

## UNMH Preventive Medicine Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective January 27, 2017:*

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

### 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.

### 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.

### QUALIFICATIONS FOR GENERAL PREVENTIVE MEDICINE OR OCCUPATIONAL MEDICINE CORE:

**Initial Privileges:** To be eligible to apply for core privileges in preventive medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in preventive medicine; **AND**
2. Current certification in, or active participation in the examination process leading to certification in, pediatrics by the American Board of Preventive Medicine or American Osteopathic Board of Preventive Medicine; **AND**
3. Current PALS certification for all clinical acute care pediatric providers only; **AND**
4. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of preventive medicine patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

## UNMH Preventive Medicine Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the past twenty-four (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.

### CORE PRIVILEGES: Preventive Medicine/Occupational Medicine

Preventive medicine specialists apply primary, secondary, and tertiary preventive approaches to disease prevention and health promotion for the individual and community. They evaluate, diagnose, treat and provide consultation regarding medical conditions caused by environmental exposures and stressors on an outpatient basis. This includes assessment of the ability to perform work safely; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental or occupational exposures. These privileges include the ability to assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Preventable disease conditions include communicable diseases, injuries, diseases of travelers, chronic diseases, chemical dependence, nosocomial infections, occupational and environmental diseases, and diseases of lifestyle. The core privileges in this specialty include the techniques on the attached preventive medicine skills list and such other procedures that are extensions of the same technique and skills. Comprehensive epidemiologic and clinical investigation and consultation for the prevention and control of disease, disability, and premature death, and evaluation, consultation, diagnosis, assessment of disease and injury risk, and treatment and intervention planning for individuals and population groups are within the specialty of preventive medicine. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include the procedures in the below procedure list and other procedures that are extensions of same techniques and skills.

#### Requested

#### Preventive Medicine/Occupational Medicine Core Procedures List

This list is a sampling of procedures included in the preventive medicine/occupational medicine 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 listed in this core, strike through then initial and date those procedures you do not wish to request.

1. Perform history and physical examination, with emphasis on occupational and environmental exposures.
2. Lifestyle modification counseling and treatment (tobacco cessation, nutrition, physical activity, alcohol/drug use, etc.).

## UNMH Preventive Medicine Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

3. Provide preventive medicine screening and counseling services that include providing chemoprophylaxis for prevention in defined exposures such as for the traveler, healthcare workers, and research workers.
4. Pregnancy and STD prevention, treatment, and contraceptive device insertion and removal, including IUD and implant, when required device-specific training has been obtained.
5. Identify, diagnose, manage, and appropriately refer diseases/injuries/conditions in which prevention plays a key role.
6. Anesthesia, local, digital block.
7. Superficial burn treatment, heat or chemical, eye, skin.
8. Diagnose, manage, and prevent musculoskeletal injuries and medical conditions, to include spine disorders, cumulative trauma disorders, joint and extremity injuries and disorders.
9. Disability evaluations such as per AMA guidelines.
10. EKG interpretation.
11. Ergonomic evaluations.
12. Evaluate and treat simple eye injuries (e.g., ocular chemical exposures and burns), infections (e.g., infectious and irritative conjunctivitis, ultraviolet photokeratitis); remove superficial foreign body.
13. Fitness for duty evaluation.
14. Foreign body removal (subcutaneous), ear, skin/soft tissue.
15. Independent medical evaluations (IME).
16. Initial stabilization and treatment of fracture/dislocation.
17. Injection therapy: epicondyle, tendon sheath, trigger point, shoulder (subacromial).
18. Interpretation of tests (e.g., spirometry, toxicologic, biological, audiograms, industrial and environmental hygiene sampling results).
19. Nail injury; removal trephination.
20. Nasal hemorrhage control; cautery, anterior packing.
21. Perform focused and comprehensive musculoskeletal evaluations, neurological and mental status examinations.
22. Periodic medical surveillance evaluations such as those required by governmental regulations, to include asbestos, lead, hearing conversation, and respirator use medical clearance.
23. Work site tours (health risk and exposure evaluations).
24. Pre-placement evaluations.
25. Proctoscopy.
26. Spirometry interpretation (baseline and surveillance).
27. Slit lamp usage.
28. Soft tissue debridement of burns, wounds.
29. Toxic exposure evaluations.
30. Wound repair, suturing.

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### Acknowledgement of Practitioner

I have requested only those clinical 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. 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 Signed

### Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Department Chair Recommendation

I have reviewed the requested clinical privileges and 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 conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date Signed

**Criteria Approved by UNMH Board of Trustees on January 27, 2017**