



Obstetrics and Gynecology Privileges
Department of Obstetrics and Gynecology

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Successful completion of an AOA or ACGME accredited residency in OB-GYN. Current certification or board eligible (with achievement of certification within 5 years of training completion) leading to certification in OB-GYN by the ABOG or AOBOG.

Required current experience: At least 50 deliveries [including at least five C-sections] in the past 12 months and the performance of least 25 gynecological surgical procedures [including at least five major abdominal cases], reflective of the scope of privileges requested, in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Certification of BLS recommended, but not required.

Baroness*	Children's**	North	East	Bledsoe/Sequatchie	Community Health Centers***

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
 **Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center
 ***Includes Dodson Avenue Community Health Center, Premier Community Health Center, and Southside Community Health Center

Core OB/GYN Privileges:

Core privileges for OB-GYN include:

Obstetrics: Admit, evaluate, diagnose, treat, outpatient and clinic patients, and provide consultation to adolescent and adult female patients and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients

with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Performance of history and physical exam

Amnioinfusion

Amniocentesis

Amniotomy

Application of internal fetal and uterine monitors

Augmentation and induction of labor

Cerclage

Cervical biopsy or conization of cervix in pregnancy

Cesarean hysterectomy, cesarean section

Circumcision of newborn

External version of breech

Hypogastric artery ligation

Immediate care of the newborn (including resuscitation and intubation)

Interpretation of fetal monitoring

Management of high-risk pregnancy, inclusive of such conditions as preeclampsia, post-dates, third-trimester bleeding, fetal growth restriction, premature rupture of membranes, premature labor, preterm labor and placental abnormalities

Management of patients with or without medical, surgical, or obstetrical complications for normal labor, including preeclampsia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, and fetal demise

Manual removal of placenta, uterine curettage

Medication to induce fetal lung maturity

Normal spontaneous vaginal delivery

Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques

Operative vaginal delivery [including the use of obstetric forceps and/or vacuum extractor]

Performance of breech and multifetal deliveries

Pudendal and paracervical blocks

Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations

Treatment of medical and surgical complications of pregnancy

Vaginal birth after previous cesarean section

Gynecology: Admit, evaluate, diagnose, and treat, inpatient and outpatients, and provide consultation and the pre-, intra-, and post- operative care necessary to treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Performance of history and physical exam

Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy

Cervical biopsy, including conization

Colpocleisis

Colpoplasty

Colposcopy

Cystoscopy as part of a gynecological procedure

Diagnosis and management of pelvic floor dysfunction, including operations for its correction (e.g., repair of rectocele, enterocele, cystocele, or pelvic prolapse)

Diagnostic and operative laparoscopy (other than tubal sterilization)

Diagnostic and therapeutic dilation and curettage

Endometrial ablation

Gynecologic diagnostic procedures, including ultrasonography and other relevant imaging techniques

Hysterectomy, abdominal and vaginal, including laparoscopically assisted

Hysterosalpingography

Hysteroscopy, diagnostic or ablative, excluding use of resection technique

Incidental appendectomy

Incision and drainage of pelvic abscesses

Laparotomy (other than tubal sterilization)

Metroplasty

Myomectomy, abdominal or laparoscopic

Operation for treatment of early-stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix

Operation for treatment of urinary stress incontinence, vaginal approach, retropubic urethral suspension, and sling procedure

Operation for uterine bleeding (abnormal and dysfunctional)

Operations for sterilization (tubal ligation, salpingectomy)

Operative management of pelvic pain

Tuboplasty and other infertility surgery (not microsurgical)

Uterosacral vaginal vault fixation, paravaginal repair

Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair

Vulvar biopsy

Vulvectomy, simple

Special Non-Core Privileges in OB/GYN:

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff guidelines governing the exercise of specific privileges.

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Use of laser					
Transcervical Sterilization					
Aspiration of breast masses					
Use of robotic-assisted system for gynecologic procedures (hysterectomy, salpingo-oophorectomy)					
Use of fluoroscopy					
Administration of Moderate sedation and analgesia (see below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria

Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.

- 5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
- 6. Current proof of ACLS, PALS, or ATLS
- 7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)
- Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date