UNMH Pediatric Gastroenterology Clinical Privileges

Name:
Effective Dates: _____ **To:** _____

☐ Initial privileges (initial appointment)

☐ Renewal of privileges (reappointment)

☐ Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/25/2013

INSTRUCTIONS

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

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.

2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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Qualifications for Pediatric Gastroenterology

Initial privileges *- To be eligible to apply for core privileges in pediatric gastroenterology, 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 followed by successful completion of an accredited fellowship in pediatric gastroenterology,

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric gastroenterology by the American Board of Pediatrics.

AND

Required previous experience: Inpatient or consultative services for an adequate volume of patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment requirements: *To be eligible to renew core privileges in pediatric gastroenterology, the applicant must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the 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.

Core Privileges: Pediatric Gastroenterology

Admit, evaluate, diagnose, consult and treat infants, children, and adolescents with diseases of the digestive system including the performance of complex diagnostic and therapeutic procedures using lighted scopes to see internal organs. 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.

☐ Requested

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Pediatric Gastroenterology Core Procedures List

This list is a sampling of procedures included in the core. 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 which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Botulinum toxin injection
3. Biopsy of the mucosa of esophagus, stomach, small bowel, and colon
4. Breath test performance and interpretation
5. Colonoscopy with or without polypectomy
6. Flexible sigmoidoscopy
7. Diagnostic and therapeutic EGD
8. Diagnostic motility studies for functional bowel disorders (includes manometry)
9. Endoscopic mucosal resection
10. Esophageal suction biopsy
11. Enteral and parenteral alimentation
12. Gastrointestinal motility studies and 24 hour pH monitoring
13. Gastrostomy tube (change of)
14. Interpretation of gastric, pancreatic, and biliary secretory tests
15. Nonvariceal hemostasis (upper and lower)
16. Pancreatic stimulation test
17. Paracentesis
18. Proctoscopy
19. Sengstaken/Minnesota tube intubation
20. Snare polypectomy
21. Rectal biopsy
22. Variceal hemostasis (upper and lower)

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Special Non-Core Privileges (See Specific Criteria)

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

Qualifications for Use of Laser

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-Core Privilege: Use of Laser

☐ **Requested**

Qualifications for the following Special Non-Core Privileges

Criteria: Successful completion of an ACGME or AOA accredited fellowship program in pediatric gastroenterology that included training in specific privilege requested.
OR
Proctored training with observation of a minimum of 5 cases for each procedure with required current experience.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of procedures specific to privilege with acceptable results, in the past 12 months or completion of training in the past 12 months..

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an

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adequate volume of procedures specific to privilege with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to gastrointestinal endoscopy should be required.

Non-Core Privilege: Biliary Tube/Stent Placement

☐ **Requested**

Non-Core Privilege: Esophageal Dilatation

☐ **Requested**

Non-Core Privilege: Esophageal or Duodenal Stent Placement

☐ **Requested**

Non-Core Privilege: Endoscopic Ultrasound and Fine Needle Aspiration

☐ **Requested**

Non-Core Privilege: Interpretation of Percutaneous Cholangiography

☐ **Requested**

Non-Core Privilege: Percutaneous Endoscopic Gastrostomy

☐ **Requested**

Non-Core Privilege: Percutaneous Liver Biopsy

☐ **Requested**

Non-Core Privilege: Therapeutic Endoscopic Retrograde Cholangiopancreatographies (ERCP)

☐ **Requested**

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Acknowledgment 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 UNM Hospitals and clinics, 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 _____

Department recommendation(s)

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

☐ Recommend all requested privileges with the standard professional practice plan
☐ Recommend privileges with the standard professional practice plan and the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation
Notes:

_____
_____
_____
_____

Division Chief Signature _____ Date _____

Print Name_____ Title _____

Department Chair Signature _____ Date _____

Print Name_____

Criteria approved by UNMH Board of Trustees on 10/25/2013