

ATRIUM HEALTH FLOYD/POLK/CHEROKEE
 DELINEATION OF PRIVILEGES
 SPECIALTY OF OB-GYN

Print Name _____

- Initial appointment
 Reappointment
 Updated DOP
 Request for Clinical Privileges

Please indicate the privileges you are requesting in the following manner: (1) If all privileges in a class are being requested, check box number 1 to the left of the class; (2) If selected privileges in a given class are desired, check box number 2 to the left of the class and indicate specific privileges requested; (3) If no privileges are desired in a given class, check box number 3 to the left of the class.

Fill in all blanks on the privileges checklist. For privileges not requested, enter Ø or N/R.

Class I
 1 2 3

PRIVILEGE	FLOYD/FPC	POLK	CHEROKEE
OBSTETRICS			
Perform history and physical examinations of pregnant patients			
Assist at obstetrical surgery			
GYNECOLOGY			
Perform gynecology screening examinations			
Perform PAP smears			
Treat vaginitis			

Class II
 1 2 3

PRIVILEGE	FLOYD/FPC	POLK	CHEROKEE
OBSTETRICS			
Perform routine prenatal care			
Examine and admit patients in labor			
Provide immediate routine care of newborn			
Evaluate and manage ruptured membranes of patients in labor and apply leads for internal monitoring			
Monitor oxytocin for augmentation or induction			
Deliver uncomplicated patients, with or without episiotomy			
Manually remove placenta			
Use outlet forceps			
Induce labor with consultation			
Repair perineal and vaginal lacerations			
Circumcision of newborn			

Print Name _____

PRIVILEGE	FLOYD/FPC	POLK	CHEROKEE
GYNECOLOGY			
Insert and remove IUDs			
Assist at gynecological surgery			
Provide family planning counseling			
Perform minor gynecological outpatient procedures (i.e. cervical biopsies, endometrial biopsies, etc.)			
Perform minor gynecological surgical procedures (i.e. dilatation and curettage, Bartholin cyst incision/excision/marsupialization)			
Colposcopy			

Class III
 1 2 3

PRIVILEGE	FLOYD/FPC	POLK	CHEROKEE
OBSTETRICS			
Manage postpartum hemorrhage			
All obstetric operative procedures			
Follow high-risk prenatal patients			
Follow high-risk patients in labor			
Sonography			
Management of all major medical or surgical complications of pregnancy including severe toxemia, severe hemorrhage, sepsis			
GYNECOLOGY			
Infertility evaluation			
Tubal ligation, salpingectomy			
Colpotomy			
Ovarian cystectomy			
Hysterectomy and excision of adnexa			
Anterior and posterior repair			
Retropubic urethropexy			
Therapeutic abortion			
Oophorectomy			
Suction curettage			
Conization/cerclage of cervix			
Laparoscopy			
Presacral neurectomy			
Urethroscopy			
Uterine suspension			

Print Name _____

PRIVILEGE	FLOYD/FPC	POLK	CHEROKEE
GYNECOLOGY (continued)			
Genetic counseling			
Infertility surgery			
Urodynamic evaluation, female			

Class IV
 1 2 3

PRIVILEGE	FLOYD/FPC	POLK	CHEROKEE
Endocrinology			
Oncology, including chemotherapy and oncologic surgery			
Infertility, micro surgical techniques			
Gyn laser surgery			

Other:

PRIVILEGE	FLOYD/FPC	POLK	CHEROKEE
Robotic Assisted Surgery (see below)			
<p><i>(For initial application, please see requirements below; reappointment requests are monitored through Quality Improvement)</i></p> <p>SPECIFIC SKILLS AND TRAINING REQUIRED:</p> <p>1. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in da Vinci and has proficiently performed three (3) da Vinci cases within the past two (2) years.</p> <p>OR</p> <p>1. Documentation of successful completion of a formal course on the da Vinci system offered through Intuitive Surgical; AND</p> <p>2. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases; OR</p> <p>3. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years; OR</p> <p>3. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform da Vinci Surgical Robot. You must provide documentation of proctoring for three (3) procedures.</p>			
Prescribe "chemotherapeutic agents" including Methotrexate for Ectopic pregnancy			
Sterilization procedure ESSURE			
Additions/Deletions/Conditions/Other Limitations:			

Print Name

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Atrium Health Floyd/Polk/Cherokee, and I understand that:

1. 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.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

Applicant's Signature

Date