

UNMH Medical Toxicology Clinical Privileges

Name:

Effective Dates: _____ To: _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/31/2014

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.

Qualifications for Medical Toxicology

Initial Applicant - *To be eligible to apply for privileges in medical toxicology, 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 emergency medicine, preventive medicine, or pediatrics followed by successful completion of an accredited fellowship in medical toxicology.

AND/OR

Current subspecialty certification or active participation in the examination process [with achievement of certification within 4 years] leading to subspecialty certification in medical toxicology by the American Board of Emergency Medicine, the American Board of Preventive Medicine, or the American Board of Pediatrics, or achievement of certificate of added qualifications in medical toxicology by the American Osteopathic Board of Emergency Medicine.

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AND

Required Current Experience: Documented provision of an adequate number of inpatient or bedside consultative services, 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 (Renewal of Privileges) Requirements - To be eligible to renew privileges in medical toxicology, the reapplicant must meet the following 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Medical Toxicology*

Evaluate, treat, and provide consultation to patients of all ages with accidental or purposeful poisoning through exposure to prescription and nonprescription medications, drugs of abuse, household or industrial toxins, and environmental toxins. Areas of medical toxicology include acute pediatric and adult drug ingestion, drug abuse, addiction and withdrawal, chemical poisoning exposure and toxicity, hazardous materials exposure and toxicity, and environmental and occupational toxicology. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, perform history and physical exam, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Requested

NOTE: *Core procedures will be privileged through the applicant's home department core privilege process.*

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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 Chair recommendation

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:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 10/31/2014