DELINEATION OF CLINICAL PRIVILEGES - OBSTETRICS AND GYNECOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

GENERAL: Obstetric and gynecologic clinical privileges are divided into four categories (levels). These categories are based on classification developed by the American College of Obstetricians and Gynecologists and published in "Standards for Obstetric-Gynecologic Services", current edition.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I. Includes emergency care.

Diagnosis and therapy of conditions with minimal threat to life. Physician has minimal formal training in the discipline, but has training and experience in the care of patients with specific conditions.

Requested	Approved		Requested	Approved	
		Category I clinical privileges			h. Sigmoidoscopy
		a. Normal Antepartum and Postpartum Care			i. Biopsy of Cervix, Endometrium, Vagina or Vulva
		b. Normal Labor and Delivery			j. Cervical Cryosurgery or Electrosurgical Excision (LEEP)
		c. Maternal-Fetal Monitoring			k. Colposcopy
		d. Episiotomy and Repair of Second Degree Laceration			
		e. Local Infiltration Anesthesia			
		f. Pudendal Block Anesthesia			
		g. Use of Oxytocic Drugs After Completion of Third Stage			

Category II. Includes Category I.

Diagnosis and therapy of major conditions but with no significant threat to life. Physician has the necessary training and experience in the care of specific conditions.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			i. Fetal Scalp pH Sampling
		a. Cervical Dilation and Curettage (Including Vacuum)			j. Neonatal Resuscitation
		b. Abdominal Salpingo-oopherectomy, Ovarian Cystectomy			k. Elective Low Forceps Use
		c. Abdominal Tubal Interruption			l. Manual Removal of Placenta/Postpartum Uterine Exploration
		d. Incidental Appendectomy			m. Circumcision of Newborn
		e. Amniocentesis			n. Intrauterine Insemination
		f. Paracervical Anesthesia			
		g. Repair of Third and Fourth Degree Lacerations			
		h. Drainage/Marsupialization of Bartholin Cyst			

Category III. Includes Categories I and II.

Diagnosis and therapy of major conditions with possible threat to life. Physician has completed residency training in the specialty or has extensive training/experience in the care of specific conditions.

Requested	Approved		Requested	Approved	
		Category III clinical privileges			o. Cervical Conization
		a. Hysterosaplingography			p. Cervical or Abdominal Cerclage
		b. Hysteroscopy, Diagnostic and Operative			q. All Vaginal Deliveries
		c. Laparoscopy, Diagnostic and Operative			r. All Caeserean Deliveries
		d. Urethroscopy and Cystoscopy			s. Central and Periperal Venous Catheter Insertion
		e. Laparoscopic Assisted Vaginal Hysterectomy			t. Tubal Reconstructive Procedures Not Using Microsurgery
		f. Abdominal Hysterectomy			u. LeFort Operations
		g. Partial Omentectomy			v. Urodynamic Examination
		h. Myomectomy and Uterine Plastic Procedures			w. Obstetric Ulrasound Imaging
		i. Urethrovesical Suspension			x. Gynecologic Ultrasound Imaging
		j. Repair of Cystocele and Rectocele			y. Sonohysterography
		k. Repair of Injury to Bladder			
		l. Vaginal Hysterectomy			
		m. Vaginal Tubal Interruption			
		n. Partial (simple) Vulvectomy			

Category IV. Includes Categories I, II, and III.

Diagnosis and therapy of unusually complex or critical conditions with possible serious threat to life. Physician has formal training in specific diagnosis or therapy. This training must have been within a residency or fellowship.

Requested	Approved		Requested	Approved	
		Category IV clinical privileges			j. Continent Urinary Conduits
		a. Extirpative and Reconstructive Gynecologic Surgery including Radical Hysterectomy, Vulvectomy, Radical Vulvectomy, and Exenteration			k. Tubal Reconstructive Procedures Using Microsurgery
		b. Pelvic/para-node Lymph Node Sampling			l. Intra-amniotic Operative Procedures
		c. Inguinal, Pelvic and Para-aortic Lymphadenectomy (not endoscopic)			m. Regional Anesthesia
		d. Surgical Repair of Injury to Bowel, Ureter, and Pelvic Vessels			n. Supraclavicular or Other Superficial Lymph Node Biopsy
		e. Surgical Repair of the Ureter Including Reimplantation			o. In-vitro Fertilization
		f. Bowel Resection and Bypass			p. Repair Fascial Dehiscence
		g. Gastrostomy			q. Supra- and Infra-colic Omentectomy
		h. Cecostomy			
		i. Incontintent Urinary Conduits			

SPECIAL PROCEDURES

Requested	Approved		Requested	Approved	
		a. Presacral Neurectomy			k. Radioactive Source Applications
		b. Vaginal Fistula Repair			l. Total Laparoscopic Hysterectomy
		c. Hypogastric Artery Ligation			m. Laparoscopic Pelvic and Para-aortic Lymphadenectomy
		d. Therapeutic Abortion			
		e. Hymeneal Operations			n. Myocutaneous Flaps for Reconstruction
		f. Uterine or Vaginal Suspension			o. Surgical Application of Lasers *(Specify)*
		g. Repair Wound Dehiscense			
		h. Chorionic Villus Sampling			
		i. Conscious Sedation			
		j. Placement of Intra-arterial Catheter			

COMMENTS		
	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS		
DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐ Approval with Modifications *(Specify below)* ☐ Disapproval *(Specify below)* ☐

COMMENTS		
CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - OBSTETRICS AND GYNECOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. PERIOD OF EVALUATION *(YYYYMMDD)* FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY *(Name and Address: City/State/ZIP Code)*	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	CATEGORY/PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	a. Normal Antepartum and Postpartum Care			
	b. Normal Labor and Delivery			
	c. Maternal-Fetal Monitoring			
	d. Episiotomy and Repair of Second Degree Laceration			
	e. Local Infiltration Anesthesia			
	f. Pudendal Block Anesthesia			
	g. Use of Oxytocic Drugs After Completion of Third Stage			
	h. Sigmoidoscopy			
	i. Biopsy of Cervix, Endometrium, Vagina or Vulva			
	j. Cervical Cryosurgery or Electrosurgical Excision (LEEP)			
	k. Colposcopy			
	Category II clinical privileges			
	a. Cervical Dilation and Curettage (Including Vacuum)			
	b. Abdominal Salpingo-oopherectomy, Ovarian Cystectomy			
	c. Abdominal Tubal Interruption			
	d. Incidental Appendectomy			
	e. Amniocentesis			
	f. Paracervical Anesthesia			
	g. Repair of Third and Fourth degree Lacerations			
	h. Drainage/Marsupialization of Bartholin Cyst			
	i. Fetal Scalp pH Sampling			
	j. Neonatal Resuscitation			
	k. Elective Low Forceps Use			
	l. Manual Removal of Placenta/Postpartum Uterine Exploration			
	m. Circumcision of Newborn			
	n. Intrauterine Insemination			

CODE	CATEGORY/PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category III clinical privileges			
	a. Hysterosaplingography			
	b. Hysteroscopy, Diagnostic and Operative			
	c. Laparoscopy, Diagnostic and Operative			
	d. Urethroscopy and Cystoscopy			
	e. Laparoscopic Assisted Vaginal Hysterectomy			
	f. Abdominal Hysterectomy			
	g. Partial Omentectomy			
	h. Myomectomy and Uterine Plastic Procedures			
	i. Urethrovesical Suspension			
	j. Repair of Cystocele and Rectocele			
	k. Repair of Injury to Bladder			
	l. Vaginal Hysterectomy			
	m. Vaginal Tubal Interruption			
	n. Partial (simple) Vulvectomy			
	o. Cervical Conization			
	p. Cervical or Abdominal Cerclage			
	q. All Vaginal Deliveries			
	r. All Caeserean Deliveries			
	s. Central and Periperal Venous Catheter Insertion			
	t. Tubal Reconstructive Procedures Not Using Microsurgery			
	u. LeFort Operations			
	v. Urodynamic Examination			
	w. Obstetric Ulrasound Imaging			
	x. Gynecologic Ultrasound Imaging			
	y. Sonohysterography			
	Category IV clinical privileges			
	a. Extirpative and Reconstructive Gynecologic Surgery including Radical Hysterectomy, Vulvectomy, Radical Vulvectomy, and Exenteration			
	b. Pelvic/para-node Lymph Node Sampling			
	c. Inguinal, Pelvic and Para-aortic Lymphadenectomy (not endoscopic)			
	d. Surgical Repair of Injury to Bowel, Ureter, and Pelvic Vessels			
	e. Surgical Repair of the Ureter Including Reimplantation			
	f. Bowel Resection and Bypass			
	g. Gastrostomy			
	h. Cecostomy			
	i. Incontintent Urinary Conduits			
	j. Continent Urinary Conduits			
	k. Tubal Reconstructive Procedures Using Microsurgery			
	l. Intra-amniotic Operative Procedures			
	m. Regional Anesthesia			
	n. Supraclavicular or Other Superficial Lymph Node Biopsy			
	o. In-vitro Fertilization			
	p. Repair Fascial Dehiscence			

CODE	CATEGORY/PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	q. Supra- and Infra-colic Omentectomy			
	SPECIAL PROCEDURES			
	a. Presacral Neurectomy			
	b. Vaginal Fistula Repair			
	c. Hypogastric Artery Ligation			
	d. Therapeutic Abortion			
	e. Hymeneal Operations			
	f. Uterine or Vaginal Suspension			
	g. Repair Wound Dehiscense			
	h. Chorionic Villus Sampling			
	i. Conscious Sedation			
	j. Placement of Intra-arterial Catheter			
	k. Radioactive Source Applications			
	l. Total Laparoscopic Hysterectomy			
	m. Laparoscopic Pelvic and Para-aortic Lymphadenectomy			
	n. Myocutaneous Flaps for Reconstruction			
	o. Surgical Application of Lasers *(Specify)*			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*