

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

NAME OF APPLICANT _____ DATE _____

Initial Appointment and/or Additional Privileges Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

Qualifications: All applicants should be ABOG certified or tracking for certification. If applicant does not qualify for ABOG certification, he/she must demonstrate equivalent training and certification approved by the Department Chair.

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center	<i>If there are any specific procedures that you do not wish to apply for, mark through that procedure and initial</i>		Competency	Other
	OBSTETRICS			
	PROCTORING REQUIREMENT: Five (5) procedures to include one (1) Normal Vaginal Delivery.			
	1. Normal antepartum and postpartum care			
	2. Management of normal labor and delivery (36-42 weeks) including: induction of labor, first and second degree laceration/episiotomy repair, insertion of IUPC, FSE; amnioinfusion, amniotomy, manual removal of placenta and immediate resuscitation of infant			
	3. Management of abnormal labor and delivery including: breech, cesarean section, cerclage, multiple gestations, premature labor, vacuum extraction, vaginal birth after cesarean (VBAC), version of breech, management of major medical/surgical complications of pregnancy and third degree laceration/episiotomy repair			
	4. Repair of fourth degree lacerations			

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LAC+USC Medical Center	<i>If there are any specific procedures that you do not wish to apply for, mark through that procedure and initial</i>		Competency	Other

	5. Anesthesia: pudendal block, local			
	6. Excision of vaginal and vulvar lesions at delivery			
	7. Interpretation of fetal heart rate (FHR) monitoring - must have fulfilled the required elements for interpretation of fetal heart rate (FHR) monitoring and successfully passed the FHR competency examination. Certificate must be attached.			
	8. Spontaneous abortion and management of fetal demise			
	9. Cesarean hysterectomy			
	10. Forceps low, occiput			
	11. Hysterotomy			
	12. Level one obstetrical ultrasound			
	13. Breech extraction of second twin			
	MATERNAL FETAL MEDICINE			
	<i>CRITERIA FOR PRIVILEGES:</i> Completion of an approved subspecialty training program in maternal fetal medicine with certificate or tracking for ABOG certification.			
	14. Intrauterine fetal surgery			
	15. Intrauterine fetal transfusion			
	16. Intensive care of the critical obstetrical/postpartum patient			

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	17. Transabdominal placental biopsy			
	18. Umbilical vessel aspiration/injection			
	19. Genetic counseling			
	20. Level two obstetrical ultrasound			
	21. Genetic amniocentesis			
	GYNECOLOGY: GENERAL			
	PROCTORING REQUIREMENT: Five (5) procedures to include one (1) Abdominal Hysterectomy. *Documentation of specific training and/or experience in the privileges requested may be required			
	22. Appendectomy			
	23. Breast Biopsy			
	24. Bladder repair			
	25. Bowel repair			
	26. Cervical conization			
	27. Trachelectomy			
	28. Colporrhaphy (anterior and/or posterior)			
	29. Colpotomy, culdocentesis			

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	30. Cystoscopy, with or without ureteral stent placement/removal			
	31. D&C (sharp, suction): pregnant and non-pregnant			
	32. Enterocele repair			
	33. Hernia repair: abdominal wall/umbilical; evisceration repair			
	34. Hysteroscopy: diagnostic, directed biopsy or polypectomy, lysis of intrauterine adhesions, endometrial ablation, myomectomy, sterilization*			
	35. Hysterectomy: vaginal, abdominal (total/subtotal)			
	36. Laparoscopic hysterectomy: assisted vaginal (LAVH), total (TLH)			
	37. Basic Laparoscopy: diagnostic, tubal sterilization, fulgeration of lesions: pelvic viscera/peritoneal surface(s), lysis of adhesions, biopsy of peritoneal surface(s), aspiration, removal of foreign body, e.g. IUD, ovarian cystectomy/oophorectomy, salpingostomy/salpingectomy			
	38. Vulva/Vagina: marsupialization, excisional biopsy, I&D, simple vulvectomy, resection of vaginal septum, hymenotomy, hymenectomy			
	39. Myomectomy: abdominal, vaginal			
	40. Ovary/Fallopian Tube: ovarian cystectomy/oophorectomy, salpingostomy/salpingectomy			
	GYNECOLOGY: ADVANCED			
	*Documentation of specific training and/or experience in the privileges requested may be required			

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	41. Excision of breast mass (completed Breast Surgery Fellowship or have documented education, training, and experience)			
	MINIMALLY INVASIVE SURGERY (MIS)			
	42. *Advanced Laparoscopy: appendectomy, myomectomy, hysterectomy (total/subtotal), radical endometriosis resection			
	REPRODUCTIVE ENDOCRINE INFERTILITY (REI) Completion of an approved subspecialty training program in reproductive endocrine infertility with certificate or tracking for ABOG certification.			
	43. Metroplasty: hysteroscopic, abdominal			
	44. Hysteroscopic tubal cannulation			
	45. Tubal Surgery: cuff salpingostomy, end-to-end tubal anastomosis, tubal implantation, laparoscopic tuboplasty			
	46. Construction of neovagina*			
	FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (FPMRS) Completion of an approved subspecialty training program in female pelvic medicine and reconstructive surgery with certificate or tracking for ABOG certification.			
	47. Colpocleisis			
	48. Operative cystourethroscopy, including ureteral stent placement/removal			
	49. Excision/marsupialization of urethral diverticulum			
	50. Colpopexy: abdominal, laparoscopic			

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	51. Urethropexy: retropubic, laparoscopic			
	52. Suburethral sling			
	53. Vaginal suspensions, including uterosacral ligament suspension, sacrospinous			
	54. Pelvic floor evaluation: urodynamic Testing, anal physiologic studies, endoanal ultrasonography			
	55. Sacral neuromodulation			
	56. Anal sphincter repair, rectovaginal fistula repair			
	57. Suprapubic catheter placement			
	58. Urogenital fistula repair			
	59. Ureteroneocystotomy			
	<p style="text-align: center;">GYNECOLOGY: FAMILY PLANNING</p> Completion of an approved subspecialty training program in family planning with certificate.			
	60. D&E (including laminaria, intrafetal digoxin injection)			
	61. Medication abortion with abortifacient drugs			
	GYNECOLOGY: LASER THERAPY			
	If laser therapy was included in residency/fellowship training, proof of training required. If not included in training, a completion of a course in Laser Therapy (to be determined by Chief) and 3 proctored cases			

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	62.Laser Therapy: endoscopic; intra-abdominal; lower genital tract- vulva, vagina, cervix			
	GYNECOLOGY: ONCOLOGY Completion of an approved subspecialty training program in gynecologic oncology with certificate or tracking for ABOG certification.			
	63.Bowel surgery: resection and anastomosis, colostomy, ileostomy, gastroscopy/gastrotomy/gastrostomy/jejunostomy/cecostomy, sigmoidoscopy			
	64.Brachytherapy: intracavitary/interstitial insertion with radiation oncology			
	65.Chemotherapy			
	66.Grafts (skin,fascial,myocutaneous)			
	67.Intraperitoneal catheter placement			
	68. Liver biopsy			
	69.Lymphadenectomy: groin, pelvic, periaortic, laparoscopic, scalene node biopsy			
	70.Omentectomy			
	71.Paracentesis, thoracentesis, chest tube placement			
	72.Radical pelvic cancer, resections/reconstructions, including hysterectomy, bowel/bladder resection, plastic reconstruction of lower genital tract, pelvic exenteration			
	73.Vulvectomy: wide local excision, radical excision			
	74.Splenectomy			

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	75. Urinary diversion procedures, e.g., ileal and colon			
	76. Installation of vascular access devices			
	77. Vaginectomy: radical, simple			
	78. Radical trachelectomy: abdominal, vaginal, laparoscopic			
	79. Radical hysterectomy: abdominal, vaginal, laparoscopic			
	OTHER			
	80. Moderate Sedation Privileges			
	AMBULATORY PRACTICE			
	81. Treatment of missed/spontaneous abortion			
	82. Breast fine needle aspiration			
	83. Colposcopy (with or without biopsy, endocervical curettage)			
	84. Cryotherapy (vulva/vagina/cervix)			
	85. Insertion /removal of IUD			
	86. Insertion/removal of contraceptive implant			
	87. Biopsy: vulvar/vaginal, endometrial/cervical, skin			
	88. I&D: Vulva/vaginal			
	89. Loop electrocautery excision procedure (LEEP)			

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	90. Ultrasonography: vaginal/abdominal			
	91. Wound management			

PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and 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 in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

 APPLICANT'S SIGNATURE

 DATE

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Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____

Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____

Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

 SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

 DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:

APPROVED BY EXECUTIVE COMMITTEE ON:

APPROVED BY GOVERNING BODY ON:

PERIOD ENDING: