of Substance Abuse*

Requested

Pediatric Clinical Privileges

Acknowledgment 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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.

Signed _____ Date _____

SOM Department Chair Recommendation(s)

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:

Notes: _____

Department Chair (**print & sign**): _____ Date: _____

Clinic Medical Director (**print & sign**): _____ Date: _____

UNMMG CMO: _____ Date: _____

Criteria Approved by UNMMG Executive Committee on 1/22/15