

Procedural Competency and Supervision Policy

- SUBJECT:** Procedural Competency and Supervision Policy
- PURPOSE:** This policy will provide guidance and governance in the training, competency evaluation, level of supervision regarding residents/fellows and procedural skills.
- SCOPE:** This policy applies to residents and fellows within the NCH Healthcare System GME Program.

POLICY STATEMENT:

Overview

Residents and fellows entering the NCH residency and fellowship programs will require direct supervision (D) in all procedures being undertaken. Through simulation training, evaluations, and direct supervision the resident will progress from Direct Supervision (D) to Indirect Supervision with Direct Supervision available (ISA) then have the ability to achieve Independent/Oversite (O). ISA requirements will include a minimal number of procedures being completed with consistent evaluations stating the resident can perform the procedure with indirect supervision. Independent/Oversite (O) will require formal evaluation in the simulation center and approval by PD and CCC.

All PGY-1 residents entering the NCH GME programs will be designated – D. Direct Supervision for all procedures.

Background

ABIM Requirements

- Procedures are essential to internal medicine training; to be eligible for certification, all residents must perform procedures during training.
- Not all residents need to perform all procedures.
- Program directors must attest to general competence in procedures at end of training.
- At the completion of training, residents must have demonstrated effective consent discussions, standard or universal precautions, establishment of a sterile field, and application of local anesthetic as applicable to most procedures a resident may perform.
- Residents must have the opportunity to develop competence in procedures which will further their development as fellows or as independent practitioners.

- The performance of all invasive procedures requires the ability to facilitate an effective discussion with patients regarding risk and benefit of the procedure before obtaining consent, a critical task that all internists must effectively perform. Internists who perform any invasive procedures must be able to initiate a standardized preparation beforehand including hand washing, donning of sterile gloves, preparation of the procedural field, and application of some form of anesthetic. Procedural competence need not be determined solely by a minimum number of successfully completed procedures but may be customized as appropriate through simulation, direct observation, and other criteria determined by the program director and clinical competency committee.

NCH vision

- All residents will be required to achieve independent competency, at the oversight level of supervision, in at least one invasive procedure by completion of training at NCH.
- Residents are encouraged to become familiar with and conduct skills in their track.
- Residents have the capability of achieving competency in multiple invasive procedures appropriate for their training track.
- Resident will declare a specific training track no later than Dec of PGY-2 year and set a procedural goal with their faculty advisor.



Procedure	Hospitalist	Inpatient - Specialties	Outpatient - Specialties	Primary Care
Venous Blood Draw	X	X	X	X
Pelvic with PAP				X
EKG	X	X		X
Peripheral IV	X	X	X	X
ACLS ***	X	X	X	X
Nasogastric tube	X	X		
Foley catheter	X	X		

*** ACLS is completed during PGY 1 orientation, will need to be renewed in PGY 3 year (every 2 years to stay current)

Procedures

Procedure	Hospitalist	Inpatient - Specialties	Outpatient - Specialties	Primary Care
Skin Biopsy	X		X	X
Arthrocentesis	X		X	X
I and D Abscess	X		X	X
Paracentesis	X	X		
Thoracentesis	X	X		
Cardioversion		X		
Central Line	X	X		
Lumbar Puncture	X	X		
Arterial Line		X		
PA catheter		X		
Intubation	X	X		
Chest Tube		X		

20XX 8

Policy

The resident will perform the first procedure ideally in the simulation lab after undergoing the necessary reading, studying and review. Simulation procedural training will be supervised by a certified physician. If the resident is unable to have simulation training prior to their first procedure, the procedure will be completed and directed by a senior attending with assistance from the resident. The resident will then proceed to further their procedural skills either through simulation or directly supervised patient procedures with a required procedure number ranging from 5 to 10+ procedures. When the resident's evaluation reflects overall progression of competency and consistent comments that resident is ready for unsupervised practice (score of 4.0 or greater). And when the question? Is the resident competent to perform the procedure independently? Is answered consistently **yes**, the resident will request ISA level of supervision, indirect supervision with direct supervision immediate available, to be approved by program director.

To achieve independent/oversite level the resident will compete an additional 5 procedure, then return to the simulation center and undertake the procedure from beginning to end including indications, consent, time-out, contraindications, explanation of procedures including complications, followed by documentation, with a physician certified in the procedure. At this point the supervising physician will complete an evaluation and make

recommendations to the CCC and PD, if resident is able to advance to independent/oversite level (O).

Level of Supervision

D – direct supervision. The supervising physician is physically present with the resident during the entire procedure.

ISA – indirect supervision with direct supervision available. The supervising physician is physically within the hospital or other site of patient care and immediately available to provide direct supervision during procedure.

O – independent/oversight. The supervising physician is available to provide pre and post procedure review and feedback.

Procedures Covered by NCH Policy

- Central venous catheterization/central line insertion
- Arterial line insertion
- Elective Cardioversion
- Endotracheal intubation
- Lumbar puncture
- Thoracentesis
- Paracentesis
- Arthrocentesis
- Pulmonary arterial catheter
- Wound closure/I&D of abscess
- Chest tube
- Skin Biopsy

Documentation

All documentation of procedures will be logged in Med-hub (including Verification and Evaluation) with the current resident's level of supervision. The information will be available to the medical staff, nursing staff and administrative staff for reference. The administrative chief resident will be available to answer inquiries by medical staff, nursing staff and administration regarding the resident's current level of supervision.