

Procedural Skills

Key features (detailed description of expected competencies) adapted from CFPC³

The graduating resident will reliably and correctly, with sensitivity and in a patient-centred way:

- 1. Discussed procedure choice and obtains informed consent:** Describes to the patient and supervisor the procedure, its indications, contraindications, and alternatives, as well as possible outcomes (positive and negative) accurately, appropriately and completely.
- 2. Recognizes personal limitations:** Describes, recognizes and reports to the supervisor personal internal states (e.g., fatigue, personal distractions) which might affect physician performance of procedural skills. Recognizes and describes to the supervisor personal limitations (including skill level), and demonstrates appropriate confidence in own procedural skills.
- 3. Seeks support and advice appropriately:** Seeks advice and support from supervisors for procedures appropriately.
- 4. Adapts the procedure to the specific patient:** Adapts approach to the specific needs of the patient or task involved. For example, as appropriate adapts amount of assistance required, communication style, timing or location of the procedure, or technique used. Adapts technique as required to accommodate patient comfort when safe and feasible (e.g., re-positioning the patient).
- 5. Describes the technical approach to be used:** Describes to the supervisor the technical steps necessary in sequential fashion, including any preliminary examination and anatomic landmarks necessary for the procedure performance.
- 6. Describes potential complications:** Describes to the supervisor signs and symptoms of the procedure not going as expected. Describes to the supervisor potential complications and their management.
- 7. Prepares for the procedure:** Prepares for the procedure by ensuring the appropriate equipment is ready and organized, including equipment to dress any wounds and manage any complications.
- 8. Ensures personal and patient safety:** Ensures personal and patient safety by ensuring a clean and organized procedural environment during the procedure including:
 - ensures products have not expired and lot numbers are recorded
 - uses appropriate hand washing/ hand hygiene
 - uses appropriate clean or sterile technique
 - uses appropriate injection and sharp/needle management technique
- 9. Monitors and communicates with the patient:** Monitors the patient's state of anxiety and comfort during the procedure and communicates caringly with the patient to keep them informed and reduce anxiety.
- 10. Responds to the unexpected:** When the procedure is not going as expected, re-evaluates the situation, and stops and/or seeks assistance as required. Responds to the unexpected in a calm and confident manner.
- 11. Uses proper technique:** Uses appropriate technique during the procedure.
- 12. Dispenses post-procedure advice and plans:** Dispenses to patients appropriate advice and follow-up plans including signs of adverse reactions, infections or other adverse effects of the procedure, and indications to seek medical attention urgently, and routine follow up plans.
- 13. Documents properly:** Documents the procedure clearly and accurately in the medical record.

CFPC Core Procedures^{1,2} for Family Medicine Residents

The Department of Family Medicine has subdivided the CFPC's list^{1,2} into "Higher Priority" procedures (required to be demonstrated reliably and correctly by all residents) and "Lower Priority" procedures (residents must demonstrate performance of a minimum of 10 of these procedures). The "Higher Priority" procedures are listed along with the benchmarks (4,12, 24 months) by which residents would be expected to perform this procedure correctly and reliably. Residents will be required to perform all "Procedural Skills Key Features" also defined by the CFPC.

Higher Priority Procedures

4 months

- Cryotherapy of skin lesions
- Pap smear
- Injections (IM/SC/Intradermal)
- Removal of Cerumen
- Infiltration of local anaesthetic
- Insertion of sutures: simple, mattress, subcuticular
- Laceration repair (suture, gluing)

24 months

- Aspiration and/or injection of joint (eg knee, shoulder)
- Aspiration and/or injection of bursae (eg patellar, subacromial)
- Cardiac defibrillation
- Partial Toenail removal/Wedge excision for ingrown toenail
- Splinting injured extremities

12 months

- Abscess incision and drainage
- Removal of foreign body (eg Fish hook, splinter, glass)
- Skin biopsy (shave, punch, excisional)
- Excision of dermal lesions (eg papilloma, nevus or cyst)
- Digital block in finger, toe
- Insertion of Intrauterine Device (IUD)
- Endometrial or aspiration biopsy
- Naso Gastric tube insertion
- Anoscopy/Proctoscopy

Lower Priority Procedures

Skin Procedures:

- Drainage of acute paronychia
- Electrocautery of skin lesions
- Release of subungual hematoma
- Pare skin callus
- Skin scraping for fungus determination
- Wound Debridement

Injections/anaesthesia, cannulation procedures:

- Venipuncture peripheral

Intravenous line, adult and child

- Peripheral venous access – infant
- Lumbar puncture

Eyes, Ears, Nose Procedures:

- Instillation of fluorescein
- Removal of corneal or conjunctival foreign body
- Removal of foreign body
- Cautery for anterior epistaxis

GI Procedures:

- Fecal Occult Blood testing
- Incise and drain thrombosed external hemorrhoid

GU and Women's Health Procedures:

- Cryotherapy or chemical therapy genital warts
- Aspirate breast cyst
- Diaphragm fitting
- Placement of a transurethral catheter

Musculoskeletal procedures:

- Application sling –upper extremity
- Reduction of dislocated shoulder
- Reduce dislocated radial head (pulled elbow)
- Reduce dislocated shoulder
- Application of casts (eg forearm, ulnar gutter, scaphoid, below-knee)
- Injection of lateral epicondyle (tennis elbow)

Resuscitation procedures:

- Oral airway insertion
- Bag-and-mask ventilation
- Endotracheal intubation

The Procedural Skills Field Note was developed and approved by the Postgraduate Working Group, and the Procedural Skills Curriculum Review Advisory Group, and interested individual faculty and resident consultants throughout the Department of Family Medicine uOttawa (2011-2014).

Reference:

- 1) Wetmore SW, Rivet C, Tepper J, Tatemichi S, Donoff M, Rainsberry P. Defining core procedure skills for Canadian family medicine training. *Can Fam Physician*. 2005; 51(10): 1364-5.
- 2) CFPC (2009) "Defining competence for the purposes of certification by the College of Family Physicians of Canada: The new evaluation objectives in family medicine". Available: <http://www.cfpc.ca/EvaluationObjectives/> [Accessed June 20 2013]
- 3) CFPC (2010) "Part II—The evaluation objectives for daily use: the operational level, for assessing competence" Available: http://cfpc.ca/uploadedFiles/Education/Part_II_Evaluation_objectives.pdf [Accessed June 11 2014]

Following the Domain Review of the Procedural Skills, the Resident Program Committee reviewed the objectives on October 5, 2023. Anticipated changes will be made to these within the next 6 months. These will be brought to the Resident Program Committee for approval. Until then, these objectives will remain in effect.