

UNMH Pediatric Rheumatology 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.

UNMH Pediatric Rheumatology Clinical Privileges

Name: _____
Effective Dates: _____ To: _____

Qualifications for Pediatric Rheumatology

Initial privileges - To be eligible to apply for core privileges in pediatric rheumatology, 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 rheumatology.

AND/OR

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

AND

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

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

Current demonstrated competence and an acceptable 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.

UNMH Pediatric Rheumatology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Core Privileges : Pediatric Rheumatology

Admit, evaluate, diagnose, consult, and provide treatment to patients under the age of 18 with proven or suspected acute and chronic rheumatic diseases or disorders of the joints, muscle, bones, and tendons, including but not limited to the management of arthritis, back pain, as well as inflammatory collagen diseases. Assess, stabilize, and determine the 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 below procedure list and such other procedures that are extensions of the same techniques and skills.

□ Requested

Pediatric Rheumatology 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. Diagnostic aspiration, analysis, and interpretation of synovial fluid.
2. Therapeutic injection of large joints.
3. Use of nonsteroidal antiinflammatory drugs, disease-modifying drugs, biologic response modifiers, glucocorticoids, cytotoxic drugs, and antibiotic therapy for septic joints (in consultation with Infectious Disease specialist).
4. Interpretation of biopsy results of tissues relevant to the diagnosis of rheumatic diseases, including bone and joint imaging reports; bone density measurements; case reports and case series, as well as controlled clinical trials in rheumatic diseases; muscle and skin biopsy results; and history and physical exam documentation.

UNMH Pediatric Rheumatology Clinical Privileges

Name: _____
Effective Dates: _____ To: _____

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