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Printed Name

## PEDIATRICS

**Kettering Medical Center  
Kettering Memorial Hospital/Sycamore Hospital**

### **Clinical Privileges Profile**

**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.

**Clinical Service Chief:** 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 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 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 organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Residential Requirement: If called, all members of the Pediatric Clinical Service must be able to respond within 45 minutes. If on-call, the same response time (45 minutes) is in effect.

#### **QUALIFICATIONS FOR PEDIATRICS**

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**To be eligible to apply for core 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, with achievement of certification within six years of completion of residency, leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least **12** pediatric inpatients in 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 pediatrics, the applicant must document 40 Category I AMA or 40 category 1A and/or 2A CME hours and meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (**20** patient encounters) 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.

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## CORE PRIVILEGES

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### PEDIATRIC CORE PRIVILEGES

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- Requested** Admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of) with acute and chronic disease including major complicated illnesses and routine newborn care. May provide care to patients 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 and such other procedures that are extensions of the same techniques and skills.

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### REFER AND FOLLOW PRIVILEGES

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**Criteria:** Education and training as for pediatric core.

- Requested** Perform outpatient preadmission, history and physical, order noninvasive outpatient diagnostic tests and services; visit patient in hospital, review medical records, consult with attending physician; and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.

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### QUALIFICATIONS FOR NEONATAL-PERINATAL MEDICINE

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**To be eligible to apply for core privileges in neonatal-perinatal medicine, 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 fellowship in neonatal perinatal medicine/neonatology.

AND

Current subspecialty certification or actively pursuing subspecialty certification in leading to subspecialty certification in neonatal-perinatal medicine by the American Board of Pediatrics or in neonatology by the American Osteopathic Board of Pediatrics.

**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, to at least **50** neonatal 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 neonatal-perinatal medicine, the applicant must document 40 Category I CME hours and meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (**20** neonatal patient encounters) 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.

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## CORE PRIVILEGES

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### NEONATAL-PERINATAL MEDICINE CORE PRIVILEGES

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- Requested** Admit, evaluate, diagnose, treat, and provide consultation regarding newborns presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities, and sepsis and provide consultation to mothers with high-risk pregnancies (<32 wks). May provide care to patients in the newborn nursery and neonatal intensive care unit 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 and such other procedures that are extensions of the same techniques and skills.

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### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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

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### CIRCUMCISION

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**Criteria:** Successful completion of formal training in this procedure, or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed [2] proctored procedures during training.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least [2] procedures in the past 12 months.

**Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least [2] procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

- Requested**

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### ADMINISTRATION OF SEDATION AND ANALGESIA

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- Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

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### CORE PROCEDURE LIST

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*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 that you do not wish to request, initial, and date.

### Pediatrics

1. Arthrocentesis and joint injection
2. Attendance at Delivery to Assume Care of Normal Newborns
3. *Attendance at delivery of high risk newborns – emergent only*
4. Burns, superficial and partial thickness
5. *Cardiac life support, including emergent cardioversion – emergent only*
6. *Endotracheal intubation – emergent only*
7. Frenulectomy
8. I & D abscess
9. *Insertion and management of chest tubes – emergent only*
10. Local anesthetic techniques

11. Manage uncomplicated minor closed fractures and uncomplicated dislocations
12. Perform simple skin biopsy or excision
13. Perform history and physical exam
14. Peripheral nerve blocks
15. Ligation of extra digit
16. *Lumbar Puncture – emergent only*
17. *Preliminary EKG interpretation – emergent only*
18. Placement of anterior and posterior nasal hemostatic packing
19. Remove non-penetrating foreign body from the eye, nose, or ear
20. Skin tag - ligation
21. Suture uncomplicated lacerations
22. *Suprapubic bladder tap – emergent only*
23. *Umbilical catheterization – emergent only*

### **Neonatal-Perinatal Medicine**

1. Attendance at delivery of high risk newborns
2. Bone marrow aspiration
3. Cardiac life support, including emergent cardioversion
4. Endotracheal intubation
5. Exchange transfusion
6. Insertion and management of central lines
7. Insertion and management of chest tubes
8. Lumbar puncture
9. Paracentesis, thoracentesis, pericardiocentesis
10. Perform history and physical exam
11. Peripheral arterial artery catheterization
12. Peritoneal dialysis with consultation as appropriate
13. Post operative care of newborns
14. Preliminary EKG interpretation
15. Suprapubic bladder tap
16. Umbilical catheterization
17. Ventilator care of infants beyond emerging stabilization

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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 that I wish to exercise at Hospital, 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **CLINICAL SERVICE CHIEF'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. | _____ | _____ |
| 4. | _____ | _____ |

**Notes**

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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**  
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**Credentials Committee action** **Date:** \_\_\_\_\_

**Medical Executive Committee action** **Date:** \_\_\_\_\_

**Board of Directors action** **Date:** \_\_\_\_\_

Adopted:	Pediatrics Clinical Service	3/12/09
	Credentials Committee	5/11/2009
	Medical Executive Committee	5/19/2009
	Board of Directors	6/8/2009