

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY
PROCEDURE SERVICE CURRICULUM

Target: PGY 2-3
Updated September 2018

A. EDUCATIONAL OVERVIEW

The Procedure Service rotation is designed to not only help residents achieve competence in a variety of bedside procedures, but also to gain an in-depth understanding on the indications, contraindications, and potential complications of these procedures. By the end of this rotation, residents will be expected to use this knowledge to better serve and educate patients within their own practice.

B. ROTATION DESCRIPTION AND STRUCTURE

Trainees rotating through the Procedure Service will be expected to care for patients in both inpatient and outpatient settings. Residents will be an integral member of the team, which consists of an attending physician, a procedural nurse, and a nurse practitioner. While the service is primarily targeted to developing and refining procedural skills, trainees will be expected to triage consults on the basis of urgency, obtain a focused history, and perform any necessary follow-up after the procedure is complete.

C. GOALS & OBJECTIVES

Residents are expected to achieve the common goals and objectives of clinical care (see separate document) in addition to the following goals objectives by the end of the rotation.

- 1. Evaluate and assess patients for various bedside procedures, including review of the indications, contraindications, potential risks, and benefits.**
 - Obtain a focused history including symptoms, comorbid conditions, medications, prior procedures, and previous complications. (PC1, PROF1)
 - Review available imaging to better understand patient-specific anatomy and order additional studies if necessary. (MK2, PC1)
 - Evaluate for potential risk factors including coagulopathies, abnormal anatomy, poor functional status, and altered mentation. (PC1, MK1)
 - Effectively convey the risks and benefits, obtain informed consent, and appropriately answer questions regarding various procedures. (PROF1, ICS1)

- 2. Perform a bedside procedure using sterile technique with minimal discomfort and complication.**
 - Apply proper sterile technique including hand hygiene, gowning, and gloving when appropriate. (PC4)
 - Minimize risk of infection with skin preparation using scrubbing agents, wide sterile fields, and relevant patient education. (PC4, PROF1, ICS1)
 - Understand the basics of bedside ultrasound and its use in reducing bleeding and soft tissue complications. (MK1, MK2)
 - Perform pre-procedural requirements including consent, time-out, and site evaluation. (PC4)
 - Become familiar with different kits and equipment specific to different procedures. (MK2, PBLI4)
 - Quickly recognize and diagnose complications to prevent significant morbidity and mortality. (MK2, PC1/4)

3. Appropriately manage patients after completion of a bedside procedure.

- Handle specimens, order labs, and request imaging studies when necessary. (PC1-4, MK1, SBP3)
- Counsel patients regarding post-procedure expectations, return precautions, and follow-up. (PROF2, ICS1)
- Convey recommendations and further treatment options to primary inpatient teams or outpatient providers. (SBP1, PROF1, ICS2)
- Accurately document procedural details as well as patient-specific recommendations. (ICS3, PC2)
- Provide feedback for quality improvement and improved patient satisfaction. (PBLI1, SBP2)

D. ROTATION SPECIFIC COMPETENCIES

The resident will specifically have a better understanding in evaluating for and performing the following procedures: (PC4, MK2)

- Paracentesis
- Thoracentesis
- Lumbar Puncture
- Ultrasound-guided IV Insertion
- Midline Insertion
- Central Venous Catheter Insertion
- Punch Biopsy

E. TEACHING METHODS

Clinical education is primarily delivered through direct patient care and supervision by an attending physician. Bedside teaching will be employed to role model counseling skills, demonstrate physician exam techniques, and teach and perform procedures.

Housestaff are required to attend the daily Noon Conference series and Morning Report when permitted by patient care duties.

F. SUPERVISION AND EVALUATION

All housestaff and patient care will be supervised by the attending physician.

Residents will be evaluated by the supervising attending. Direct verbal feedback may be provided throughout the rotation, and written evaluation will be submitted electronically in MedHub at the end of the rotation. These can be reviewed by the resident at any time and will be reviewed with the housestaff during the Clinical Competency Committee meeting.

G. EDUCATIONAL RESOURCES

Electronic resources are also available through the internet at Olive View-UCLA Medical Center and through UCLA.

- UpToDate
- Dynamed (coming)
- Harrison's Principles of Internal Medicine
- PubMed