

**SAN GORGONIO MEMORIAL HOSPITAL  
PRIVILEGE DELINEATION LIST**

**PHYSICIAN'S ASSISTANT / OBSTETRICS & GYNECOLOGY**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>PRIVILEGES CATEGORY</b>	<b>QUALIFICATIONS/CRITERIA</b>
<b>CATEGORY I</b>	<b>USUAL AND CUSTOMARY PRIVILEGES</b> (Procedures considered included in minimal formal training.)
	<p><b>ELIBILITY REQUIREMENTS:</b></p> <ol style="list-style-type: none"> <li>1. A current, valid, unrestricted California Physician Assistant license.</li> <li>2. Successful completion of a Physician Assistant Education program, licensed by the Physician Assistant Examining Committee</li> <li>3. Current DEA</li> <li>4. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity reports or other documentation acceptable to the Surgical Service.</li> <li>5. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>
<b>CATEGORY 2</b>	<b>ADVANCED PRIVILEGES</b> (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists or proctoring.)
	<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. Documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes.</li> <li>2. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>

San Gorgonio Memorial Hospital  
 Obstetrics & Gynecology Privilege for Physician Assistant Delineation

R	# Done 24 mos	D	P/O	G	CATEGORY 1 USUAL AND CUSTOMARY PRIVILEGES
					In collaboration with the supervising physician:
1.					Medical Screening Examination
2.					Medical History and Physical Examination.
3.					Initiate arrangements for admissions; complete forms and charts pertinent to patient medical records, and provide services to patients requiring continuing care.
4.					Re-evaluate diagnosis as new or additional assessment data becomes available.
5.					Conduct an initial and ongoing assessment of the patient's medical and physical status.
6.					Examine and evaluate patients as directed by supervising physician.
7.					Ordering, conducting and interpreting labs and other diagnostic studies
8.					Recognizing and evaluate situations which call for immediate attention of a physician.
9.					Instruct and counsel patients regarding matters pertinent to their physical and mental health and may include topics such as medication, diet, social habits, family planning, normal growth development, gaining and understanding of the management of their disease.
10.					Facilitate and initiate referrals to appropriate health care agencies arranging community resources
11.					Prescribe and administer drugs or devices according to the SGMH protocols
12.					Apply, remove and change dressings and bandages
13.					Suture and staple removal
					<b>CATEGORY 2 - ADVANCED PRIVILEGES:</b> (Procedures performed requiring special experience, documented special training and/or certification, when it exists)
					First and second surgical assist:
					Ultrasonography, assessment of amniotic fluid, index and fetal position checks; interpretation of external fetal monitoring, assessment of non-stress tests, measurement of intrauterine pressure during labor.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF APPLICANT: \_\_\_\_\_

STAFF CATEGORY: ALLIED HEALTH PROFESSIONAL

**APPROVALS:**

Applicant may perform privileges and procedures as indicated: [ ]

Exceptions/Limitations: \_\_\_\_\_

I have reviewed the applicant's health status and can attest that there are no health problems that exist that could affect his or her ability to perform the privileges requested.

\_\_\_\_\_  
 Medical Services Chairman \_\_\_\_\_  
Date

\_\_\_\_\_  
 Credentials Committee Chairman \_\_\_\_\_  
Date

\_\_\_\_\_  
 Medical Executive Committee Chairman \_\_\_\_\_  
Date

\_\_\_\_\_  
 Board of Directors Chairman \_\_\_\_\_  
Date

Legend: [R] =Requested [#Done 24 mos.] =Procedures done in the last 24 months [D] =Deferred/Denied [P/O] =Granted with Proctoring/Observation [G] =Granted