

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

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- Initial Appointment
 Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 09/02/2015

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

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) 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 and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR OBSTETRICS

To be eligible to apply for core privileges in obstetrics, the initial applicant must meet the following criteria:

Current specialty certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate successful completion of an ACGME or AOA accredited residency in obstetrics and gynecology within the past 12 months or demonstrate a sufficient volume of deliveries (to include a sufficient volume of C-Sections) in the past 24 months and the performance of a sufficient volume of obstetrics procedures reflective of the scope of privileges requested in the past 24 months.

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Reappointment Requirements: To be eligible to renew core privileges in obstetrics, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of deliveries (to include a sufficient volume of C-Sections) and a sufficient volume of obstetrical procedures, 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. Medical Staff members whose board certificates in obstetrics and gynecology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

OBSTETRICS CORE PRIVILEGES

- Requested** 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

QUALIFICATIONS FOR GYNECOLOGY

To be eligible to apply for core privileges in gynecology, the initial applicant must meet the following criteria:

Current specialty certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to specialty certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate successful completion of an ACGME or AOA accredited residency in obstetrics and gynecology within the past 12 months or demonstrate the performance of a sufficient volume of gynecological surgical procedures (to include a sufficient volume of major abdominal cases), reflective of the scope of privileges requested in the past 24 months.

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Reappointment Requirements: To be eligible to renew core privileges in gynecology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of gynecological surgical procedures (to include a sufficient volume of major abdominal cases), 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. Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

GYNECOLOGY CORE PRIVILEGES

- Requested** 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY

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

Current 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.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in gynecologic oncology and active participation in the examination process with achievement of certification within 5 years of completion of formal training 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.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of gynecologic oncology procedures, reflective of the scope of privileges requested in the past 24 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in gynecologic oncology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of gynecologic oncology procedures, 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. Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

GYNECOLOGIC ONCOLOGY CORE PRIVILEGES

- Requested** 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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QUALIFICATIONS FOR MATERNAL-FETAL MEDICINE

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

Current 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.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited fellowship in maternal-fetal medicine and active participation in the examination process with achievement of certification within 5 years of completion of formal training 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.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate provision of care to a sufficient volume of patients with medical disorders complicating pregnancy and a sufficient volume of high level targeted ultrasound examinations, reflective of the scope of privileges requested, in the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, maternal-fetal medicine fellowship, or maternal-fetal medicine related research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in maternal-fetal medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of complicated patients and/or a sufficient volume of high level ultrasound examinations, 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. Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

MATERNAL-FETAL MEDICINE CORE PRIVILEGES

- Requested** 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)

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

Current subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology

OR

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology

OR

Current specialty certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology AND equivalent experience in female pelvic medicine

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, in the past 24 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of procedures, 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. Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY / UROGYNECOLOGY CORE PRIVILEGES

- Requested** 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. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

To be eligible to apply for core privileges in reproductive endocrinology and infertility, the initial applicant must hold gynecology privileges and meet the following criteria:

Current subspecialty certification in reproductive endocrinology and infertility by the American Board of Obstetrics and Gynecology

OR

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) approved fellowship in reproductive endocrinology and infertility and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in reproductive endocrinology and infertility by the American Board of Obstetrics and Gynecology

OR

Current specialty certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology AND equivalent experience in reproductive endocrinology and infertility

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of reproductive endocrinology procedures, reflective of the scope of privileges requested, in the past 24 months, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in reproductive endocrinology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of reproductive endocrinology procedures, 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. Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

REPRODUCTIVE ENDOCRINOLOGY CORE PRIVILEGES

- Requested** Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility related to reproductive endocrinology. May provide care to patients in the intensive care setting in conformance with unit policies. 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.

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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 previous experience, and for maintenance of clinical competence.

SACRAL NERVE STIMULATION FOR URINARY CONTROL

Requested

Criteria: As for specialty, plus, ample exposure to sacral nerve stimulation during post graduate training program OR successful completion of a training course in InterStim Therapy. . **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of InterStim Therapy stimulator test and implant procedures in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of InterStim Therapy stimulator test and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to SNS for urinary control and InterStim Therapy should be required.

NUCHAL TRANSLUCENCY (NT) MEASUREMENTS

Requested

Criteria: Successful completion of an ACGME or AOA accredited post graduate training program that included training in nuchal translucency measurement or completion of a hands on CME. **Required Previous Experience:** Demonstrated current competence and evidence of performance of a sufficient volume of NT measurements in the past 24 months. **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of NT measurements in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

USE OF LASER

Requested

Criteria:

- 1) Completion of an acceptable laser safety course provided by the UMMC Laser Safety Officer
AND
- 2) Successful completion of an approved residency in a specialty or subspecialty which included training in lasers
OR
Successful completion of a hands-on CME course which included training in laser principles and observation and hands-on experience with lasers
OR
Evidence of sufficient volume of procedures performed utilizing lasers (with acceptable outcomes) within the past 24 months
AND

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- 3) Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience

Maintenance of Privilege:

A practitioner must document that procedures have been performed over the past 24 months utilizing lasers (with acceptable outcomes) in order to maintain active privileges for laser use. In addition, completion of a laser safety refresher course provided by the Laser Safety Officer is required for maintenance of the privilege. Practitioner agrees to limit practice to only the specific laser types for which they have documentation of training and/or experience.

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- Completion of residency or fellowship in anesthesiology, emergency medicine or critical care **-OR-**
- Completion of residency or fellowship within the past year in a clinical subspecialty that provides training in procedural sedation training **-OR-**
- Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:
- _____

-OR-

- Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

-AND-

- ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

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-OR-

- Maintenance of board certification or eligibility in anesthesiology, emergency medicine, pediatric emergency medicine, cardiovascular disease, advanced heart failure and transplant cardiology, clinical cardiac electrophysiology, interventional cardiology, pediatric cardiology, critical care medicine, surgical critical care, neurocritical care or pediatric critical care, as well as active clinical practice in the provision of procedural sedation.

Section Three--PRIVILEGES FOR DEEP SEDATION:

- I am requesting privileges to administer/manage deep sedation as part of these procedural sedation privileges.

Deep Sedation/Anesthetic Agents used: _____

APPLICABLE TO REQUESTS FOR DEEP SEDATION ONLY:

I have reviewed and approve the above requested privileges based on the provider's critical care, emergency medicine or anesthesia training and/or background.

Signature of Anesthesiology Chair

Date

ROBOTICALLY ASSISTED MINIMALLY INVASIVE SURGERY

- Requested

Criteria:

- PATH 1: As for specialty, plus, applicants must show evidence of clinical experience in a minimum of five (5) computer-assisted procedures with the DaVinci Surgical Platform over the past 12 months via residency or fellowship training program.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 2: As for specialty, plus, evidence of a minimum of five (5) computer-assisted procedures performed with the DaVinci Surgical Platform over the past 12 months with acceptable outcomes.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

OR

- PATH 3: Attendance and successful completion of a hands-on training program of at least eight (8) hours in duration in the use of the DaVinci Surgical Platform.

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AND

At least three (3) hours of personal experience on the system during the training program.

AND

Observation of at least one (1) clinical case using the Tele-robotic surgical system.

AND

Demonstrate successful use of the Tele-robotic system during two (2) proctored cases (first two cases utilizing the tele-robotic system).

Maintenance of Privilege: Demonstrated current competence and evidence of the performance of at least ten (10) robotically-assisted minimally invasive surgery procedures in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. (If less than twenty-four (24) months since last (re)appointment, then five (5) procedures per year.)

ULTRASOUND-GUIDED CENTRAL LINE INSERTION

Requested See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and
- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of appointment

Reprivileging:

As for core privileges plus:

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and
- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months;

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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CORE PROCEDURE LIST

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

Obstetrics

- Amnioinfusion
- Amniocentesis
- Amniotomy
- Application of internal fetal and uterine monitors
- Augmentation and induction of labor
- Cesarean hysterectomy, cesarean section
- Cerclage - transvaginal
- Cervical biopsy, LEEP procedure or conization of cervix in pregnancy
- Circumcision of newborn
- External version of breech/transverse lie
- Uterine artery ligation
- Interpretation of fetal monitoring
- 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 multiple gestation and placental abnormalities.
- Management of patients with/without medical surgical or obstetrical complications for normal labor including pre eclampsia, eclampsia, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise.
- Manual removal of placenta, uterine curettage
- Medication to induce fetal lung maturity
- Normal spontaneous vaginal delivery
- Obstetrical ultrasound, Category I = fetal position, placenta localization
- Operative vaginal delivery (including vacuum extraction, breech extraction, outlet or low or mid forceps including rotations)
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Pudendal and paracervical blocks
- Repair of 4th degree perineal lacerations or of cervical or vaginal lacerations
- Telehealth
- 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 (VBAC)

Gynecology

- Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
- Cervical biopsy including conization
- Colpocleisis

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- Colpoplasty
- Colposcopy
- Cystoscopy as part of gynecological procedure
- Diagnostic and Therapeutic D & C; Dilation & Evacuation
- Diagnostic and Operative Laparoscopy
- Endometrial ablation
- Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
- Gynecologic sonography
- Hysterectomy, abdominal, vaginal, including laparoscopic
- Hysterosalpingography
- Hysteroscopy, diagnostic or ablative excluding use of resection technique
- I & D of pelvic abscess
- Incidental appendectomy
- Myomectomy
- Operation for treatment of non invasive neoplasia of the vulva, vagina, endometrium, ovary or cervix
- Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure
- Operation for uterine bleeding (abnormal and dysfunctional)
- Operations for sterilization (tubal ligation, transcervical sterilization)
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Repair of rectocele, enterocele, cystocele, or pelvic prolapse
- Telehealth
- Tuboplasty and other infertility surgery (not microsurgical)
- Uterosacral vaginal vault fixation, paravaginal repair
- Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
- Vulvar biopsy
- Vulvectomy, simple

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Gynecologic Oncology

- Chemotherapy
- Myocutaneous flaps, skin grafting
- Order respiratory services
- Order rehab services
- Paraaortic, pelvic, and inguinal lymph node dissection
- Pelvic exenteration
- Perform history and physical exam
- Radical hysterectomy, radical vulvectomy, radical vaginectomy
- Surgical procedures on bowel, ureter, bladder, liver, spleen, diaphragm, omentum, and abdominal and pelvic wall as related to gynecologic oncology
- Placement of brachytherapy for gynecologic cancer
- Placement of intraperitoneal catheters
- Cystoscopy
- Sigmoidoscopy
- Telehealth

Maternal-Fetal Medicine

- Amnio reduction procedures
- Chorionic villi sampling
- Fetal treatment
- Genetic and other diagnostic amniocentesis
- In utero fetal shunt placement
- In utero fetal transfusion
- Intraoperative/perioperative support to obstetrician as requested including operative first assist
- Obstetrical ultrasound including Doppler studies, targeted sonography, fetal ECHO
- Order respiratory services
- Order rehab services
- Percutaneous umbilical blood sampling (PUBS)
- Perform history and physical exam
- Pregnancy termination for fetal aneuploidy / anomaly
- Telehealth
- Transabdominal cerclage
- Triple or higher order gestation pregnancy management

Female pelvic medicine and reconstructive surgery

- Cystoscopy with botox injection
- Cystotomy/cystostomy
- Iliococcygeus suspension
- Insertion of mesh
- Multichannel urodynamic testing
- Order respiratory services
- Order rehab services
- Paravaginal repair
- Pelvic floor evaluation and rehabilitation including endoanal sonography, EMG electrical stimulation
- Percutaneous tibial nerve stimulation

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- Perform history and physical exam
- Repair of external anal sphincters and perineal body
- Rectocele repair, enterocele repair, anterior repair
- Retropubic or pubovaginal urethralpexy
- Sacrocolpopexy
- Scarospinous ligament suspension
- Telehealth
- Urethral bulking injections
- Urethral sling
- Uterosacral culposuspension

Reproductive Endocrinology

- Culture and fertilization of oocytes
- Gamete intrafallopian transfer (G.I.F.T)
- Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
- Intra-abdominal transfer of gametes and zygotes
- Laparoscopic retrieval of oocytes
- Laparoscopic cryoablation
- Metroplasty
- Microsurgical tubal reanastomosis and tubouterine implantation
- Operative and diagnostic hysteroscopy including myomectomy, polypectomy, lysis of adhesions, septoplasty and tubal cannulation
- Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer
- Telehealth
- Ultrasound retrieval of oocytes

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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 University Hospital and Health System, University of Mississippi Medical Center, 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** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Department Chair Signature _____ **Date** _____

Reviewed:

Revised:

2/3/2010, 6/2/2010, 5/4/2011, 10/5/2011, 11/2/2011, 12/16/2011, 1/4/2012, 7/11/2012, 11/07/2012, 4/3/2013, 7/3/2013, 10/01/2014, 8/05/2015, 09/02/2015