

# JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Application for Privileges

## PEDIATRIC AUDIOLOGIST

Audiologists are non-physicians trained and licensed in accordance with Arizona State law to evaluate and manage disorders of the auditory, balance and other neural systems.

Name \_\_\_\_\_

**OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED:** Privileges granted herein permit the audiologist to treat pediatric patients without limitation, for all inpatient and outpatient areas, intensive care units, emergency department, and nursing floors.

COGNITIVE	
REQ	APP
	History and physical examination relevant to delivery of audiology care. (Hospital admission requires co-management with attending physician.)

PROCEDURES	
REQ	APP
	Assess and treat patients with tinnitus using techniques such as biofeedback, masking, hearing aids, education
	Otoscopic examinations to assess and diagnose dysfunction in hearing, auditory function, vestibular balance and to diagnose related disorders
	Present treatment options for dysfunction in hearing, auditory function, vestibular balance and related disorders
	Evaluate and fit patients for amplification and assistive listening devices
	Provide patients with counseling and training regarding the use of amplification and assistive listening devices
	Provide audiologic treatment services
	Act as a member of an implant team that determines candidacy based on hearing and communication information
	Provide pre- and post-implant assessment, counseling and all aspects of audiologic treatment
	Referral of patients to physicians when hear problem needs surgical or medical attention
	Tympanometry
	Pediatric audiology including Behavioral Observation Audiometry (BOA)
	Otoacoustic Emission Testing (OAE)
	Puretone air and bone conduction threshold testing

AURAL REHABILITATION			
REQ	APP	REQ	APP
	Recommendation and/or prescriptions of hearing aids		Use of assisted listening devices
	Nonauditory devices		Counseling
	Therapy		

SPECIAL PROCEDURES			
Documentation of training/expertise must be submitted when requesting these privileges.			
REQ	APP	REQ	APP
	Auditory training		Acoustic reflex testing
	Select picture audiometry		Acoustic reflex decay testing
	Conditioning play audiometry		Loudness adaptation
	Speech reception thresholds		Filtered speech tests
	Special auditory tests including evaluation for retrocochlear pathology (Tone Decay testing, Supra-threshold Adaptation tests) and Functional Hearing Loss (Stenger testing, Delayed Auditory Feedback testing)		Speech discrimination tests
			Auditory Brainstem Response Testing (ABR)
			Conscious Sedation

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures. I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

<b>SIGNATURE OF REQUESTING APPLICANT:</b>	<b>Date</b>
<b>APPROVED BY:</b>	
Signature of Department Chairman or Vice Chairman	Date

Date: \_\_\_\_\_  
 Medical Executive Committee

Date: \_\_\_\_\_  
 Board of Directors

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

CRITERIA FOR GRANTING PRIVILEGES

**AUDIOLOGIST**

EDUCATION/LICENSURE/ CERTIFICATION:

Evidence of successful completion of a 4-year post-graduate degree program in Audiology (Ph.D. or Au.D.) from an accredited school or College of Audiology, AND Completion of a clinical fellowship in accordance with the Arizona Administrative Code (Title 9, Article 2); AND Current Certificate of Clinical Competence (CCC) in Audiology as awarded by the American Speech, Language Hearing Association (ASHA), or by the American Academy of Audiology (AAA) or Board Certified in Audiology by the American Board of Audiology; AND Current, unrestricted professional license to practice Audiology in the state of Arizona.

OBSERVATION:

The Department of Pediatrics reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

Concurrent observation or retrospective review may be required if determined necessary for new procedures under development.

PREROGATIVES:

1. Shall not admit patients to the hospital.
2. Shall participate in quality assurance review on a periodic basis, including systematic review of records and treatment plans.
3. Shall make appropriate referrals to other health professionals.
4. Shall participate in CME and other Department educational conferences.
5. Shall diagnose and treat many non-surgical ear conditions that are part of their scope of practice as described by the professional board.
6. May assist in research activities within their respective MIHS Department.

**QUALIFICATIONS**

Qualifications for Initial Privileges:

1. Completion of an approved, nine month to one year postgraduate clinical practicum experience in an accredited educational institution or its cooperating programs.
2. Minimum of 1,500 hours of clinical experience in audiology.
  - a. Must pass a national examination in audiology or show evidence of a current certificate of clinical compliance from the AAA or ASHA.
  - b. Letter of reference from the director of the facility where the applicant did his/her clinical affiliations or from the applicant's supervisor at the facility where he/she most recently worked.

Qualifications for Renewal of Privileges:

Must prove competence by providing evidence of at least 1,500 hours of clinical practice in the past 12 months.

## Criteria for Granting Privileges

### CONSCIOUS SEDATION

#### PURPOSE and DEFINITION

To provide guidelines to Medical Staff members who apply for privileges to administer conscious sedation.

Conscious sedation is a drug-induced minimally depressed level of consciousness (LOC) that retains a patient's ability to maintain a patent airway independently and continuously. The patient is able to respond to physical and verbal stimulation.

Members of the Medical Staff shall be privileged to administer conscious sedation.

#### INITIAL REQUEST – CRITERIA FOR GRANTING PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment to the Medical Staff include:

2. PEDIATRIC Patients
  - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation.; **AND**
  - B. Current Basic Life Support, or equivalent certification or training; **AND**
  - C. Training and education during residency, fellowship or continuing medical education courses that include:
    - i. Evaluation and care of pediatric patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
    - ii. Documentation of at least five (5) procedures performed during the past two years in which pediatric patients have received conscious sedation.

#### MAINTENANCE OF PROFICIENCY TO RENEW CONSCIOUS SEDATION PRIVILEGES

Practice meets acceptable standards for performance at John C. Lincoln Hospitals as determined by the applicable clinical department.