

UNMH Physician Assistant (PA) Core Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective March 31, 2017:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

Applicant: Check off the “requested” box for each privilege requested. 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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PHYSICIAN ASSISTANT (PA) CORE PRIVILEGES:

Initial Privileges: To be eligible to apply for physician assistant core privileges, the applicant must meet the following criteria:

1. Current demonstrated competence and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency; **AND**
2. Completion of a physician assistant program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), or prior to January 2001, completion of a physician assistant program approved by the Commission on Accreditation of Allied Health Education Programs; **AND**
3. Current certification by the National Commission on Certification of Physician Assistants; **AND**
4. Current licensure to practice as a physician assistant issued by the New Mexico Board of Medicine; **AND**
5. Maintain current BLS and current area-specific advance life support (i.e., ACLS, PALS, NRP) as required by the job if applicable; **AND**

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6. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an accredited training program within the past twelve (12) months.

Renewal of Privileges: Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Physician Assistant Adult/Adolescent/Geriatric

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill adolescents, young adults, adults, and geriatric patients in the inpatient and/or outpatient setting. This includes development of treatment plans, health counseling, and appropriate patient and family education. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include the procedures in the below procedure list and other procedures that are extensions of same techniques and skills

Requested

CORE PRIVILEGES: Physician Assistant Pediatrics

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill newborn patients through young adulthood in the inpatient and/or outpatient setting. This includes development of treatment plans, health counseling, and appropriate patient and family education. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include the procedures in the below procedure list and other procedures that are extensions of same techniques and skills

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CORE PRIVILEGES: Physician Assistant Women's Health

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill adolescents, young adults, adults, and geriatric patients in the inpatient and/or outpatient setting. This includes development of treatment plans, health counseling, and appropriate patient and family education. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include the procedures in the below procedure list and other procedures that are extensions of same techniques and skills

Requested

Physician Assistant Core Procedures List

This list is a sampling of procedures included in the physician assistant core. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in physician assistant core, strike through then initial and date those procedures you do not wish to request.

1. Initiate therapeutic modalities such as medications, treatments, IV fluids, and electrolytes.
2. Ordering of, and preliminary interpretation of, laboratory, diagnostic imaging, and electrocardiographic examinations.
3. Use of local and topical anesthesia for minor procedures.
4. Incision, drainage, and packing of superficial abscesses.
5. Perform debridement, suturing, and general care for minor wounds, non-facial lacerations, burns.
6. Perform minor superficial surgical procedures, including foreign body removal.
7. Contraceptive device insertion and removal, including IUD and implant, when required device-specific training has been obtained.
8. Brace, cast, and splint application of extremity fractures, removal, and management.

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Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation/Supervising Physician(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on March 31, 2017