

DEPARTMENT: MEDICINE

SECTION: PEDIATRICS

Name: _____
 (please print)

Qualifications: EDUCATION / TRAINING / EXPERIENCE

Core privileges in pediatrics require a MD or DO and successful completion of an ACBME or AOA accredited residency program or clinical fellowship in within the last five (5) years. **OR** Demonstration of the provision of pediatric inpatient care or pediatric emergency care for at least 24 pediatric patients as the attending physician; Current PALS Certification; and current certification or active participation in the examination process leading to certification in pediatrics by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP). **OR** Successful completing of an ACBME or AOA accredited residency program or clinical fellowship in within the last five (5) years. Board certification by ABP or AOBP in Family Medicine is required within five years of appointment to medical staff. Applicants shall submit a listing of all major operative or invasive procedures performed in the last 24 months.

PRIVILEGING

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff of Presbyterian Hospital of Rockwall, I request privileges as indicated below. Applicant: Place a check mark and initial in the (R) column for each privilege requested. Initial applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A) =Recommended as Requested (C) = Recommended with Conditions (N) =Not Recommended

Note: If recommendations for clinical privileges includes a condition, modification or not recommended, the specific condition and reason for same must be stated on the last page of this form.

(For office use only) **Initial** _____ **Renewal** _____ Effective ___/___/___ to ___/___/___

(R)	(A)	(C)	(N)	CATEGORY I: PEDIATRICS CORE PRIVILEGES	<i>Department Chair Initials</i>
				Privileges to evaluate, diagnose, perform history and physical examination, admit, treat, provide consultation and treatment to pediatric patients up to the age of 21	
				Perform non-surgical procedures that are not life-threatening, except for those special procedure privileges listed below.	
				Privileges include treating infants, children, and adolescents who have acute and chronic illnesses, venipuncture, peripheral arterial puncture, lumbar puncture, bladder puncture, management of simple fractures / dislocations, spinal tap, laceration repair, incision and drainage of superficial abscesses, treatment of major complicated illnesses requiring hospital (non-ICU) admission, and care for newborns outside the ICU or NICU as well as those with life-threatening conditions, management of acute problems associated with chronic diseases including but not limited to diabetic ketoacidosis, status asthmaticus, status epilepticus, congenital heart disease, cystic fibrosis, chronic renal disease, gastrointestinal disorders, hepatic failure, metabolic disorders, and neurological disorders, management of surgical patients, both preoperatively and postoperatively, including interaction with the surgical team, discharge planning to ensure efficient transition and continuity of care and the comprehensive management of trauma in emergency operations.	

Clinical Privileges in **Pediatrics**

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(R)	(A)	(C)	(N)	CATEGORY II: PEDIATRICS SPECIAL PRIVILEGES			Department Chair Initials
				<i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			
				Privilege Requested	Required Previous Experience	Reappointment Criteria	
				Neonatal Intubation	For each special privilege, all the qualifications for general gastroenterology, plus documentation of current training and/or experience in the management specialty intervention or evidence of special certification		
				Pediatric Intubation			
				Administration of Moderate Sedation	For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current PALS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.		

PRIVILEGE CRITERION

Provisional Privileges: Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall.

Special procedures: Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.

Use of Laser: Completion of an approved 6 hour minimum CME course which includes training in laser principles of safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty fields and a minimum of 4 hours didactic and 2 hours hands-on experience with lasers.

Moderate Sedation: For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.

Observation / Proctoring Requirements: Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.

Reappointment Requirements: Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per Joint Commission guidelines.

Continuing Medical Education: In compliance with Joint Commission standard, the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.

Participation in Societies: Active participation in societies related to this field is also strongly recommended.

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

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ACKNOWLEDGEMENT 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 Presbyterian Hospital of Rockwall, and

- 1) I understand that:
 - a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation and agree to be proctored.
 - 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.
- 2) I do attest that I have participated in continuing medical education activities related to the privileges I have requested.

Applicant Name – Printed _____ Signature _____ Date ____/____/____

DEPARTMENT CHAIRMAN RECOMMENDATION

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Conditions	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Deferred for Committee Discussion
Comments:			

Department Chairman Signature _____ Date ____/____/____

ACCEPTANCE AND APPROVAL

Credentials Chairman Signature _____ Date ____/____/____

President of Medical Staff Signature _____ Date ____/____/____