

**Stanford Hospital and Clinics
Physician Assistant
DEPARTMENT OF MEDICINE
Privileges/Advance Procedures: AIDS Clinical Trials Group**

Name _____

Check all that apply: Infant Pediatric Patients Adult Patients Geriatric
 Outpatient Inpatient

Requested	Privilege Description	Initial Criteria	Maintenance/Renewal Criteria
<input type="checkbox"/>	<p><u>CORE PRIVILEGES</u> The Physician Assistant functions under the general Physician Assistant Role Description approved by the Interdisciplinary Practice Committee (IDPC). Specific functions pertaining to the Service, Clinic or Department are established by the physician assistant and his or her supervising physician(s), and approved by the appropriate medical and nursing administrators, the IDPC, and the Stanford Hospital and Clinics (SHC) Medical Executive Committee and Board of Directors.</p> <p>The Physician Assistant uses expertise and knowledge to support and coordinate compassionate care for patients and their families in the inpatient & outpatient setting, working in collaboration with physicians from surgery, specialties, pediatrics, and others. The role includes direct patient care (including: histories & physicals, care coordination, patient referrals, facilitates the coordination of inpatient/outpatient care as needed, reviews and revises treatment and therapy plans as needed, education and counseling).</p> <p>Completing evaluation and management, and phone triage of patients with common acute disorders and illness associated with HIV/AIDS. Recording of data in study specific case report forms. Recruiting, screening and enrolling qualified patients into research studies, managing toxicities as appropriate. Acting as a resource for research RN's in toxicity management and patient related care</p> <p>PA general job description can be located on the Internet at: Service Specific Job Description can be located within specific department from website above.</p> <p>SUPERVISION: General</p>	<p>Successful completion of an approved PA program</p> <p align="center">AND</p> <p>Current Licensure as a PA in the state of California</p> <p>Current BCLS</p>	25 Procedures per year
<input type="checkbox"/>	<p><u>FORMULARY</u> Administer, dispense and prescribe legend drugs including narcotics and provide treatment within the PA's scope of practice, and consistent with the PA's skill, training, competence and professional judgment in accordance with the Formulary Protocol</p> <p>SUPERVISION: General</p>	Registered with US Drug Enforcement Administration (DEA)	Maintenance of initial criteria
	ADVANCED PROCEDURES (above criteria must also be met)	INITIAL CRITERIA	RENEWAL CRITERIA
<input type="checkbox"/>	<u>None</u>	N/A	N/A

I. Supervision

SUPERVISION: The exercise of these privileges requires a designated collaborating/supervising physician with clinical privileges at SHC. The supervising/collaborating physician must provide supervision as designated in the privileges per the following definitions;

General Supervision = physician is available either by phone or other electronic means of communication

Direct Supervision = physician is on premises

Personal Supervision = physician in the exam room or procedure area

(A physician cannot supervise more than four PA's at one time)

Physician supervision is also provided by:

Chart audits on random charts as an integral part of departmental and practice performance improvement programs

II. Consultation

Physician Assistants will work under the supervision of the Supervising Physician in the service. In addition to general consultation, immediate physician consultation will be obtained under the following circumstances from Attending Supervising Physician or his/her designee:

- a. With emergent conditions requiring prompt medical attention;
- b. With acute decompensation of the patient situation;
- c. When there is a problem that is not resolving as anticipated with unexplained, historical, physical and/or laboratory findings;
- d. Upon request of the patient, Allied Health Professional, or physician.

Follow-up and referral:

Performed in accordance with the standard of practice and/or with the consulting physician's recommendation.

I attest that I have met all of the required criteria and will meet all competency requirements for each procedure that I have requested and I will follow the protocol for the advance procedures requested.

Physician Assistant Signature

Date

Supervising Physician Signature

Date