

UKSM-W MED/PEDS Required Procedure Card
Record and evaluation of Resident procedural skills

Resident Name _____ Date _____

Procedure Completed During: _____ Ambulatory _____ On Call
_____ Rotation _____ Other

Patient Identifier _____

Required by Internal Medicine

- _____ Pap smear/endocervical culture (5)
_____ Drawing venous blood (5)
_____ Drawing arterial blood/arterial puncture (5)
_____ Placing a peripheral venous line (5)

Elective Procedure: please list

Check one:

- _____ Performed procedure(s) adequately for level of training but requires more experience before performing without direct on-site supervision.
_____ Technical Skills adequate to perform procedure(s) unsupervised.

Supervisor's Name (please print)

Supervisor's Signature

(date)

_____ Logged in NI

_____ Confirmed in NI

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Resident Name _____ Date _____

Procedure Completed During: _____ Ambulatory _____ On Call
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Patient Identifier _____

Required by PEDIATRICS No specific number required

- _____ Bag & mask ventilation
- _____ Bladder catheterization
- _____ Giving Immunizations
- _____ Incision & drainage of an abscess
- _____ Lumbar puncture (signed off by peds supervisor)
- _____ Neonatal endotracheal intubation
- _____ Neonatal delivery room resuscitation
- _____ *Placing peripheral venous line (required by IM)
- _____ Reduction of simple joint dislocations
- _____ Simple laceration repair (simple suturing)
- _____ Simple removal of foreign body
- _____ Temporary splinting of a fractures
- _____ Umbilical catheter placement
- _____ *Venipuncture (required by IM)

Must be familiar with the following procedures:

- _____ Arterial line placement _____ Endotracheal intubation of
- _____ *Arterial puncture (required by IM) _____ of non-neonates
- _____ Chest tube placement _____ Thoracentesis
- _____ Circumcision

Check one:

_____ Performed procedure(s) adequately for level of training but requires more experience before performing without direct on-site supervision.

_____ Technical Skills adequate to perform procedure(s) unsupervised.

Supervisor's Name (please print)

Supervisor's Signature

(date)

_____ Logged in NI

_____ Confirmed in NI