

DELINEATION 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. FACILITY
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INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Requested	Approved	
		Assessment and Diagnosis of Mental Disorders
		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
		Staff Education and Development
		a. Provide inservices/workshops regarding mental health issues such as: Death and Dying, Stress Management, Group
		b. Provide inservices on Concepts of Critical Incident Stress Management
		c. Provide inservices on Group Dynamics, Conflict Resolution, Team Building and other related topics

Requested	Approved	
Staff Education and Development (Continued)		
		d. Provide supervision and consultation to paraprofessional staff assigned to the Department of Psychiatry
Other		

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
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SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested Approval with Modifications (Specify below) Disapproval (Specify below)

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE	DATE (YYYYMMDD)
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SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested Approval with Modifications (Specify below) Disapproval (Specify below)

COMMENTS

COMMITTEE CHAIRPERSON (Name and rank)	SIGNATURE	DATE (YYYYMMDD)
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