

allow Nurses Glover and Avant express their opinions, he effectively asked them to accede to his own characterization of the applicable standard of care.

Id. at *47-48.

In the case at bar, Plaintiff sought to hold several health care providers and River Park Hospital liable for medical malpractice because Mr. Barkes was seen by a nurse practitioner without being seen by a physician. This argument suggests the hospital breached a standard of care by allowing Mr. Barkes to be examined, treated and discharged by a nurse practitioner without requiring that he be “seen” by a physician. To appreciate the fallacy of this argument, to the extent it suggests a standard of care was violated because a physician did not “see” Mr. Barkes, requires an appreciation of three facts. One, hospitals may not control the “means and methods by which physicians render medical care and treatment to hospital patients.” *Thomas v. Oldfield*, No. M2007-01693, 2008 WL 2278512, at * (Tenn. Ct. App. June 2, 2008) (citing Tenn. Code Ann. §§ 63-6-204(f)(1)(A) and 68-11-205(b)(1)(A)). Two, Nurse Practitioner Kinkade and the Emergency Room physician with whom she consulted, Dr. Stone, were not employees of River Park Hospital; instead they were employees of PhyAmerica Physicians, Inc. Moreover, Tennessee Code Annotated sections 63-6-204(f)(1) and 68-11-205(b)(6) preclude hospitals from employing emergency physicians such as Dr. Stone. Three, like other nurse practitioners in Tennessee, Nurse Practitioner Kinkade was authorized to render health care services without being under the omnipresent supervision or direction of a physician.

The quasi-independent role of nurse practitioners in providing health care in Tennessee is recognized in the applicable health care regulations, as the testimony in this case affirms. In Tennessee, a Nurse Practitioner is an “Advanced Practice Nurse.” *See* Tenn. Code Ann. § 63-7-126(a). Chapter 0880-6 of the Rules and Regulations of the Tennessee Board of Medical Examiners, titled, “Rules and Regulations Governing the Utilization and Supervision of the Services of a Nurse Practitioner,” as well as the evidence in the record before us, establish the fact that the role of a Nurse Practitioner in the delivery of health care is quite distinct from the historical role of nurses.

Regulations governing the services to be rendered by a nurse practitioner expressly contemplate that the nurse practitioner function with a degree of autonomy. This is evident from the statement of intent in the rules, wherein it is stated, it is “the intent of these rules to maximize the collaborative practice of certified nurse practitioners and supervising physicians in a manner consistent with quality health care delivery.” Rule 0880-6-.02. In order to maximize the utilization of the nurse practitioner, the rules specify that the physician’s “supervision” of the nurse practitioner “does not require the continuous and constant presence of the supervising physician; however, the supervising physician must be available for consultation at all times or shall make arrangements for a substitute physician to be available.” Rule 0880-6-.02(2). Pursuant to these rules, a licensed physician is to be identified as having accepted the responsibility for supervising the nurse practitioner, and the physician serving in such capacity is defined as the nurse practitioner’s “supervising physician.” Rule 0880-6.01(4).