

UNMH Psychiatry Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective 03/31/2017:

- 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 PSYCHIATRY:

Initial Privileges: To be eligible to apply for core privileges in general psychiatry, 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 psychiatry; **AND**
2. Current certification in, or active participation in the examination process leading to certification in, psychiatry by the American Board of Psychiatry and Neurology or American Osteopathic Board of Neurology and Psychiatry; **AND**
3. Required previous experience: Demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months.

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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: General Psychiatry

Admit, evaluate, diagnose, treat, and provide consultation to adult patients presenting with mental, behavioral, addictive, or emotional disorders (e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). Evaluate, admit, provisionally diagnose, and provide initial treatment for child and adolescent patients. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders, pharmacotherapy, psychotherapy, family therapy, consultation to the courts, and emergency psychiatry, as well as the ordering of diagnostic laboratory tests and the prescription of medications. Includes the performing of patient history and physical examinations. 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

QUALIFICATIONS FOR CHILD AND ADOLESCENT PSYCHIATRY:

Initial Privileges: To be eligible to apply for core privileges in child and adolescent psychiatry, the applicant must meet the following criteria:

1. Meet criteria for general psychiatry; **AND**
2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in child and adolescent psychiatry; **AND/OR**
3. Current subspecialty certification in, or active participation in the examination process leading to certification in, child and adolescent psychiatry by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in child and adolescent psychiatry by the American Osteopathic Board of Neurology and Psychiatry; **AND**
4. Required previous experience: Demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months.

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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: Child and Adolescent Psychiatry

Admit, evaluate, diagnose, treat, and provide consultation to children and adolescents who suffer from mental, behavioral, addictive, or emotional disorders. Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders. Includes the performing of patient history and physical examinations. 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

QUALIFICATIONS FOR ADDICTION PSYCHIATRY:

Initial Privileges: To be eligible to apply for core privileges in addiction psychiatry, the applicant must meet the following criteria:

1. Meet criteria for general psychiatry; **AND**
2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in addiction psychiatry; **AND**
3. Current subspecialty certification in, or active participation in the examination process leading to certification in, addiction psychiatry by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in addiction psychiatry by the American Osteopathic Board of Neurology and Psychiatry; **AND**
4. Required previous experience: Demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months.

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.

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CORE PRIVILEGES: Addiction Psychiatry

Admit, evaluate, diagnose, treat, and provide consultation to patients with mental problems related to addictive disorders and the special and emotional problems related to addiction and substance abuse (alcoholism and other drug dependencies such as psychoactive drug use and addiction) using all forms of psychological and social treatment, including medications. Includes the performing of patient history and physical examinations. 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

QUALIFICATIONS FOR GERIATRIC PSYCHIATRY:

Initial Privileges: To be eligible to apply for core privileges in geriatric psychiatry, the applicant must meet the following criteria:

1. Meet criteria for general psychiatry; **AND**
2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in geriatric psychiatry; **AND**
3. Current subspecialty certification in, or active participation in the examination process leading to certification in, geriatric psychiatry by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in geriatric psychiatry by the American Osteopathic Board of Neurology and Psychiatry; **AND**
4. Required previous experience: Demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months.

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: Geriatric Psychiatry

Admit, evaluate, diagnose, treat, and provide consultation to elderly patients with mental and emotional disorders. Includes the performing of patient history and physical examinations. Assess, stabilize, and

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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

QUALIFICATIONS FOR PSYCHOSOMATIC MEDICINE:

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

1. Meet criteria for general psychiatry; **AND**
2. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in psychosomatic medicine; **AND**
3. Current subspecialty certification in, or active participation in the examination process leading to certification in, psychosomatic medicine by the American Board of Psychiatry and Neurology or Certificate of Special Qualifications in geriatric psychiatry by the American Osteopathic Board of Neurology and Psychiatry; **AND**
4. Required previous experience: Demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past twelve (12) months.

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: Psychosomatic Medicine

Admit, evaluate, diagnose, treat, and provide consultation to patients with mental problems related to psychosomatic disorders. Includes the performing of patient history and physical examinations. 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

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SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. 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 competency.

QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN ELECTROCONVULSIVE THERAPY (ECT):

Initial Privileges: To be eligible to apply for special non-core privileges in electroconvulsive therapy, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited residency in psychiatry; **AND**
2. Successful completion of a program in electroconvulsive therapy approved by the UNMH Department of Psychiatry; **AND**
3. Required current experience: Demonstrated current competence and evidence of the provision of at least twenty (20) ECT treatments to at least three (3) patients during the past twelve (12) months, or completion of training in the past twelve (12) months. Treatment must have included the evaluation of the patient for treatment need and suitability and immediate post treatment follow-up and evaluation at the completion of the treatment course.

Renewal of Privileges: Demonstrated current competence and evidence of the provision of ECT treatments to an acceptable number of different patients during the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Electroconvulsive Therapy

Requested

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QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN TRANSCRANIAL MAGNETIC STIMULATION (TMS):

Initial Privileges: To be eligible to apply for special non-core privileges in transcranial magnetic stimulation, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited residency in psychiatry; **AND**
2. Completion of device-specific orientation at UNMH; **AND**
3. Required current experience: Demonstrated current competence and evidence of the provision of at least ten (10) TMS treatments to at least two (2) patients during the past twelve (12) months, or completion of a certification course in the past thirty-six (36) months, with approval by the Medical Director of the TMS Service. Experience must have included the evaluation of the patient for treatment need and suitability and immediate post treatment follow-up and evaluation at the completion of the treatment course. It must have also included device operation, cortical mapping, motor threshold determination and coil placement, and safety monitoring

Renewal of Privileges: Demonstrated current competence and evidence of the provision of TMS treatments to an acceptable number of different patients during the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Transcranial Magnetic Stimulation

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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 03/31/2017