PROCEDURE
Any resident of fellow shall limit their scope of practice to coincide with privileges held by (a) member(s) of the VAMC medical staff who is (are) responsible for their supervision.

It is the responsibility of the individual residency program to determine and document procedural competence. Once competence has been determined by their residency program, resident physicians, at the appropriate level, may perform the following procedures with a supervisor available to be called.

ANESTHESIOLOGY
Anesthesiology residents can perform the following duties and procedures without the direct presence of an attending anesthesiologist. Which procedures are performed and the level of supervision is dependent, of course, on the level of training of the resident.

Manage the maintenance and emergences phases of general, regional and MAC anesthesia during elective and emergency cases.
Perform preoperative assessments
Perform postoperative anesthetic follow-up visits
Place peripheral intravenous catheters and arterial catheters
Place central venous and/or pulmonary artery catheters
Emergency mask-bag ventilation on the hospital ward
Emergency tracheal intubation
Tracheal extubation
Administration of drugs for cardiopulmonary resuscitation
Administer intravenous fluids and/or blood products for resuscitation
Management of patients in the intensive care unit
Administer intravenous sedation
Administer anesthetic agents in emergency situations
Manage epidural analgesia for postoperative pain relief

DERMATOLOGY
G2 Residents (upon successful completion of G1 year)
KOH exam for skin fungi
Microscopic exam for scabies/lice
Superficial wound debridement
Intrallesional injections
Cryotherapy of common skin lesions
Electrodesiccation of benign lesions
Electrodesiccation and curettage of skin cancers
Skin biopsy (punch or excision)
Simple excision of benign and malignant skin lesions
UVB and UVA phototherapy
Patch testing
Inpatient and outpatient consults

G3 Residents (upon successful completion of G2 year)
Moderately complicated flaps and grafts for reconstruction of excision of malignant skin lesions
Orientation and oversight of rotating students and residents
G4 Residents (upon successful completion of G3 year)
Most complicated flaps and grafts for reconstruction of excision of malignant skin lesions
Coordinator of resident call schedules
Oversight of surgery case scheduling

INTERNAL MEDICINE
Residents (upon successful completion of three to five procedures)
Thoracentesis
Large joint aspiration or injection
Lumbar puncture
Paracentesis
Advanced cardiac life support
Central line placement
Insertion of a nasogastric tube
Arterial insertion of monitoring lines
Arterial puncture and blood sampling
Noninvasive ventilation
Simple mechanical ventilation
Arthrocentesis/aspiration or injection
Interpretation of an electrocardiogram
Pap smear and endocervical
Punch skin biopsy

Pulmonary Disease and Critical Care Medicine Fellows
Arterial insertion of monitoring lines
Arterial puncture and blood sampling
Broncheoalveolar lavage and transbronchial biopsy
Bronchoscopy
Bronchoscopy with biopsy
Bronchoscopy with lavage
Cardioversion
Central venous catheter (insertion or change)
Chest tube placement
Feeding tube w/fluoroscopy
Hemodialysis catheter (insertion of)
Insertion of PA catheters – Swan Ganz
Intubation (oral or nasotracheal)
Manage peritoneal dialysis
Mechanical ventilator (operation of)
Paracentesis
Pleuordesis
Thoracentesis
Transcutaneous pleural biopsy

LAB MEDICINE & PATHOLOGY
G1 Residents (upon successful completion of appropriate rotations)
Autopsy prosection (must complete competency assessment checklist)
Dissection and sampling of routine surgical specimens
Cutting cryostat sections in surgical pathology

8/7/2013
G2, 3 & 4 Residents (upon successful completion of appropriate rotations)
Fine needle aspiration of palpable masses
Rapid interpretation of CT or US-guided aspirations

**ORAL AND MAXILOFACIAL SURGERY**

**G1 Residents**
Patient History and physical
Write/dictate notes and reports
Draw blood samples
Change dressings
Insert peripheral intravenous catheters
Insert urinary catheters perform venipuncture for laboratory studies
Wound care to include laceration repair and suture/ staple removal
Perform preliminary interpretation of ECG’s and imaging studies
Drainage of abscess
Tooth extraction
Alveolar fracture repair

**G2 Residents**
Closed reduction jaw fractures
Open reduction uncomplicated jaw fractures
Small bone grafts

**G3 Residents**
Orthognathic surgery
Zygomatic fracture repair
Orbital floor repair
Harvest Iliac and Tibial bone grafts
Temporomandibular joint reconstruction

**G4 Residents**
Complex reconstruction cases

**NEUROSURGERY**

**G2 Residents** (upon successful completion of G1 residency in surgery)
Median and ulnar nerve neurolysis
Expose and remove a lumbar disc
Decompress lumbar spine (with faculty assistance)
Place ventriculostomy or ICP monitor
Perform straightforward ventriculoperitoneal shunt

**G3 Residents**
Placement of ventricular drainage systems in neonates to teenagers (pediatric)
Shunting cysts, ventricules, malformations, tumors (pediatric)
Craniotomy techniques for common supratentorial and infratentorial lesions (pediatric)
Closure of bone and scalp in the developing head (pediatric)
Repair of spinal disorders such as myelomeningocele, lipomeningoceles and other dysraphism (pediatric)
Progressive Level of Responsibility  
Minneapolis VA Medical Center

Basic intracranial navigation and treatment of intraventricular lesions with endoscopy (pediatric)
Decompression of common peripheral nerves such as median, ulnar and radial nerves
Lumbar discectomy at all levels, central, paracentral, transforaminal, far lateral
Lumbar laminectomy, simple
Lumbar foraminotomy
Cervical discectomy via posterior approach
Ventriculoperitoneal and ventriculoatrial shunting

G4 Residents
Vagus nerve stimulator placement
Sphenoidal electrode placement
Craniotomy for grid placement
Depth electrode placement (with faculty assistance)
Grid placement (with faculty assistance)
Temporal lobectomy (with faculty assistance)
Electrocorticography (with faculty assistance)
Cortisectomy (with faculty assistance)

G5 Residents
Understand and perform the approaches for craniosynostosis
Craniotomy for removal of an acute intracranial hematoma
Craniotomy for brain metastasis
Laminectomy for a syrinx and posterior cervical foraminotomy
Anterior cervical discectomy and fusion
Surgical approaches for reoperations in the lumbar spine
Lumbar laminectomy in scoliotic patients
Lumbar laminoplasty
Cervical instrumentation
Carotid endarterectomy
Craniotomy for primary brain tumors
Stereotactic brain biopsy with the BRW frame and CT/MRI guidance

G6 Residents
Will be the primary surgeon for the surgical procedures listed above with assistance from junior residents
Surgical management of traumatic intracranial hematomas and contusions
Surgical management of penetrating missile injuries
Surgical repair of persistent traumatic cerebral spinal fluid fistulas
Surgical management of intracranial aneurysms
Surgical management of penetrating injuries to the spine
Management of surgical spine injuries
Surgical management of peripheral nerve and brachial plexus injuries
OPHTHALMOLOGY
Minneapolis VA Medical Center

Triage and manage ocular emergencies
Perform minor external and adnexal surgical procedures
Chalazion excision
Corneal foreign body removal
Use of foreign body corneal drill for removal of a rust ring
Conjunctival biopsy, corneal scraping
Trichiasis lash removal
Cataract surgery
Glaucoma surgery
Ectropion, entropion repair
Lid and brow surgery
Lacrimal duct surgery
Laser photocoagulation and disruption
Globe repair

ORTHOPEDICS
G2 Residents (upon successful completion of G1 year)
Remove previously placed hardware
Reduction of dislocated joint

G3 – G5 Residents (upon successful completion of G2 year)
Measurement of compartment pressure

G6 Residents (Chief Resident) (upon successful completion of G5 year)
Initiation of open reduction and fixation

OTOLARYNGOLOGY
G2 Residents (upon successful completion of G1 year)
Incise and drain peritonsillar abscess
Flexible endoscopy of upper airway and pharynx
Antral puncture
Biopsy of oral cavity and pharyngeal lesions
Tracheostomy and tracheostomy change
Myringotomy and PE tubes
Direct and indirect laryngoscopy
Postoperative orders
Vessel ligation
Remove foreign body of ear or nose
Endoscopic assessment of nose and sinuses
Control epistaxis

G3 Residents (upon successful completion of G2 year)
Evaluation of child with airway problem
Evaluation of facial fracture
Repair nasal fracture
Control pharyngeal bleeding
Raise tympanomeatal flap
Evaluate causes of vertigo

8/7/2013
Incise and drain deep neck abscess

**G4 Residents** (upon successful completion of G3 year)
- Emergency tracheotomy
- Emergency intubation
- Stabilize fractured mandible or maxilla

Repair tympanic membrane perforation
Fine needle and Tru-Cut biopsies
Excise oral lesions

**G5 Residents (Chief Residents)** (upon successful completion of G4 year)
- Supervise more junior residents and medical students
- Discuss options with other services, patients and families
- Prepare patient for operating room
- Read and evaluate CT or MRI of head and neck

**PHYSICAL MEDICINE & REHABILITATION**
- Independent performance of nerve conduction velocities – completion of competency on EMG 1
- EMG needle exam – completion of competency on EMG 1
- Neurolysis with botox or phenol – completion of EMG 1
- Injection joint, bursa, tendon sheath or trigger point – completion of clinic rotation
- Refill baclofen pump – completion of clinic or SCI rotation

**PLASTIC SURGERY**
- Wound debridement
- Remove infected devices
- Drain hematoma and infection
- Suture complex lacerations
- Biopsy cutaneous lesions

**PSYCHIATRY**

**G1 Residents**
- Diagnosis and management of medical, neurologic, and psychiatric patients in hospital setting and on-call with close and redundant staff supervision.

**G2 Residents (supervision immediately available, but based on resident need)**
- Diagnosis and management of patients on psychiatric inpatient ward and on-call with increased responsibility and independence.
- Diagnosis and management of patients within specialty population: Geropsychiatry.
- With medical licensure, restraint and seclusion orders done independently.

**G3 and G4 Residents (supervision immediately available, but based on resident need)**
- Advanced electives in specialty populations with increased responsibility and independence.

**G5 residents (supervision immediately available, but based on resident need)**
Fellows are enrolled in programs based on their area of interest and will be able to diagnose and manage patients with psychiatric disorders in hospital and outpatient settings. Each program will develop specific progressive levels of responsibility which are appropriate for the program.

**RADIOLOGY, THERAPEUTIC**

**G1 Residents**
- Perform situational calculations for dosages in routine situations with ability to pass calculation test for certification
- Program, diagram and prepare chart for patient treatment
- Knowledgeable and competent at handling, transporting and recording the use of radioactive isotopes
- Perform history and physical and communicate findings to staff physician of the Assessment
- General knowledge of work-up for patients with a particular cancer

**G2 Residents**
- Understanding of appropriate staging work-up in detail
- Clear understanding of short and long-term side effects of using radiation
- Prescribe total dose and fraction size for the common tumors treated and determine the target volume for different situations

**G3 & 4 Residents**
- Clear understanding of the staging for the usual (and unusual) cancers
- Ability to draw the target, give directions to the physicist and evaluate the computer plans generated
- Knowledge of different devices (IJ, wedge, compensators) and appropriate usage
- Be familiar with, and know the indications for newer techniques

**SURGERY**

**G1 Residents**
- Initiation of minor surgical cases (e.g., lipoma removal, breast biopsy)
- Nasogastric and nasoduodenal tube placement
- Bladder scan
- Incision and drainage of wounds
- Drainage of seroma
- Central line placement
- Arterial line placement

**G2 Residents** (upon successful completion of G1 year)
- Initiation of laparoscopy
- Initiation of open abdominal surgery (e.g., appendectomy, laparotomy, hernia repair)
- Tube thoracostomy
- Thoracentesis
- Paracentesis
- Closure of complex lacerations
- Escharotomy
- Clinical clearance of spinal injuries
- Compartment measurements
- Moderate sedation
- Needle biopsy

8/7/2013
Swan-Ganz catheter placement

**G3 – G6 Residents & Surgical Critical Care Fellow** (upon successful completion of G2 year)
- Initiation of thoracotomy
- Initiation of median sternotomy
- Therapeutic bronchoscopy
- Endoscopy
- Endotracheal intubation
- Pericardiocentesis
- Initiation of all major surgical cases
- Elective cardioversion