

**Name:**

**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

☒ **Initial appointment**

☐ **Reappointment**

## **INSTRUCTIONS**

*All new applicants must meet the following requirements as approved by the UNMSRMC Board of Directors effective: 03/21/2012.*

If any scope of practice or specified service is covered by an exclusive contractual agreement, practitioners who are not a party to the agreement are not eligible to request the scope of practice or the specified service, regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

**Applicant:** Check off the “Requested” box for each scope of practice requested. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

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

**Other requirements:** Note that privileges granted may be exercised only at UNM SRMC and in setting(s) 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 and/or department policy

This document is focused on defining the qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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**QUALIFICATIONS FOR PHYSICIAN ASSISTANT (PA)**

***To be eligible to apply for clinical privileges as a physician assistant in acute care, the applicant must meet the following criteria:***

Current certification by the National Commission on Certification of Physician Assistants (NCCPA)

AND

Graduate from a program approved by the Committee on Allied Health Education and Accreditation; Additional education may be required for some specialty areas

AND

Current licensure to practice as a physician assistant issued by the New Mexico Board of Medicine or Board of Osteopathic Medicine

AND

Employment by or an agreement with a physician(s) currently appointed to the medical staff to supervise the Physician assistant's practice. The physician will assume responsibility for supervision or monitoring of the Physician Assistant's practice consistent with hospital and medical staff policy; the physician or alternate will provide consultation or assume care of patients when requested or in the interest of patient care

***Reappointment requirements:*** To be eligible to renew core privileges as a PA in acute care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results reflective of the scope of privileges requested for the past 24 months based on the 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.

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## **CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT**

Physician assistants on the staff of UNM SRMC provide services consistent with the policies of the organization to patients of medical staff member(s) with whom the PA has a documented formal affiliation or to patients assigned by the chair of the department to which the Physician Assistant is assigned.

## **SUPERVISION**

The supervising and/or alternate supervising physician provides general supervision of the activities and services of the Physician Assistant. The privileges of the Physician Assistant's practice correspond to the supervising physician's practice. The Physician Assistant is not allowed to perform any procedures that are not within the clinical privileges of the supervising and/or alternate supervising physician and for which the PA is not specifically granted. The supervising and/or alternate supervising physician must be available by electronic communication or on hospital systems premises for consultation/direction of the PA.

## **MEDICAL RECORD CHARTING RESPONSIBILITIES**

Clearly, legibly, completely, and in timely fashion, describe each service provided to a patient and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the paper or electronic medical record and portions thereof are applicable to all entries made.

## **GENERAL RELATIONSHIP TO OTHERS**

The Physician Assistant has authority to direct personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the Physician Assistant is authorized to provide.

## **PERIODIC COMPETENCE ASSESSMENT**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital system's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this Hospital. In addition, continuing education related to the specialty area of practice is recommended.

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## **PHYSICIAN ASSISTANT ADOLESCENT AND ADULT CORE PRIVILEGES**

All medical staff members restrict patient care activities to those areas where they maintain competence and only carry out the scope of practice appropriate to their job assignments. In the care of patients age twelve and above Physician Assistants may evaluate and diagnose, perform history and physical examinations, order diagnostic tests, manage treatment, and manage consultative services. Care delivery may be to inpatients or outpatients depending on the job assignment. Physician Assistants may assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative care. They may order diagnostic testing including but not limited to preventative, laboratory, diagnostic imaging, medications, treatments, and other therapeutic modalities. They may monitor and manage acute and chronic illnesses of population served, perform primary health care maintenance, perform preoperative and postoperative evaluations and teaching visits with patients. They manage routine health problems during pregnancy and the postpartum period, facilitate and coordinate family and patient care conferences and discharge planning, provide patient and family education, and counsel and instruct patients and significant others as appropriate regarding medications, disease, and preventive healthcare.

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## **CORE PROCEDURES LIST**

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

1. Venous puncture for blood sampling
2. Intravenous catheterization
3. Obtaining cultures
4. Local field infiltration of anesthetic solutions
5. Needle aspiration and needle biopsy
6. Incision and drainage of superficial abscesses and simple cysts
7. Foreign body removal
8. Removal of impacted cerumen
9. Skin tag removal
10. Suture
11. General care of superficial wounds
12. Application and management of dressings, bandages, wound debridement and irrigation
13. Ordering and interpreting ECGs with second reading by physician
14. Ordering and interpretation of x-ray films with second reading by radiologist for collaboration and correlation with clinical findings as needed
15. Consult with other healthcare professionals regarding problems that exceed the scope of his/her practice
16. May make inpatient daily rounds on hospitalized patients at the direction of supervising physician
17. Write discharge summaries to be countersigned by collaborating physician

## **SEDATION PRIVILEGES**

☐ Requested

## **Limited Ultrasound for Guided Procedure**

☐ Requested

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### **Acknowledgement Of Practitioner**

I have requested only those procedures and clinical activities for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at University of New Mexico Hospital and;  
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 a situation my actions are governed by the applicable medical staff bylaws and related documents.
- (c) I must attach National Commission on Certification of Physician Assistants (NCCPA) card and supervising physician statement from the New Mexico Board

**Signature**

**Date**

### **Supervising Physician recommendations**

I have reviewed and requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

**Supervising Physician Signature** \_\_\_\_\_ **DATE**

### **Clinical Service Chief's Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

**Clinical Service Chief Signature** \_\_\_\_\_ **DATE**