

HOLY CROSS HOSPITAL DELINEATION OF PRIVILEGES AND CRITERIA

PRACTICE AREA: Psychiatry

BASIC CRITERIA:

- Relevant training or experience;
- Valid license to practice Psychiatry in the State of New Mexico;
- Board eligibility;
- Shows evidence of continuing competency (including education); and,
- Adequate professional liability insurance, as well as information on any past or pending professional liability or disciplinary actions.

BASIC EDUCATION: MD or DO

MINIMAL FORMAL TRAINING: Successful completion of an approved residency training program in psychiatry.

REQUIRED PREVIOUS EXPERIENCE: The successful application must be able to demonstrate that he or she has provided inpatient, outpatient, or consultative services for at least 30 patients during the past 12 months.

GENERAL PRIVILEGES:

Include being able to admit, work up, diagnose, and provide treatment to patients above the age of 15 who suffer from mental, behavioral, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders.

CHILD AND ADOLESCENT PRIVILEGES IN PSYCHIATRY:

Criteria for requesting child and adolescent privileges in psychiatry are the same as those for general psychiatry with at least one additional year of residency training in child and adolescent psychiatry. Privileges include being able to admit, work up, diagnose, and provide treatment to children and adolescents who suffer from mental, behavioral, or emotional disorders. Privileges include being able to provide consultation with physicians in other fields regarding mental, behavioral, or emotional disorders and their interaction with physical disorders.

CHEMICAL DEPENDENCY PRIVILEGES IN PSYCHIATRY:

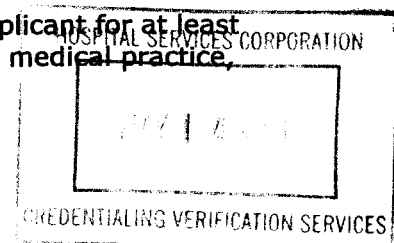
Criteria for requesting chemical dependency, or addiction medicine, privileges in psychiatry are the same as those for general psychiatry with at least one year of full-time involvement in the field of alcoholism and other drug dependencies. This year must be in addition to, and not concurrent with, residency training, unless such training was in a fellowship in addictionology. Involvement may fall under the heading of the clinical care of patients, education, research, or administration. At least 50 per cent of the time must have been spent in the treatment of patients for alcoholism and other drug dependencies.

Three letters of reference must come from physicians who have known the applicant for at least two years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of alcoholism and other drug dependencies.

CATEGORIES:

CATEGORY 1 - Cognitive, and usual and customary privileges.

CATEGORY 2 - Special requests.



HOLY CROSS HOSPITAL

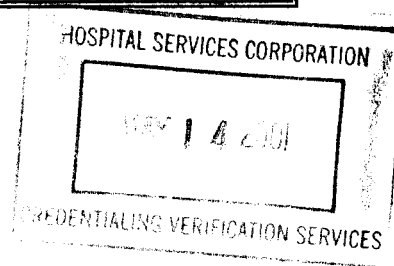
PRIVILEGE REQUEST FORM

PSYCHIATRY

Applicant: _____

INSTRUCTIONS: Please check "yes" or "no" for each privilege, and indicate the number of cases within the last two years (any inpatient or outpatient).

PRIVILEGE	REQUESTED		# of Cases Performed Within Last 2 Years	Granted (Dept. Chair's Initials)	Granted with Conditions
	YES	NO			
CATEGORY 1 - COGNITIVE PRIVILEGES					
Perform history and physical exam, order diagnostic studies and procedures, treat and manage patients with psychiatric-related disorders.					
CATEGORY 1 - USUAL AND CUSTOMARY PRIVILEGES					
Diagnostic evaluation					
Pharmacotherapy					
Dynamic psychotherapy for ages 18 onward					
Crisis intervention					
Consultation and/or therapy with family members					
Behavioral therapy					
Group therapy					
Staff consultation/education					
Forensic decisions:					
a. Requesting conservatorship					
b. Assessing competence					
Requesting appropriate medical/surgical consultation					
Ordering appropriate psychological and/or neuropsychological studies					
CATEGORY 2 - SPECIAL REQUESTS					
Treatment of adolescents, 15 and older, only					
Detoxification					



PSYCHIATRY

Applicant: _____

Type of appointment requested:

- Active** **Courtesy** **Consulting** **Locum Tenens**

IN REQUESTING PRIVILEGES, I HEREBY:

1. State that I have read the Medical Staff Bylaws and Rules and Regulations and agree to abide by them;
2. Understand the criteria and supervision requirements for practice in each service and modality for which privileges are requested;
3. Acknowledge that I have reviewed privilege criteria. I am responsible for providing information necessary to verify that I meet all applicable criteria;
4. Confirm that I have completed the appropriate application form for appointment to the Medical Staff;
5. Agree to adhere to the ethics and principles of my profession and participate and respond to the results of the hospital's Quality Assurance and peer review system;
6. State that I have signed a Release of Liability Statement allowing representatives of the hospital to request information regarding my current competency, past professional affiliation(s) and credentials for the privileges requested.

Applicant's signature

Date

