Policy: Hospital Procedures

Procedures done by residents in the hospital setting are generally to be directly supervised by an attending physician. This may occur in the context of a specialty rotation when the rotation preceptor is present for supervision or during family medicine rotations or call duty when the family medicine preceptor is present for supervision. Residents may be called to perform emergency procedures during night or weekend duty. When essential for the care of the patient these can be performed by the resident without supervision according to emergency guidelines taught through courses such as BLS, ACLS, NRP and PALS.

Two procedures commonly done by family medicine residents may be performed independently after being certified as competent to do so by the faculty. These procedures are circumcision and obstetrical ultrasound. This policy outlines the process of becoming certified as competent for these two procedures.

Circumcision
1. All residents must perform a minimum of ten (10) circumcisions under the direct supervision of a faculty physician or a senior family medicine resident who has been certified as competent to perform circumcision independently.
2. On the tenth or subsequent supervised circumcision the resident will arrange for an official faculty observation.
3. When this is evaluated as competent, the faculty physician will complete the procedure documentation card and notify the residency office.
4. The residency office will notify the hospital contact person that the resident is competent to perform subsequent circumcisions without supervision.

Bedside Obstetrical Ultrasound
1. All residents must participate in performing bedside obstetrical ultrasounds for fetal heart tones and fetal position while in the process of providing prenatal care.
2. A procedure evaluation tool is used to monitor the progress of developing competency for each resident.

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