



Obstetrics and Gynecology

Kettering Medical Center
Kettering Memorial Hospital/Sycamore Hospital

Clinical Privileges Profile

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.

Clinical Service Chief: 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. **General Residence Requirement:** A member of the Obstetrics-Gynecology Clinical Service should reside within thirty (30) minutes of Kettering Memorial Hospital. The thirty minutes should be based on applicable speed limits and reasonably expected traffic patterns. In cases where this requirement cannot be met, another member(s) of the Ob-Gyn section may be named. This designee will be asked to submit a letter in writing to Medical Staff Services which will remain in the original member’s credentials file. That designee must meet the thirty minute requirement
2. **Gynecology On-Call Requirement:** While on call for gynecologic patients the Ob-Gyn must be physically located within thirty minutes of KMC and/or Sycamore Hospital. For life threatening emergencies this means being able to begin a procedure/evaluate a patient within thirty minutes of being called to the hospital. If this is not possible for any reason, a designee must be identified and be able to meet this requirement.
3. **Obstetric On-Call Requirement:** While on call for obstetric patients or potential obstetric patients who may come to the hospital for care, the obstetrician must be able to begin a Cesarean Section or attend a delivery within thirty minutes of being called to the hospital. If less than thirty minutes, Labor and Delivery personnel should be aware of the obstetrician’s expected response time for attending a delivery once he/she is called. For patients in active labor it is necessary for the obstetrician to be available to Labor and Delivery personnel for prompt phone consultation. If this is not possible for any reason, a designee must be identified and be able to meet this requirement.
4. Note that privileges granted may only be exercised at the site(s) and 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 or department policy.
5. This document is focused on defining qualifications related to competency 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

To be eligible to apply for core privileges in obstetrics and gynecology, the initial 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

Current certification or active participation in the examination process with achievement of certification within six 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.

Required previous experience: Applicants for initial appointment must be able to demonstrate at least 50 deliveries (to include at least 10 C-Sections) in the past 12 months and the performance of at least 25 gynecological surgical procedures (to include at least 5 major abdominal cases), reflective of the scope of privileges requested in the past 12 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 obstetrics and gynecology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 25 deliveries (to include at least 5 cesarean sections and 12 gynecological surgical procedures (to include at least 4 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.

CORE PRIVILEGES

OBSTETRICS CORE PRIVILEGES

- 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. 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 and such other procedures that are extensions of the same techniques and skills.

GYNECOLOGY CORE PRIVILEGES

- 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 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 and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY

To be eligible to apply for core privileges in gynecologic oncology, the initial 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 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 Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 12 gynecologic oncology procedures, reflective of the scope of privileges requested, in the past 12 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 an adequate volume of experience (25 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.

CORE PRIVILEGES

GYNECOLOGIC ONCOLOGY CORE PRIVILEGES

- 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. 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 and such other procedures that are extensions of the same techniques and skills.

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:

Meet criteria 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 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 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 at least 25 patients, reflective of the scope of privileges requested, in the past 12 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 maternal-fetal medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (25 patients) 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 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 and such other procedures that are extensions of the same techniques and skills.

QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY

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

Meet criteria 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 with achievement of certification within 5 years leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology.

Required previous experience: Applicants for initial appointment must be able to demonstrate performance of at least 25 reproductive endocrinology procedures, reflective of the scope of privileges requested, in the past 12 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 an adequate volume of experience (25 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.

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

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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.

SACRAL NERVE STIMULATION FOR URINARY CONTROL

Criteria: Applicants must have completed a training course in InterStim Therapy and should be proctored in their initial neurostimulator implant cases.

Required previous experience: Demonstrated current competence and evidence of performance at least 6 InterStim Therapy stimulator test and implant procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least 6 InterStim Therapy stimulator test and implant procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Source: *Clinical Privilege White Paper #227*

- Requested**

USE OF ROBOTIC ASSISTED SYSTEM FOR GYNECOLOGIC PROCEDURES (HYSTERECTOMY, SALPINGO-OOPHORECTOMY, AND MICROSURGICAL FALLOPIAN TUBE REANASTOMOSIS)

To obtain privileges in robotic assisted surgery, the applicant should fulfill the following criteria:

1. Successful completion of an ACGME/AOA accredited residency or fellowship training program in Ob/Gyn.
2. Unrestricted laparoscopic surgical privileges for the procedure to be performed with robotic assistance.
3. If residency/fellowship training within the past three years, a letter from the Department Chair stating that applicant is qualified to use the daVinci Surgical System, and
4. If greater than three years:
 - a. submit case log of at least 5 cases per year, and
 - b. a letter from the appropriate hospital department chair stating the applicant is qualified to use the daVinci Surgical System.
5. If residency/fellowship training did not include formal training in using the daVinci Surgical System, applicant must complete all phases of a Clinical Mini-Fellowship Training Program facilitated through Intuitive Surgical. The training program must be more than didactics. It must include hands on simulation, usually with the porcine model. Applicant requesting to be precepted/proctored must apply for additional privileges via the medical staff office.

- a. Two cases with an preceptor physician teaching (observation)
- b. Three cases as primary surgeon demonstrating proficiency
- c. If candidate is not deemed proficient, then the physician will continue casework until proficiency is achieved.

To maintain privileges in robotic assisted surgery, the applicant should fulfill the following criteria:

- a. Practitioners requesting reappointment of daVinci robotic assisted surgical privileges shall demonstrate successful performance of 10 procedures during the previous reappointment cycle.
- b. If the surgeon fails to meet the maintenance case load, he or she must repeat two preceptor observed cases, until again deemed proficient.

Adopted:	Credentials Committee	08/14/2006
	Medical Executive Committee	08/15/2006
	Board of Directors	08/28/2006

Requested

DAVINCI ROBOTIC ASSISTED LAPAROSCOPIC PELVIC SURGERY FOR PROLAPSE

Criteria: Successful completion of an ACGME or AOA accredited residency or fellowship in obstetrics/gynecology or urology that included training in robotic assisted laparoscopic pelvic surgery for prolapse. If such training was completed within the past three years, the program director of such residency program must provide a letter stating that applicant is qualified to perform pelvic surgery for prolapse utilizing the daVinci Surgical System. If greater than three years, the applicant must also provide a case log of at least 4 cases performed within the past year and a letter from the appropriate hospital department chair stating the applicant is qualified to perform pelvic surgery for prolapse utilizing the daVinci Surgical System.

If applicant does not have such formal training, he or she should be able to demonstrate equivalent training that includes the following:

- 1) Observation of two robotic assisted pelvic surgeries for prolapse with a preceptor physician teaching.
- 2) Completion of all phases of the Intuitive Surgical daVinci clinical training program, which includes hands on simulation, both "dry lab" and animal lab (usually with the porcine model).
- 3) Proctoring of the applicants initial 2 procedures either by a surgeon experienced in proctoring robotic assisted laparoscopic pelvic surgery for prolapse or a surgeon holding privileges at Kettering Medical Center to perform robotic assisted laparoscopic pelvic surgery for prolapse.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 2 robotic assisted kidney pelvic surgery for prolapse in the past 12 months.

Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least at least at least 4 robotic assisted pelvic surgery for prolapse in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to robotic assisted pelvic surgery for prolapse is recommended.

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

- Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

CORE PROCEDURE LIST

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

1. Amnioinfusion
2. Amniocentesis
3. Amniotomy
4. Application of internal fetal and uterine monitors
5. Augmentation and induction of labor
6. Cesarean hysterectomy, cesarean section
7. Cerclage
8. Cervical biopsy or conization of cervix in pregnancy
9. Circumcision of newborn
10. External version of breech
11. Hypogastric artery ligation
12. Interpretation of fetal monitoring
13. Management of high-risk pregnancy, including of such conditions as preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor and multiple gestation and placental abnormalities
14. 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.
15. Manual removal of placenta, uterine curettage
16. Medication to induce fetal lung maturity
17. Normal spontaneous vaginal delivery
18. Obstetrical ultrasound, Category I = fetal position, placenta localization
19. Operative vaginal delivery (including vacuum extraction, breech extraction, low or mid forceps including rotations)
20. Perform history and physical exam
21. Pudendal and paracervical blocks
22. Repair of fourth-degree perineal lacerations or of cervical or vaginal lacerations
23. 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
24. Vaginal birth after cesarean section (VBAC)

Gynecology

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
10. Endometrial ablation
11. Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions
12. Gynecologic sonography
13. Hysterectomy, abdominal, vaginal, including laparoscopic
14. Hysterosalpingography
15. Hysteroscopy, diagnostic or ablative excluding use of resection technique
16. I & D of pelvic abscess
17. Incidental appendectomy
18. Metroplasty
19. Myomectomy, abdominal
20. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix
21. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension, sling procedure
22. Operation for uterine bleeding (abnormal and dysfunctional)
23. Operations for sterilization (tubal ligation, transcervical sterilization)
24. Perform history and physical exam
25. Repair of rectocele, enterocele, cystocele, or pelvic prolapse
26. Tuboplasty and other infertility surgery (not microsurgical)
27. Uterosacral vaginal vault fixation, paravaginal repair
28. Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
29. Vulvar biopsy
30. Vulvectomy, simple
31. Collagen injection
32. Cystotomy/cystostomy
33. Multichannel urodynamic testing
34. Paravaginal repair
35. Pubovaginal urethral suspension/sling
36. Sacrocolpopexy
37. Scarospinous ligament suspension
38. Uterosacral culposuspension
39. Laser use in gynecology for cervix, vulva or vagina (CO₂, KTP, NdYAG)
40. Laser use with laparoscopy or with laparotomy(CO₂, KTP, NdYAG)

Gynecologic Oncology

1. Chemotherapy
2. Myocutaneous flaps, skin grafting
3. Para aortic and pelvic lymph node dissection
4. Pelvic exenteration
5. Perform history and physical exam
6. Radical hysterectomy, vulvectomy, and staging by lymphadenectomy
7. Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder, liver, spleen, diaphragm, and abdominal and pelvic wall as indicated
8. Treatment of invasive carcinoma of the vagina by radical vaginectomy, and other related surgery
9. Treatment of invasive carcinoma of vulva by radical vulvectomy with groin dissection
10. Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease
11. Uterine/vaginal isotope implants

Maternal-Fetal Medicine

1. Chorionic villi sampling
2. Diagnostic laparoscopy
3. Fetoscopy/embryoscopy
4. Genetic amniocentesis
5. In utero fetal shunt placement

6. In utero fetal transfusion
7. Intraoperative support to obstetrician as requested including operative first assist
8. Laparoscopic enterolysis
9. Obstetrical ultrasound including Doppler studies
10. Percutaneous umbilical blood sampling (PUBS)
11. Perform history and physical exam

Reproductive Endocrinology

1. Cannulation of fallopian tubes under fluoroscopy
2. Culture and fertilization of oocytes
3. Gamete intrafallopian transfer (G.I.F.T.)
4. Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
5. Intra-abdominal transfer of gametes and zygotes
6. Laparoscopic retrieval of oocytes
7. Microsurgical tubal reanastomosis and tubouterine implantation
8. Operative and diagnostic hysteroscopy including myomectomy, polypectomy, lysis of adhesions, septoplasty and tubal cannulation
9. Perform history and physical exam
10. Technique of IVF including transabdominal/transvaginal ova harvesting, embryo transfer
11. Ultrasound retrieval of oocytes

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 Hospital, 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:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

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

Clinical Service Chief Signature: _____ **Date:** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee action **Date:** _____

Medical Executive Committee action **Date:** _____

Board of Directors action **Date:** _____

Adopted: July 15, 2009
August 10, 2009
August 18, 2009
September 14, 2009

Ob/Gyn Clinical Service
Credentials Committee
Medical Executive Committee
Board of Directors