

SPECIALTY OF OBSTETRICS & GYNECOLOGY

Delineation of Clinical Privileges

Criteria for granting privileges:

Current certification in Obstetrics & Gynecology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology.

Or

Successful completion of an ACGME or AOA, accredited post-graduate training program in Obstetrics & Gynecology and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center (ASC) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is assessed periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Obstetrics Core	Current certification by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology. Or Successful completion of an ACGME or AOA accredited post-graduate training program in Obstetrics & Gynecology and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 cases Intrapartum Management of: 3 Vaginal Deliveries and 2 Cesarean Section Deliveries	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
Gynecology Core	Current certification by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology. Or Successful completion of an ACGME or AOA accredited post-graduate training program in Obstetrics & Gynecology and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 major cases, including at least: vaginal or open hysterectomy (1); laparoscopic procedure (1); hysteroscopic procedure (1).	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
Gynecology Oncology Core	Current certification in Gynecology Oncology by the American Board of Obstetrics & Gynecology or the American Osteopathic Board of Obstetrics & Gynecology. Or Successful completion of an ACGME or AOA accredited post-	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and	First 5 cases	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
	graduate training program in Gynecology Oncology and board certification within 5 years of completion.	<p>accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>		<p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Urogynecology Core	<p>Current certification in Urogynecology Oncology by the American Board of Obstetrics & Gynecology.</p> <p>Or</p> <p>Successful completion of an ACGME accredited post-graduate training program in Urogynecology and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>	First 5 cases	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Reproductive Endocrinology Core	<p>Current certification in Reproductive Endocrinology by the American Board of Obstetrics & Gynecology.</p> <p>Or</p> <p>Successful completion of an ACGME accredited post-graduate training program in Reproductive Endocrinology and board certification within 5 years of completion.</p>	<p>Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor</p>	First 5 cases	<p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p>

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
		outcomes should be delineated and accompanied by an explanation.		Department chair recommendation will be obtained from primary practice facility.
Maternal Fetal Medicine Core	Current certification in Maternal & Fetal Medicine by the American Board of Obstetrics & Gynecology. Or Successful completion of an ACGME accredited post-graduate training program in Maternal & Fetal Medicine and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period identifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 cases	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>Use of Laser</i>	Completion of an approved eight hour minimum CME course which includes training in laser principles and 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 field and a minimum of six hours observation and hands-on experience with lasers.		First 5 cases	Case log documenting 5 procedures within the previous 24 months
<i>Hemorrhoidectomy</i>	Completion of a course in above-mentioned procedure with a minimum of 2 hours Category 1	Case log documenting the performance of at least 1 procedure within the previous	First 3 cases	Case log documenting the performance of at least 2 procedures within the previous 24 months

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	CME or documentation of training in this particular procedure by an approved residency training program.	12 months		
<i>Hyperthermic Intraperitoneal Chemo perfusion (HIPEC)</i> -LIMIT TO UNIVERSITY ONLY	Maintain privileges in Gynecology Oncology and successful completion of training in HIPEC either in residency or fellowship with training director validation letter or through CME validated by training certificate.	If HIPEC training was part of fellowship training and training was completed < 2 years prior to application for the privilege, applicant must provide case log documenting 4 successfully completed cases. OR If performing the procedure at an outside facility, applicant must provide a case log of 4 cases successfully performed within the past 24 months. OR If HIPEC training was part of fellowship training and training was completed > 2 years prior to application for the privilege, and applicant has not independently performed 4 cases within the past 24 months: Successful completion of four (4) proctored cases as evidenced by proctor evaluation forms.	First 2 cases	Case log documenting 4 cases within the previous 24 months.
<i>Transobturator and Transvaginal Sling</i>	Completion of a course in above-mentioned procedure with a minimum of 2 hours Category 1 CME or documentation of training in this particular procedure by an approved residency training program.	Case log documenting the performance of at least 5 procedures within the previous 12 months	First 3 cases	Case log documenting the performance of at least 10 procedures within the previous 24 months
<i>Insertion of Ureteral Stents</i>	Documentation of training during an approved residency training program and attestation of competence from Program/Training Director,	Case log documenting the performance of at least 5 procedures within the previous 12 months	First 5 cases	Case log documenting the performance of at least 10 procedures over the previous 24 months
Robotic Surgery	Applicants whose formal surgical training included robotic surgery: Training director letter validating	Applicants whose formal surgical training included robotic surgery:	First 5 cases	Case log documenting the performance of at least 10 procedures over the previous 24 months

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
	<p>competence in robotic surgery</p> <p>OR</p> <p>Applicants without formal surgical training in robotic surgery: Training Certificate validating completion of a robotic surgery training course which included didactic and laboratory training</p>	<p>Case log from training reflecting applicant was primary surgeon</p> <p>OR</p> <p>If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review.</p> <p>OR</p> <p>Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.</p>		

Obstetrics Core Privilege:

Admit evaluate, diagnose, treat and provide consultation to 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.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Administration of fetal lung maturity inducers
- Amniocentesis
- Amnio infusion
- Amniotomy or oxytocin induction
- Application of internal fetal and uterine monitors
- Augmentation and induction of labor by use of oxytocin or prostaglandins
- Cesarean hysterectomy, cesarean section
- Cervical biopsy or conization of cervix in pregnancy
- Circumcision of newborn
- Hypogastric artery ligation
- Management of high-risk pregnancy inclusive of such conditions as pre-eclampsia, post-datism, third trimester bleeding, intrauterine growth retardation, premature rupture of membranes, premature labor, and multiple gestation
- Management of patients with/without medical, surgical, or obstetrical complications for normal labor, including pre-eclampsia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, and fetal demise
- Manual or surgical removal of placenta
- Obstetrical ultrasound (Category 1 = fetal position, placenta localization)
- Operative vaginal delivery (including forceps and rotation, vacuum extraction, breech extraction, internal podalic version, and extraction)
- Pudendal and paracervical blocks
- Repair of fourth-degree perineal lacerations or of cervical laceration
- Treatment of medical complications of pregnancy, including pregnancy-induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete, or missed abortion
- Vaginal birth after Cesarean section
- External cephalic version
- Cerclage
- D&C for obstetrical indications

Gynecology Core Privilege:

Admit evaluate, diagnose, treat and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting there from, 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 procedures on the bowel, urethra, and bladder as indicated.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
- Aspiration of breast masses/cysts
- Cervical biopsy/conization- knife, LEEP
- Colpocleisis
- Colpoplasty
- Colposcopy
- Diagnostic Cystoscopy
- Diagnostic D&C
- D&C for abortion, less than 14 weeks
- Diagnostic laparoscopy
- Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
- Endometrial ablation (any method)
- Gynecologic sonography
- Hysterectomy, abdominal, vaginal, including laparoscopic
- Hysterosalpingography
- Hysteroscopy- diagnostic and operative
- I&D of bartholin cyst or perineal abscess
- I&D of pelvic abscess
- Incidental appendectomy
- Marsupialization of bartholin cyst/abscess
- Minor gynecological surgical procedures (endometrial biopsy, dilation and curettage, treatment of bartholin cyst and abscess)
- Myomectomy
- Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary, or cervix
- Operations for sterilization (tubal ligation)
- Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension
- Operations for treatment of benign pelvic disease: D&C with conization, laparotomy, abdominal hysterectomy, vaginal hysterectomy, salpingectomy, oophorectomy
- Operation for uterine bleeding (abnormal and dysfunctional)
- Operative laparoscopy for pelvic pain and infertility
- Repair of rectocele, enterocele, cystocele, or pelvic prolapse
- Tubal sterilization
- Tuboplasty and other infertility surgery (not microsurgical)
- Uterosacral vaginal vault fixation

- Female urodynamic evaluation
- Vesicovaginal fistula, rectovaginal fistula repair
- Vulvar biopsy
- Vulvectomy, simple
- Incisional hernia repair
- Repair of bladder laceration
- Repair of bowel laceration
- Vaginoscopy
- Hymenotomy
- Vulvoplasty

Gynecology Oncology Core Privilege: Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications resulting there from, 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 procedures on the bowel, urethra, and bladder as indicated.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills:

- Myocutaneous flaps, skin grafting
- Para-aortic and pelvic lymph node dissection
- Pelvic exenteration
- Radical hysterectomy for treatment of invasive carcinoma of the cervix
- Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, as indicated.
- Treatment of invasive carcinoma of the vagina by radical vaginectomy and other related surgery
- Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection
- Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
- Uterine/vaginal isotope implants
- Uterovaginal fistula
- Portacath
- Flexible sigmoidoscopy
- Removal of urinary stents
- Insertion of ureteral stents
- Tumor debulking to include distal pancreatectomy, splenectomy and diaphragm resection

Urogynecology Core Privilege:

Admit evaluate, diagnose, treat, provide consultation and surgical therapeutic treatment to female patients with urogynecological diseases including cystocele, rectocele, enterocele, genuine stress urinary incontinence, and vaginal vault prolapse.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Diagnostic Cystoscopy
- Urethroscopy
- Endoscopic procedures of urinary bladder, urethra and upper tracts
- Open surgery of urinary bladder
- Sling procedure

Reproductive Endocrinology Core Privilege: Admit and/or outpatient evaluations, diagnose, treat and provide consultation to patients presenting with problems of fertility. Privileges include but are not limited to; laparoscopic retrieval of oocytes, ultrasound retrieval of oocytes, embryo transfer, microsurgical tubal reanastomosis and tubouterine implantation, microsurgery as related to fertility, intra-abdominal transfer of gametes and zygotes, culture and fertilization of oocytes, treatment of Ashermann's syndrome.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Gamete intrafallopian transfer
- Infertility and endocrine evaluation, including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
- Laparoscopic retrieval of oocytes
- Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer
- Treatment of Ashermann's syndrome
- Ultrasound retrieval of oocytes

Maternal-Fetal Core Privilege:

Admit, evaluate, diagnose, treat and provide consultation to female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. Privileges include but are not limited to: targeted OB ultrasound, fetoscopy/embryoscopy, in utero shunt placement, in utero fetal transfusion, percutaneous umbilical blood sampling, laparoscopic enterolysis, and diagnostic laparoscopy.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The attached procedure list reflects the scope of practice included in this core.

- Intrauterine transfusion
- Chorionic villous sampling
- Percutaneous umbilical blood sampling (PUBS)
- Placement of shunts (intrauterine, bladder, chest, etc)
- Targeted obstetrical ultrasound

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

Obstetrics & Gynecology Clinical Privileges

Check below the particular privileges desired in *Obstetrics & Gynecology* for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)	Adults & Adolescents (13 & Above, except OB Core, All Ages)
Obstetrics Core					
Gynecology Core					
Gynecology Oncology Core					
Urogynecology Core					
Reproductive Endocrinology Core					
Maternal-fetal Medicine Core					
Special Privileges					
<i>Use of Laser</i>					
<i>Hemorrhoidectomy</i>					
<i>Robotic surgery</i>					
<i>Transobturator & Transvaginal Sling</i>					
<i>Insertion of Ureteral Stents</i>					
<i>Hyperthermic Intraperitoneal Chemo perfusion (HIPEC) -LIMIT TO UNIVERSITY ONLY</i>					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by facility 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 actions are governed by the applicable section of the medical staff bylaws or related documents

Physician's Signature

Date

Printed Name