

UNMH Physician Assistant (PA) Emergency Medicine Core Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective October 31, 2014:

- 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) EMERGENCY MEDICINE:

Initial Privileges: To be eligible to apply for privileges as a physician assistant in emergency medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)-approved program (prior to January 2001, completion of a Commission on Accreditation of Allied Health Education Programs-approved program) that included training in the emergency department (ED) procedures for which privileges are sought; OR
2. Demonstrated successful completion of an accredited emergency medicine physician assistant residency program; AND
3. Current certification by the National Commission on Certification of Physician Assistants (NCCPA); AND
4. Current licensure to practice as a physician assistant issued by the New Mexico State Medical Board; AND
5. Documentation of current Medical Staff supervising physician in area of clinical practice; AND
6. Maintenance of age-appropriate advance life support training (ACLS and/or PALS) based on patient population.

UNMH Physician Assistant (PA) Emergency Medicine Core Privileges

Name: _____ Effective Dates: From _____ To _____

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

Renewal of Privileges: To be eligible to renew privileges as a physician assistant in emergency medicine, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, 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 (PA) Emergency Medicine

Assess, evaluate, diagnose, promote health and protection from disease, stabilize, manage, and treat acute and chronically ill and injured patients of all ages who present to the ED with any symptom, illness, injury, or condition. Privileges do not include long term care of patients on an inpatient basis. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills

Requested

Physician Assistant Emergency Medicine Core Procedures List

This list is a sampling of procedures included in the physician assistant emergency medicine 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 the core, strike through then initial and date those procedures you do not wish to request.

1. Abscess incision and drainage.
2. Administer medications.
3. Advanced life support.
4. Anoscopy
5. Cast and splint application, removal, and management.
6. Counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare.
7. Ear, nose, rectum, soft tissue, throat, vaginal, and gastric lavage.
8. Epistaxis management, including cautery, anterior and posterior nasal packing.
9. Immobilization (spine, long bone, soft tissue).
10. IUD removal.
11. Local anesthesia.
12. Nail trephination and removal.
13. Ocular tonometry.

UNMH Physician Assistant (PA) Emergency Medicine Core Privileges

Name: _____ Effective Dates: From _____ To _____

14. Ophthalmologic evaluation, including Slit lamp exam, flouroscein stain, tonometry, and superficial corneal foreign body removal.
15. Order, prescribe, and dispense orthosis, orthotics, braces, and other orthopedic devices.
16. Ordering of, and preliminary interpretation of, laboratory, diagnostic imaging, and electrocardiographic examinations.
17. Perform patient history and physical examination.
18. Perform minor outpatient surgical procedures such as, but not limited to, laceration repair, wound management, wound debridement, and irrigation.
19. Perform vaginal speculum exam, including wet preps.
20. Peripheral nerve blocks of the following sites: facial, oral, digital, and ulnar at the wrist.
21. Reduction of simple fractures and joint dislocations.

UNMH Physician Assistant (PA) Emergency Medicine Core Privileges

Name: _____ Effective Dates: From _____ To _____

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

Supervising Physician/Clinical Director/Division Chief Recommendation(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 May 20, 2016