DEVELOPMENTAL-BEHAVIORAL PEDIATRICS CLINICAL PRIVILEGES

Name: ________________________________

☐ Initial Appointment
☐ Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 04/03/2013.

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 DEVELOPMENTAL-BEHAVIORAL PEDIATRICS CLINICAL PRIVILEGES

To be eligible to apply for core privileges in developmental-behavioral pediatrics, the applicant must meet the following criteria:

Current certification in pediatrics or current subspecialty certification in developmental-behavioral pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics followed by completion of a fellowship in developmental-behavioral pediatrics or equivalent in training and experience and active participation in the examination process with achievement of certification within 5 years leading to certification in pediatrics or developmental-behavioral pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

Required Previous Experience: Applicants must be able to demonstrate that they have provided developmental-behavioral pediatric inpatient or consultative services reflective of the scope of privileges requested to a sufficient volume of patients in the past 24 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.
DEVELOPMENTAL-BEHAVIORAL PEDIATRICS CLINICAL PRIVILEGES

Name: ________________________________________________

Reappointment Requirements: To be eligible to renew core privileges in developmental-behavioral pediatrics, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient 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 required of all applicants for renewal of privileges. Medical Staff members whose board certificates in pediatrics or developmental-behavioral pediatrics (as applicable) 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

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS CORE PRIVILEGES

☐ Requested  Admit, evaluate, diagnose, consult and provide care to patients from infancy through adolescence, and adults with special needs with disorders of behavior, emotional and mental development, adjustment, and anxiety, including autism, ADHD, and learning disorders. Includes management of general medical conditions concurrent with developmental-behavioral pediatric privileges. 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.

CHECK HERE TO REQUEST PEDIATRIC CLINICAL PRIVILEGES FORM

Requested
DEVELOPMENTAL-BEHAVIORAL PEDIATRICS CLINICAL PRIVILEGES

Name: ________________________________

Core Procedure List

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.

- Perform routine medical procedures (Venipuncture, skin biopsy, bladder catheterization, fluid and electrolyte management, foreign body removal from nose or ear, manage and maintain indwelling venous access catheter, administer medications and special diets through all therapeutic routes, basic cardiopulmonary resuscitation, superficial burns, evaluation of oliguria, I & D abscess, interpretation of antibiotic levels and sensitivities, interpretation of EKG (for therapeutic purposes), lumbar puncture, arterial puncture and blood sampling, management of anaphylaxis and acute allergic reactions, management of the immunosuppressed patient, monitoring and assessment of metabolism and nutrition, pharmacokinetics, 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
- Order respiratory services
- Order rehab services

Assessment skills include but are not limited to the following:
- Assessment of behavioral adjustment and temperament
- Behavioral screening and surveillance techniques
- Developmental screening and surveillance techniques
- Interviewing and assessment of family history and functioning
- Neurodevelopmental assessment
- Perform history and physical and neurological exam
- Psychiatric interviewing and diagnosis
- Understanding of the major diagnostic classification schemas

Patient management skills include but are not limited to the following:
- Anticipatory guidance
- Behavioral treatment methods
- Developmental interventions
- Individual and family counseling
- Psychopharmacotherapy
- General medical disorders
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:

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Division Chief Signature ________________________________ Date ______________
DEVELOPMENTAL-BEHAVIORAL PEDIATRICS CLINICAL PRIVILEGES

Name: ____________________________________________

CREDENTIALS COMMITTEE REPRESENTATIVE’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:

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Credentials Representative’s Signature ___________________________ Date __________
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:

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Department Chair Signature ___________________________ Date ______

Reviewed:

Revised: