UNM SRMC
PSYCHIATRY CLINICAL PRIVILEGES

Name: __________________________
Effective Dates: ___________ To: ___________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

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.

Clinical Service Chief: 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:
Note that privileges granted may be exercised only at UNM SRMC and in setting(s) 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.

This document is focused on defining qualifications related to competency 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

To be eligible to apply for core privileges in general psychiatry, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) accredited residency in psychiatry.

AND

Current certification or active participation in the examination process with achievement of certification within 3 years leading to certification in psychiatry by the American Board of Psychiatry and Neurology.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested during the past 12 months, or demonstrate successful completion of an ACGME accredited residency or clinical fellowship in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in general psychiatry, 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 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.
GENERAL PSYCHIATRY CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to adult patients presenting with emotional and behavioral disorders (e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). Privileges include providing consultation with physicians in other fields regarding behavioral or emotional disorders; pharmacotherapy; psychotherapy; family therapy; behavior modification; consultation to the courts; and emergency psychiatry; as well as the ordering of diagnostic laboratory tests and the prescription of medications.

Core includes the performance of history and physical exams. May provide care to patients in the medical units in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

☐ Requested

QUALIFICATIONS FOR GERIATRIC PSYCHIATRY

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

Meet criteria for general psychiatry, plus successful completion of an ACGME accredited residency in geriatric psychiatry

AND

Current subspecialty certification or active participation in the examination process with achievement of certification within 3 years leading to subspecialty certification in geriatric psychiatry by the American Board of Psychiatry and Neurology.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least senior/geriatric patients during the past 12 months, or demonstrate successful completion of an ACGME accredited residency or clinical fellowship in a clinical setting within the past 12 months.
GERIATRIC PSYCHIATRY CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to elderly patients with emotional and behavioral disorders. Core include the performance of history and physical exams. May provide care to patients in the medical units in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

☐ Requested

TELE-MEDICINE

Services rendered from a remote site.

☐ Requested

SPECIAL NON CORE PRIVILEGES (See Specific Criteria)

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

QUALIFICATIONS FOR HYPNOTHERAPY
UNM SRMC
PSYCHIATRY CLINICAL PRIVILEGES

Name: 
Effective Dates: __________ To: __________

Criteria: 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 (e.g., the American Psychiatric Association or the American Psychological Association) and evidence of satisfactory completion of training in the practice of hypnosis under the supervision of a person qualified for hypnosis; and evidence of continuing education or supervision in hypnosis by significant attendance at courses or publishing articles in journals or books of good standing during the past five years.

Required previous experience: Demonstrated current competence and evidence of the performance of hypnotherapy procedures in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of hypnotherapy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

☐ Requested

ELECTROCONVULSIVE THERAPY (ECT)

Criteria: Successful completion of an ACGME or AOA accredited residency program in psychiatry.

AND

Required current experience: Demonstrated current competence and evidence of the provision of at least 20 ECT treatments to at least three patients during the past 12 months or completion of training in the past 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.

☐ Requested

BEHAVIORAL MODIFICATION/Therapy

Criteria: Completion of one year of approved, verifiable graduate training in a program approved by the American Psychiatric and/or American Psychological Association in
Name:
Effective Dates: ___________ To: ___________

which the modality was specifically taught and/or must be supervised by a fully licensed
psychologist or psychiatrist independently privileged in this area.

**Required previous experience:** Demonstrated current competence and evidence of the
provision of behavioral modification therapy to patients during the past 12 months.

**Reappointment requirements:** Demonstrated current competence and evidence of the
provision of behavioral modification treatments to patients during the past 24 months
based on the results of ongoing professional practice evaluation and outcomes.

☐ Requested

**Limited Ultrasound for Guided Procedure**
☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate
form)
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 SRMC, 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 _____________________

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.

☐ Recommend privileges with the following conditions/modifications:

☐ Do not recommend the following requested privileges:

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Notes:
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Print Name ________________________________________ Signature ______________________ Date __________________

Clinical Service Chief or Designee Signature

Practice Area Code: SRMC-Psych Version Code: 02-2014a