

INTERNAL MEDICINE PROCEDURES: POLICY AND CERTIFICATION

For Board certification, the American Board of Internal Medicine (ABIM) requires that residents be judged competent in: 1) the knowledge and understanding of basic procedures commonly performed in medical patients, and 2) the safe performance of some of them.

Procedures are an important component of clinical competence and must be adequately documented to meet ABIM specifications. Potential future inquiries for job application process regarding procedures competence will be answered (upon resident request) based on this documentation.

This policy describes the different procedures and competencies required, and the way to acquire competency, perform procedures and document both. **It is the responsibility of the resident to follow this policy in order to document his/her procedure competency before completion of his/her residency.**

A. Procedures where competency in knowledge and understanding must be demonstrated:

1. Abdominal paracentesis
2. Arterial line placement
3. Arthrocentesis
4. Central venous line placement (includes dialysis catheters)
5. Incision and drainage of an abscess
6. Lumbar puncture
7. Nasogastric intubation
8. Thoracentesis
9. Pulmonary artery catheter placement

A.a) To acquire competency in knowledge and understanding (includes indications, contraindications, complications, specimen handling, interpretation of results and informed consent):

- i. reading materials will be provided to residents

A.b) To acquire competency in performing these procedures (competency in performance is not required by ABIM, but the program offers the opportunity to develop and document it):

- i. requires at least 5 procedures (of each type) performed by a resident as the main operator, supervised and evaluated as 'Satisfactory' on both Cognitive and Technical Skills by a qualified supervisor (see next paragraph), and appropriately documented.
- ii. Supervision: **It is the responsibility of the performing resident to**

obtain appropriate supervision. Qualified supervisors are, in order of priority: 1) IM or ED faculty, 2) IM resident with already documented competency in performing the given procedure, 3) 3rd year IM resident on-call for urgent procedures when no other supervisor available, 4) registered nurses can supervise nasogastric intubations.

- iii. Documentation: The IM procedure form available at Thomason Hospital nursing stations and at the IM department website should be used. The upper part of the Procedure Form must be completed and signed by performing physician and supervisor and should remain in the patient medical record. The bottom part of the Procedure Form must be completed and signed by the performing physician and by the supervisor as soon as procedure is completed. Once the bottom part is completed and signed, resident should detach and return it to the Internal Medicine (IM) residency office by the end of the day/week for data entry. A record of performed and documented procedures will be kept in each resident's file.
- iv. For procedures performed during Emergency Medicine (EM) rotation, the use of the IM Procedure Form is preferred. If form is not available, a copy of the EM procedure form signed by the EM Faculty will be acceptable and should be submitted to the IM residency office.
- v. Residents performing a procedure and qualified to supervise it do not need to have a supervisor sign the Procedure Form. These procedures will still be credited.

B. Procedures where competency in knowledge and understanding, and performance must be demonstrated:

- i. Advanced cardiac life support
- ii. Pap smear and endocervical culture
- iii. Drawing venous blood
- iv. Drawing arterial blood
- v. Placing a peripheral venous line

B.a To acquire competency in knowledge, understanding and performance for each procedure, the policy is as follows:

- i. Advanced cardiac life support:

- a) All residents must complete and keep current ACLS certification course
 - b) 3rd year residents in MICU rotation attending to codes blue should document their participation in at least 5 events by using the ACLS form available at the IM website
 - c) The MICU attending is required to review resident's ACLS performance. To accomplish this, PGY-3 residents must submit, in person, the ACLS Form and a copy of the code record to the ICU attending within 72 hours of the event. MICU attending will complete and sign ACLS form after reviewing and discussing it with resident. The completed form, submitted to IM office, will constitute documentation and credit for this procedure.
- ii. Pap smear and endocervical culture:
 - a) Residents will be scheduled for Pap Smear/Endocervical Cultures during their Research or Clinic Rotation. A handout will be provided for details.
 - iii. Drawing venous blood
 - iv. Drawing arterial blood
 - v. Placing a peripheral venous line
 - a) Requires performance of a minimum of 5 procedures of each
 - b) The same policy for documentation and supervision from section A applies, with the exception that additional qualified supervisors are: registered nurses for 3 and 5, phlebotomists for 3, and respiratory therapist for 4.
 - c) The departments of nursing, respiratory care and laboratory are in agreement to provide supervision when availability permits.
 - d) It is the responsibility of the resident to perform and document these procedures during their patient care activities and in accordance to this policy, before completion of resident's training.
- C. Other, not required, procedures:** any other procedure to be performed by a resident requires approval and supervision of the respective faculty.