

**PEDIATRIC RHEUMATOLOGY CLINICAL PRIVILEGES**

Name: \_\_\_\_\_

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial Appointment (initial privileges)
- Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.

**QUALIFICATIONS FOR PEDIATRIC RHEUMATOLOGY**

<b><i>Education and training</i></b>	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.
<b><i>Certification</i></b>	Current subspecialty certification or board eligible (with achievement of certification within seven (7) years of post-graduate training) leading to subspecialty certification in pediatric rheumatology by the American Board of Pediatrics.
<b><i>Required current experience – initial</i></b>	Demonstrated current competence and evidence of the provision of pediatric rheumatology 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.
<b><i>Required current experience – renewal</i></b>	Demonstrated current 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 peer review outcomes as per the Medical Staff Bylaws.
<b><i>Ability to perform (health status)</i></b>	Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

BHMC = Broward Health Medical Center; BHCS = Broward Health Coral Springs;  
BHIP = Broward Health Imperial Point; BH North = Broward Health North

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**Approved by MEC = May 11<sup>th</sup>, 2021**

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**CORE PRIVILEGES – PEDIATRIC RHEUMATOLOGY**

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**Requested**     **BHMC**     **BHCS**

Admit, evaluate, diagnose, consult and provide treatment to patients under the age of 21, with proven or suspected, acute and chronic, rheumatic diseases or disorders of the joints, muscle, bones, and tendons including but not limited to management of arthritis, back pain, muscle strains, common athletic injuries, and collagen diseases. May provide care to patients in the intensive care setting in conformance with unit policies. 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 below and such other procedures that are extensions of the same techniques and skills.

1. Perform history and physical exam
2. Diagnostic aspiration of joints and interpretation of synovial fluid studies
3. Nailfold capillary microscopy
4. Intraarticular administration of glucocorticoids
5. Therapeutic injection of diarthrodial joints, bursae, tenosynovial structures, and entheses;
6. Use of nonsteroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs, biologic therapies, glucocorticoids drugs, cytotoxic agents, plasmapheresis, and infectious/antimicrobial therapy
7. Performance or interpretation of:
  - biopsies of tissues relevant to the diagnosis of rheumatic diseases
  - bone and joint imaging techniques
  - bone density measurements
  - controlled clinical trials in rheumatic diseases
  - electromyograms, nerve conduction studies, and muscle/nerve biopsy

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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.

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 Broward Corporate, 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 CHAIRPERSON'S RECOMMENDATION**

Check the appropriate box for recommendation.

If recommended with conditions or not recommended, provide explanation. *I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):*

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Department Chairperson Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board of Commissioners Action** \_\_\_\_\_ **Date** \_\_\_\_\_

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