Gynecologic Oncology Privileges

Department of Obstetrics and Gynecology

Name: ____
(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges *(reappointment, on 2 year specialty cycles)*
- ' Modification of privileges *(request for any additional privileges beyond those previously granted)*

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency in OB/GYN, plus an ABOG or AOA approved fellowship in gynecologic oncology. Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to subspecialty certification in gynecologic oncology by the ABOG or the AOBOG.

Required current 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.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

** Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics*
***Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center*

Core Gynecological Oncology 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 of all ages with gynecologic cancer and resulting complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina, and the performance of select, oncologic-related procedures on the bowel, urethra, and bladder. Physicians also may provide care to patients in the intensive care setting in conformance with hospital 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.

Core privileges in this specialty include but are not limited to the following procedures and other procedures that are extensions of the same techniques and skills:

Performance of history and physical exam

Evaluation procedures (cystoscopies, laparoscopies, colposcopies and loop electrosurgical excisions)

Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)

Incision and drainage of abdominal or perineal abscesses

Insertion of intracavity radiation application

Laser ablation of vulvar, vaginal and perineal lesions

Lymphadenectomy (inguinal, femoral, pelvic, para-aortic)

Management of operative and postoperative complications

Microsurgery

Omental pedicle grafting

Omentectomies

Para-aortic and pelvic lymph node dissection

Pelvic exenteration (anterior, posterior, total). Note that anterior pelvic exenteration should be done in consultation with Urology and posterior pelvic exenteration should be done in consultation with colorectal or general surgery.

Presacral neurectomy

Salpingo-oophorectomy

*Surgery of the gastrointestinal tract and upper abdomen, including placement of feeding tube for jejunostomy/gastrostomy, resection and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomy, repair of fistula, simple hernia repairs (not involving mesh). All gastrointestinal surgeries should be done in the context of gynecological malignancies.

Resection and/or reanastomosis of large bowel (if within 10 cm from the anal verge, including need for APR, must be done in consultation with general or colon and rectal surgery service). Bypass procedures of the large bowel, mucous fistula formations of large bowel, colostomy, splenectomy, and liver biopsy.

*Surgery of the urinary tract: minor (<2 cm) cystotomy repair, cystostomy, ureteral stent placement as needed. Any other genitoureteral repair or reconstruction should be done with the involvement of Urology.

Treatment of malignant disease with chemotherapy

Treatment of malignant disease with chemotherapy, including gestational trophoblastic disease

Vaginectomy (simple, radical)

Vulvectomy (skinning, simple, partial, radical)

* *Note that all gastrointestinal and urologic surgical procedures are considered core privileges as listed for gynecologic surgery only when done for the purpose of management of a patient with a gynecologic malignancy.*

Special Non-Core Privileges in GYN Oncology:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

Procedure	***Baroness***	***Children's***	***North***	***East***	***Bledsoe/Sequatchie***
Reconstruction procedures, including development of neovagina (split-thickness skin grafts, pedicle grafts, and myocutaneous grafts)					
Development of a new pelvic floor (transposition of muscle grafts and pedicle grafts)					
Administration of Moderate sedation and analgesia (see below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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Special Procedures Privileges Criteria
Moderate Sedation
CRITERIA – To administer Moderate Sedation
1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:
I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

' Recommended as Requested

' Recommended with Modifications (See comments below)

' Not Recommended (See comments below)

Chief Comments: ____

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______________________________ ______________
Provider Signature Date

______________________________ ______________
Chief Signature Date

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