

## Privileges for San Francisco General Hospital

Requested Approved

Applicant: Please initial the privileges you are requesting in the Requested column.

Service Chief: Please initial the privileges you are approving in the Approved column.

### OBGYN OBSTETRICS and GYNECOLOGY (~~2010-NEW~~proposed 2015) (1010, 0711 MEC)

FOR ALL PRIVILEGES: All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

#### 24.00 CORE PRIVILEGES

##### 24.01 OUTPATIENT CLINIC: OBSTETRICS

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. PROCTORING: Review of 5 medical records. Review of 3 medical records for UCSF-~~trained~~ Fellows/Residents.

REAPPOINTMENT: 50 clinic visits in the previous 2 years

- A. Prenatal care visits, both low and high risk patients
- B. Interpretation of fetal monitoring
- C. Treatment of medical complications of ~~pregnancy~~pregnancy including, but not limited to:  
Pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy and other accidents of pregnancy, such as incomplete, complete, or missed abortion

##### 24.02 BASIC OB/GYN ULTRASOUND

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. PROCTORING: Interpretation of 5 ultrasound exams. Interpretation of 3 ultrasound exams for UCSF-~~trained~~ Fellows/Residents.

REAPPOINTMENT: Interpretation of 10 ultrasound exams in the previous two years

- A. ~~Identification-Localization of~~ of ~~intrauterine~~pregnancy (ie diagnose IUP)
- B. Evaluation of fetal viability and heart rate
- C. Estimation of gestational age, ~~fetal weight~~
- D. Fetal presentation
- E. Evaluation of vaginal bleeding, ~~placental location~~
- F. ~~Estimation of fetal weight~~ Measurement of cervical length
- G. Amniotic fluid estimation (AFT)
- G. Localization of IUD
- H. As an adjunct to procedures such as IUD placement/removal, D&C, or biopsy

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### 24.03 BASIC INPATIENT OBSTETRICAL CARE

These procedures are common to the obstetrical care provided by obstetrician-gynecologists, as well as family physicians that perform obstetrical services at SFGH.

**PREREQUISITES:** Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

**PROCTORING:** Observed care of 5 patients, including at least 2 vaginal deliveries.

Observed care of 3 patients, including 2 vaginal deliveries for UCSF Fellows/Residents.

**REAPPOINTMENT:** Supervision of care of 10 patients, including at least 5 vaginal deliveries, in the previous two-year

A. Routine inpatient antepartum, intrapartum, and postpartum care

B. Management of spontaneous and induced labor

C. Pudendal block and local anesthesia

Fetal assessment, antepartum and intrapartum

D. Internal fetal monitoring

E. Normal cephalic delivery

F. Episiotomy and repair, including 1st and 2nd degree lacerations

G. Exploration and repair of the vagina and cervix

H. Cesarean section (as assistant surgeon only)

I. Deliver placenta

### 24.04 OB/GYN SPECIALIST INPATIENT OBSTETRICAL CARE

These services and procedures may be performed only by obstetrician-gynecologists, unless the physician has received additional obstetrical training and experience and has been approved by the Chief of OB/GYN & RS to perform specified procedures within this group.

**PREREQUISITES:** Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

**Note:** Some of these services and procedures may be performed only by obstetrician-gynecologists, unless the physician has received additional obstetrical training and experience and has been approved by the Chief of OB/GYN & RS to perform specified procedures within this group. These are marked with an asterisk.

**PROCTORING:** Observed care of 3 patients, each of whom has received at least one of the operative procedures above/below. For UCSF-trained residents and fellows: Observed care of 2 patients, each of whom has received at least one operative procedure for UCSF Fellows/Residents.

**REAPPOINTMENT:** 10/15 operative procedures in the previous two years

A. Routine inpatient antepartum, intrapartum, and postpartum care

B. Management of spontaneous and induced labor

C. Pudendal block and local anesthesia\*

D. Fetal assessment, antepartum and intrapartum

E. Internal fetal monitoring

F. Normal cephalic vaginal delivery

G. Episiotomy and repair, including 1st and 2nd degree lacerations

H. Exploration and repair of the vagina and cervix

I. Deliver placenta

A-J. Evaluate, diagnose, treat, and provide consultation for medical conditions complicating pregnancy (beyond that contained in routine inpatient antepartum, intrapartum, and postpartum care)\*

B-K. Fetal Scalp Sampling\*

C-L. Tubal Ligation, post-partum\*

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Commented [RJ2]: I changed to 15 in 2 years to be consistent with other surgical fields.

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## Privileges for San Francisco General Hospital

_____	_____	D-M. _____ Non-genetic amniocentesis*
_____	_____	E-N. Forceps Delivery*
_____	_____	F-Q. _____ Delivery by vacuum extraction*
_____	_____	G-P. Manual <del>or instrumental</del> extraction of the placenta <del>and fragments</del> *
_____	_____	H-Q. Cesarean section (primary surgeon)*
_____	_____	I-R. Repair of incompetent cervix (cervical cerclage)*
_____	_____	J-S. External version of breech presentation*
_____	_____	K-T. Breech delivery*
_____	_____	L-U. Vaginal multiple fetus delivery*
_____	_____	M-V. Repair of rectal injury (3rd and 4th degree laceration)*
_____	_____	_____ Hypogastric artery ligation
_____	_____	O-W. Cesarean hysterectomy
_____	_____	P. _____ Instrumental removal of placenta and fragments
_____	_____	Q-X. Vaginal birth after caesarean section*
_____	_____	R-Y. _____ PreganancyPregnancy termination via labor induction

## Privileges for San Francisco General Hospital

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### 24.05 OUTPATIENT CLINIC: GYNECOLOGY

Evaluate, diagnose, treat, and provide consultation, pre-and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and nonsurgical disorders and injuries of the mammary glands. When inpatient gynecologic care privileges have been approved, procedures in this privilege group also can be performed in the hospital operating room.

**PREREQUISITES:** Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. **PROCTORING:** Review of 5 medical records. Review of 3 medical records for UCSF-trained Fellows/Residents.

**REAPPOINTMENT:** 50 clinic visits in the previous 2 years

- A. Preventive health visits: well women, family planning visits
- B. Problem-oriented gynecologic visits
- C. Microscopic diagnosis of urine and vaginal smears
- D. Obtaining vaginal and cervical cytology
- E. Colposcopy
- F. Vulvar, vaginal and cervical biopsy
- G. Endometrial biopsy
- H. Cervical or endometrial Polypectomy
- I. Insertion and removal of intrauterine contraceptive (IUC)
- J. Insertion and removal of contraceptive implant
- K. Pessary fitting
- L. Fitting of diaphragm
- M. Trigger point injection
- N. Culdoscetesis
- O-N Cryosurgery (cervix, vulva, vagina)
- P-Q Loop electrosurgical excision procedure (LEEP), cervix
- Q-P Bartholin duct procedures (incision and drainage, marsupialization)
- R- Dilation and curettage, suction curettage and manual uterine aspiration for incomplete abortion
- S-Q Simple cystometry
- T-R Suction curettage abortion
- U-S Manual uterine aspiration (MUA)
- V-T Paracervical and intracervical block
- W-U Insertion of cervical dilator
- X-V Anoscopy

**Commented [RJ3]:** I cleaned these up—combined a couple that are same procedure eg suction curettage and D&C;

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## Privileges for San Francisco General Hospital

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### 24.07 ~~CORE OPERATIVE INPATIENT~~ GYNECOLOGY AND GYNECOLOGIC SURGERY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.  
PROCTORING: ~~2-5~~ observed operative procedures at least one is laparotomy and one laparoscopy.

REAPPOINTMENT: ~~10-15~~ operative procedures in the previous two years.

- A. Admission of patients with gynecologic issues
- B. Care of admitted post-op and non-operative gyn patients
- C. Repair of vaginal, vulvar or cervical lacerations
- D. Drainage or removal of pelvic abscess (vaginal, laparoscopic or open)
- E. Placement of intra-uterine balloon catheter to manage bleeding
- F. Excision, I&D or surgical management of vulvar or vaginal lesions and abscesses

A-G Dilatation and curettage, suction aspiration, manual uterine aspiration, diagnostic or therapeutic

B-H Cervical cone biopsy, LEEP procedure

C-I Hysterectomy, abdominal

J Hysterectomy, vaginal

D-K Hysterectomy, laparoscopic-assisted or total laparoscopic

E-L Exploratory laparotomy

F-M Adnexal procedures (open or laparoscopic) including: salpingectomy, salpingostomy, oophorectomy, ovarian cystectomy, ovarian drilling, ovarian biopsy, ovarian detorsion, oophoropexy

G-N Myomectomy, abdominal or vaginal

H-O Incidental appendectomy

I-P Fistula repairs (vesicovaginal or rectovaginal)

J-Q Repair simple rent/tear of bowel or bladder

K-R Perineoplasty, labiaplasty

L-S Repair of cystocele, rectocele, enterocele

M-T Tuboplasty

N-U Hernia repair (incisional or umbilical)

O Operations for treatment of noninvasive carcinoma of vulva, vagina, uterus, ovary, cervix. Redundant with F

P Colposcopy (urogyn only)

Q Pelvic lymph node sampling (onc only)

R Evacuate molar pregnancy (delete because it is included in G)

S-Y Paracentesis

T-W Wound management: I&D, skin debridement wound dehiscence, wound closure

X Excision urethral diverticulum; excision of Skene's gland (redundant with F)

Y Cystoscopy

Z Diagnostic hysteroscopy: diagnostic or operative including polypectomy, myomectomy, adhesiolysis, septum removal, endometrial ablation

AA Operative hysteroscopy (included in Z)

BB Diagnostic laparoscopy, diagnostic or operative including adnexal procedures, management of ectopic, chromopertubation, adhesiolysis, biopsy, fulguration or excision of endometriosis

CC Tubal sterilization with cautery, rings, or clips

Laparoscopic adhesiolysis (included in BB)

Fulguration or excision of endometriosis (included in BB)

DD Management of ectopic pregnancy (linear salpingostomy, partial salpingectomy, salpingectomy) delete because redundant with BB and M

Laparoscopic ovarian biopsy, needle aspiration of simple cysts, cystectomy, drilling, oophorectomy, or salpingo-oophorectomy

Laparoscopic hysterectomy (LAVH, total)

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## Privileges for San Francisco General Hospital

FF. Non-hysteroscopic endometrial ablation techniques: HTA, thermal balloon, Nova-Sure

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### 24.08 GYNECOLOGIC ENDOSCOPY PROCEDURES, EMERGENCY GYNECOLOGY AND GYNECOLOGIC SURGERY

Evaluate, diagnose, treat, and provide consultation, inpatient care and pre-and post-operative care necessary to correct or treat female patients of all ages presenting urgently or already hospitalized with injuries and disorders of the female reproductive system and the genitourinary system such as ectopic pregnancy, adnexal torsion, ruptured ovarian cyst, miscarriage, reproductive infections, uterine bleeding and trauma. PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. PROCTORING: 3 observed operative procedures including at least one laparoscopy. REAPPOINTMENT: 10-15 operative procedures in the previous two years including at least 4 laparoscopies or laparotomies

A. Admission of patients with gynecologic issues

B. Care of admitted post-op and non-operative gyn patients

C. Surgical and non-surgical treatment of ectopic pregnancy and suspected ectopic pregnancy

D. Surgical and non-surgical treatment of miscarriage

E. Placement of intra-uterine balloon catheter to manage bleeding

F. Exam under anesthesia

G. Vulvar or Bartholin's abscess or cyst, I&D, placement of Word catheter, marsupialization

H. Dilatation and curettage, diagnostic or therapeutic

I. ~~Evaluate molar pregnancy (delete this b/c it is included in H)~~

J. Exploratory laparotomy

K. Diagnostic laparoscopy

L. Adnexal procedures (open or laparoscopic): salpingectomy, salpingostomy, oophorectomy, ovarian detorsion, ovarian cystectomy, ovarian biopsy, salpingo-oophorectomy

M. Drainage or removal of pelvic abscess (vaginal, laparoscopic or open)

N. Repair of vaginal, vulvar or cervical lacerations and trauma

O. Vaginal Myomectomy

P. Wound management: skin debridement, wound dehiscence, wound closure

A. ~~Lystoscopy~~

— Diagnostic hysteroscopy

B. ~~Operative hysteroscopy~~

B. ~~Diagnostic laparoscopy, chromotubation~~

B. ~~Tubal sterilization with cautery, rings, or clips~~

B. ~~Laparoscopic adhesiolysis~~

B. ~~Fulguration or excision of endometriosis~~

B. ~~Management of ectopic pregnancy (linear salpingostomy, partial salpingectomy)~~

B. ~~Laparoscopic ovarian biopsy; needle aspiration of simple cysts; cystectomy; drilling; oophorectomy; or salpingo-oophorectomy~~

B. ~~Laparoscopic hysterectomy (LAVH, total)~~

B. ~~Laparoscopic appendectomy~~

Commented [RJ5]: The procedures previously listed under endoscopy have been added to the inpt gyn/gyn surgery privilege above. This is the new emergency gynecology privilege set.

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~~Laparoscopic myomectomy~~

~~C. Non-hysteroscopic endometrial ablation techniques: HTA, thermal balloon, Nova-Sure~~

### 24.20 SPECIAL PRIVILEGES

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#### 24.21 SECOND TRIMESTER ABORTION PROCEDURES

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: 3 observed operative procedures. 2 ~~observed~~ observed operative procedures for UCSF Fellows/Residents.

REAPPOINTMENT: 10 operative procedures in the previous two years.

A. Second trimester abortion by dilation and evacuation

B. Intra-fetal or intra-amniotic injection

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#### 24.22 LASER THERAPY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. Appropriate training, complete the laser safety module prepared by the SFGH Laser Safety Committee and baseline eye examination within the previous 1 year.

PROCTORING: 2 observed procedures by a member of the medical staff with laser surgery privileges at SFGH. 2 observed procedures for UCSF Fellows/Residents.

REAPPOINTMENT: 2 cases in the previous two years reviewed by a member of the medical staff with laser surgery privileges at SFGH.

A. Laser therapy of the cervix

B. Laser therapy of the vagina, vulva, and perineum

C. Laser conization of the cervix

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#### 24.23 HYSTEROSCOPIC STERILIZATION

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00.

TRAINING and PROCTORING:

1. Providers must be trained in hysteroscopy and have current gynecologic endoscopy privileges in the SFGH Department of Obstetrics and Gynecology

2. As required by the FDA, the physician must attend a training course sponsored by the manufacturer of the Essure System (Conceptus)

3. After training, the provider must be proctored for two Essure procedures. Proctoring may be performed at SFGH by a provider privileged for this procedure at SFGH or may be proctored at an outside institution by a qualified provider

4. Once proctoring has been completed, certification in the Essure procedure will be issued by Conceptus. This certification is a requirement for completion of proctoring of this privilege at SFGH.

5. Providers who have been certified by Conceptus at another institution may apply for this privilege at SFGH after being proctored for one procedure by an SFGH physician who currently holds the privilege.

REAPPOINTMENT: 2 operative procedures in the previous two years

A. ESSURE tubal occlusion procedure



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### 24.24 UROGYNECOLOGY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. PROCTORING: 3 observed procedures. 2 observed procedures for UCSF Fellows/Residents.

REAPPOINTMENT: ~~10~~ 15 operative procedures in the previous two years

- A. Urodynamics
- B. Intravesical and intraurethral injections
- C. ~~Sacrospinous fixation~~
- D. Abdominal bladder neck suspension procedures
- E. Vaginal bladder neck suspension procedures
- F. Vaginal vault suspension procedures
- G. Urethral procedures: dilation of urethral stricture
- ~~Colpocleisis~~

### 24.25 PROCEDURAL SEDATION

Procedural sedation privilege is required for those who will work in Women's Options Center. PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Obstetrics and Gynecology or the American Board of Family Medicine or a member of the Clinical Service prior to 10/17/00, and has completed at least one of the following:

- 1) Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- 2) Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- 3) Current Basic Life Support (BLS) certification by the American Heart Association

PROCTORING: Review of 5 cases. Review of 5 cases for UCSF Fellows/Residents.

REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- 1) Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
- 2) Management of 10 airways via BVM or ETT per year for the preceding 2 years or,
- 3) Current Basic Life Support (BLS) certification by the American Heart Association



## Privileges for San Francisco General Hospital

24.41

### GYNECOLOGIC ONCOLOGY

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. Current certification or active participation in the examination process leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology  
PROCTORING: 3 observed procedures. 2 observed procedures for UCSF Fellows/Residents.

REAPPOINTMENT: ~~40~~ 15 operative procedures in the previous two years, at least 5 of which are performed at SFGH Clinic Setting:

- A. Evaluate, diagnose, treat, and provide consultation/treatment to patients with complications resulting from carcinomas of the cervix, ovary, fallopian tubes, uterus, vulva, vagina.
- B. Performance of procedures on the bowel, urethra, and bladder as indicated.
- C. Radical hysterectomy for treatment of invasive carcinoma of the cervix
- D. Radical surgery for treatment of gynecologic malignancy to include procedures on bowel, ureter, or bladder, as indicated.
- E. Treatment of invasive carcinoma of vulva by radical vulvectomy
- F. Treatment of invasive carcinoma of the vagina by radical vaginectomy

### 24.42 MATERNAL-FETAL MEDICINE

PREREQUISITES: Successful completion of an ACGME accredited postgraduate training program in Obstetrics and Gynecology. Current certification or active participation in the examination process leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology or a member of the Clinical Service prior to 10/17/00. Successful completion of postgraduate training program in Maternal and Fetal Medicine and current certification or active participation in the examination process leading to subspecialty certification in maternal and fetal medicine by the American Board of Obstetrics and Gynecology or having been given this privilege at SFGH prior to 10/17/00  
PROCTORING: Observed care of 3 patients. Observed care of 2 patients for UCSF Fellows/Residents.

REAPPOINTMENT: Care of 20 patients in the previous 2 years

- A. Evaluate, diagnose, treat, and provide consultation to female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease
- B. Genetic amniocentesis
- C. Level 2 obstetrical ultrasound, including Doppler
- D. Invasive fetal procedures, including cordocentesis, intrauterine fetal transfusion, cardiotocentesis, thoracentesis

### 24.50 DUAL DEPARTMENT APPOINTMENT

ONLY FOR THOSE WHO DO NOT HAVE A PRIMARY APPOINTMENT IN OB/GYN!  
Physicians trained in specialties other than obstetrics and gynecology may apply for dual appointment in the Department of Obstetrics and Gynecology for specified privileges, assuming that training and experience in a residency, fellowship, or clinical practice can be documented.

## Privileges for San Francisco General Hospital

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### 24.51 WOMEN'S OPTION CENTER PROCEDURES

#### PREREQUISITES:

1. Successful completion of an ACGME accredited postgraduate training program in family medicine, internal medicine, or pediatrics
2. Current medical staff appointment to a SFGH clinical department (other than the Department of Obstetrics and Gynecology)
3. Completion of a fellowship program in family planning or documentation of training and experience in performing the requested procedures in residency, fellowship, or clinical practice. If a family planning fellowship has not been completed, clinical experience in the past 5 years of practice must include, at a minimum,
  - Insertion of contraceptive implants (5 procedures)
  - Insertion of intrauterine contraceptives (5 procedures)
  - First trimester abortion (through 14 weeks) (50 procedures)
  - Second trimester abortion (15 weeks and later) (50 procedures)
  - Basic obstetrical ultrasound as an adjunct to abortion (15 procedures)

#### PROCTORING:

- Insertion of contraceptive implants (2 procedures)
  - Insertion of intrauterine contraceptives (2 procedures)
  - First trimester abortion (through 14 weeks) (5 procedures)
  - Second trimester abortion (15 weeks and later) (5 procedures)
  - Basic obstetrical ultrasound as an adjunct to abortion (5 procedures)
- REAPPOINTMENT (procedures in the past 2 years):
- Insertion of contraceptive implants (2 procedures)
  - Insertion of intrauterine contraceptives (2 procedures)
  - First trimester abortion (through 14 weeks) (10 procedures)
  - Second trimester abortion (15 weeks and later) (10 procedures)
  - Basic obstetrical ultrasound as an adjunct to abortion (10 procedures)

- 24.511 Insertion of contraceptive implants
- 24.512 Insertion of intrauterine contraceptives
- 24.513 First trimester abortion (through 14 weeks)
- 24.514 Second trimester abortion (through 15 weeks and later)
- 24.515 Basic obstetrical ultrasound as an adjunct to abortion

- Identification of intrauterine pregnancy
- Establishment of gestational age
- Fetal presentation
- Placental localization
- Intraoperative ultrasound

### 24.60 LICENSED CLINICAL PSYCHOLOGIST

Provide individual counseling and psychotherapy at the New Generations Health Center

PREREQUISITES: Must hold a doctoral degree in Psychology from an approved APA accredited program and must be licensed by the State of California, Board of Psychology.

PROCTORING: Review of 5 cases by a clinical psychologist on the SFGH Medical Staff.

REAPPOINTMENT: Review of 3 cases by a clinical psychologist on the SFGH Medical Staff.

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## Privileges for San Francisco General Hospital

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Requested    Approved

### 24.70    WAIVED TESTING PRIVILEGES

Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges providers satisfy competency expectations for waived testing by The Joint Commission. **PREREQUISITES:** Currently Board Admissible, Board Certified, or Re-Certified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics/Gynecology or General Surgery.

**PROCTORING:**

By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.

**REAPPOINTMENT:** Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.

- A. Fecal Occult Blood Testing (Hemoccult®)
- B. Vaginal pH Testing (pH Paper)
- C. Urine Chemstrip® Testing
- D. Urine Pregnancy Test (SP® Brand Rapid Test)

I hereby request clinical privileges as indicated above.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
date

#### FOR DEPARTMENTAL USE:

- \_\_\_\_\_ Proctors have been assigned for the newly granted privileges.  
\_\_\_\_\_ Proctoring requirements have been satisfied.  
\_\_\_\_\_ Medications requiring DEA certification may be prescribed by this provider.  
\_\_\_\_\_ Medications requiring DEA certification will not be prescribed by this provider.  
\_\_\_\_\_ CPR certification is required.  
\_\_\_\_\_ CPR certification is not required.

#### APPROVED BY:

\_\_\_\_\_  
Division Chief

\_\_\_\_\_  
date

\_\_\_\_\_  
Service Chief

\_\_\_\_\_  
date