



## Policies and Procedures

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|------------------------|-----------------------------|
| Policy MFMR08          | Procedures                  |
| Effective Date:        | 10/26/2022                  |
| Reviewed/Revised Date: |                             |
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| References:            | ACGME Requirements IV.C.21. |

### Purpose

Competency in procedures provided by family physicians is an integral part of resident education. In order to gain experience residents are encouraged to identify procedures in all aspects of training. Baseline requirements for procedures are listed in the procedure curriculum, however, as with any learned behavior, the more experience gained will result in increased competency and proficiency.

### Policy

In order to ensure that Methodist Medical Center Family Medicine Residency teaches residents proficiency and competency in procedures:

1. Residents are required to keep a procedure log for patients cared for in the clinic and in the hospital using New Innovations.
2. A list of the procedures and required numbers are listed on the procedure log. (See below)
3. The resident should know the indications, contraindications, equipment, consent procedure, complications, post-procedure care, proper documentation and coding/billing for the particular procedure in order for the preceptor to sign off on the particular procedure performed.
4. As the resident advances through the program, the supervising physicians will determine whether or not a resident is competent to perform a particular procedure independently and with what level of supervision.
5. It is solely the resident's responsibility to document procedures. Residents will not advance or graduate if required minimum procedure numbers are not met.

### Procedures

1. Prior to the procedure, the resident should review the procedure indications, technique and discuss with their preceptor and complete the Procedure Time-Out Form found on the homepage of New Innovations.
2. All procedures must be precepted with the appropriate faculty before being performed.
3. Informed consent will be provided and documented by all residents

4. A procedure note will be written by all residents and co-signed by the faculty preceptor.
5. Resident will document observed (O), assisted (A), or performed (P).

### Procedure Specific Competency Objectives

1. Residents must demonstrate knowledge about established and evolving procedures used by family physicians.
2. Know and apply the basic and clinically supportive evidence-based information on procedures appropriate to the discipline.

| Procedure                                      | Expected number required to become competent | Year Competency Expected |
|--|--|--------------------------|
| ABG Interpretation                             | 10   | PGY-3                    |
| Amniotomy                                      | 2  | PGY-2                    |
| Biopsy, Endometrial                            | 5  | PGY-3                    |
| Biopsy, Excisional                             | 5  | PGY-2                    |
| Biopsy, Shave                                  | 3  | PGY-2                    |
| Bladder Catheterization                        | 3  | PGY-2                    |
| Breast Cyst Aspiration                         | 3  | PGY-3                    |
| Cerumen Removal                                | 3  | PGY-3                    |
| Circumcision                                   | 5  | PGY-3                    |
| Colposcopy w/BX/ECC                            | 15   | PGY-3                    |
| ECG Interpretation                             | 25   | PGY-3                    |
| Cryotherapy Skin                               | 5  | PGY-2                    |
| Electrodessication of skin lesion              | 3  | PGY-3                    |
| Endotracheal Intubation                        | 5  | PGY-3                    |
| Fetal Monitor                                  | 10   | PGY-2                    |
| Fluorescein Eye Exam                           | 3  | PGY-3                    |
| Foreign Body Removal, EYE                      | 3  | PGY-3                    |
| I&D, Abscess                                   | 3  | PGY-2                    |
| Interpret Wet Prep                             | 5  | PGY-1                    |
| Incise/evacuate thrombosed hemorrhoid external | 3  | PGY-3                    |
| IUD Insertion                                  | 5  | PGY-3                    |
| IUD Removal                                    | 5  | PGY-3                    |
| IUPC Insertion                                 | 5  | PGY-3                    |
| Joint Injection, Large                         | 5  | PGY-3                    |
| Joint Injection, Small                         | 5  | PGY-3                    |
| Laceration Repair                              | 3  | PGY-3                    |
| Lumbar Puncture                                | 3  | PGY-3                    |
| Nail Removal                                   | 3  | PGY-3                    |
| Nexplanon Insertion                            | 3  | PGY-3                    |
| Nexplanon Removal                              | 3  | PGY-3                    |
| OB Ultrasound Basic                            | 5  | PGY-2                    |
| Pap Smear                                      | 3  | PGY-3                    |
| Skin Tag Removal                               | 5  | PGY-3                    |
| Spirometry                                     | 5  | PGY-3                    |
| Trigger point Injection                        | 3  | PGY-3                    |
| Wart Removal                                   | 3  | PGY-3                    |