



Privileges in Psychiatry Service

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (minimum 11 pt contacts per year)
- Courtesy-Admitting** – Member in good standing in another TJC, AAAHC or AAAASF accredited hospital, and admits/treats 3 – 10 patients per year at SHC
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching Responsibilities. Must have teaching appointment with the Stanford School of Medicine

- ONLY** provides care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – requires Active or Courtesy Status at LPCH

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL or UTL) Clinical Educator Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTOR REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p><u>Psychiatry Privileges included in the Core:</u> Privileges to admit, evaluate, diagnose, consult, perform history & physical, and provide treatment to patients presenting with mental, behavioral, or emotional disorders.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Privileges include:</p> <ul style="list-style-type: none"> • Consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders • Psychopharmacology for physicians • Providing individual, group and family therapy • Behavior modification • Consultation to the courts • Emergency psychiatry • Chemical dependency intervention and therapy 	<p>Successful completion of an ACGME or AOA-accredited residency/fellowship in psychiatry or foreign equivalent training</p> <p style="text-align: center;"><u>AND</u></p> <p>Current certification or active participation in the examination process leading to certification in psychiatry by the American Board of Psychiatry & Neurology or the American Osteopathic Board of Neurology & Psychiatry or foreign equivalent training/board.</p>	<p>_____ # of cases in 2 years</p> <p>Minimum 12 cases in the past two years</p>	<p>5 chart reviews</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTOR REQUIREMENTS
CORE PRIVILEGES				
	<p><u>Psychology Privileges included in the Core:</u> Privileges to admit, evaluate, diagnose, consult, and provide treatment to patients presenting with mental, behavioral, or emotional disorders such as depression, anxiety, substance abuse, psychosis, developmental disabilities, sexual dysfunction, adjustment reactions.</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Privileges include:</p> <ul style="list-style-type: none"> • Consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders • Providing individual, group and family therapy • Behavior modification • Consultation to the courts • Chemical dependency intervention and therapy • Administration of psychological tests 	<ul style="list-style-type: none"> • Successful completion of an APA accredited doctoral program in clinical or counseling psychology. • Successful completion of an APA accredited internship • CA Psychology license • Documentation or attestation of the provision of psychological services for at least 5 inpatients, outpatients or consultative service during the past two years. 	<p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p> <p>Minimum 12 cases required during the past two years</p>	5 chart reviews
SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of Cases performed in past 2 yrs **	PROCTOR REQUIREMENTS
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	Must have teaching appointment through the Stanford School of Medicine.		
<input type="checkbox"/>	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Hypnotherapy	<ul style="list-style-type: none"> • Evidence of graduate school or post-graduate school training course in hypnosis <p style="text-align: center;"><u>AND Either</u></p> <ul style="list-style-type: none"> • Membership in either: <ul style="list-style-type: none"> • Division 30 of the American Psychological Association (this is the hypnosis division) • <u>OR</u> • Society for Clinical and Experimental Hypnosis <p style="text-align: center;"><u>OR</u></p> <p>Documentation of at least 5 supervised cases by someone with this privilege</p>	<p>_____ # of cases in 2 years</p> <p>Minimum of 5 cases required during the past two years</p>	5 chart reviews
<input type="checkbox"/>	Biofeedback	Certified by the Biofeedback Certification Institute of America	<p>_____ # of cases in 2 years</p> <p>Minimum of 5 cases required during the past two years</p>	5 chart reviews

<input type="checkbox"/>	Electroconvulsive therapy	Documentation of at least 10 treatments to at least three patients during the previous 12 months OR Completion of training in the previous 12 months Must have provided ECT treatment that includes: <ul style="list-style-type: none"> ➤ Evaluation of the patient for treatment need and suitability ➤ Immediate post-treatment follow-up ➤ Evaluation at completion of the patient's treatment course 	_____ # of cases in 2 years Minimum of at least 20 treatments to at least four different patients required during the past two years	5 chart reviews
<input type="checkbox"/>	Lumbar puncture	ACGME or OGME accredited residency training program or accredited fellowship program that included training in lumbar puncture- letter from program director required OR Completed hands-on training under supervision of a qualified physician preceptor- letter from preceptor required Documentation of successful performance of at least 5 lumbar punctures in the previous 12 months	_____ # of cases in 2 years Minimum of 10 cases required during the past two years	5 chart reviews
<input type="checkbox"/>	Sleep Studies	Meeting Core Privilege criteria for psychiatry/psychology training or equivalency is not required. Board certification or active participation in the examination process leading to sleep medicine certification by the American Board of Sleep Medicine or authorized Board of the American Board of Medical Specialties. Qualifications reviewed by Medical Director of Sleep Medicine.	_____ # of cases in 2 years Minimum of 200 cases required during the past two years	5 chart reviews
<input type="checkbox"/>	Rhinolaryngopharyngoscopy	ACGME or OGME accredited residency training program or accredited fellowship program that included training in rhinolaryngopharyngoscopy- letter from program director required OR Completed hands-on training under supervision of a qualified physician preceptor- letter from preceptor required Documentation of successful performance of at least 5 rhinolaryngopharyngoscopies in the previous 12 months	_____ # of cases in 2 years Minimum of 10 cases required during the past two years	5 chart reviews
<input type="checkbox"/>	Transcranial Magnetic Stimulation (TMS)	Complete a minimum of 10 supervised TMS treatments supervised by another credentialed psychiatrist with this privilege. Successfully complete TMS competency exam.	_____ # of cases in 2 years Minimum of 5 cases required during the past two years	5 observations

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED UNLESS OTHERWISE NOTED BY SERVICE CHIEF. MUST BE COMPLETED WITHIN 12 MONTHS

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 that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that 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.

Applicant Signature: _____ Date _____

If sending by email, type your name in the box above.

If sending by mail, please print first and then sign.

APPENDIX A

STANFORD HOSPITAL AND CLINICS PSYCHIATRIC INPATIENT MANUAL ATU MANUAL

TRANSCRANIAL MAGNETIC STIMULATION (TMS) MEDICAL STAFF CREDENTIALING

- I. **PURPOSE**
To provide a standard for the credentialing process for medical staff in the Department of Psychiatry who want to be privileged to perform TMS.
- II. **POLICY STATEMENT**
This credentialing process reflects SHC and the Psychiatry Department's commitment to ensure that standardized criteria are met for medical staff to perform TMS.
- III. **PRINCIPLES FOR A CREDENTIALLED ECT PHYSICIAN**
 - A. Medical staff physician must first meet the approval of the Medical Director, and will perform a minimum of 10 TMS procedures.
 - B. The physician will comply with, and understand all applicable laws and regulations pertaining to TMS, including the consent process.
 - C. The physician will demonstrate medical knowledge of the procedure, and what measures to take in the event of an adverse event.
 - D. The physician will demonstrate knowledge of the risks and benefits of TMS.
 - E. The physician will be able to assess TMS candidacy for patients referred for evaluation.
 - F. The physician will be able to provide resident training and supervision related to all aspects of the TMS treatments.
 - G. The physicians will demonstrate knowledge of and be able to complete all documentation related to TMS.
 - H. The physician will be reviewed and approved by the TMS/ECT Review Committee.
- IV. **PROCEDURES**
 - A. Medical staff to complete a minimum of 10 supervised TMS treatments by the Medical Director and/or other qualified psychiatry personnel with this privilege (parenthetically Medical Director, Psychiatric Interventional Therapies or designee).
 - B. Medical staff to successfully complete TMS competency exam and review with the Medical Director, Psychiatric Interventional Therapies.
 - C. The TMS/ECT Committee will review, discuss and approve potential candidate for credentialing.
 - D. The implementation process: It is the responsibility of the Medical Director, Psychiatric Interventional Therapies to notify the appropriate parties of success accreditation completion.