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□ 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: 09/27/2013

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.

Please note: The form is for both Public Health/General Preventive Medicine Specialists and for Occupational Medicine Specialists. Not all privileges would apply for most applicants so only the applicable boxes should be checked; however, given the overlap of knowledge areas among these preventive medicine specialities, the privileges are not separated.

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. These privileges do not address the "non-direct patient care" competencies held by the Preventive Medicine Specialist such as population health, medical management, and epidemiology.

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.

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Qualifications for General Preventive Medicine or Occupational Medicine

<u>Initial Applicant</u> - *To be eligible to apply for privileges in preventive medicine, 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 preventive medicine

AND/OR

Current certification or active participation in the examination process leading to certification by the American Board of Preventive Medicine or by the American Osteopathic Board of Preventive Medicine.

AND

Required Current Experience: Applicants must be able to demonstrate active clinical practice since completion of postgraduate training with an adequate number of preventive medicine procedures with acceptable outcomes, 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.

<u>Reappointment Requirements</u> - To be eligible to renew privileges in preventive medicine, 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: *Preventive Medicine/Occupational Medicine Core*

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

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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 techniques 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.

Requested

Preventive Medicine/Occupational Medicine Core Skills List

This list is a sampling of skills included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of skills and procedures included in the core.

To the applicant: If you wish to exclude any procedures or skills, please strike through those skills which you do not wish to request, then initial and date.

1. Perform history and physical exam with an emphasis on occupational and environmental exposures

2. Lifestyle modification counseling and treatment (tobacco cessation, nutrition, physical activity, alcohol/drug use, etc.)

3. Provide Preventive Medicine screening and counseling services that includes providing chemoprophylaxis for prevention in defined exposures such as for the traveler, health care workers, and research workers.

4. Pregnancy and STD prevention, treatment, and placement of contraceptive devices

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 guides)

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 evaluations
- 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

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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 conservation, 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

Name:	
Effective	Dates:

_____То: _____

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 _____

Clinical Director/Division Chief recommendation(s) (*if applicable*)

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

Name	Signed	Date
Name	_ Signed	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 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 09/27/2013