

Physicians Assistants

Name: _____

Please indicate with a check mark the privileges requested.

Qualifications:

To be eligible for privileges as a PA, the applicant must meet the following qualifications:

- Graduate of a physician assistant training program accredited by the Committee on Allied Health Education and Accreditation Council on Medical Education of the American Medical Association; **and**
- Licensed (includes temporary) by the Texas State Board of Medical Examiners; **and**
- Maintain Certification by the National Commission on Certification of Physician Assistants, Inc.; **and**
- Documentation of an employer/employee relationship with an approved supervising physician who is a member of the Harris Methodist Southlake Medical Staff. (Approved is defined as recognized by the Texas State Board of Medical Examiners as the applicants' supervising physician.)

Physician Assistant Privileges (Please check all privileges requested)

- The physician assistant shall provide, within the education, training, and experience of the physician assistant, medical services that are delegated by the supervising physician.
- Privileges to assess patients pre- and postoperatively; assist physician in intra-operative procedures, and subcutaneous or skin closure;
- Prep patient for procedure to include knowledge of sterile technique, clipping, positioning, draping, appropriate counting procedures and instrumentation assistance; surgeons are required to mark surgical sites prior to surgery and in accordance with hospital policy;
- Gather and document historical and physical information that may serve as the basis for the history and physical, by order of the physician. Initial impression, assessment and recommended treatment plan must be performed and documented by the supervising physician either by dictation or in handwritten form;
- Make patient rounds;
- Documentation in patient's chart, record own observations, assessments in the physician's progress notes;
- Accept & transcribe verbal orders only as dictated by the physician;
- Start IV's; injections (pain medications/steroids);
- Catheterize urinary bladder;
- Pass instrumentation;
- Suction/sponge surgical field;
- Retraction;
- Clamp, suture, apply cautery;
- Apply/remove drains, packing, dressings & badges;
- Wound closure in hospital setting, subcutaneous or skin only;
- Remove sutures/staples;
- Dictate Discharge Summary to be reviewed and countersigned by supervising physician;
- Provide and document discharge instructions;
- Patient teaching

Acknowledgement of practitioner

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 **Harris Methodist Southlake**, and

I understand that in exercising any privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Signed: _____

Date: _____

Credentials Committee Recommendations: ____ Recommend ____ Deny

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

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):

As the supervising physician, by my signature I attest that this applicant has been trained and is currently competent to perform the privileges requested above.

Supervising Physician Date

Printed name of Supervising Physician Date

Supervising Physician Date

Printed Name of Supervising Physician Date

Supervising Physician Date

Printed name of Supervising Physician Date

Supervising Physician Date

Printed Name of Supervising Physician Date