

## UNMH Clinical Nurse Specialist (CNS) Psychiatric Clinical Privileges

Name:

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

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 04/25/2014*

### **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 on the last page of this form.

### **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.

## UNMH Clinical Nurse Specialist (CNS) Psychiatric Clinical Privileges

Name:

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

### *Qualifications for Clinical Nurse Specialist (CNS)*

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***Initial privileges*** - *To be eligible to apply for privileges as a psychiatric clinical nurse specialist (CNS), the applicant must meet the following criteria:*

Completion of a master's/post-master's degree or certification in an accredited nursing program within the NP's specialty area that included 500 hours of supervised clinical practicum

AND

Current certification by the American Nurses Credentialing Center (ANCC) in Psychiatry

AND

Current active licensure to practice professional nursing in the state of New Mexico, and current active certification by the Board of Nursing as a clinical nurse specialist category

AND

Maintain current BLS and current area specific advance life support (i.e. ACLS, PALS, NRP, etc.) as required by job if applicable

**Required current experience:** Provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the past 12 months, or successful completion of an accredited training program within the past 12 months. Experience must correlate to the privileges requested.

***Reappointment Requirements*** - *To be eligible to renew privileges as a psychiatric clinical nurse specialist (CNS), the reapplicant 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 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.

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### **CORE PRIVILEGES: *Clinical Nurse Specialist (CNS) - Psychiatry***

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 settings. This includes the 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. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **Requested**

### ***Clinical Nurse Specialist (CNS) Psychiatric Core Procedures List***

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This list is a sampling of procedures included in the 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, please strike through those procedures which you do not wish to request, then initial and date.

1. Make daily rounds on hospitalized patients including admission and discharge documentation
2. Initiate therapeutic modalities such as medications, treatments, IV fluids and electrolytes
3. Ordering of and preliminary interpretation of laboratory, diagnostic imaging and electrocardiographic examinations

**UNMH Clinical Nurse Specialist (CNS) Psychiatric Clinical Privileges**

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

**Acknowledgment 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 UNM Hospitals and clinics, 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Clinical Director/Division Chief recommendation(s) (if applicable)**

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

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signed \_\_\_\_\_ 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 following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 04/25/2014