

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 04/26/2013

INSTRUCTIONS

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Obstetrics and Gynecology

Initial privileges - *To be eligible to apply for privileges in obstetrics and gynecology, the applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in obstetrics and gynecology.

AND/OR

Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

American Osteopathic Board of Obstetrics and Gynecology.

AND

Required current experience: Provision of care for an adequate volume of deliveries and gynecological surgical procedures in the past 12 months, 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.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in obstetrics and gynecology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Obstetrics*

Admit, evaluate, diagnose, treat 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. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Obstetrics Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Amnioinfusion
3. Amniocentesis

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

4. Amniotomy
5. Application of internal fetal and uterine monitors
6. Augmentation and induction of labor
7. Cesarean hysterectomy, cesarean section
8. Cerclage
9. Cervical biopsy or conization of cervix in pregnancy
10. Circumcision of newborn
11. External version of breech
12. Hypogastric artery ligation
13. Immediate care of the newborn (including resuscitation and intubation)
14. Interpretation of fetal monitoring
15. Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-datism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities.
16. Management of patients with/without medical, surgical or obstetrical complications for normal labor including toxemia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise.
17. Manual removal of placenta, uterine curettage
18. Medication to induce fetal lung maturity
19. Normal spontaneous vaginal delivery
20. Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques
21. Operative vaginal delivery (including the use of obstetric forceps and/or the vacuum extractor)
22. Perform breech and multifetal deliveries
23. Pudendal and paracervical blocks
24. Repair of 4th degree perineal lacerations or of cervical or vaginal lacerations
25. Treatment of medical and surgical complications of pregnancy
26. Vaginal birth after previous Cesarean section (VBAC)

CORE PRIVILEGES: *Gynecology*

Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or 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. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Gynecology Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
2. Aspiration of breast masses
3. Cervical biopsy including conization
4. Colpocleisis
5. Colpoplasty
6. Colposcopy
7. Cystoscopy as part of gynecological procedure
8. Diagnostic and therapeutic D & C
9. Diagnostic and operative laparoscopy (other than tubal sterilization)
10. Endometrial ablation
11. Laparotomy (other than tubal sterilization)
12. Gynecologic diagnostic procedures including ultrasonography and other relevant imaging techniques
13. Hysterectomy, abdominal, vaginal, including laparoscopically assisted
14. Hysterosalpingography
15. Hysteroscopy, diagnostic or ablative excluding use of resection technique
16. I & D of pelvic abscess
17. Incidental appendectomy
18. IUD insertion and removal
19. Metroplasty
20. Myomectomy, abdominal
21. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix
22. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure
23. Operation for uterine bleeding (abnormal and dysfunctional)
24. Operations for sterilization (tubal ligation)
25. Operative management of pelvic pain
26. Perform history and physical exam
27. Diagnosis and management of pelvic floor dysfunction, including operations for its correction e.g. (repair of rectocele, enterocele, cystocele, or pelvic prolapse)
28. Tuboplasty and other infertility surgery (not microsurgical)
29. Uterosacral vaginal vault fixation, paravaginal repair
30. Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
31. Vulvar biopsy
32. Vulvectomy, simple

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Gynecologic Oncology

Initial privileges - To be eligible to apply for privileges in gynecologic oncology, the applicant must meet the following criteria:

Meet criteria for obstetrics and gynecology, plus an American Board of Obstetrics and Gynecology (ABOG)– or American Osteopathic Association (AOA)–approved fellowship in gynecologic oncology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

Required current experience: Provision of an acceptable volume of gynecologic oncology 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.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in gynecologic oncology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Gynecologic Oncology*

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 and the performance of procedures on the bowel, urethra, and bladder as indicated. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Requested

Gynecologic Oncology Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Treatment of malignant disease with chemotherapy
3. Lymphadenectomies (inguinal, femoral, pelvic, para-aortic)
4. Microsurgery
5. Myocutaneous flaps, skin grafting
6. Para aortic and pelvic lymph node dissection
7. Pelvic exenteration (anterior, posterior, total)
8. Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)
9. Vaginectomy (simple, radical)
10. Vulvectomy (skinning, simple, partial, radical)
11. Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
12. Insertion of intracavity radiation application
13. Salpingo-oophorectomies
14. Omenectomies
15. Surgery of the gastrointestinal tract and upper abdomen to include: placements of feeding jejunostomy/gastrostomy; resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel (including low anterior resection and reanastomosis); bypass procedures of the large bowel; mucous fistula formations of large bowel; colostomies; splenectomies; liver biopsies
16. Surgery of the urinary tract: (Bladder) cystectomy (partial, total); repairs of vesicovaginal fistulas (primary, secondary); cystotomy; (ureter): ureteroneocystostomies with and without bladder flaps or psoas fixation; end to end ureteral re-anastomoses; transuretero-ureterostomies; small bowel interpositions; cutaneous ureterostomies; repairs of intraoperative injuries to the ureter; and conduits developed from the ileum, colon
17. I & D of abdominal or perineal abscess
18. Reconstruction procedures: development of neovagina (split thickness skin grafts, pedicle grafts, myocutaneous grafts); development of new pelvic floor (omental pedicle grafts, transposition of muscle grafts)
19. Evaluation procedures (cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass – fine needle aspirations, needle biopsies)
20. Manage operative and post operative complications

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Maternal-Fetal Medicine

Initial privileges - To be eligible to apply for privileges in maternal-fetal medicine, the applicant must meet the following criteria:

As for Obstetrics and Gynecology above, plus an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in maternal and fetal medicine.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

Required current experience: Provision of care to an adequate volume of patients, 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.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in maternal-fetal medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: *Maternal-Fetal Medicine*

Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Maternal-Fetal Medicine Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Amnioreduction
3. Chorionic villi sampling
4. Diagnostic laparoscopy
5. External cephalic version of abnormal lie
6. Fetal assessment: (antepartum) non stress test, contraction stress test, biophysical profile, vibroacoustic stimulation test, Doppler velocimetry; (intrapartum) fetal heart rate monitoring, scalp stimulation
7. Genetic amniocentesis
8. Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of thoracic shunt, placement of urinary catheter)
9. In utero fetal transfusion
10. Interoperative support to obstetrician as requested including operative first assist
11. Laparoscopic enterolysis
12. Ultrasound examination to include: 1st, 2nd, 3rd trimester targeted anatomic fetal evaluation, cardiac evaluation including color Doppler, Doppler velocimetry (fetal umbilical artery, fetal middle cerebral artery, maternal uterine artery), cervical and placental evaluation, 3D and 4D ultrasound
13. Percutaneous umbilical blood sampling (PUBS)
14. Transvaginal cervical cerclage
15. Cephalocentesis
16. Complicated cesarean delivery
17. Cesarean hysterectomy
18. Medical and surgical control of hemorrhage
19. Episiotomy and vaginal laceration repair
20. Induction of labor
21. Manual removal of placenta
22. Neonatal resuscitation
23. Operative vaginal deliveries
24. Sterilization procedures
25. Breech delivery (spontaneous, assisted, application of forceps to after coming head)
26. Delivery of multiple gestations
27. Version of second twin

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Female Pelvic Medicine & Reconstructive Surgery (Urogynecology)

Initial privileges - To be eligible to apply for privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following criteria:

As for Obstetrics and Gynecology above, plus an American Board of Obstetrics and Gynecology (ABOG) approved fellowship in female pelvic medicine and reconstructive surgery /urogynecology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

Required current experience: Provision of care to an adequate volume of patients, 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.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in female pelvic medicine and reconstructive surgery, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Female Pelvic Medicine & Reconstructive Surgery / Urogynecology

Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genito-urinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and non-infectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Female Pelvic Medicine & Reconstructive Surgery / Urogynecology Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Perform and interpret diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, pelvic organ prolapse
3. Continence Procedures for Genuine Stress Incontinence
 - Periurethral bulk injections (e.g. polytef, collagen, fat)
 - Long needle procedures (e.g. Pereyra, Raz, Stamey, Gittes, Muzsnai)
 - Vaginal urethropexy (e.g. bladder neck placcation, vaginal paravaginal defect repair)
 - Retropubic urethropex (e.g. Marshall-Marchetti-Krantz, Burch, and paravaginal defect repair)
 - Sling procedures (e.g. fascia lata, rectus fascia, heterologous materials, vaginal wall)
4. Continence procedures for overflow incontinence due to anatomic obstruction following continence surgery
 - Cutting of one or more suspending sutures
 - Retropubic urethrolisis with or without repeat bladder neck suspension
 - Revision, removal, or release of a suburethral sling
5. Other surgical procedures for treating urinary incontinence
 - Placement of an artificial urinary sphincter
 - Continent vesicotomy or suprapvesical diversion
 - Augmentation cystoplasty, suprapvesical diversion, sacral nerve stimulator implantation, and bladder denervation
 - Urethral closure and suprapubic cystotomy
6. Anal Incontinence Procedures
 - Sphincteroplasty

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

- Colostomy
- Bowel resection
- Muscle transposition
- Retrorectal repair
- Dynamic (stimulated (muscle transposition))

7. Pelvic Floor Dysfunction and Genital Prolapse Procedures

- Abdominal (closure or repair of enterocele, transabdominal sacrocolpopexy, paravaginal repair)
- Vaginal (transvaginal hysterectomy with or without colporrhaphy; anterior and posterior Colporrhaphy and perineorrhaphy; paravaginal repair; Manchester operation; enterocele repair; vagina vault suspension; colpocleisis; retro-rectal levator plasty and post anal repair)

Qualifications for Reproductive Endocrinology

***Initial privileges** - To be eligible to apply for privileges in reproductive endocrinology, the applicant must meet the following criteria:*

As for Obstetrics and Gynecology above, plus an American Board of Obstetrics and Gynecology (ABOG) or an American Osteopathic Association (AOA) approved fellowship in reproductive endocrinology.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

Required current experience: Provision of care to an adequate volume of patients, 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.

***Reappointment (Renewal of Privileges) Requirements** - To be eligible to renew privileges in reproductive endocrinology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

CORE PRIVILEGES: *Reproductive Endocrinology*

Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

Reproductive Endocrinology Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Fertility restoration including: laparoscopy and laparotomy techniques used to reverse sterilization
3. Diagnostic and therapeutic techniques including: hysterosalpingography, sonohysterography, tubal canalization and endoscopy (laparoscopy and hysteroscopy)
4. 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 post operative medical adjunctive therapy
5. 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, correction of müllerian abnormalities
6. Surgical treatment of ambiguous genitalia including construction of unambiguous function female external genitalia and vagina (e.g. vaginoplasty, clitoral reduction, exteriorization of the vagina and feminizing genitoplasty; techniques for prophylactic gonadectomy)

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

Special Non-Core Privileges (See Specific Criteria)

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

Qualifications for Use of a Robotic Assisted Procedures

Initial Criteria - *To be eligible to apply for privileges in robotic assistance in surgical procedures, the applicant must meet the following criteria:*

Successful completion of ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use

OR

Completion of approved structured training program that included didactic education on the specific technology, animal laboratory training, and the specialty specific approach to organ systems.

AND

Must hold open/laparoscopic privileges to perform the procedures being requested for use with robotic system

AND

Must hold privileges in, or demonstrate training and experience in, general laparoscopic procedures.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, or completion of training program within the last 12 months. First three (3) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #1 (above) or applicants with verified current competency after #2. First ten (10) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #2 and without verified current competency. Additional proctoring may be required as deemed appropriate by the proctor.

Renewal of privileges: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

NON-CORE PRIVILEGES: *Use of robotic-assisted system for gynecologic procedures*

Requested

Robotic-Assisted Gynecologic Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

- Myomectomy
- Hysterectomy
- Radical hysterectomy
- Salpingo-oophorectomy
- Microsurgical fallopian tube re-anastomosis
- Pelvic and para-aortic lymph node dissection

Qualifications for Use of Laser

Criteria: Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

UNMH Obstetrics and Gynecology Clinical Privileges

Name:

Effective Dates: _____ To: _____

NON-CORE PRIVILEGE: *Use of Laser*

Requested

Qualifications for Transcervical Sterilization

Criteria: : Successful completion of an ACGME/AOA- accredited post-graduate training program in OB/GYN and successful completion of a training course in the transcervical sterilization system for which the applicant is seeking privileges.

Required Current Experience: Demonstrated current competence and evidence of an acceptable volume of transcervical sterilization procedures in the past 12 months or completion of training in the past 12 months.

Maintenance of Privilege: Demonstrated current competence and evidence of an acceptable volume of transcervical sterilization procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to transcervical sterilization is required.

NON-CORE PRIVILEGE: *Transcervical Sterilization*

Requested

UNMH Obstetrics and Gynecology Clinical Privileges

Name: _____
Effective Dates: _____ To: _____

Acknowledgment 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 UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital 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.

Signed _____ Date _____

Department Chair recommendation

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Criteria approved by UNMH Board of Trustees on 04/26/2013