



Reproductive Endocrinology and Infertility Privileges
Department of OB/GYN

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: To be eligible to apply for privileges in REI, the applicant must successfully complete an ACGME or AOA accredited residency in OB/GYN, plus an ABOG or AOA approved fellowship in reproductive endocrinology, and/or demonstrate current subspecialty certification or active participation in the examination process...

Required current experience: At least 20 reproductive endocrinology procedures, 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.

BLS recommended.

Table with 5 columns: Facility (Check ALL that are applicable to your request), Baroness*, Children's**, North, East, Bledsoe/Sequatchie

* 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

Core Reproductive Endocrinology and Infertility Privileges:

Core privileges for REI include the ability to admit, evaluate, diagnose and treat inpatients and outpatients, and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. Privileges may also include providing care to patients in the intensive care setting in conformance with unit policies, as well as the ability to 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 on the following list and such other procedures that are extensions of the same techniques and skills:

Performance of history and physical exam

Fertility restoration, including laparoscopy and laparotomy techniques used to reverse sterilization

Diagnostic and therapeutic techniques, including hysterosalpingography, sonohysterography, tubal canalization, and endoscopy (laparoscopy and hysteroscopy)

Infertility surgery, including all techniques used for reconstruction of uterine anomalies, myomectomies, resection of uterine synechiae, cervical cerclage, tuboplasty, resection of pelvic adhesions, ovarian cystectomies, staging and treating endometriosis, including pre- and postoperative medical adjunctive therapy

Surgical treatment of developmental disorders, including all techniques used for neovaginal construction (dilation and surgical methods), correction of imperforate hymen, removal of vaginal and uterine septae, and correction of müllerian abnormalities

Surgical treatment of ambiguous genitalia, including construction of unambiguous, functional female external genitalia and vagina (e.g., vaginoplasty, clitoral reduction, exteriorization of the vagina, feminizing genitoplasty, and techniques for prophylactic gonadectomy)

Special Non-Core Privileges in Reproductive Endocrinology & Infertility:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

| Procedure | Baroness | Children's | North | East | Bledsoe/Sequatchie |
|--|-----------------|-------------------|--------------|-------------|---------------------------|
| Use of laser | | | | | |
| Robotic surgical procedures [Criteria: Initial = robotic training as part of residency, fellowship, or an approved robotics course. Reappointment = minimum 10 cases per year] | | | | | |
| Transcervical sterilization | | | | | |
| 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