

GASTROENTEROLOGY/HEPATOLOGY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES

Notice to Applicant: Applicants have the burden of producing information deemed adequate by University of Mississippi Medical Center (UMMC) for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

- Note that privileges granted may only be exercised at the site(s) and/or 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 qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (Medical Staff Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR PHYSICIAN ASSISTANT

To be eligible to apply for core privileges as a Physician Assistant, the initial applicant must meet the following criteria:

- Education: Master's degree or higher in Physician Assistant Studies or equivalent area of study
- Training: Successful completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) (or one of its predecessors) accredited Physician Assistant education program
- Board Certification:
 - Current certification by the National Commission on Certification of Physician Assistants (NCCPA); or
 - Currently in the process to achieve board certification, in which case the physician assistant must become certified by the NCCPA within six (6) months of completion of formal training
- Required Previous Experience:
 - Initial appointment:
 - Demonstration of the provision of care, reflective of the scope of privileges requested, for a sufficient volume of adult and/or pediatric inpatients or outpatients during the past 24 months; or
 - Successful completion of an ARC-PA accredited program within the past 12 months.
 - Reappointment:
 - Current demonstrated competence and a sufficient volume of experience in adult and/or pediatric inpatients or outpatients, 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.

GASTROENTEROLOGY/HEPATOLOGY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES

	Gastroenterology Physician Assistant Core Privileges and Procedures DO NOT request privileges you will not be performing in your current role.
Check requested privileges below	<i>Please strike through and initial any privilege you wish to exclude from those listed below.</i>
<input type="checkbox"/>	<p>Assess, evaluate, diagnose, treat, and provide consultation to patients of all ages, with diseases, injuries, and disorders of the digestive organs including the stomach, bowels, liver and gallbladder, and related structures such as the esophagus, and pancreas including ordering the use of diagnostic and therapeutic procedures (ie endoscopy). Provide care to patients in the inpatient and outpatient setting in conformance with hospital policies and in accordance with privileges held by the supervising physician. Initiate emergency resuscitation and stabilization measures on any patient. Order and interpret appropriate diagnostic tests. Perform evaluations. Change or discontinue medical treatment plans. Prescribe, initiate, and monitor all medications which PAs are authorized to prescribe in Mississippi. Initiate consultation for and monitor patients during special tests. May enter orders in the medical record, including standing orders under supervision with a physician; may record pertinent data on the medical record, including progress notes and discharge summaries; and may conduct patient/family education and counseling. The core privileges in this specialty include the procedures listed below.</p> <ul style="list-style-type: none"> • Assist in endoscopy procedures • Blood component transfusion therapy • Histories and physicals, performance of • Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods • Rehab service ordering • Respiratory services, ordering of
	Hepatology Physician Assistant Core Privileges and Procedures DO NOT request privileges you will not be performing in your current role.
Check requested privileges below	<i>Please strike through and initial any privilege you wish to exclude from those listed below.</i>
<input type="checkbox"/>	<p>In collaboration with the staff hepatologist(s), assess, evaluate, diagnose, treat, and provide consultation to patients of all ages with liver dysfunction or end-stage liver disease requiring liver transplant including participation in the selection of appropriate recipients for transplantation, donor selection, histocompatibility and tissue typing, pre-, intra-, and immediate postoperative and continuing inpatient care. Provide care to patients in the inpatient and outpatient setting in conformance with hospital policies and in accordance with privileges held by the supervising physician. Initiate emergency resuscitation and stabilization measures on any patient. Order and interpret appropriate diagnostic tests. Perform evaluations. Change or discontinue medical treatment plans. Prescribe, initiate, and monitor all medications which PAs are authorized to prescribe in Mississippi. Initiate consultation for and monitor patients during special tests. May enter orders in the medical record, including standing orders under supervision with a physician; may record pertinent data on the medical record, including progress notes and discharge summaries; and may conduct patient/family education and counseling. The core privileges in this specialty include the procedures listed below.</p> <ul style="list-style-type: none"> • Assist in endoscopy procedures • Blood component transfusion therapy • Histories and physicals, performance of • Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods • Rehab service ordering • Respiratory services, ordering of

Provider Name: _____

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Check requested privileges below	Non-Core Privileges and Procedures DO NOT request privileges you will not be performing in your current role.	
<input type="checkbox"/>	Hydrogen breath test performance and interpretation	<i>Criteria:</i> <ul style="list-style-type: none"> • Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. <i>Required Previous Experience:</i> <ul style="list-style-type: none"> • Demonstrated current competence and evidence of the performance of a sufficient volume of procedures in the past 24 months or completion of a preceptorship within the past 12 months consisting of at least 5 precepted procedures. <i>Maintenance of Privilege:</i> <ul style="list-style-type: none"> • Demonstrated current competence and evidence of the performance of a sufficient volume of procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.

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 for which I wish to exercise at University of Mississippi Medical Center, 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** _____

PHYSICIAN SUPERVISOR'S RECOMMENDATION:

I have reviewed and recommend the above requested privileges based on the provider's training and/or background.

Signature of Physician Supervisor

Date

Provider Name: _____

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DIVISION CHIEF'S RECOMMENDATION (IF APPLICABLE):

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

DEPARTMENT CHAIR'S RECOMMENDATION:

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair Signature _____ **Date** _____

Original Approval Date:

Reviewed (without revision):

Revised:

Provider Name: _____