

## UNMH Pediatric Rehabilitation Medicine 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.

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### *Qualifications for Pediatric Rehabilitation Medicine*

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***Initial privileges*** - To be eligible to apply for core privileges in pediatric rehabilitation medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) accredited post-graduate training program in pediatric rehabilitation.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric rehabilitation medicine by the American Board of Physical Medicine and Rehabilitation.

AND

***Required previous experience:*** Inpatient or consultative services for at an acceptable volume pediatric patients, 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 requirements:*** To be eligible to renew core privileges in pediatric rehabilitation medicine, 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.

### **CORE PRIVILEGES: *Pediatric Rehabilitation Medicine***

Admit, evaluate, diagnose, consult and provide medical therapy to children with congenital and childhood onset physical impairments including related or secondary medical, physical, functional, psychosocial, and vocational limitations or conditions, with an understanding of the life course of disability. Assess, stabilize, and determine 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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested**

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### *Pediatric Rehabilitation Medicine 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. Perform history and physical exam
2. Manage common medical issues in pediatric rehabilitation
3. Physical examination of pain/weakness/numbness syndromes (both neuromuscular and musculoskeletal) with a diagnostic plan and/or prescription for treatment that may include the use of physical agents and/or other interventions
4. Evaluation, prescription, and supervision of medical and comprehensive rehabilitation goals and treatment plans
5. Rehabilitation management of:
  - a. Musculoskeletal disorders and trauma, including sports injuries
  - b. Cerebral palsy
  - c. Spinal dysraphism, and other congenital anomalies
  - d. Pediatric spinal cord injury
  - e. Pediatric traumatic brain injury
  - f. Limb deficiency/amputation
  - g. Neuromuscular disorders
  - h. Rheumatologic and connective tissue disorders, including but not limited to specific conditions such as juvenile rheumatoid arthritis, spondyloarthropathies, dermatomyositis, and lyme disease
  - i. Burns in the pediatric patient
  - j. Peripheral nerve injuries

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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 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:

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Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 10/25/2013