

DETROIT MEDICAL CENTER

DEPARTMENT OF PEDIATRICS

**DELINEATION OF PRIVILEGES IN PEDIATRIC GASTROENTEROLOGY**

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.*

**Pediatric Gastroenterology:**

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

Successful completion of an ACGME/AOA accredited residency training program in pediatrics followed by a fellowship in Pediatric Gastroenterology that includes at least **one (1)** year of exposure to Endoscopic training with subspecialty certification in Pediatric Gastroenterology by the American Board of Pediatrics within five (**5**) years of completion of the subspecialty training.

**Required Previous Experience:**

Applicants for initial appointment must provide proof of inpatient or consultative services for at least **50** patients during the past 12 months or demonstrate successful completion of a formal training in Pediatric Gastroenterology Fellowship in an accredited program and documentation of the following **minimal** endoscopic experience:

- Diagnostic EGD (includes biopsy and secretory studies) and foreign body removal – **100** procedures
- Total colonoscopy- **50** procedures
- Snare polypectomy - **10** procedures
- Variceal hemostasis (includes 5 active bleeders)- **5** procedures
- Esophageal dilation- **10** procedures
- PEG- **10** procedures

Other requisites include:

- Performance and interpretation of extended esophageal pH monitoring
- Performance of esophageal and ano-rectal manometry- **10** procedures
- Performance of percutaneous liver biopsy- **10** procedures
- Interpretation of breath H<sub>2</sub> tests
- Performance of rectal suction biopsy- **10** procedures

**Special Procedures:**

Successful completion of an approved recognized course, when such exists, or acceptable supervised training in residency, fellowship or other acceptable program, and documentation of competence, through focused professional performance evaluation, to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of specific privileges.

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Qualifications – continued:

**Observation/Proctoring Requirements:**

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

**Reappointment Requirements:**

Current demonstrated competence, through ongoing professional performance evaluations, and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of quality assessment and improvement activities and outcomes. The practitioner must provide documentation of continuing satisfactory performance and frequency of endoscopic procedures. The practitioner must meet minimum procedure performance annually of:

- 50 EGD's
- 10 colonoscopies

**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).

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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.**

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

**MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges.

**Do Not Complete The Remainder Of This Form,** sign on page 3 and submit.

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

**CONSULTANT PRIVILEGES**

Provide consultation services for children presenting with illnesses, injuries, and disorders of the entire gastrointestinal tract, liver, gallbladder, pancreas, and related to nutrition.

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

**PEDIATRIC CORE PRIVILEGES**

Treatment of patients' ages' **birth and up**. 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.

**PEDIATRIC GASTROENTEROLOGY CORE PRIVILEGES**

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

Admission, work up, and diagnosis of children presenting with illnesses, injuries, and disorders of the stomach, intestines, and related structures such as the esophagus, liver, gallbladder, and pancreas, including the provision of consultation. These privileges include:

Sigmoidoscopy with/without biopsy  
Colonoscopy with/without biopsy, with/without polypectomy  
Hepatic biopsy  
Upper GI endoscopy with/without biopsy  
Foreign body removal from GI tract  
Esophageal dilation  
PEG placement  
Upper endoscopy with transpyloric tube placement  
Sclerotherapy or banding of esophageal varices

**OPTIONAL SPECIAL PROCEDURES** - (See Qualifications and Specific Criteria)

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

Use of Laser via endoscopy  
Use of laparoscopy  
Use of Sengstaken-Blakemore tube  
Esophageal dilation with guide wire  
Esophageal stent placement  
ERCP (therapeutic)  
ERCP (diagnostic)

**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

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**PLEASE PRINT**

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**RECOMMENDATIONS:**

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**Pediatric Section Chief Recommendation** (If applicable)

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

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Pediatric Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Chief of Service/Specialist-in-Chief Recommendations**

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, 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.

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Signature, Chief of Service \_\_\_\_\_ Date \_\_\_\_\_

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Signature, Specialist-in-Chief \_\_\_\_\_ Date \_\_\_\_\_

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**Children's Hospital Medical Staff Operations Committee Recommendation**

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

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Chair, CHM MSOC Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Joint Conference Committee Approval:** \_\_\_\_\_

Date

## 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.