# UNIVERSITY OF KANSAS SCHOOL OF MEDICINE-WICHITA
## RESIDENCY PROGRAM INTERNAL MEDICINE
## Record and Evaluation of Resident Procedural Skills

Resident_____Date_____

Procedure Completed During:

_____Ambulatory Clinic
_____On Call
_____Rotation; specify rotation_____
_____Other; please specify_____

Review the following procedural skills and identify those procedures performed acceptably under your supervision during the resident's rotation on your service. Parentheses contain the minimum number of procedures requiring direct supervision before certification can be granted.

SKILLS REQUIRED (indicate number of procedure(s) performed).

_____Arterial puncture (5)
_____Arthrocentesis (5)
Central venous access (5 total):
_____Femoral
_____Subclavian
_____Internal jugular
_____Lumbar puncture (5)
_____Nasogastric tube insertion (5)
_____Abdominal Paracentesis (5)
_____Pap smear and Endocervical Culture (5)
_____Thoracentesis (5)

ELECTIVE SKILLS

_____Arterial line insertion (3)
_____Bone Marrow biopsy and aspiration (3)
_____Chest tube insertion (5)

ELECTIVE SKILLS (continued)

_____Cryosurgical removal of skin lesions (3)
_____Endotracheal intubation (5)
_____Elective cardioversion (2)
_____Skin biopsies (2)
_____Soft tissue and joint injections (2)
_____Temporary pacemaker insertion (5)
_____Treadmill exercise test (5)
_____Sigmoidoscopy
_____Flex (10)
_____With biopsy (2)
_____Swan-Ganz catheter placement (10)
_____Upper GI endoscopy (10)
_____Other: please list

_____
_____
_____

Please list indications and any complications that occurred during the procedure(s) checked:

_____
_____
_____

_____
Supervisor's Name (please print)

_____
Supervisor's Signature Date

**Return to KUSM-W, Department of Internal Medicine, Residency Office**

S: Internal medicine/residents/procedures/procedure card.doc
GOM: adt REV 6/18/09