

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

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 Dilatation and Curettage (Including Vacuum)			
	b. Abdominal Salpingo-oophorectomy, 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. Vaginal Hysterectomy			
	h. Partial Omentectomy			
	i. Myomectomy and Uterine Plastic Procedures			
	j. Uterine or Vaginal Suspension			
	k. Urethrovesical Suspension			
	l. Surgical Repair of Cystocele, Rectocele			
	m. Surgical Repair of Bladder			
	n. Repair of Injury to Bladder			
	o. Vaginal Tubal Interruption			
	p. Partial (simple) Vulvectomy			
	q. Cervical Conization			
	r. Cervical or Abdominal Cerclage			
	s. All Vaginal Deliveries			
	t. All Cesarean Deliveries			
	u. Tubal Reconstructive Procedures Not Using Microsurgery			
	v. Colpocleisis			
	w. Urodynamic Examination			
	x. Obstetric Ultrasound Imaging			
	y. Gynecologic Ultrasound Imaging			
	z. Sonohysterography			
	aa. Moderate sedation			
	ab. Central and Peripheral Venous Access Device Placement			
	ac. Intra-arterial Catheter Placement			
	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. Incontinent 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			



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

NAME AND TITLE OF EVALUATOR

SIGNATURE

DATE (YYYYMMDD)