

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Surgical_Assistant,

Current Privilege Status Key

Practitioner's Current Privilege status is signified in () preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

Surgical Assistant

This registration status allows the applicant to perform the privileges granted by the governing body. It does not include membership or membership rights to the Medical Staff. The applicant is still subject to the bylaws, rules and regulations of the Medical Staff.

INITIAL CRITERIA:

To be eligible to apply for clinical privileges as a Surgical Assistant, the applicant must meet the following criteria:

1. Meet all training, certification and licensing qualifications as outlined in applicable Allied Health Practitioner category policy or Hospital job description.

-AND-

2. Written verification of the training, documentation of experience to include techniques performed and letter of proficiency/competency from hospital training program director.

-OR-

3. Written verification of the training, documentation of experience to include techniques performed and letter of proficiency/competency from mentoring/sponsoring physician.

REAPPOINTMENT CRITERIA:

To be eligible to renew privileges as a Surgical Assistant, the applicant must meet the following maintenance criteria:

1. Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months as a result of ongoing professional practice evaluation and outcomes.

2. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Date: Jan 2013

Surgical Assistant Activities

Requested Granted

_____ () Provide retraction of tissue and organs for optimal visualization with regard to tissue type, appropriate retraction instrument, and/or technique

_____ () Utilize appropriate techniques to assist with hemostasis

_____ () Use electrocautery (mono and bipolar)

_____ () Clamp, ligate and cut tissue per the surgeon's directive

_____ () Utilize appropriate techniques to assist with closure of body planes as directed by the surgeon (suture, staples, etc.)

_____ () Wound debridement

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Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Surgical Assistant Signature: _____ Date: _____

I have reviewed the requested privileges of the above Surgical Assistant and attest to the training and experience and/or demonstrated performance of the applicant in these areas.

Attesting Manager Signature: _____ Date: _____

I have reviewed the requested privileges of the above Surgical Assistant and attest to the training and experience and/or demonstrated performance of the applicant in these areas.

Physician Signature: _____ Date: _____