PSYCHOLOGY
Delineation of Clinical Privileges

Criteria for granting privileges:

Graduate of an APA accredited doctoral program in psychology
And
Current license as a clinical psychologist in the state of Tennessee
And
APA or APPIC approved internship in a clinical psychology or counseling
And
Individuals applying for Clinical Psychology privileges must be free from any pending legal or ethical charges by any state board of licensing or local, state or national professional organization of psychologists

Diplomate status with the American Board of Professional Psychology is desired

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. TJC (The Joint Commission) describes current clinical competence as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with FPPE (Focused Professional Practice Evaluation)
- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH, Fayette, MECH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

- If applying more than 1 year after training completion, submit the following:
o Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

o Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

o Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Practitioners

• Practitioner should submit the following:

  o Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

  o Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

  o Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

OPPE (Ongoing Professional Performance Evaluation)

The Joint Commission (TJC) requires OPPE periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.
<table>
<thead>
<tr>
<th>Specialty/Procedure Delineation of Privilege Form</th>
<th>Education/Training Documentation for Initial Granting</th>
<th>Initial Application (Proof of current clinical competence)</th>
<th>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</th>
<th>Maintenance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Psychology Core</strong></td>
<td>Graduate of an APA accredited doctoral program in psychology And Current license as a clinical psychologist in the state of Tennessee And APA or APPIC approved internship in a clinical psychology or counseling And Individuals applying for Clinical Psychology privileges must be free from any pending legal or ethical charges by any state board of licensing or local, state or national professional organization of psychologists And Diplomate status with the American Board of Professional Psychology is desired</td>
<td>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD9 codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First five cases.</td>
<td>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities’ HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities’ HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</td>
</tr>
<tr>
<td><strong>Neuropsychology Core</strong></td>
<td>Graduate of an APA accredited doctoral program in psychology And Current license as a clinical psychologist in the state of Tennessee And APA or APPIC approved internship in a clinical psychology or counseling And The equivalent of two (full-time years) of experience and specialized training, at least one of which is at the post-doctorate level, in the study and practice of clinical neuropsychology and related neurosciences, supervised by a clinical neuropsychologist</td>
<td>Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD9 codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</td>
<td>First five cases.</td>
<td>Case log indicating any 10 inpatient encounters during the previous 12 months</td>
</tr>
<tr>
<td>Specialty/Procedure Delineation of Privilege Form</td>
<td>Education/Training Documentation for Initial Granting</td>
<td>Initial Application (Proof of current clinical competence)</td>
<td>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</td>
<td>Maintenance Requirements</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>And Individuals applying for Clinical Psychology privileges must be free from any pending legal or ethical charges by any state board of licensing or local, state or national professional organization of psychologists Or For persons receiving their doctoral degree between 1/1/90 and 1/1/05: The equivalent of three years of experience in the specialty area of Neuropsychology, met by: Three years of experience, only one of which can be predoctoral, Or One year of pre- or postdoctoral experience and successful completion of an accredited postdoctoral program in the specialty of Neuropsychology. And Two years of supervision in the practice of the specialty of Neuropsychology, met by: Two years of postdoctoral supervision, Or One year of predoctoral and one year of postdoctoral supervision, Or Successful completion of an accredited postdoctoral program in the specialty. And Training and experience in basic neurosciences, functional neuroanatomy, neuropathology, clinical neurology, psychological assessment, clinical neuropsychological assessment, psychopathology, and psychological intervention. should be delineated and accompanied by an explanation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEG Studies</td>
<td>Requires documentation of education, training</td>
<td>Case log documenting the performance of procedures within the previous 24 months</td>
<td>First five cases.</td>
<td>Case log documenting the performance of procedures within the previous 24 months</td>
</tr>
<tr>
<td>Intracarotid Sodium</td>
<td>Requires documentation of education, training</td>
<td>Case log documenting the</td>
<td>First five cases.</td>
<td>Case log documenting the performance</td>
</tr>
<tr>
<td>Specialty/Procedure Delineation of Privilege Form</td>
<td>Education/Training Documentation for Initial Granting</td>
<td>Initial Application (Proof of current clinical competence)</td>
<td>FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)</td>
<td>Maintenance Requirements</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><em>Amobarbital (WADA)</em></td>
<td>training</td>
<td>performance of procedures within the previous 24 months</td>
<td></td>
<td>of procedures within the previous 24 months</td>
</tr>
</tbody>
</table>
Core Clinical Psychologist Privilege:

Clinical privileges granted allow the individual to function subject to any licensure requirements and/or legal limitations, and to provide diagnosis, evaluation, treatment, and consultation for patients who suffer mental, behavioral, or emotional disorders, consistent with the legal definitions of the practice of psychological examination. Practitioner shall exercise judgment within the areas of practitioner’s professional competence and to participate directly in the psychological treatment at the request of a member of the Medical Staff who has responsibility for the patient’s overall medical care. The practitioner may not admit patients to the facility. The practitioner shall not function outside those privileges granted. Inherent in core privileges are the following areas/procedures:

- Provision of individual therapy
- Provision of group therapy
- Psychological assessment, including mental status examinations
- Psychological consultation and treatment planning
- Provision of adaptional behavior alteration techniques, including biofeedback and hypnotherapy, and other specific techniques within the limits of training and experience
- Write progress notes within the scope of their license and assigned treatment responsibility
- May serve on staff, departmental and hospital committees without vote when requested, and attend meetings of the staff and department to which they are assigned and exercise such prerogatives which are adopted and approved by the medical staff, any of its departments or committees

Core Neuropsychologist Privilege:

Clinical privileges granted allow the individual to function subject to any licensure requirements and/or legal limitations, and to provide diagnosis, evaluation, treatment, and consultation for patients with neurological, medical, neurodevelopmental and psychiatric conditions, and other cognitive, and learning disorders, consistent with the legal definitions of the practice of psychological examination. Practitioner shall exercise judgment within the areas of practitioner’s professional competence and to participate directly in the psychological treatment at the request of a member of the Medical Staff who has responsibility for the patient’s overall medical care. The practitioner may not admit patients to the facility. The practitioner shall not function outside those privileges granted. Inherent in core privileges are the following areas/procedures:

- Neuropsychology assessment, including specialized techniques and examinations
- Neuropsychology intervention techniques
- Assessment of neurocognitive functions for formulation of rehabilitation and management strategies for patients with neurological disorders
- Neurocognitive monitoring of recovery or progression of CNS disorders
- Consultation and treatment planning
- Write progress notes within the scope of their license and assigned treatment responsibility
- May serve on staff, departmental and hospital committees without vote when requested, and attend meetings of the staff and department to which they are assigned and exercise such prerogatives which are adopted and approved by the medical staff, any of its departments or committees

Board approved: March, 2011, Revised 4/16/14
Special procedures/techniques (see Qualifications and/or specific criteria*)

The applicant requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges and the appended competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

MEG studies

Requires documentation of education, training and current clinical competence

Interpretation of Intracarotid Sodium Amobarbital (WADA) procedure (performs with the assistance of interventional radiologists)

Requires documentation of education, training and current clinical competence
Psychology Clinical Privileges

*Check below the particular privileges desired in Psychology for each facility:*

Please check (✓) applicable age categories for each privilege requested.

<table>
<thead>
<tr>
<th>Privilege Description</th>
<th>Methodist Healthcare – Memphis Hospitals (MHH)</th>
<th>Methodist Extended Care Hospital (MECH)</th>
<th>Methodist Healthcare – Fayette Hospital (MHH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Limitations</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Neonates (0-28 days)</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Infants (29 days–2 Years)</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Children &amp; Adolescents (2-18 years)</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Adults &amp; Adolescents (13- &amp; Above)</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Adults (18 &amp; Above)</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Adults &amp; Adolescents (13- &amp; Above)</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Clinical Psychology Core</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Neuropsychology Core</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Special Privileges</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>MEG Studies</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
<tr>
<td>Interpretation of Intracarotid Sodium Amobarbital (WADA) procedure</td>
<td>Methodist Healthcare – Memphis Hospitals (MHH)</td>
<td>Methodist Extended Care Hospital (MECH)</td>
<td>Methodist Healthcare – Fayette Hospital (MHH)</td>
</tr>
</tbody>
</table>

**Limitations**

Clinical privileges are granted only to the extent privileges are available at each facility.

Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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

______________________________________________________  ______________________
Physician's Signature                                    Date

______________________________________________________
Printed Name