

Pathology Assistant Kettering Health

Delineation of Privileges

Applicant's Name:

Instructions:

- 1. Click the **Request** checkbox to request a group of privileges.
- 2. Uncheck any privileges you do not want to request in that group.
- 3. Check off any special privileges you want to request.
- 4. Sign/Date form and Submit with required documentation
- 5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

| | Required Qualifications |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Education/Training | Must have a minimum of a bachelor's degree |
| | OR |
| | Must be a graduate of a pathologists' assistants educational program accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS) |
| | OR |
| | Must be able to demonstrate that they meet specific training and work experience requirements sufficient to sit for the certification test |
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| Certification | Must obtain certification within two years of completing the educational requirements |
| Note | All diagnostic interpretations must be rendered by the supervising pathologists; including frozen section interpretation, microscopic examination of tissues and final diagnoses on surgical specimens and autopsies. |
| | AND |
| | All duties that the pathologists' assistant performs are performed under indirect or direct supervision of a pathologist who should be available for consultation whenever assistance is required. |
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Primary Privileges Pathology Assistant

Description: Dependent Allied Health Professional - At the direction and under the supervision of a Pathologist, a Pathologists' Assistant may perform the following tasks and assume the responsibility for the following duties:

| Request | | | Request all privileges listed below. | |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KHDO | КНМС | SOIN | KHMB | Click <mark>shaded blue check box</mark> to Request all privileges. Uncheck any privileges you do not want to request. |
| - | | | | - Currently granted privileges |
| | | | | Preparation, gross description and dissection of human tissue surgical specimens |
| | | | | including: |
| | | | | Assisting in the organization and coordination of anatomic pathology conferences |
| | | | | Assuring appropriate specimen accessioning |
| | | | | Assuring proper maintenance of equipment, provision of adequate supplies, and cleanliness of the surgical pathology suite |
| | | | | Describing gross anatomic features, dissecting surgical specimens, and preparing tissues for histologic processing |
| | | | | Obtaining clinical history, including scans, x-rays, laboratory data, etc. |
| | | | | Obtaining biological specimens such as blood, tissue and toxicological material for studies such as flow cytometry, image analysis, immunohistochemistry etc., and performing special procedures including Faxitron imaging and tumor triage |
| | | | | Performing duties relating to administrative maintenance of surgical pathology protocols, reports and data, including the filing of reports, protocols, photographic and microscopic slides; assuring the completion of specimen coding; and billing |
| | | | | Photographing all pertinent gross specimens and microscopic slides |
| | | | | Selecting, preparing and submitting appropriate gross tissue sections for frozen section analysis as well as for light, electron and immunofluorescent microscopy |
| | | | Preparation of human postmortem examinations including: | |
| | | | | Ascertaining proper legal authorization for autopsy |
| | | | | Assisting in the organization and coordination of autopsy conference |
| | | | Assuring proper maintenance of equipment, the provision of adequate supplies, and the cleanliness of the autopsy suite | |
| | | | | Conferring with the attending pathologist(s) to identify any special techniques and procedures to be utilized in the completion of the postmortem examination, (e.g. cultures; smears; histochemical, immunofluorescence, toxicological, viral, or electron microscopy studies etc.), and notifying all personnel directly involved |
| | Gathering and organizing clinical information and data pertinent to the preparation of the preliminary summarization of the clinical history | | | |
| | | | | Notifying the physician in charge, the funeral home, and all other appropriate authorities prior to the beginning of the autopsy; and coordinating any requests for special specimen sampling (e.g. organ transplantation, research, etc) |
| | | | | Obtaining biological specimens such as blood, tissue and toxicological material for studies including flow cytometry, image analysis, immunohistochemistry etc.; and performing special procedures such as coronary artery perfusions, central nervous system perfusion, enucleation, inner ear bone dissection, spinal cord removal, etc. |
| | | | | Performing duties related to administrative maintenance of autopsy protocols; photographic and microscopic slides; and assuring the completion of coding |

| inspection; evisceration; dissection and dictation or recording of data such as organ weights, presence of body fluids, etc., and gross anatomic findings | |
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| Photographing the body, organs, microscopic slides and other pertinent materials | |
| Preparing the body for release (including indicating the presence of biohazards such as | |
| contagious disease, radiation implants, etc.), and releasing the body to the appropriate mortu | ıarv |
| or funeral home representative | , |
| Retrieving the patient's medical chart and other pertinent data for review with the attending | |
| pathologist(s) | |
| Selecting, preparing and submitting appropriate gross tissue sections for frozen section analy | /sis |
| as well as for light, electron and immunofluorescent microscopy | |
| | |
| Acknowledgment of Applicant | |
| 7. Carlo mod g. mont of Approxim | |
| I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital(s) and I understand that: | |
| A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. | |
| B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my action are governed by the applicable section of the Medical Staff Bylaws or related documents. | S |
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| Practitioner's Signature Date | |
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| Clinical Service Chair Recommendation - Privileges | |
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| I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s): | |
| I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s): Recommend all requested privileges | |
| I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s): Recommend all requested privileges Do not recommend any of the requested privileges | |
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| Clinical Service Chair Recommendation - Additional Comments | | |
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| Clinical Service Chair Signature | Date | |