



Internal Medicine Procedure Performance Policy

Addendum to the MHG

Procedure Performance Policy 500.27

Effective July 2023

Procedure Performance and Patient Safety

Safety is the highest priority when performing any procedure on a patient. There exists a wide degree in variability in the types and numbers of procedures performed by internists in practice. Internists who perform any procedure must obtain the appropriate training to safely and competently perform that procedure. It is expected that the internist be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform it unsupervised.

American Board Internal Medicine Requisite Procedures

- 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 in their chosen subspecialty, or as independent practitioners in their intended fields if entering practice after residency.

ABIM's Position Regarding Procedures Required for Internal Medicine

The exposure to the performance of, and the opportunity to develop competence in, invasive procedures by residents is essential for internal medicine residents' preparation for their subsequent subspecialty fellowship or chosen career path.

As of the 2019-2020 academic year, residents must meet the requirements outlined above to be admitted to the Internal Medicine Certification Examination. Internal

medicine graduates will likely perform some invasive procedures during their future training or practice; however, the specific procedures will vary based on subsequent subspecialty, hospitalist or general career path taken. 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.

Policy

The supervising attending **must** be notified before any procedure requiring consent is performed by any resident. This is completed regardless of the number of procedures performed by the resident in the past or if the resident has achieved “Oversight” development level (see below).

The resident will input all procedures they directly performed or supervised into New Innovations. Procedures will need to be verified complete by a member of the procedure committee or the internal medicine program director.

The resident can be “signed off” by a member of the procedure committee to perform a procedure without direct supervision only after he or she has successfully completed the minimum number (see table below) of required supervised procedures and has demonstrated the cognitive understanding for why the procedure needs to be performed, how to recognize and treat procedure related complications, and how to interpret diagnostic information obtained from the procedure itself or from an obtained tissue or aspirate specimen.

- Once the minimum number of required procedures has been completed, the resident will need to arrange an appointment time with any member of the procedure committee to complete the cognitive evaluation.
- After the cognitive evaluation has been successfully accomplished the resident status in New Innovations will be changed to “Oversight” development level.

Residents’ performing procedures that they are not certified to perform without direct supervision must be supervised by the physical presence of a provider “certified” to perform the procedure which may be a supervising resident, physician assistant, nurse practitioner, or attending physician.

- Certified means:
 - o The attending physician, nurse practitioner, and physician assistant must be credentialed themselves to perform the procedure independently.
 - o The supervising resident must be at an oversight development level

Procedure	Number required to be performed prior to oversight development status
Abdominal Paracentesis and interpretation	5
Arterial line placement/arterial blood draw	5
Arthrocentesis and interpretation	5
Central venous line placement	5
Lumbar puncture and interpretation	5
Thoracentesis and interpretation	5
Nasogastric intubation	1
Incision and Drainage of an abscess	5
PAP smear and endocervical culture	1