



**DEPARTMENT OF SURGERY
DELINEATION OF PRIVILEGES FOR SURGICAL PHYSICIAN ASSISTANT**

NAME: _____ **DATE:** _____

Under the responsibility and supervision of a credentialed physician, the PA is to perform diagnostic surgical tasks, thus allowing the physician to extend his/her services through the more effective use of his/her knowledge in the sphere of decision making. The PA may assist in gathering the data necessary in implementing the surgical plan of the physician. The supervising physician must maintain privileges in all areas in which he/she provides supervision to the Allied Health Professional.

1. Minimal Formal Training

Graduation from a CAHEA (AMA's Committee on Allied Health, Education and Accreditation) for PA's/NP's approved program. Additional education may be required for some specialty areas.

2. In addition, a PA should have the following:

- a. Successful completion of the national certifying examination given by the NCCPA or ANA credentialing services.
- b. A current license or registration in the State of New York.
- c. Letters in support of the applicant from the following:
 - a. Director of PA Program
 - b. Last known supervising physician
 - c. Physician who will now provide supervision for this PA.
 - c. Professional peer (another PA)
- e. Employment by or an agreement with a physician(s) currently appointed to the attending staff of the hospital with privileges in the Department in which the PA will be practicing stating that he or she will serve as the supervising physician.
 - a. Assume responsibility for supervision or monitoring of the PA's practice as stated in the appropriate hospital or medical staff policy governing PA's;
 - b. Be continuously available, or provide an appropriate alternate, to provide consultation when requested and to intervene when necessary as per Medical & Dental Staff Bylaws;
 - c. Assume total responsibility for the care of any patient when requested by the PA or required by this policy or in the interest of patient care;
 - d. Co-sign within 24 hours all orders entered by the PA on the medical record of all patients seen or treated by the PA.
- d. Agree to abide by all the provisions of the Medical & Dental Staff By Laws.

LEVL I – New Physician Assistants without experience (list major/minor cases):

- Minimum of 30 major and 15 advanced cases with variety
- May assist on Minor cases without supervision
- Minimum of 6 months before consideration of removal of preceptorship status; this time period may be adjusted to reflect clinical competence sooner if warranted.
- Appointment and scope of practice shall be provisional for a period of 12 months.

LEVEL II – New Physician Assistant Graduate with a minimum of 2 years as a surgical scrub technician or OR nurse:

- Minimum of 20 major and 10 advanced cases with variety
- May assist on minor cases without supervision
- Minimum of 3 months before consideration of removal of preceptorship status; this time period may be adjusted to reflect clinical competence sooner if warranted.
- Appointment and scope of practice shall be provisional for a period of 12 months.

LEVEL III – Experienced Surgical Physician Assistant:

- Minimum of 10 major and 5 advanced cases with variety
- May assist on minor cases without supervision
- Minimum of 1 month before consideration of removal of preceptorship status; this time period may be adjusted to reflect clinical competence sooner if warranted.
- Appointment and scope of practice shall be provisional for a period of 12 months.

Not Req.	Req.	PRIVILEGES
		Perform History and Physical examination on-patients and review patient records to determine health status (Findings, conclusions, and assessment of risk must be endorsed by a qualified physician and countersigned.)
		Prepare discharge summaries. Must be countersigned by supervising physician.
		Write medical orders other than for controlled substances
		Write medical orders for controlled substances
		Order routine laboratory tests
		Writes orders for Administration of Blood and Blood Products
		Perform Patient Teaching as required
		Counsel patients on health maintenance and other problems, according to physician's instructions.
		Make rounds and write pertinent progress notes on patients medical record and record pertinent patient data
		Perform the following: Wound care and Dressings; Venipuncture and starting IV; Bladder catheterization; Blood collection (venous only); Give injections IM, SQ, IV; CPR; Pap Smear; Ear Lavage.
		Communicate to attending the result of laboratory data to include Blood Profile, Blood Chemistries, urinalysis, arterial blood gases, electrocardiograms and x-rays for patients
		Collaborate with patient, family, and hospital services to effect early discharge.
		Initiate and participate in Cardiopulmonary Resuscitation (BLS) (with certification) <i>Hospital wide requirement.</i>
		Program and Direct Advance Cardiopulmonary Resuscitation (must be certified in ACLS). Attach Certificate.
		Administer intravenous medications
		Determination of Death and notify the attending physician and family members
		Draw arterial blood gas samples
		Assist attending in surgery
		Suture minor lacerations
		Removal of sutures and staples
		Assist in placement, maintenance and removal of surgical drains
		Assess the trauma patient
		Incision and drainage of an abscess
		Appropriate wound care to include debridements, removal of tubes, drains, sutures, staples, et cetera
		Control of external hemorrhage to include suturing and cautery

Not Req.	Req.	SPECIAL PRIVILEGES – <i>Documentation required that demonstrates competency or training</i>
		Insertion of Central Lines (20)
		Insert PICC Lines (10)
		Insert Chest Tubes (10)
		Removal Chest Tubes (5)
		Reinsertion of Gastrostomy Tubes
		Endotracheal Intubation
		Administration of endotracheal medications per ATLS training (Attach ATLS Certificate)
		Removal of tracheostomy tubes
		Insertion of enteric suctioning tubes
		Reduce fractures/dislocations
		Applying casts and splints
		Joint aspiration and injections

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at HealthAlliance facilities. I will perform only those privileges that are outlined above and that have been agreed upon between my supervising physician and me.

Applicant's Signature: _____ Date: _____

In accordance with the Medical Staff Bylaws and Rules and Regulations, I agree to accept full legal and ethical responsibility for the supervision of the above Physician Assistant's performance of the duties and acts authorized for him/her while under my supervision.

Signature of Supervising Physician (for PA's) _____ Date: _____

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

Department Chair's Signature: _____ Date: _____
 Broadway and Mary's Avenue Campus