

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
& DEPARTMENT OF FAMILY AND PREVENTIVE MEDICINE**

CHECKLIST FOR EXPANDED PRIVILEGES IN OBSTETRICS FOR FAMILY MEDICINE PHYSICIANS: RENEWAL

NOT TO BE COMPLETED BY THE DEPARTMENT OF FAMILY AND PREVENTIVE MEDICINE

Family Physician: _____

Date of Application: _____

Application Includes:

- Documentation of number of expanded services by type and Hospital/Clinic (names, dates and medical records). Yes__ No__
- Proof of current ALSO Certification. If not certified, when will certification be completed? _____ Yes__ No__

Note:

Credentialing is based upon each individual physician's documented training and experience, demonstrated abilities, and current competence. Credentialing for obstetrical and gynecological privileges with the family physician acting as the principle surgeon will be reviewed primarily by the Department of Family and Preventive Medicine. At the direction of the Chairman of OB-GYN, a period of proctoring to include a minimum of six (6) procedures may be required for all surgical privileges requested before these privileges are granted. Such proctoring may be waived at the discretion of the Chairman of OB-GYN if sufficient direct knowledge of the competency of the individual may already be known.

Any privileges not previously approved must be accompanied with an official application found at <http://uuhsc.utah.edu/mso/applications.html> and any necessary documentation.

Created: 2004
 Revised: 8/8/07

Quantitative Requirements:

Procedure	Minimum Required	Requesting	Achieved [Dept Completes]
Cesarean sections excluding abnormal implantation, past multigestation, >32 weeks	75	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Cesarean section, placenta previa	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Incomplete abortion or missed abortion	3	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Previous Cesarean section	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Non-reassuring fetal heart rate tracing in labor	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Severe preeclampsia or eclampsia	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
D & C <13 weeks	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Postpartum tubal ligation	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Forceps, low	7	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Gestational diabetes mellitus	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Diabetes mellitus, Type-1 or Type-2	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Malpresentation in labor: breech, brow or face	Requires Cesarean section privileges	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Preterm labor, tocolysis <36 weeks	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
PROM, <36 weeks	10	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
External Cephalic Version	5	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Multiple gestation	5	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Cervical incompetence	5	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Labor disorders protracted or arrest	5	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Serious cardiac, renal, collagen-vascular or hematologic co-disorders	To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Molar pregnancy	To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Intrauterine fetal growth restriction (ultrasound confirmed)	To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Abnormal antepartum fetal surveillance	To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No
Cervical lacerations	To be determined	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes No

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Minimum qualitative requirements (circle the appropriate response;
please add comments on back of page):

Reference	Poor Excellent					Not Applicable
	1	2	3	4	5	
Technical competency & skill in operative procedures	1	2	3	4	5	N/A
Medical judgment	1	2	3	4	5	N/A
Capability to handle complications	1	2	3	4	5	N/A
Adequate number of procedures as primary surgeon	1	2	3	4	5	N/A
Availability to address medical problems	1	2	3	4	5	N/A
Ability to anticipate or prevent complications	1	2	3	4	5	N/A

Renewal of Expanded Privileges:

- Recommended as requested
 Recommend for selected requests (some requested procedures denied; list of and reasons for denials are detailed on separate page)
 All requests denied for reasons stated on separate page

Signature
Chair, Department of Obstetrics and Gynecology

Date

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