

Clinical Privileges in OBSTETRICS AND GYNECOLOGY

DEPARTMENT: SURGERY

SECTION: OB/GYNECOLOGICAL SURGERY

Name: _____
(please print)

Qualifications: EDUCATION / TRAINING / EXPERIENCE

Core privileges in gynecology require a MD or DO and successful completion of an American Board of OB/GYN or the American Osteopathic Board of OB/GYN accredited post graduate training program; **OR** successful completion of an accredited residency training program in Obstetrics and Gynecology that qualifies for Board Certification. Board certification by American Board of OB/GYN or American Osteopathic Board of OB/GYN is required within five years of appointment to medical staff. Applicants shall submit a listing of all major cases, operative, and/ or invasive procedures performed in the last 24 months.

PRIVILEGING

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff of [Hospital Name], I request privileges as indicated below. Applicant: Place a check mark and initial in the (R) column for each privilege requested. Initial applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A)=Recommended as Requested (C)= Recommended with Conditions (N)=Not Recommended

Note: If recommendations for clinical privileges includes a condition, modification or not recommended, the specific condition and reason for same must be stated on the last page of this form.

(for office use only) **Initial** _____ **Renewal** _____ Effective ___/___/___ to ___/___/___

(R)	(A)	(C)	(N)	CATEGORY I: OBSTETRICS CORE PRIVILEGES	<i>Department Chair Initials</i>
				Privileges to admit, evaluate, diagnose, treat, and provide consultation to female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system. Privileges include, but are not limited to, resuscitation and intubation of the newborn, amniocentesis, amniotomy, incidental appendectomy, management of labor, vaginal deliveries and related procedures, c-sections and related procedures, all other procedures related to normal and complicated delivery, and management of all high-risk pregnancies, including major medical diseases that are complicating factors in pregnancy, except for those special procedure privileges listed below.	
(R)	(A)	(C)	(N)	CATEGORY I: MATERNAL FETAL CORE PRIVILEGES	<i>Department Chair Initials</i>
				QUALIFICATIONS: <ul style="list-style-type: none"> • Current certification or active participation in the examination process leading to subspecialty certification in maternal and fetal medicine by the American Board of Obstetrics and Gynecology or hold diplomat status in maternal fetal medicine from the American Osteopathic board of Obstetrics and Gynecology. CORE: Privileges to admit, evaluate, diagnose, provide consultation to, and treat patients with medical complications of pregnancy, such as maternal cardiac, pulmonary, metabolic and connective tissue disorders, and fetal malformations, conditions, or disease, except for those special procedure privileges listed below. Privileges include targeted OB ultrasound, fetoscopy/embryoscopy, in utero shunt placement, in utero fetal transfusion, percutaneous umbilical blood sampling, laparoscopic enterolysis, diagnostic laparoscopy, and the administration of conscious sedation.	

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(R)	(A)	(C)	(N)	CATEGORY I: GYNECOLOGICAL CORE PRIVILEGES	<i>Department Chair Initials</i>
				Privileges to evaluate, diagnose, perform a history and physical exam, admit and treat, perform bedside testing as well as, provide appropriate consultation to patients of all ages during their pre-, intra-, and post-operative care necessary to treat patients presenting with illnesses, injuries, and disorders of the gynecologic or genitourinary system. Privileges include, but are not limited to: vulvar ablation or excisional procedures, vaginal repairs of bladder and rectum, endometrial ablations, both vaginal and abdominal hysterectomies, abdominal bladder suspensions, laparoscopy, lysis of pelvic adhesions and diagnostic and operative hysteroscopy. Privileges also include the providing of non-surgical treatment of all illnesses that are gynecologically related.	
(R)	(A)	(C)	(N)	CATEGORY I: GYNECOLOGICAL ONCOLOGY CORE PRIVILEGES	<i>Department Chair Initials</i>
				Privileges to admit, evaluate, diagnose, consult, and provide surgical and therapeutic treatment to women with malignant diseases, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina. Also included within this core set of privileges are microsurgery, chemotherapy, radical hysterectomy, vulvectomy, and staging by lymphadenectomy, pelvic exenteration, and the performance of concomitant procedures on the bowel, urethra, and bladder as indicated, except for those special procedure privileges listed below.	
(R)	(A)	(C)	(N)	CATEGORY I: GYNECOLOGICAL ENDOCRINOLOGY CORE PRIVILEGES	<i>Department Chair Initials</i>
				Privileges to evaluate, diagnose, perform a history and physical exam, admit and treat, perform bedside testing as well as, provide appropriate consultation to patients presenting with problems of infertility. Privileges include, but are not limited to: laparoscopic retrieval of oocytes, ultrasound guided retrieval of oocytes, embryo transfer, microsurgical tubal reanastomosis and tubo-uterine implantation, intra-abdominal transfer of gametes, hysteroscopy both diagnostic and operative, operative laparoscopy and GYN Ultrasounds	

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				CATEGORY II: SPECIAL PRIVILEGES			Department Chair Initials
(R)	(A)	(C)	(N)	<i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			
				Privilege Requested	Required Previous Experience	Reappointment Criteria	
				Administration of Moderate Sedation	For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.		

PRIVILEGE CRITERION

Provisional Privileges: Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full privileges at [hospital]. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for [hospital].

Special procedures: Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.

Use of Laser: Completion of an approved 6 hour minimum CME course which includes training in laser principles of safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty fields and a minimum of 4 hours didactic and 2 hours hands-on experience with lasers.

Moderate Sedation: For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.

Observation / Proctoring Requirements: Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.

Reappointment Requirements: Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per Joint Commission guidelines.

Continuing Medical Education: In compliance with Joint Commission standard the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.

Participation in Societies: Active participation in societies related to this field is also strongly recommended.

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at *Presbyterian Hospital of Rockwall*, and

- 1) I understand that:
 - a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation and agree to be proctored.
 - b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

- 2) I do attest that I have participated in continuing medical education activities related to the privileges I have requested.

_____ / ____ / ____
 Applicant Name – Printed Signature Date

DEPARTMENT CHAIRMAN RECOMMENDATION

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Conditions	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Deferred for Committee Discussion
Comments:			

_____ / ____ / ____
 Department Chairman Signature Date

ACCEPTANCE AND APPROVAL

_____ / ____ / ____
 Credentials Chairman Signature Date

_____ / ____ / ____
 President of Medical Staff Signature Date