

DETROIT MEDICAL CENTER
DEPARTMENT OF PSYCHIATRY
DELINEATION OF PRIVILEGES IN PSYCHIATRY

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 Board Certification requirements.

A. General Psychiatry:

Requires completion of an ACGME Accredited Program in General Psychiatry **and** current certification or active participation in the certification process leading to certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry with certification to be achieved within **five (5)** years of completion of residency, fellowship or other specialized post-graduate training (Effective 1/1/1998).

General Psychiatrists (Granted privileges prior to 1/1/98)

Requires completion of an ACGME or AOA accredited program in General Psychiatry. Certification, although desirable, is not necessarily required for continuing appointment as long as the credentialed psychiatrist is otherwise in good standing and all other applicable criteria are met.

B. Child & Adolescent Psychiatry

Same criteria as General Psychiatry, plus completion of an ACGME accredited fellowship program in Child and Adolescent Psychiatry, and: Board certification, or in the active process, in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry to be achieved within five years of completion of fellowship or other specialized post-graduate training. (Effective 1/1/98)

Child Psychiatrists (Granted privileges prior to 1/1/98)

Current non-certified members will not be required to attain Board certification. Reappointment may be granted with privileges as previously delineated as long as all other applicable criteria are met and applicant is otherwise in good standing.

C. Monitoring/Proctoring Requirements:

Monitoring and proctoring accomplished through focused and ongoing professional performance evaluations via Departmental quality improvement processes and program supervisory mechanisms.

D. Reappointment Requirements:

Active members must make a significant contribution at the DMC. This **can be accomplished by providing** clinical care **in a DMC facility**, teaching or supervising of **WSU and DMC** trainees, or clinical consultations during the previous 24 months. In addition, attendance at WSU Department of Psychiatry Chairman's Grand Rounds, Child Psychiatry Grand Rounds, or Sinai-Grace Psychiatry Grand Rounds is expected as evidence of departmental involvement. This contribution must be documented by the applicant for reappointment and accompanied by at least an evaluation from the Chief of Service of the applicant's primary DMC hospital.

Reappointment to the Affiliate category requires documentation of clinical activity provided at: DMC, DMC affiliates, and/or inpatients referred to the DMC within the last 24 months, and at least one supporting evaluation from an Active staff member who is familiar with the applicant's work.

DELINEATION OF PRIVILEGES IN PSYCHIATRY

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QUALIFICATIONS – continued

E. Membership Only, No Clinical Privileges

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient 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 Affiliate Status, Membership Only with No Clinical Privileges.

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 physician.

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

CORE PRIVILEGES IN GENERAL PSYCHIATRY

Core privileges include: admission, work-up, diagnosis and treatment of patients 15 years of age and older who suffer from mental, behavioral or emotional disorders. Privileges include providing supervision and consultation to mental health professionals and physicians in the same or other fields regarding mental, behavioral or emotional disorders and their interaction with physical disorders. Core privileges do **not** include Special Privileges. (See Special Privileges and criteria)

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

Both Inpatient and Outpatient (DMC Clinic based)

Outpatient only (DMC Clinic based)

Other: Affiliate category, membership only, no clinical privileges.

CORE PRIVILEGES IN CHILD & ADOLESCENT PSYCHIATRY

Core privileges include: admission, work-up, diagnosis and treatment of children and adolescents age 14 and under who suffer from mental, behavioral, or emotional disorders. Privileges include being able to provide consultation to mental health professionals and physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders in children and adolescents age 14 and under. Core privileges do **not** include Special Privileges. (See Special Privileges and criteria)

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

Both Inpatient and Outpatient (DMC Clinic based)

Outpatient only (DMC Clinic based)

Other: Membership only, no clinical privileges.

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SPECIAL PRIVILEGES

QUALIFICATIONS FOR SPECIAL PRIVILEGES (Initial and Reappointment Applications)

1. **Hypnosis:**
Evidence of satisfactory completion of training in an accredited program such as a psychiatric residency training program at a University or one sponsored by an appropriate organization such as the American Psychiatric Association or the American Psychological Association, **or** evidence of satisfactory completion or training in the practice of hypnosis under the supervision of a person qualified for hypnosis; **and** evidence of continuing education and/or supervision in hypnosis by significant attendance at courses and/or publishing articles in journals or books of good standing during the past five years.
2. **Tele psychiatry:**
Requires 1 hr of training with IT staff.
3. **Electroconvulsive Shock Therapy (ECT):**
Evidence of successful completion of training in an accredited training program in Electroconvulsive Therapy, such as a psychiatric residency program or a CME program sponsored by the American Psychiatric Association. Documentation must be provided that details the applicant's previous experience in ECT (including past ECT privileging), or the applicant must be observed in the delivery of **six (6)** ECT treatments by a psychiatrist already DMC privileged in ECT and must demonstrate sufficient skill to satisfy the privileging authority.
4. **Biofeedback:**
Certification by the AAPB (Association of Applied Psychophysiology and Biofeedback) with evidence of two years supervised training experience.
5. **Polysomnography Interpretation:**
Completion of at least six months of verifiable training in Polysomnography Interpretation and certified by the Specialist in Chief as having maintained competence in this area.
6. **EEG Interpretation:**
Completion of at least six months of verifiable training in EEG Interpretation and certified by the Specialist in Chief as maintaining competence in this area.

DELINEATION OF PRIVILEGES IN PSYCHIATRY

Applicant Name: _____

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SPECIAL PRIVILEGES (Review qualifications and criteria)

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

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hypnosis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tele psychiatry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electroconvulsive Shock Therapy (ECT) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Biofeedback |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Polysomnography Interpretation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EEG Interpretation |

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

APPROVALS

Pediatric Chief Recommendation (if applicable)

- Recommend as Requested Recommend with Conditions/modifications as listed.
 Do Not Recommend

Pediatric Chief, Signature

Date

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

- Recommend as Requested Recommend with Conditions/modifications as listed.
 Do Not Recommend

Chief of Staff, CHM MSOC

Date

DELINEATION OF PRIVILEGES IN PSYCHIATRY

Applicant Name: _____

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APPROVALS CONTINUED

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 Recommend with Conditions/modifications as listed.

Do Not Recommend

Specialist-in-Chief (or designee), Signature

Date

Joint Conference Committee Approval: _____

Date

JCC Approved 8.25.09' Revised JCC 12.01.17
JCC Revised 03.30.18

DELINEATION OF PRIVILEGES IN ADDICTION MEDICINE

ADDENDUM*

APPLICANT NAME: _____

Please Print

Qualifications: In order to be eligible to request clinical privileges in Addiction Medicine, an applicant must meet the following minimum threshold criteria:

- A. Meet the basic requirements for medical staff membership and privileges as defined in the Medical Staff Bylaws, Article III, Section 2.
- B. Minimum formal training: The applicant must have successfully completed an ACGME/AOA approved residency program in a primary care specialty including; Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, or Psychiatry.

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 Board Certification addendum for complete requirements.

- C. Completion of an accredited training program in Addiction Medicine or demonstrate that they are working toward certification by ASAM (American Society of Addiction Medicine) or AAAP (American Academy of Addiction Psychiatry), said certification must be completed within 4 years of its onset OR have completed a fellowship program in Addiction Medicine or Addiction Psychiatry.
- D. Required previous experience: The applicant must be able to demonstrate that he or she has performed at least 50 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) during training and 25 diagnostic or therapeutic Addiction Medicine procedures (medical detoxifications) in a 12 months period to maintain privileges.

Requested Privilege:

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

Clinical Privileges in Addiction Medicine

The following procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in addiction medicine.

- A. Assessment, diagnosis, and treatment of substance use disorders (addiction, abuse, intoxication and withdrawal disorders).
- B. Management of the following:
 - 1. Severe or complex intoxication
 - 2. Severe or complex withdrawal
 - 3. Medical complications of substance use disorders
- C. Provide consultation services in addiction medicine for patients, in collaboration with the physician who requests the consultation. These services would likely include taking the history, performing a physical examination, ordering evaluative medication management.
- D. Integration of addiction medicine expertise with other health care providers including specialist in the emergency department and intensive care units.
- E. Work collaboratively with allied health practitioners, including psychologists, nurse practitioners, physician assistants and pharmacists.

Addendum to the following Department Delineation of Privileges:

- Emergency Medicine
- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- **Psychiatry**

APPLICANT NAME: _____
Please Print

Acknowledgement 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 and hereby stipulate that I meet the minimum threshold criteria for this request.

Applicant Signature

Date

Recommendations:

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendations that has been made takes all pertinent factors into consideration.

Recommend as requested

Do not recommend

Recommend with conditions/modification as listed

Chief of Service (or designee) Signature

Date

Specialist-in-Chief (or designee) Signature

Date

Psychiatry Specialist-in-Chief (or designee) Signature

Date

Joint Conference Committee Approval:

Date

DETROIT MEDICAL CENTER

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL NEUROSCIENCES

APPLICATION NAME: _____

Please Print

In order to perform comprehensive and ongoing professional performance evaluation, the following documentation is required in support of your request for reappointment. Please indicate your activities and professional service to the DMC during the last 24-month reappointment period.

ACTIVE OR AFFILIATE CATEGORY:

▪ **Inpatient Care**

DMC Hospital(s) _____

Total number of patients admitted or attended _____

▪ **Consultations**

DMC Hospital(s) _____

Total number of patients attended _____

▪ **Teaching or Supervision (Proctoring) Activities**

▪ **DMC Outpatient Clinics or other clinics providing care to DMC Managed Care members (DMC HAP or DMC CARE).**

Location(s) _____

Total number of outpatient visits _____

AFFILIATE STAFF ONLY—Utilization of DMC Inpatient Facilities

DMC Hospitals

DMC Attending Physician

Approval 8.25.09; Revised JCC 12.01.17

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. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- 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 Foot and Ankle Surgery.
- If Board certification is time-limited, 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 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- 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.

JCC Approved 10.27.2017