

**BRYAN MEDICAL CENTER  
DELINEATION OF CLINICAL PRIVILEGES**

**OB/GYN**

**Qualifications:** 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 (with achievement of certification within 5 years) leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

<b>OBSTETRICS CORE PRIVILEGES</b>
-----------------------------------

**Requested:** Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients and 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 extension of the same techniques and skills.

<b>CORE PRIVILEGE LISTS</b>
-----------------------------

This 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 that you do not wish to request, initial and date.

**Obstetrics Core Procedure List**

- \_\_\_ Amnioinfusion
- \_\_\_ Amniocentesis
- \_\_\_ Amniotomy
- \_\_\_ Application of internal fetal and uterine monitors
- \_\_\_ Augmentation and induction of labor
- \_\_\_ Cesarean hysterectomy, Cesarean section
- \_\_\_ Cerclage
- \_\_\_ Cervical biopsy or conization of cervix in pregnancy
- \_\_\_ Circumcision of newborn
- \_\_\_ External version of breech
- \_\_\_ Evaluation of ferning for ruptured membranes
- \_\_\_ Interpretation of fetal monitoring
- \_\_\_ Management of high-risk pregnancy, including such conditions as preeclampsia, postdatism, 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 toxemia, 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 1=fetal position, placenta localization
- \_\_\_ Operative vaginal delivery (includes vacuum extraction, breech extraction, low or mid forceps including rotations)
- \_\_\_ Perform history and physical exams
- \_\_\_ Pudendal and paracervical blocks
- \_\_\_ Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations.
- \_\_\_ 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 or missed abortion.
- \_\_\_ Vaginal birth after cesarean section (VBAC)

**Surgical First Assist (Obstetric Core)**

- \_\_\_ Surgical first assist only

<b>GYNECOLOGY CORE PRIVILEGES</b>
-----------------------------------

**Requested:** Admit, evaluate, diagnose, treat and provide consultation and pre-, intra- and postoperative 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 nonsurgically 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.

**Gynecology**

- \_\_\_ Adnexal surgery, including ovarian cystectomy, oophorectomy, alpingectomy and conservative procedures for treatment of ectopic pregnancy
- \_\_\_ Aspiration of breast masses
- \_\_\_ Cervical biopsy including conization
- \_\_\_ Colpocleisis
- \_\_\_ Colpoplasty
- \_\_\_ Colposcopy
- \_\_\_ Cystoscopy as part of gynecological procedure
- \_\_\_ Diagnostic and therapeutic D&C
- \_\_\_ 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
- \_\_\_ Metroplasty
- \_\_\_ Myomectomy, abdominal
- \_\_\_ Operation for treatment of early stage carcinoma 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)
- \_\_\_ Perform history and physical exam
- \_\_\_ Repair of rectocele, enterocele, cystocele or pelvic prolapsed
- \_\_\_ Tuboplasty and other infertility surgery
- \_\_\_ Uterosacral vaginal vault fixation, paravaginal repair
- \_\_\_ Uterovaginal, vesicovaginal, rectovaginal and other fistula repair
- \_\_\_ Vulvar biopsy
- \_\_\_ Vulvectomy, simple

**Surgical First Assist (Gynecology Core)**

- \_\_\_ Surgical first assist only

<b>MATERNAL-FETAL MEDICINE</b>
--------------------------------

**Criteria:** Meet criteria for OB/GYN above, plus an ABOG or AOA approved fellowship in maternal and fetal medicine.

AND/OR

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or a Certification of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

**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, condition or disease. 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.

- \_\_\_ Chorionic villi sampling
- \_\_\_ Diagnostic laparoscopy
- \_\_\_ Fetoscopy/embryoscopy

- \_\_\_ Genetic amniocentesis
- \_\_\_ In utero fetal shunt placement
- \_\_\_ In utero fetal transfusion
- \_\_\_ Interoperative support to obstetrician as requested during operative first assist
- \_\_\_ Laparoscopic enterolysis
- \_\_\_ Obstetrical ultrasound including Doppler studies
- \_\_\_ Percutaneous umbilical blood sampling (PUBS)
- \_\_\_ Perform history and physicals

### GYNECOLOGIC ONCOLOGY

**Criteria:** Meet criteria for OB/GYN above, plus an ABOG or AOA approved fellowship in gynecologic oncology.

AND/OR

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualification by the American Osteopathic Board of Obstetrics and Gynecology.

**Requested:** Admit, evaluate, diagnose, treat and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and the resulting complications, 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. 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.

- \_\_\_ Chemotherapy
- \_\_\_ Microsurgery
- \_\_\_ Myocutaneous flaps, skin grafting
- \_\_\_ Para aortic and pelvic lymph node dissection
- \_\_\_ Pelvic exenteration
- \_\_\_ Perform history and physical exams
- \_\_\_ Radical hysterectomy, vulvectomy and staging by lumphadenectomy
- \_\_\_ Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm and abdominal and pelvic wall 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

### REPRODUCTIVE ENDOCRINOLOGY

**Criteria:** Meet criteria for OB/GYN above, plus an ABOG or an AOA approved fellowship in reproductive endocrinology.

AND/OR

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years) leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or a Certification of Special Qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology.

**Requested:** Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. 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.

- \_\_\_ Cannulation of fallopian tubes under fluoroscopy
- \_\_\_ 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
- \_\_\_ Laproscopic retrieval of oocytes
- \_\_\_ Microsurgical tubal reanastomosis and tubouterine implantation
- \_\_\_ Operative and diagnostic hysteroscopy including myomectomy, polypectomy, lysis of adhesions, septoplasty and tubal cannulation
- \_\_\_ Perform history and physical exam
- \_\_\_ Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer
- \_\_\_ Ultrasound retrieval of oocytes

#### **SPECIAL NONCORE PRIVILEGES**

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore 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.

#### **MODERATE SEDATION**

Moderate sedation (by any route), with or without analgesia, which in the manner used, may be reasonably expected to result in the loss of protective reflexes. Loss of protective reflexes is an inability to handle secretions without aspiration or to maintain a patient airway independently.

**Criteria:** Successful completion of post-test is required both on the initial request and at reappointment.

- Requested: Adult Moderate Sedation (> 16 years of age)**
- Requested: Pediatric Moderate Sedation (equal or less than 16 years of age)**

#### **ROBOTICS SURGICAL PLATFORM**

**Criteria:** Must be Board Certified or Eligible within your surgical specialty and have current privileges in laparoscopic or thorascopic surgery.

AND

**Pathway Criteria:**

1. The practitioner must provide a certificate of training in the use of the robotic surgical platform of at least eight (8) hours duration as well as have three (3) hours of personal time on the system during this training.
2. The practitioner must also show evidence of observing at least three (3) clinical cases and four (4) proctored\* patient uses of the robotic surgical platform.  
*\*If the proctoring will be done at Bryan Medical Center, the surgeon must apply and be granted robotic surgical platform privileges before the proctored cases are done.*

**OR**

1. The practitioner must provide case log from residency and/or prior experience, which includes a minimum of thirty (30) cases where the practitioner served as the primary surgeon for the procedure and a letter from the program director and/or facility department chair.
2. First three (3) cases proctored at Bryan Medical Center. Provider may not perform procedure independently until the required proctoring is complete, the form has been submitted to Medical Staff Services and the provider has been notified that the request was granted.

**Reappointment Criteria:** Minimum of twenty (20) cases within the past 24 months.

In the event the minimum case counts are not achieved at reappointment a recommendation shall be made by the Division Chair of OB/GYN, the Credentials Committee, Medical Executive Committee with final discretion from the Board of Trustees.

**USE OF LASER**

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles. If completed residency or fellowship prior to 1990, documentation of training/experiences is required.

**Requested**

**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 that I wish to exercise at Bryan 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_