

EVALUATION OF CLINICAL PRIVILEGES - PSYCHIATRIC ADVANCED PRACTICE NURSE

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Mental status evaluation			
	b. Biopsychosocial history to include family history			
	c. Psychiatric diagnosis formulation based on DSM (current version)			
	d. Laboratory, x-ray, or psychological testing recommendation			
	Treatment			
	a. Individual therapy			
	b. Group therapy			
	c. Marital therapy			
	d. Family therapy			
	e. Limited pharmacological therapy			
	f. Command/system consultation			
	g. Formulation of treatment plans			
	h. Case management (outpatient) to include medication maintenance and psychotherapy			
	Consultation			
	a. With other health care providers in matters related to mental health			
	b. Referral of patients to various agencies/services for appropriate follow-up			
	c. Participate as a member of the Critical Incident Stress Management Team (similar team) with other departments in matters such as: staff issues, crisis intervention, and coping with difficult/unmanageable patients			
	d. With Emergency Department/Service/Center personnel to provide assessment/recommendations regarding patients with psychiatric presentation			
	Education and Training			
	a. Provide inservices/workshops regarding mental health issues such as: Death and Dying, Stress Management, Group Process			
	b. Provide inservices on Concepts of Critical Incident Stress Management			
	c. Provide inservices on Group Dynamics, Conflict Resolution, Team Building and other related topics			
	d. Provide supervision and consultation to paraprofessional staff assigned to the Department of Psychiatry			

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Other			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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