

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**GENETICS CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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- ☐ Initial Appointment
- ☐ Reappointment

***All new applicants must meet the following requirements as approved by the governing body effective: 8/5/2015.***

***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.

***Department Chair:*** 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***

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR GENETICS**

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***To be eligible to apply for core privileges in genetics, the initial applicant must meet the following criteria:***

Current specialty certification in clinical genetics by the American Board of Medical Genetics.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) accredited residency program in another medical specialty followed by successful completion of a two-year ACGME-accredited residency in clinical genetics and active participation in the examination process with achievement of certification within five (5) years of completion of formal training leading to specialty certification in clinical genetics by the American Board of Medical Genetics.

OR

Successful completion of a four-year ACGME-accredited residency program in clinical genetics and active participation in the examination process with achievement of certification within five (5) years of completion of formal training leading to specialty certification in clinical genetics by the American Board of Medical Genetics.

OR

Successful completion of a five-year ACGME-accredited combined residency program in clinical genetics and another medical specialty; and active participation in the examination process with achievement of

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certification within five (5) years of completion of formal training leading to specialty certification in clinical genetics by the American Board of Medical Genetics.

**Required Previous Experience:** Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested for a sufficient volume of patients during the past 12 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Reappointment Requirements:** To be eligible to renew core privileges in genetics, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience (inpatient or consultative services) 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 required of all applicants for renewal of privileges. Medical Staff members whose board certificates in clinical genetics bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

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**GENETICS CORE PRIVILEGES**

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- ☐ **Requested** Evaluate, diagnose, treat and provide consultation and genetic counseling for a wide range of birth defects (any abnormality of structure, function or metabolism that is detected from the time of conception through childhood or later in life, whether genetically determined or the result of prenatal or postnatal environmental influences) to pediatric patients and adult patients, both inpatients and outpatients, with common or uncommon diseases, congenital malformations, deformations, disruptions, dysplasia, inborn errors of metabolism, hemoglobinopathies, cancer, chromosome abnormalities, multifactorial disorders (e.g., neural tube defects, cleft lip and or palate, congenital heart defects), heritable traits that may result in mental or physical disability or predisposition to a late onset condition in the patient or a relative. Use genetic and mathematical principles to perform genetic risk assessment. May provide care to patient 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.

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**CHECK HERE TO REQUEST INTERNAL MEDICINE PRIVILEGES FORM**

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- ☐ **Requested**

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**CHECK HERE TO REQUEST PEDIATRIC CLINICAL PRIVILEGES FORM**

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- ☐ **Requested**

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**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 previous experience, and for maintenance of clinical competence.

**PROVIDE WRITTEN INTERPRETATIONS OF BIOCHEMICAL, CYTOGENETIC OR MOLECULAR ANALYSES DERIVED FROM GENETIC TESTING**

☐ **Requested**

**Criteria:** Successful completion of an approved medical genetic training program that included: training in the interpretation of laboratory test data analysis; development of technical expertise and knowledge of test sensitivity and specificity and of laboratory quality control and quality assessment issues; and development of interpretative and diagnostic skills in laboratory test analysis. **Required Previous**

**Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of interpretations in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Physician must document involvement via a patient case log or a statement from the Division Chief.

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**CORE PROCEDURE LIST**

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***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.

- Apply broad knowledge of heterogeneity, variability, and natural history of genetic disorders in patient-care decision making
- Devise and implement special protocols for delivery of restricted elemental nutrition to patients with inborn errors of metabolism and other metabolic disorders
- Diagnose and manage genetic disorders
- Elicit and interpret individual and family medical histories
- Explain the causes and natural history of genetic disorders
- Provide genetic risk assessment
- Interact with other health-care professional in the provision of multidisciplinary services for patients with genetically determined or influenced disorders
- Interpret clinical genetic and specialized laboratory testing information
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Provide patient and family genetic counseling
- Perform routine medical procedures (Including: arterial puncture and blood sampling; arthrocentesis and joint injections; basic cardiopulmonary resuscitation; bladder catheterization; superficial burns; evaluation of oliguria; excision of skin and subcutaneous tumors, nodules, and lesions; fluid , electrolyte management; I & D abscess; initial PFT interpretation; insertion and management of arterial lines; interpretation of antibiotic levels and sensitivities; local anesthetic techniques; lumbar puncture; management of anaphylaxis and acute allergic reactions; management of the immunosuppressed patient; marrow aspiration and biopsy; peripheral nerve blocks; pharmacokinetics; placement of anterior and posterior nasal hemostatic packing; interpretation of electrocardiograms; remove non-penetrating foreign body from the eye, nose, or ear; synovial fluid crystal analysis; thoracentesis; venipuncture, skin biopsy, manage and maintain indwelling venous access catheter, administer medications and special diets through all therapeutic routes; use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry)
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods

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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 University Hospital and Health System, University of Mississippi Medical Center, 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.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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. _____	_____
4. _____	_____

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

**Division Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I 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. _____ | _____ |
| 4. _____ | _____ |

***Notes***

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

Reviewed:

Revised:

2/3/2010, 6/2/2010, 9/17/2010, 12/16/2011, 2/1/2012, 4/3/2013, 08/05/2015