



National Capital Consortium Pediatric Residency Program Procedures & Procedure Logs

The ACGME Pediatrics Residency Review Committee (RRC) describes expectations of pediatric resident procedural competency as outlined in the July 1, 2017 Program Requirements.

Residents must be able to competently perform all medical, diagnostic and surgical procedures considered essential for the area of practice.

They must be able to competently perform procedures used by a pediatrician in general practice, including being able to

- *Describe the steps in the procedure*
- *Name indications & contraindications*
- *List complications*
- *Provide pain management & post-procedure care*
- *Interpret applicable results*

Military residents should aim to surpass competence and continually improve their procedure skills as **access to other skilled pediatric/neonatal proceduralists will be limited in the remote places military pediatricians practice.**

It is your responsibility to document procedures that you **have attempted** or **successfully performed**. Yes, you should document failed attempts!

Residents often express surprise at which procedures are tracked by the ACGME (e.g. developmental screening test, vision screening, subcutaneous injections, gynecologic exams, pain management, sedation). Look over the list to be sure you know which procedures to write down.



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Tracked Procedures

Listed below is the list of procedures that the RRC requires documentation. As of Spring 2017, the list of procedures in the ACGME Case Log for Pediatrics and the list in the requirements are different.

Bold procedures listed in ACGME CaseLog and requirements.

Non-bolded procedures are listed in the ACGME CaseLog but not in requirements.

Italicized procedures are listed differently in ACGME CaseLog and requirements.

[Procedures Tracked Throughout Training](#)

Neonatal Endotracheal Intubation
Umbilical Artery Catheter Placement
Umbilical Vein Catheter Placement
Lumbar Puncture

[Procedures Tracked Until Competent](#)

Arterial Puncture
Placement of Intravenous Line
Venipuncture
Simple Laceration Repair
Reduction of Simple Dislocation
Temporary Splinting of Fracture
Bladder Catheterization
Bag Mask Ventilation

[Procedures Which Require Understanding](#)

Arterial Line Placement
Arterial Puncture
Chest Tube Placement
Circumcision
Endotracheal Intubation on Non-Neonates
Thoracentesis

[Additional Procedures](#)

Gynecologic Evaluation
Subcutaneous Injection
Intradermal Injection
Intraosseous Line Placement (or Simulated)
Giving Immunizations
Intramuscular Injection
Developmental Screening Test
Tympanometry Interpretation
Vision Screening
Hearing Screening/Evaluation
Simple Removal of Foreign Body
Incision & Drainage of Superficial Abscess
Pain Management
Circumcision
Conscious sedation



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Documentation of Procedures

The residency uses the web-based procedure CaseLog found on the ACGME website (www.acgme.org). In 2010, the residency took over logging duties from individual residents as part of the administrative-duty reduction policy voted on by the Program Evaluation Committee. Residents do not need to use the website, although they need to email or submit in writing a list of procedures with the following information:

- Name of procedure
- Age (or approximate age) of the patient
- Date or approximate date
- Rotation
- Whether it was successful or not
- Supervisor name (if applicable)

This information can be emailed to procedures@nccpeds.com or handed to residency coordinators on a slip of paper.

Updates are expected monthly at roughly the end of each block.

Your advisors will review your procedure log on a quarterly basis. The quarterly-updated procedure log will be printed and placed in your resident file. Documentation of procedures is not only an RRC requirement, it is also **sometimes used to verify competency when applying for hospital privileges for the rest of your career**. Any hospital to which you apply for privileges will request information from your training program about your procedure skills. Without adequate documentation, you may be refused hospital credentials or privileges in the future.