

MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
GYNECOLOGIC ONCOLOGY



Your home for healthcare

Physician Name: _____

Gynecologic Oncology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in gynecologic oncology:

- Basic education: MD or DO
- Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency program in OB/GYN, followed by successful completion of an ABOG- or AOA approved fellowship program in gynecologic oncology.

AND

- 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 ABOG or completion of a certificate of special qualifications by the AOBG. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification.*)

Required previous experience:

- At least 12 gynecologic oncology procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

References for New Applicants

A letter of reference should come from the director of the applicant’s training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization’s existing quality improvement measures. To be eligible to renew privileges in gynecologic oncology, the applicant must demonstrate current competence and an adequate volume of experience (24 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges in gynecologic oncology include the ability to admit, evaluate, diagnose, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and 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. Physicians also may provide care to patients in the intensive care setting in conformity with unit policies. They should also be able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core procedures in gynecologic oncology include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Treatment of malignant disease with chemotherapy • Lymphadenectomies (inguinal, femoral, pelvic, para-aortic) • Microsurgery • Myocutaneous flaps, skin grafting • Para-aortic and pelvic lymph node dissection • Pelvic exenteration (anterior, posterior, total) • Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted) • Vaginectomy (simple, radical) • Vulvectomy (skinning, simple, partial, radical) • Treatment of malignant disease with chemotherapy, including gestational trophoblastic disease • Insertion of intracavity radiation application • Salpingo-oophorectomies • Omenectomies • Surgery of the gastrointestinal tract and upper abdomen, including placements of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of

			<p>fistulas, resection and reanastomosis of large bowel (including low-anterior resection and reanastomosis), bypass procedures of the large bowel, mucous fistula formations of large bowel, colostomies, splenectomies, and liver biopsies</p> <ul style="list-style-type: none"> • Surgery of the urinary tract: cystectomy (partial, total), repairs of vesicovaginal fistulas (primary, secondary), cystotomy, ureteroneocystostomies with and without bladder flaps or psoas fixation, end-to-end ureteral reanastomoses, transuretero-ureterostomies, small-bowel interpositions, cutaneous ureterostomies, repairs of intraoperative injuries to the ureter, and conduits developed from the ileum and colon • Incision and drainage of abdominal or perineal abscesses • Reconstruction procedures, including development of neovagina (split-thickness skin grafts, pedicle grafts, and myocutaneous grafts) and development of a new pelvic floor (omental pedicle grafts and transposition of muscle grafts) • Evaluation procedures, including cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass fine-needle aspirations, and needle biopsies • Management of operative and postoperative complications
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria
<p>Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section.</p> <p>Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.</p>			<p>Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <p>Non-Core</p> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

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

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date