

# CARLSBAD MEDICAL CENTER

## OBSTETRICS/GYNECOLOGY APPLICATION FOR PRIVILEGES

NAME OF APPLICANT: \_\_\_\_\_

BOARD CERTIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Privileges in Obstetrics and Gynecology are granted for both clinical cognitive areas and specific procedures. All practitioners requesting Obstetrics and Gynecology privileges are to be board certified by the American Board of Obstetrics and Gynecology or by the American Osteopathic Board of Obstetrics and Gynecology or fully trained in an accredited Obstetrics and Gynecology residency program recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).

CHECK EACH AREA FOR WHICH YOU ARE REQUESTING PRIVILEGES:

R = Requested                      G = Granted                      D = Denied

### GENERAL COGNITIVE PRIVILEGES

R	G	D	
[ ]	[ ]	[ ]	Admitting and Attending Privileges
[ ]	[ ]	[ ]	Assisting in Surgery Only
[ ]	[ ]	[ ]	Consultation Only
[ ]	[ ]	[ ]	Critical Care Admission and Management*

PRIVILEGE LEVEL	PROCEDURAL PRIVILEGES
Level 1	<b>USUAL AND CUSTOMARY OBSTETRICS AND GYNECOLOGY PROCEDURAL PRIVILEGES</b> <ol style="list-style-type: none"> <li>1) These procedural privileges are usually and customarily performed by board certified or fully trained physicians in Obstetrics and Gynecology; and</li> <li>2) Documentation of specific training and/or experience in Level 1 procedural privileges may be required; and</li> <li>3) Level 1 procedural privileges are unasterisked.</li> </ol>

PRIVILEGE LEVEL	PROCEDURAL PRIVILEGES
Level 2	<b>ADVANCED OBSTETRICS AND GYNECOLOGY PROCEDURAL PRIVILEGES</b> <ol style="list-style-type: none"> <li>1) These procedural privileges may be performed by board certified or fully trained physicians in Obstetrics and Gynecology; and</li> <li>2) Level 2 procedural privileges require documentation of training and experience; and</li> <li>3) Individual Level 2 procedural privileges must be proctored as defined on this application for privilege form; and</li> <li>4) Level 2 procedural privileges are denoted by * (one asterisk).</li> </ol>

CARLSBAD MEDICAL CENTER –REQUEST FOR PRIVILEGES

Name of Applicant: \_\_\_\_\_

R = Requested                      G = Granted                      D = Denied

*NOTE: If applying for an asterisked (\*) privilege, enter the number and location of procedures performed in the last 2 years.*

R	G	D		# Performed	Location Performed
<b>ANESTHESIA PROCEDURES</b>					
			<b>CONSCIOUS SEDATION</b>		
[ ]	[ ]	[ ]	Pediatric (<15 years) Moderate Sedation*	_____	_____
[ ]	[ ]	[ ]	Adult Moderate Sedation*	_____	_____
[ ]	[ ]	[ ]	Pediatric (<15 years) Deep Sedation*	_____	_____
[ ]	[ ]	[ ]	Adult Deep Sedation*	_____	_____
<b>GENERAL SURGERY PROCEDURES</b>					
[ ]	[ ]	[ ]	Appendectomy		
<b>HERNIA REPAIR</b>					
[ ]	[ ]	[ ]	Incisional		
[ ]	[ ]	[ ]	Umbilical		
[ ]	[ ]	[ ]	Laparotomy, Exploratory		
<b>GYNECOLOGY SURGICAL – LEVEL 1</b>					
[ ]	[ ]	[ ]	Lymph Node Biopsy		
[ ]	[ ]	[ ]	Biopsy of Vagina, vulva, cervix and/or endometrium		
[ ]	[ ]	[ ]	Colpectomy		
[ ]	[ ]	[ ]	Colpotomy		
[ ]	[ ]	[ ]	Colporrhaphy		
[ ]	[ ]	[ ]	Cone Biopsy of the cervix		
[ ]	[ ]	[ ]	Culdoscopy		
[ ]	[ ]	[ ]	Cystoscopy		
[ ]	[ ]	[ ]	D & C		
[ ]	[ ]	[ ]	Hymenotomy		
[ ]	[ ]	[ ]	Hymenectomy		
[ ]	[ ]	[ ]	Hysteroscopy – diagnostic		
[ ]	[ ]	[ ]	Vaginal		
[ ]	[ ]	[ ]	Abdominal		
[ ]	[ ]	[ ]	Hysterorrhaphy		
[ ]	[ ]	[ ]	Hysteroplasty		
[ ]	[ ]	[ ]	Hysterosalpingogram		
[ ]	[ ]	[ ]	LeForte vaginal repair		
[ ]	[ ]	[ ]	Marsupulization of Bartholin Cyst (abscess)		
[ ]	[ ]	[ ]	Myomectomy		
[ ]	[ ]	[ ]	Oophorectomy		
[ ]	[ ]	[ ]	Perineorrhaphy		
[ ]	[ ]	[ ]	Removal of foreign body from vagina		
<b>REPAIR OF:</b>					
[ ]	[ ]	[ ]	Cystourethrocele		
[ ]	[ ]	[ ]	Enterocoele		
[ ]	[ ]	[ ]	Retrocele		
[ ]	[ ]	[ ]	Rectovaginal Fistula		
[ ]	[ ]	[ ]	Surgical rent., bowel, or bladder		
[ ]	[ ]	[ ]	Vescovaginal Fistula*	_____	_____
[ ]	[ ]	[ ]	Retropubic urethropexy or colposuspension		
[ ]	[ ]	[ ]	Sacrospinous Fixation- vaginal cuff or cervix uterus or uterine prolapse		
[ ]	[ ]	[ ]	Salpingostomy		

CARLSBAD MEDICAL CENTER –REQUEST FOR PRIVILEGES

Name of Applicant: \_\_\_\_\_

Gynecology Surgical – Level 1--Continued

R	G	D		#	Location Performed
				Performed	
[ ]	[ ]	[ ]	Salpingectomy		
[ ]	[ ]	[ ]	Sturmdorf repair of cervix		
[ ]	[ ]	[ ]	Tubal lavage		
[ ]	[ ]	[ ]	Tubal ligation, cauterization		
[ ]	[ ]	[ ]	Tuboplasty-Macro		
[ ]	[ ]	[ ]	Vulvectomy-Simple		
[ ]	[ ]	[ ]	Wedge resection of ovaries		

**GYNECOLOGY SURGICAL PRIVILEGES – LEVEL 2**

[ ]	[ ]	[ ]	Endometrial ablation via rollerball*	_____	_____
			<b>HYSTEROSCOPY</b>		
[ ]	[ ]	[ ]	Therapeutic*	_____	_____
			<b>LAPAROSCOPY</b>		
[ ]	[ ]	[ ]	Diagnostic	_____	_____
[ ]	[ ]	[ ]	<u>Operative</u>		
[ ]	[ ]	[ ]	Appendectomy*	_____	_____
[ ]	[ ]	[ ]	LAVH (Laparoscopic assisted vaginal hysterectomy)*	_____	_____
[ ]	[ ]	[ ]	Hysterectomy*	_____	_____
[ ]	[ ]	[ ]	Sling Procedure*	_____	_____
[ ]	[ ]	[ ]	Pre-Sacral Neuroectomy*	_____	_____

**OBSTETRICS PROCEDURES – LEVEL 1**

			<b>ABORTION</b>		
[ ]	[ ]	[ ]	D&C		
[ ]	[ ]	[ ]	D&E (<14 weeks gestation)		
[ ]	[ ]	[ ]	Hysterotomy		
[ ]	[ ]	[ ]	Amniocentesis >30 weeks gestation		
[ ]	[ ]	[ ]	Cerclage		
[ ]	[ ]	[ ]	Cesarean Section		
[ ]	[ ]	[ ]	Episiotomy		
[ ]	[ ]	[ ]	Evacuation of molar pregnancy		
[ ]	[ ]	[ ]	External cephalic version		
[ ]	[ ]	[ ]	Hypogastric artery ligation		
[ ]	[ ]	[ ]	Induction of labor		
[ ]	[ ]	[ ]	Interpretation of fetal non-stress and non-stress testing		
[ ]	[ ]	[ ]	Insertion of Intrauterine pressure catheter		
[ ]	[ ]	[ ]	Internal version and extraction		
[ ]	[ ]	[ ]	Management of malpresentation (breech, face, brow, transverse lie)		
[ ]	[ ]	[ ]	Manual removal of placenta		
[ ]	[ ]	[ ]	Manual uterine inversion		
[ ]	[ ]	[ ]	Multiple gestation		
[ ]	[ ]	[ ]	Repair of cervical or vaginal laceration		
[ ]	[ ]	[ ]	Ultrasound		

CARLSBAD MEDICAL CENTER –REQUEST FOR PRIVILEGES

Name of Applicant: \_\_\_\_\_

**OBSTETRICS PROCEDURES – LEVEL 2**

				# Performed	Location Performed
[ ]	[ ]	[ ]	Abortion – D&E (>14 weeks gestation)*	_____	_____
[ ]	[ ]	[ ]	Forceps Delivery*	_____	_____
[ ]	[ ]	[ ]	Normal Delivery*	_____	_____
[ ]	[ ]	[ ]	Vacuum Assisted Delivery*	_____	_____

**OTHER PROCEDURES**

[ ] [ ] [ ] Specify: \_\_\_\_\_

I certify that I have had the necessary training and experience to perform the procedures that I have requested.

\_\_\_\_\_  
NAME OF APPLICANT (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPROVALS**

All privilege delineations have been individually considered and have been recommended based upon the practitioner's specialty, licensure, specific training, experience, health status, current competence and peer recommendations.

APPLICANT MAY PERFORM PRIVILEGES AND PROCEDURES AS INDICATED:

EXCEPTIONS/LIMITATIONS:

(specify)

\_\_\_\_\_  
Surgery Department Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Trustees

\_\_\_\_\_  
Date

Name of Applicant: \_\_\_\_\_

**OBSTETRICS/GYNECOLOGY  
CRITERIA FOR CLINICAL PRIVILEGES**

Privileges followed by an asterisk are identified in this table. Please submit required documentation when applicable at the time of appointment or reappointment. The numbers indicated in this table represent the minimal number of documented procedures to be submitted for consideration of the advanced privileges requested. Additional documentation of training, experience and/or current competence may be requested and additional proctoring may be requested at any time by the Department Chairperson or the Medical Executive Committee for any privilege requested.

PROCEDURES	TRAINING/EXPERIENCE	Number of Documented Procedures for Initial Appointment	Number of Procedures Every 2 Years	Number of Procedures to be Initially Proctored
<b>COGNITIVE PRIVILEGES</b>				
Critical Care Admission and Management	Documentation of Successful Performance	4	1	1
<b>ANESTHESIA</b>				
Conscious Sedation – Pediatric (<15 years)	See Attachment C	2	1	N/A
Moderate Sedation or Analgesia				
Conscious Sedation – Adult Moderate	See Attachment C	2	1	N/A
Sedation or Analgesia				
Conscious Sedation – Pediatric (<15 years)	See Attachment C	2	1	4
Deep Sedation or Analgesia				
Conscious Sedation – Adult Moderate	See Attachment C	2	1	4
Sedation or analgesia				
<b>GYNECOLOGY SURGICAL – LEVEL 1</b>				
Endometrial Ablation via rollerball	Certification of training and proficiency by residency program	3	1	1
Hysteroscopy-Therapeutic		3	1	2
<b>LAPAROSCOPY (Operative)</b>				
Appendectomy	Documentation of Successful Performance	5	1	1
LAVH	Documentation of Successful Performance	5	1	1
Hysterectomy	Documentation of Successful Performance	20	1 (combine with other operative laparoscopy procedure)	1
Sling Procedure	Documentation of Successful Performance	5	1	1
Pre-Sacral Neurectomy	Documentation of Successful Performance	5	1	1
<b>OBSTETRICS PROCEDURES</b>				
Normal Delivery	Documentation of Successful Performance	20	10	10
Low Forceps Delivery		10	1	1
Vacuum Assisted Delivery		10	1	1
Abortion – D&E (> 14 weeks gestation)	Documentation of Successful Performance	5	2	1

**MEDICAL STAFF CREDENTIALING CRITERIA FOR CONSCIOUS SEDATION**

**Moderate Sedation or Analgesia**

Separate privileges are granted for the categories of adult and pediatric (< 15 years) moderate sedation or analgesia, based on documentation of current competency.

**All** medical staff requesting any conscious sedation privilege must complete and document a review of the current medical staff conscious sedation policy. **In addition** to the required review of the conscious sedation policy, practitioners requesting privileges in conscious sedation must meet requirements of either #1 **or** #2 listed below:

1. Documentation of training, experience and current competence related to the use of moderate sedation or analgesia, **and** successful performance of at least (1) moderate sedation/analgesia case in the last (2) years for each category of moderate sedation or analgesia applied for and (2) sedation/analgesia cases at initial appointment **OR**
2. Documentation of relevant training and experience **AND**
  - a. Attendance at a Carlsbad Medical Center sponsored CME program on moderate sedation/analgesia **or** review of the videotape of such conference **and** achievement of a score of 85% or higher on the moderate sedation/analgesia post-test, **AND** provisional privileges will be granted pending outcome review.

***Deep Sedation or Analgesia***

Separate privileges to be granted for the categories of adult and pediatric (< 15 years) deep sedation or analgesia based on documentation of current competency. **All** medical staff requesting any conscious sedation privilege, must complete and document a review of the current medical staff conscious sedation policy **AND** maintain current ACLS certification (*PALS or NALS as appropriate*); **OR** be Board Certified or fully trained in a Carlsbad Medical Center approved residency training program in Emergency Medicine, Anesthesiology or Critical Care Medicine.

In addition to the required review of the conscious sedation policy, ACLS and board certification or residency requirements above, practitioners requesting privileges in conscious sedation must meet requirements of either #1 **or** #2 listed below:

1. Documentation of training, experience and current competence related to use of deep sedation/analgesia, **and** successful performance of at least (1) deep sedation/analgesia cases in the last (2) years for each category of deep sedation or analgesia applied for **OR**
2. Documentation of relevant training and experience, **AND ALL** of the following:
  - a. Attendance at a Carlsbad Medical Center-sponsored CME program on deep sedation/analgesia or review of the videotape of such conference and achievement of the score of 85% or higher on the deep sedation/analgesia post-test, **AND**
  - b. Provide documentation of successful completion of four (4) deep sedation/analgesia cases, in each category applied for, under the direct supervision of a Carlsbad Medical Center practitioner holding appropriate clinical privileges in deep sedation. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement **AND**
  - c. Successful completion of four (4) intubations in the Operating Room under the direct supervision of a Carlsbad Medical Center credentialed anesthesiologist. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement.



### **AUTHORIZATION FOR BACKGROUND CHECK**

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

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Print Name

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Signature

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Date