

## **VA Procedure Team Curriculum**

### **Introduction**

The following curriculum is intended to offer guidance and description of how the residents will be supervised and evaluated with the use of a resident portfolio.

### **I. Educational Purpose**

The general internist should demonstrate knowledge and skill to perform several bedside procedures. These procedures include central line placement, NG or Keofeed placement, paracentesis, thoracentesis, lumbar puncture, ABG. Additionally, you can observe and learn other procedure with interventional radiology. Despite ones ultimate career path within internal medicine, a basic ability to perform these procedures is an invaluable tool. This procedure driven rotation offers the resident a higher degree of autonomy in clinical decision-making and patient care. Equally as important is the demonstration that the resident has the know-how and desire to safely use these tools in appropriate settings and patient care.

### **II. Learning Venue**

#### **A. Rotation Description and Expectations:**

The Procedure team is a 2-week rotation from 8AM – 4:30PM block where the VA procedure resident will rotate with IR to perform procedures relevant to the practice of hospital medicine. They will also be available for procedure consults from the medicine teams.

**On the first day of the rotation at 8AM, the resident will reach out to the IR PA, Constance Duggan, at 51062 or via teams** to obtain the procedure schedule for the week for which they will attend all procedures being performed pertinent to Internal Medicine. They will also be available for bedside medicine procedure consults during that time-frame which they will perform under the supervision of the IR PA (for paracentesis only) or under the supervision of the team attending requesting the procedure.

**On the first day of the rotation the resident will also contact Katherine Cash (315-425-4447 or contact via teams)** form pulmonary to get the schedule for outpatient and/or inpatient thoracentesis. This will give you an opportunity to learn and possibly perform thoracentesis.

#### **B. Teaching Methods:**

If the resident is already certified in the procedure, this will provide an opportunity to improve proficiency and troubleshooting. Education on this rotation occurs primarily from the opportunity to perform an array of procedures. If the resident is not credentialed in the particular procedure requested at that time, they will be supervised by the IR PA (for paracentesis only) or under the supervision of the team attending requesting the procedure. After which the supervising provider will sign off on the procedure verification form to be entered into MedHub by EPO.

**C. Reading lists and other educational resources to be used:**

1. MEJM series of Articles: Videos in Clinical Medicine will provide various education and video technique of the following procedures:

- Paracentesis
- Central venous catheterization
- Thoracentesis
- Lumbar Punctures
- Incision and Drainage of an Abscess
- Arthrocentesis for the Knee
- Nasogastric Intubation
- Placement of an arterial Line

[Videos In Clinical Medicine: The New England Journal of Medicine \(nejm.org\)  
https://www.nejm.org/multimedia/videos-in-clinical-medicine](https://www.nejm.org/multimedia/videos-in-clinical-medicine)

- Up-To-Date is recommended as a concise peer-reviewed resource for on the spot information. Residents are encouraged to go to the original literature for more in depth learning.
- Harrison's Principles of Internal Medicine, 21<sup>st</sup> edition
- Merkle Manual, 20<sup>th</sup> edition
- The Cochrane Library

**III. Methods of Evaluation**

**A.** The learning and competence of the resident's performance during the rotation will be based on:

1. Nursing Evaluations - This is primarily intended to evaluate if appropriate measures were taken, ie. Time-out, sterile technique, informed consent, etc.
2. Faculty/Peer Evaluations - Faculty and Peers on the consulting team are strongly encouraged to use concern or praise cards.
3. Patient Evaluations - It is possible that patients, when asked to evaluate their experience, may provide effective

**B.** Rotation Specific competencies

1. **Patient Care.** You will be exposed to diverse patient population needing various procedures. You will learn to explain the indication, contraindication, risks associated with each procedure to each patients. Ensure patient has full understanding to make informed consent.
2. **Medical Knowledge.** You will demonstrate knowledge of indications, contraindications, risks, and proper technique of each procedures. Additionally, you will demonstrate understanding and interpretation of analysis from sample obtained.
3. **Professionalism.** Uphold professional responsibilities, including timely completion of patient evaluation when consulted for a procedure. Be on time and available for procedures schedule in IR or Pulmonary service.
4. **Practice based learning and Improvement.** Resident is expected to praise and assimilate evidence based medicine to improve patient care. Additionally, self-assessment and targeted learning both experientially and independently is expected to enhance ongoing patient care.
5. **Interpersonal and communication skills.** Demonstrate caring and respectful behaviors with patients, families who may be frustrated with needed procedure. Take the time to explain and clearly communicate recommendation with patient/family.
6. **System based practice.** Understand and appreciate the importance of coordinating care with other members of the health care team. Learn the cost-effective use of diagnostic and therapeutic technology to minimize harm, particularly minimizing bloodstream infections and iatrogenic harm from correctable system- based problems.