

DETROIT MEDICAL CENTER

**DEPARTMENT OF PEDIATRICS
DELINEATION OF PRIVILEGES IN CHILD NEUROLOGY**

Applicant Name _____

PLEASE PRINT

QUALIFICATIONS:

Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached addendum.

Successful completion of an ACGME/AOA accredited three-year residency training program in Child Neurology, AND,

Current certification or active participation in the examination process leading to certification in Neurology with **Special Qualifications in Child Neurology** by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, within five (5) years of completion of training.

Required Previous Experience:

The applicant must provide documentation of the provision of inpatient neurological services to at least **24** patients during the past 24 months. This requirement is waived for those applicants who have completed their Pediatric Child Neurology fellowship within the previous two years.

Special Procedures:

Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program, **and** demonstration of indications for the procedure, test and/or therapy, **and** submission of case logs to support evaluation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges.

Observation/Proctoring Requirements:

Monitoring through focused professional performance evaluation, departmental quality assessment and improvement processes.

Reappointment Requirements:

Current demonstrated competence and a **minimum of 50 cases demonstrating** current experience with acceptable results in the privileges requested for the past 24 months as a result of quality assessment and improvement activities, ongoing professional performance evaluation and outcomes.

Membership Only Status:

Initial applicants: If you will only be referring patients to the DMC/Children's Hospital of Michigan, you may wish to apply for Membership Only (no clinical privileges). This will allow an affiliation without having to meet other medical staff requirements.

Reappointment applicants: Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient DMC based volume to provide for an ongoing professional practice evaluation and/or have an office-based practice only, but wish to maintain a DMC affiliation, may request Membership Only (no clinical privileges).

DELINEATION OF PRIVILEGES IN PEDIATRIC NEUROLOGY

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PRIVILEGES REQUESTED:

(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended

Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and discussed with the applicant.

Applicant: Please place a check mark in the (R) column for each privilege requested.

(R) (A) (C) (N)

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

Practice is limited to referring patients and/or office-based practice only. No inpatient privileges.

Do Not Complete The Remainder Of This Form. Go to page 3, sign and submit.

(R) (A) (C) (N)

CONSULTANT PRIVILEGES

Provide consultant services to children with illnesses or injuries of the neurological system. These privileges do not include any of the noted special requests.

(R) (A) (C) (N)

PEDIATRIC CORE PRIVILEGES

Treatment of patients between the ages of birth to 18 years of age, performance of procedures that do not carry a significant threat to life, related admission, consultation and work-up, venipuncture, laceration repair, incisions and drainage of superficial abscesses and treatment of major complicated illnesses

(R) (A) (C) (N)

PEDIATRIC NEUROLOGY CORE PRIVILEGES

Admission, work-up, and provision of non-surgical therapy to children with illnesses or injuries of the neurological system including the provision of consultation, lumbar puncture, EEG interpretation. These privileges do not include any of the following special requests.

SPECIAL PROCEDURES

Applicant **must** have been trained in the Pediatric procedures listed below **and** perform the specified number of procedures (in parenthesis) annually to maintain privileges.

(R) (A) (C) (N)

Somatosensory, visual and auditory evoked responses (40)

Polysomnography

Muscle biopsy

Skin biopsy

Lumbar puncture

Electroencephalography (100)

Electromyography and nerve conduction studies (50)

DELINEATION OF PRIVILEGES IN PEDIATRIC NEUROLOGY

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SPECIAL PROCEDURES - Continued

(R)	(A)	(C)	(N)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subdural Tap
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autonomic testing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrathecal administration of medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital EEG/Video monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cytotoxic agents for autoimmune disease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV Sedation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of sphenoid leads
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regional nerve blocks/Botox injection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intraoperative electrophysiological monitoring/evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy monitoring with depth electrodes, cortical grids, pegs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brain stimulation, magnetic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brain stimulation, electrical
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intraoperative peripheral nervous system monitoring/evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vagus nerve stimulator (VNS) interrogation/programming

(R) (A) (C) (N)

MODERATE SEDATION

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

Initials: _____

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant _____ Date _____

RECOMMENDATIONS

Pediatric Department Chief (or designee) Recommendation

- Recommend as requested Do not recommend
- Recommend with conditions/modifications as listed.

Department Chief, Signature _____ Date _____

DELINEATION OF PRIVILEGES IN PEDIATRIC NEUROLOGY

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Children’s Hospital Medical Staff Operations Committee Recommendation (if applicable)

- Recommend as requested. Do not recommend.
 Recommend with conditions/modifications as listed.

Chair, CHM MSOC Signature

Date

Specialist-in-Chief Recommendation

I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, verified credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested Do not recommend
 Recommend with conditions/modifications as listed.

Specialist-in-Chief, Signature

Date

Joint Conference Committee Approval _____

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.