



CORE PRIVILEGES

OBSTETRICS / GYNECOLOGY SERVICES

QUALIFICATIONS:

- M.D. or D.O. with successful completion of an ACGME or AOA-accredited residency training program in Obstetrics and Gynecology, or Family Medicine with fellowship or equivalent training in obstetrics.
- Current certification or active participation in the examination process leading to board certification in obstetrics and gynecology or family medicine. Applicants must become board certified within six (6) years of passage of the written exam and be recertified as required by ABOG or ABFM.
- Documentation or attestation of the management of at least 50 obstetrical patients as attending physician (or senior resident) during the last two (2) years. *Reappointments: please be prepared to provide a list of cases performed at facilities other than Teche Regional Medical Center if requested.*

(R)= Recommended as Requested (A)=Approved as Requested (C)=Recommended with Condition(s) (N)=Not Recommended

Requested						
Yes	No	CORE OBSTETRICAL PRIVILEGES:	(R)	(A)	(N)	(C) Condition/Reason(s)
		<p>Core privileges in Obstetrics includes the admission, evaluation, consultation, diagnosis and medical or surgical treatment of female patients of all ages presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system.</p> <p>Both medical and surgical treatments, include but are not limited to:</p> <ul style="list-style-type: none"> ▪ deliveries of all types (except mid or high forcep deliveries) ▪ abortion ▪ cesarean sections ▪ circumcisions of the infant ▪ ectopic pregnancy ▪ induction of labor ▪ forceps and vacuum extractions ▪ management of intrauterine death ▪ resuscitation and intubation of the newborn (emergent only) ▪ external version <p>Diagnostic evaluations include:</p> <ul style="list-style-type: none"> ▪ electronic fetal monitoring ▪ ultrasound ▪ colposcopy ▪ amniocentesis ▪ amniotomy <p>Medical Management of complications related to pregnancy include:</p> <ul style="list-style-type: none"> ▪ diabetes ▪ anemia ▪ hypertension <p><i>[Consultation with an Internal Medicine specialist is recommended, but not required for complex medical conditions.]</i></p>				

Requested						
Yes	No	CORE GYNECOLOGY PRIVILEGES:	(R)	(A)	(N)	(C) Condition/Reason(s)
		<p>Core Gynecology privileges include the admission, evaluation, consultation, diagnosis and medical or surgical treatment of female patients of all ages presenting with illnesses, injuries and disorders of the genito-urinary tract.</p> <p>Both medical and surgical treatments, include but are not limited to:</p> <ul style="list-style-type: none"> ▪ adnexal surgery ▪ biopsy and excision of the affected areas of the genito-urinary tract ▪ biopsy of breast ▪ bladder suspension (abdominal approach) ▪ colpectomy, colpotomy (exploratory) ▪ conization of the cervix (LEEP) ▪ cystoscopy, Bartholin duct cystectomy ▪ diagnostic laparoscopy ▪ D & C ▪ endometrial ablation procedure ▪ excision of Skenes duct cyst ▪ exenteration (anterior, posterior, complete) ▪ evacuation of pelvic abscess ▪ evisceration repair ▪ fundectomy ▪ hydatid mole evacuation ▪ hymenotomy ▪ hypogastric Aa. Ligation ▪ hysteroscopy ▪ hysterectomy (abdominal, total with or without, radical Wertheim) ▪ I&D of Bartholin duct abscess ▪ incisional hernia repair ▪ incidental appendectomy ▪ incompetent os surgery ▪ Meckel's diverticulum ▪ oophorectomy ▪ perineotomy, perineoplasty, perineorrhaphy ▪ pessary insertion ▪ plastic construction of vagina with skin grafting of congenital absence ▪ pre-sacral neurectomy ▪ proctoscopy ▪ radium insertion (cervix, uterus) ▪ repair of cervix (Stermdorf) ▪ repair of enter/rectocele ▪ repair of cysto-urethrocele ▪ repair surgical rent of bladder bowel ▪ repair/ closure (recto/vesico-vaginal fistula) ▪ salpingogram (hystero), salpingectomy, salpingostomy, salpingoplasty ▪ tubal implantation into uterus ▪ urethral repair, caruncle-fulguration ▪ uterine, urethral suspension ▪ ureteral repair, transplant ▪ vulvectomy (simple, radical with groin dissection & hypogastric nodes) ▪ wedge resection of ovaries <p><i>[You may mark through any privilege you will not be doing at this facility and do not wish to request]</i></p>				



HEALTH STATEMENT

TO CHIEF OF SERVICE / CHIEF OF STAFF

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES NO

If yes, please explain:

3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST? YES NO
If yes, please give date of positive skin test. _____
If no, when was your last PPD test? _____

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

SIGNATURE OF APPLICANT

DATE

CHIEF OF SERVICE

DATE