

Required, Recommended and Suggested Procedures
 Last Updated: 02/5/2020

1. **Required for Competency**

Prior to graduation, residents must perform minimum numbers of these procedures as well as document competency to perform independently. Procedures and competency must be logged in New Innovation.

2. **Recommended**

Residents must be familiar with these procedures through observation, assisting or independent study. If desired, residents may perform suggested minimums, as well document competency to perform independently.

3. **Suggested**

If desired, residents may perform suggested minimums of these procedures, as well document competency to perform independently.

Comparison chart of different types of procedures:

	<u>Minimum # Performed</u>	<u>Observe, Assist or Study</u>	<u>Document Competency</u>
1. <u>Required Competency</u>	Required	+/-	Required
2. <u>Recommended</u>	+/-	Required	+/-
3. <u>Suggested</u>	+/-	+/-	+/-

Appendix:

- A. Global Procedure Evaluation for Final Sign Off
- B. Sample Privileges for an attending physician

1. Required Procedures for Competency

	<u>Procedure</u>	<u>Required Minimum</u>	<u>Comment</u>
Emergency Skills			
			Complete BLS, ACLS, PALS
Cardiovascular			
	Peripheral IV placement	3	VEST training can count as 1
GU			
	Digital rectal exam	3	
Gyn.			
	Pap Smear	5	
	IUD Placement	5	Minimum one each: hormonal, non-hormonal.
	IUD Removal	2	
	Nexplanon Placement	4	At least 2 must be done on patients. 2 can be through training / simulation.
	Nexplanon Removal	4	At least 2 must be done on patients. 2 can be through training / simulation.
	Wet Mount	4	Note: Specimens should be obtained by physicians.
MSK			
	Casting and Splints of Upper and Lower extremities	2	1 cast and 1 splint each. Workshop can count as one.
	Injection / Aspiration of Joint, bursa, cyst, tendon sheath or trigger point	5	Minimum 1 knee and 1 subacromial/ subdeltoid bursa.
Obstetric			
	OB Emergencies		OBERT - VEST Center training
	Vaginal Delivery	10	
Ocular			
	Fluorescein examination	1	3 recommended. Slit lamp not required.
Skin			
	I & D of Abscess	5	
	Destruction of benign lesion	3	I.E. Cryosurgery, RF/electrocautery, chemical ablation or intra-lesional injection
	Simple laceration and repair with sutures	5	Repair after skin biopsy counts

2. Recommended Procedures

	<u>Procedure</u>	<u>Recommended Minimum</u>	<u>Comment</u>
Anesthesia			
	Topical anesthesia	3	e.g. with many joint injections
	Digital Block	3	
	Local anesthesia or field block	3	e.g. with most skin procedures / nexplanon
ENT			
	Removal of foreign body from ear or nose	3	
	Cerumen disimpaction	3	
	Anterior nasal packing for epistaxis	3	
GI			
	Placement of nasogastric or enteral feeding tube	3	
	Fecal disimpaction	3	
GU			
	Bladder catheterization	3	
Gyn.			
	Endometrial Biopsy	3	
MSK			
	Simple closed reduction of subluxed joint without sedation (e.g. nursemaid elbow, shoulder, lateral patellar dislocation)	2	
Ocular			
	Slit Lamp Exam	3	
Skin			
	Skin Biopsies- including punch, excisional and incisional	3	
	Wart, fingernail, toenail, and uncomplicated foreign body removal	3	
	Skin staples or tissue glue for skin laceration repair	3	
	Drain subungual hematoma	1	
	Remove corn/callus	1	
Ultrasound			
	Guidance for needle placement	3	
	AFI, fetal presentation, placental location	5	

3. Suggested Procedures

	<u>Procedure</u>	<u>Suggested Minimum</u>	<u>Comment</u>
Adult Inpatient			
	Lumbar Puncture	3	
	Paracentesis	3	
Cardiovascular			
	Phlebotomy	3	
	Arterial puncture	3	
Obstetrics			
	Intrapartum care and delivery	100	Management of uncomplicated, term labor
Office			
	Anoscopy	3	
	Handheld Spirometry	3	
	Tympanometry	3	
Pediatrics			
	Circumcision	5	
Ultrasound			
	AAA screening	5	
	FAST exam	5	
	IUD localization	5	
	Musculoskeletal	5	E.g. initial exam of injuries, and guidance of aspiration/injection
	Obstetric - dating sonograms	5	
	Renal, basic	5	E.g. hydronephrosis
	Skin / Soft Tissue	5	E.g. guidance of I & D, exam of small lesions
Women's Health			
	Colposcopy	20	Completion of ASCCP training course
	Manual Vacuum Aspiration	10 / 100	10 for basic competency. 100 to practice independently.

Appendix:

- A. Global Procedure Evaluation for Final Sign Off
- B. Sample Privileges for an attending physician

Global Procedural Skills Evaluation

Learner _____

Date _____

Instructor _____

Procedure _____

Instructor assessment

	<i>Significant guidance provided</i>	<i>Some guidance provided</i>	<i>Performed independently</i>	<i>Unable to evaluate</i>
1. Preparation & Medical knowledge Indications, complications, patient positioning, relevant anatomy, equipment, steps of procedure, follow-up plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Technical skills Instrument handling, aseptic technique, efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attention to patient comfort Appropriate analgesia, response to patient discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication Informed consent, communication during procedure, post-procedure instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Self-awareness and seeking help Recognizes limits of own skills, seeks help appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Global assessment of today's performance of this procedure:

Hands-on or verbal guidance provided with most aspects Guidance provided with some aspects Minimal guidance provided Performed independently

Difficulty of this particular case: Average Unusually difficult

Suggestions for improvement:

Instructor signature

Sample Family Medicine Credentials:

<p>Adult Inpatient - Includes the admission, diagnosis and management of uncomplicated conditions in adults where there is little doubt as to outcome. Privileges involve the management and consultation on conditions of moderate severity, with significant local complications or less severe complications in one or more body systems, but without major multisystemic complications. Consultation is recommended for cases in which diagnosis remains in question for a significant period of time, where complications arise which are outside this level of competence, or where specialized treatments or procedures are required with which the practitioner is not familiar In order to maintain these privileges, physicians shall be directly and significantly involved in the care of at least 10 inpatients at CCHS during the two year renewal cycle.</p>
<p>Pediatric Inpatient Core Privileges includes the admission, diagnosis, management and treatment of the general pediatric patient under the age of 18 years without major complications of serious life-threatening disease. Consultation is recommended for cases in which diagnosis remains in question for a significant period of time, where complications arise which are outside this level of competence, or where specialized treatments or procedures are required with which the practitioner is not familiar In order to maintain these privileges, physicians shall be directly and significantly involved in the care of at least four (4) minor inpatients during the two year renewal cycle.</p>
<p>Newborn privileges includes admission, diagnosis, management and treatment of normal newborns with general medical problems (general medical problems are defined here as covering those disorders and complaints that a family physician would expect to treat in the course of his or her everyday practice. Consultation is recommended for cases in which diagnosis remains in question for a significant period of time, where complications arise which are outside this level of competence, or where specialized treatments or procedures are required with which the practitioner is not familiar. This excludes the NICU. In order to maintain these privileges, physicians shall be directly and significantly involved in the care of at least two (2) newborns during the two year renewal cycle.</p>
<p>Obstetrical Privileges includes the management of normal labor, equal to or greater than 36 weeks gestation. These patients should have no major medical, surgical, or obstetrical complications including all malpresentations.</p>
<p>Consulting Privileges includes responding to requests from attending physicians or department chairs for consultations in their area of specific clinical expertise. To request, the individual must be a member of the Attending Staff. Please note: This does not include admitting privileges</p>
<p>Outpatient privileges involve ongoing management of patients in an office based setting in the treatment of acute self-limited conditions not requiring hospitalization, the outpatient management of chronic diseases applicable to the specialty, the provision of age appropriate preventive care, and when applicable, co-management with specialists in the care of conditions not directly relevant to the practitioner's primary specialty</p>
<p>Telehealth may be considered a part of Outpatient or Inpatient Cognitive Privileges.</p>
<p>CORE PROCEDURES (These procedures include but are not limited to those listed below and may be exercised in Inpatient and Outpatient settings)</p>

Anoscopy
Dermatological Cryosurgery
Endometrial Biopsy
Incision and drainage of abscess
Injection and aspiration of bursae
Injection and aspiration of joints
Injection of trigger points
Insertion of IUD
Insertion of Subdermal Contraception
Skin Biopsies- including punch, excisional and incisional
Simple laceration and repair with sutures
Wart, fingernail, toenail, and uncomplicated foreign body removal
ADDITIONAL PROCEDURAL PRIVILEGES
Musculoskeletal Ultrasound
Circumcision