

Procedure Rotation Orientation Guide

Introduction:

Welcome to the Internal Medicine Procedure Rotation. Procedures are part of the practice of internal medicine, ranging from low-risk, such as placement of peripheral IVs and arterial blood draws, to higher risk, such as thoracentesis and central venous catheter placement. The American Board of Internal Medicine (ABIM) has published guidelines for procedural competencies, which include cognitive (e.g., understanding the indications of procedures) and technical (i.e. the act of performing procedures) components. It is therefore important for residency training programs to ensure that its trainees meet these requirements.

This procedural rotation was designed to offer housestaff formal training, resources, and an increased opportunity to acquire skills and perform procedures with formally trained faculty supervisors. The rotation includes access to an online curriculum, which covers all of ABIM's cognitive requirements (indications, contraindications, complications, etc.). It also includes standardized approaches to each procedure, standardized videos on procedures (from New England Journal of Medicine), supply checklists, and top articles in the field of procedural medicine.

In addition to access to the online curriculum, housestaff will be given opportunities to perform procedures, including peripheral IV insertion, venous blood draw, arterial blood draw, paracentesis, lumbar puncture, thoracentesis, and joint aspiration/injection. Opportunities to perform procedures come from different sources for senior and junior housestaff. Senior housestaff are scheduled into outpatient clinics to perform large volume paracenteses, under direct supervision. Additionally, they will provide one day of supervision to junior housestaff while on the inpatient procedure service. Junior housestaff are paired with faculty supervisors to form the inpatient Procedure Service, which, at the request of any inpatient internal medicine team, is available to perform four inpatient bedside procedures: thoracentesis, paracentesis, lumbar puncture, and knee arthrocentesis. Once the service is consulted via a procedure pager, housestaff are responsible for consenting the patient, gathering equipment, and then performing and documenting the procedure under supervision. Prior to performing a given procedure, housestaff are expected to review the relevant sections of the online curriculum. Supervising faculty members have reviewed the online curriculum and were internally trained in the use of ultrasound.

Schedule

The timing of the procedure rotation is unique in that it will occur while housestaff are on 1st jeopardy duty. There is always one resident and one intern on 1st jeopardy, covering every week of the year. The intern will be responsible for the "on-call" procedures as part of the Procedure Service, while the resident will be scheduled into various environments to perform procedures. Housestaff on this rotation will remain susceptible to the demands of 1st jeopardy. In the event coverage is needed, the intern or resident will be asked to fulfill those duties and will not be available for the procedure rotation (for however many days they are jeopardized). If the intern or resident is jeopardized for a night shift, they will be expected to participate in the procedure rotation the day of the shift, but will be excused from all activities the day after the shift.

Intern schedule (OHSU only):

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	On-call	On-call	On-call	On-call	On-call
PM	On-call	On-call	On-call	On-call	On-call

NOTES

Sources of procedures: The Procedure Service is responsible for inpatient procedures at OHSU, including those involving medicine patients (e.g., patients on the medical teaching service or clinical hospitalist service) as well as those involving non-medicine patients (e.g., patients on other services such as surgery, family medicine, neurology, etc.).

Curriculum study: When you are not busy performing procedures, you should be reviewing and studying the online curriculum located on the IMRESPDX website.

Procedure Service pager: The virtual pager 17269 will always be forwarded to a team member on the Procedure Service from 8:00 am – 5:00 pm. If the status of the pager is “out of hospital, unavailable” it means the team is being paged outside of the hours of operation. If that message is being received erroneously, please page André Mansoor directly (pager12770). **For any procedure requests received on Monday, please alert the on-call 1st Jeopardy senior resident.** The resident will supervise and assist you in performing procedures that day with the attending physician.

Peripheral IV placement: At your convenience during the week, go to the VA ED and inform the charge nurse that you are there to learn how to place peripheral IVs. The nurses there are good at teaching them. Your goal in terms of numbers of PIV insertions should really be as many as it takes until you feel comfortable with the procedure, but this usually occurs after 6-8 PIVs. If you do not achieve this goal after your initial visit there, feel free to go again another time during the week.

Procedure cart: There is a procedure cart that sits in the 14C Medicine room (across from rooms 20-26). It is black and located next to the monitor on the back wall. Feel free to use the cart during the week. It should be fully stocked with all your equipment needs. Please restock the cart after you use it.

Ultrasound machines: There are three US machines available to the procedure team, they are located in the following places: GM1, 5A Resident Room & GM4.

Resident schedule (OHSU and VA):

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	VA Curric	VA PIV	VA Curric	VA Curric	VA LVP
PM	VA Curric	VA Curric	VA Curric	VA Curric	VA LVP

NOTES

VA Curric: Please use this time to review the online curriculum.

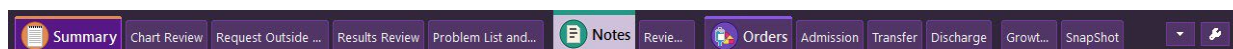
VA PIV: Report to the PVAMC ED to work with nursing on peripheral IV insertion. They will be expecting you at the front desk at 9:00 am, after Grand Rounds.

VA LVP: The clinic is located at PVAMC in the Short Stay Unit (POPS) on 4D. The morning clinic starts at 9:00am; you will break for lunch/noon conference, and then return at 1:00pm. The LVP patients are in the east rooms, the ones with windows. You will work with Anna Sasaki and associates.

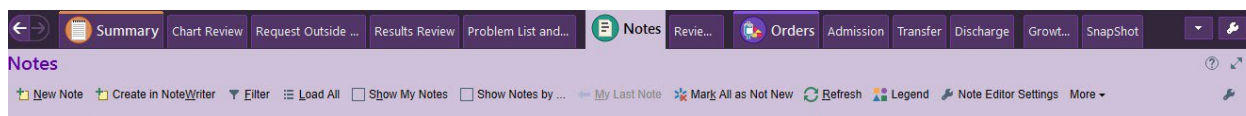
HOW TO USE NOTE WRITER TO WRITE PROCEDURE NOTES:

Below you will find nine (9) step-by-step instructions and screen shots to assist you in writing and signing a procedure note.

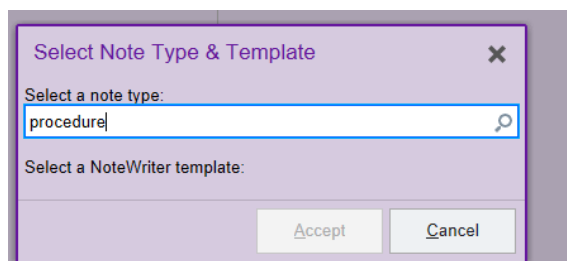
1. In the patient's chart encounter for the admission, click on the Notes tab.



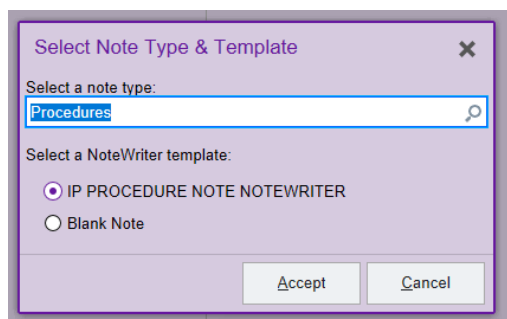
2. Click "Create in NoteWriter"



3. A box will pop-up, type "procedure" in the "select note type:" box



- Make sure “IP PROCEDURE NOTE NOTEWRITER” is selected. Click accept.



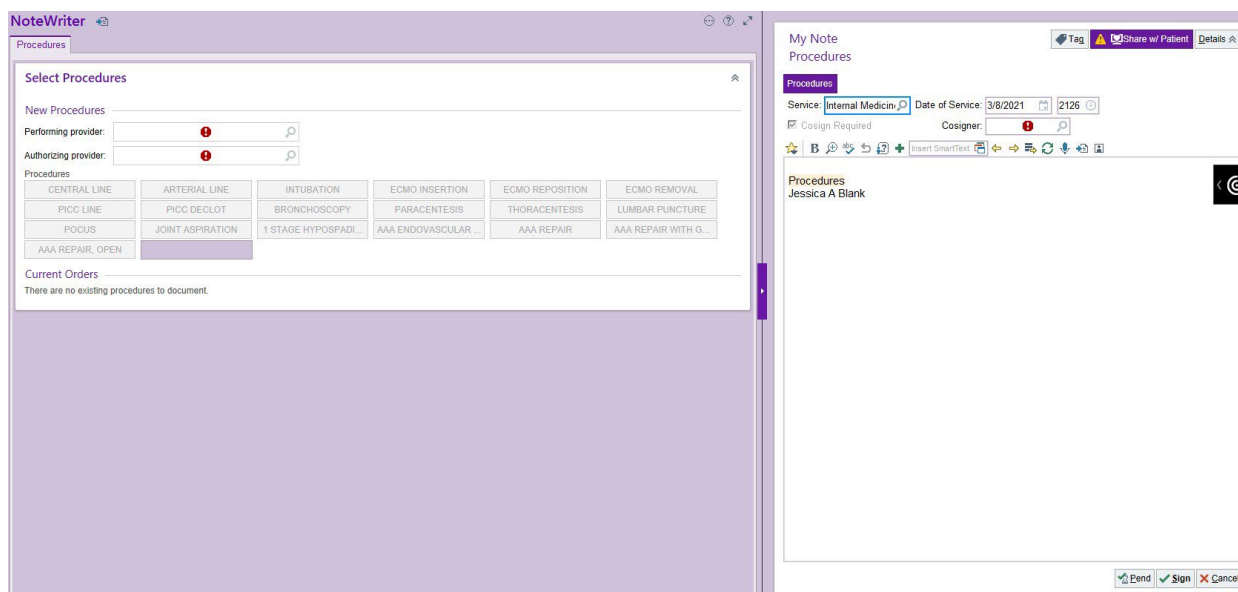
Select Note Type & Template

Select a note type:
Procedures

Select a NoteWriter template:
☒ IP PROCEDURE NOTE NOTEWRITER
☐ Blank Note

Accept Cancel

- This screen will pop-up. The “Performing provider” and “Authorizing provider” will often be auto-filled. You will be the performing provider and the authorizing provider will be the attending on the primary team.



NoteWriter

Procedures

Select Procedures

New Procedures:

Performing provider:

Authorizing provider:

Procedures

CENTRAL LINE	ARTERIAL LINE	INTUBATION	ECMO INSERTION	ECMO REPOSITION	ECMO REMOVAL
PICC LINE	PICC DECLOT	BRONCHOSCOPY	PARACENTESIS	THORACENTESIS	LUMBAR PUNCTURE
POCUS	JOINT ASPIRATION	1 STAGE HYPOSPADI...	AAA ENDOVASCULAR...	AAA REPAIR	AAA REPAIR WITH G...
AAA REPAIR_OPEN					

Current Orders
There are no existing procedures to document.

My Note
Procedures

Service: Internal Medicine Date of Service: 3/8/2021 2126

Sign Required Cosigner:

Procedures
Jessica A Blank

End Sign Cancel

- Once those are filled in, the Procedure buttons will be active. Click which procedure you performed. We will use paracentesis as an example.

NoteWriter

Procedures

Add Another Procedure

PARACENTESIS Performed by Jessica A Blank. Authorized by Andre M Mansoor, MD

Medications documented here as part of the note will not automatically update the medication list or the MAR. Please ensure that any necessary medications given are appropriately ordered and/or documented in the medication list or on the MAR.

Procedure: PARACENTESIS

Date/Time: 3/8/2021 2129 Now

Operators:

Attending:

APP:

Fellow:

Resident:

Student:

Pre-Procedure

Written consent obtained? Yes No ☐ Emergent situation

Consent given by: Patient Parent Legal guardian Next of kin Power of attorney Other

Patient identity confirmed per policy? Yes No

Procedural pause: ☐ Immediately prior to the procedure a pause per universal protocol was called.

A pause verifies correct patient, procedure, equipment, support staff and site/side marked as required. With questions refer to CVC policy

Indications

Initial or subsequent exam: initial subsequent

Procedure purpose: diagnostic therapeutic

Pre-Procedure Diagnosis: ***

Site Preparation

Skin Preparation: Betadine Chloraprep Chlorhexadine Other

My Note

Procedures

Service: Internal Medicine Date of Service: 3/8/2021 2126

Design Required: Cosigner:

PARACENTESIS

Date/Time: 3/8/2021 9:29 PM

Performed by: Jessica A Blank

Authorized by: Andre M Mansoor, MD

Indications:

Pre-Procedure Diagnosis: ***

Jessica A Blank

End Sign Cancel

- Then start to fill out the information prompted by NoteWriter. As you fill it out, it will populate the note on the right. You might not fill out every part of the NoteWriter form. There are also different sections depending on the procedure. You can always ask your faculty if you don't know what information to include.

NoteWriter

Procedures

Add Another Procedure

PARACENTESIS Performed by Jessica A Blank. Authorized by Andre M Mansoor, MD

Medications documented here as part of the note will not automatically update the medication list or the MAR. Please ensure that any necessary medications given are appropriately ordered and/or documented in the medication list or on the MAR.

Procedure: PARACENTESIS

Date/Time: 3/8/2021 2129 Now

Operators:

Attending: David Harmon

APP:

Fellow:

Resident:

Student: Jessica Blank

Pre-Procedure

Written consent obtained? Yes No ☐ Emergent situation

Consent given by: Patient Parent Legal guardian Next of kin Power of attorney Other

Patient identity confirmed per policy? Yes No

Procedural pause: ☒ Immediately prior to the procedure a pause per universal protocol was called.

A pause verifies correct patient, procedure, equipment, support staff and site/side marked as required. With questions refer to CVC policy

Indications

Initial or subsequent exam: initial subsequent

Procedure purpose: diagnostic therapeutic

Pre-Procedure Diagnosis: ascites 2/2 cirrhosis

Site Preparation

Skin Preparation: Betadine Chloraprep Chlorhexadine Other

My Note

Procedures

Service: Internal Medicine Date of Service: 3/8/2021 2126

Design Required: Cosigner:

PARACENTESIS

Date/Time: 3/8/2021 9:29 PM

Performed by: Jessica A Blank

Authorized by: Andre M Mansoor, MD

David Harmon

Written consent obtained? Yes

Consent given by: Patient

Patient identity confirmed per policy? Yes

Procedural pause: Immediately prior to the procedure a pause per universal protocol was called.

Indications:

Initial or subsequent exam: Initial

Procedure purpose: Diagnostic and therapeutic

Pre-Procedure Diagnosis: Ascites 2/2 cirrhosis

Skin Preparation: Chloraprep

Jessica A Blank

End Sign Cancel

NoteWriter

Procedures

Add Another Procedure

PARACENTESIS Performed by Jessica A Blank. Authorized by Andre M Mansoor, MD

Providers Remove

Skin Prep Other

Anesthesia

Anesthesia

bolus analgesia bolus sedation conscious sedation local infiltration muscle relaxant

nerve block none opioid sedation topical application

Local anesthetic

Lidocaine 1% w epinephrine Lidocaine 1% w/o epinephrine Lidocaine 2% w epinephrine

Lidocaine 2% w/o epinephrine

Anesthetic total (ml)

10

Procedure details

Preparation

☒ Patient was prepped and draped in usual sterile fashion

Needle gauge

☐ 18 ☐ 20 ☐ 22

Ultrasound guided

☐ Yes ☒ No

Images Saved

☐ Yes ☒ No

Puncture site

☐ midline suprapubic ☐ midline infraumbilical ☒ right lower quadrant ☐ left lower quadrant

Fluid removed (ml)

☐ 3000

Fluid appearance

☐ bilious ☐ bloody ☐ clear ☐ chylous ☐ cloudy ☐ feculent

☐ purulent ☒ serosanguinous ☐ serous

Dressing

☐ 4x4 sterile gauze ☐ antibiotic ointment ☐ gauze packing ☐ gauze roll ☐ pressure dressing ☐ tube gauze

☒ patient tolerated the procedure well with no immediate complications

Comments

Insert SmartText

My Note

Procedures

Service: Internal Medicine Date of Service: 3/8/2021 2126

Cosign Required Cosigner:

Insert SmartText

Date/Time: 3/8/2021 9:29 PM

Performed by: Jessica A Blank

Authorized by: Andre M Mansoor, MD

David Harmon

Written consent obtained?: Yes

Consent given by: Patient

Patient identity confirmed per policy?: Yes

Procedural pause: Immediately prior to the procedure a pause per universal protocol was called.

Indications:

Initial or subsequent exam: Initial

Procedure purpose: Diagnostic and therapeutic

Pre-Procedure Diagnosis: Ascites 2/2 cirrhosis

Skin Preparation: Chloraprep

Local anesthetic: Lidocaine 1% w/o epinephrine

Anesthetic total (ml): 10

Procedure details:

Preparation: Patient was prepped and draped in usual sterile fashion

Needle gauge: 18

Ultrasound guided: Yes

Images Saved: Yes

Puncture site: Right lower quadrant

Fluid removed (ml): 3000

Fluid appearance: Serosanguinous



Dressing: 4x4 sterile gauze

Patient tolerance: Patient tolerated the procedure well with no immediate complications

End Sign Cancel

- Review your note. Put in your supervising faculty as the cosigner. This is the faculty on the procedure team with you, NOT the ordering faculty from the primary team.

My Note Procedures

Tag  Share w/ Patient Details 

Procedures

Service: Internal Medicine Date of Service: 3/8/2021 2126

☒ Cosign Required Cosigner: HARMON MD.

 **B**       Insert SmartText        

Date/Time: 3/8/2021 9:29 PM

Performed by: Jessica A Blank

Authorized by: Andre M Mansoor, MD

David Harmon

Written consent obtained?: Yes

Consent given by: Patient

Patient identity confirmed per policy?: Yes

Procedural pause: Immediately prior to the procedure a pause per universal protocol was called.

Indications:

Initial or subsequent exam: Initial

Procedure purpose: Diagnostic and therapeutic

Pre-Procedure Diagnosis: Ascites 2/2 cirrhosis

Skin Preparation: Chloraprep

Local anesthetic: Lidocaine 1% w/o epinephrine

Anesthetic total (ml): 10

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Preparation: Patient was prepped and draped in usual sterile fashion

Needle gauge: 18

Ultrasound guided: Yes

Images Saved: Yes

Puncture site: Right lower quadrant

Fluid removed (ml): 3000

Fluid appearance: Serosanguinous

Dressing: 4x4 sterile gauze

Patient tolerance: Patient tolerated the procedure well with no immediate complications

Jessica A Blank

 Pend  Sign  Cancel


9. Last Step: Sign the note.

HOW TO ADD PATIENTS TO THE INPATIENT PROCEDURE TEAM LIST:

1. Search the patient's name or MRN in patient station
2. Double click into the admission to view the encounter
3. Locate the provider information box on the right side of the screen

COVID-19 Vaccine: Unknown
 COVID-19: Has Labs
 6/27/2022

Infection: None
 Isolation: None

 **Hirofumi Yoshida, MD**
 Attending

PCP: No Pcp Per Patient
 First Call: Grant Coan, Md


Allergies: No Known Allergies


ADMITTED: 6/1/2022 (48 D)


4. Double click into the provider information box. This will open the care teams window.


[+ Care Coordination Note](#)

Current Encounter Team

Add Admitting:  [+ Add Me](#)


Add Attending:  [+ Add Me](#)


Add Referring:  [+ Add Me](#)




Add Additional:  [+ Add Me](#)


5. In the Add Additional field, type “procedure” and hit enter.
6. Double click on IPT internal medicine procedure service.



Provider Finder


 [Search](#)

Filter by  Clear Showing results for "procedure" Most relevant matches on top

-  Favorite
 - My favorites
-  Care Team
 - On care team
 - On treatment team
-  Provider Specialty
 - [+Add](#)


 **Ipt Internal Medicine Procedure Service #17269**
 Internal Medicine
 3181 S W Sam Jackson Park Rd
 Portland OR 97239


  **AHPL GENERAL SURGERY PROCEDURE RM PAV**
 10000 SE Main St
 PORTLAND OR 97216


 **AHPL PRIMARY CARE PROCEDURE RM SAN**
 10000 SE Main St
 PORTLAND OR 97216



7. Another window will pop up. Type “consulting phsyician” into the Role field and click accept.



Add New Assignment

Team Member
 

Role
 

Specialty
 

Start
  

End
  

Comments

[✓ Accept](#) [✗ Cancel](#)

8. The patient has now been added to the list.

Expectations

For interns on the Procedure Service:

OHSU:

Interns are paired with faculty supervisors to form the inpatient Procedure Service. The names of the intern and faculty supervisor are always located on the “amion” website. The Procedure Service is available Monday through Friday from 8:00 am until 5:00 pm. At the request of any inpatient service (including non-medicine services), the Procedure Service is available to perform four inpatient bedside procedures: thoracentesis, paracentesis, lumbar puncture, and knee arthrocentesis. When the Procedure Service evaluates a non-medicine patient, the intern will be expected to write an initial consult note in addition to the procedure. There should also be one follow-up visit the day after the procedure. Consult note templates can be obtained from the faculty supervisor or the IMRESPDX website.

The Procedure Service pager (17269) will be forwarded to the intern, who will receive the relevant information about the patient (medical problems, indications for procedure, etc.). At that point, the intern should inform the faculty supervisor of the request so that the team can plan the timing of the procedure and discuss any other pertinent information. The intern is expected to consent the patient for the procedure, gather the appropriate equipment for the procedure, and review the relevant procedure guide located on the IMRESPDX website. Once these things have been completed, the intern should meet with the faculty supervisor for discussion, review, and supervision of the procedure. You will be notified if there is a medical student rotating on the Procedure Service and should coordinate with this person. The student is expected to observe all procedures performed and help the team in any capacity deemed appropriate by you and the supervising attending.

Following the procedure, the intern should complete the appropriate documentation for the procedure within the electronic medical record. The intern should then notify the primary team that the procedure has been completed and should inform them of any complications or potential issues related to the procedure.

Here are the steps involved using an example scenario for a Medicine Service Patient:

1. A patient on GM3 requires a paracentesis.
2. GM3 team member pages the Procedure Service at 17269.
3. Intern/medical student calls GM3 back and receives relevant information about the patient and the procedure that is needed. Intern/Medical student should remind the requesting team to place any diagnostic orders that are necessary.
4. Intern/medical student adds the patient to the inpatient procedure team list in Epic.
5. Intern/medical student contacts faculty supervisor to make them aware of the procedure request and arranges for a time to meet.
6. Intern/medical student does some additional chart review.
7. Intern/medical student reviews the curriculum on www.imrespdx.com/procedures-main, including the paracentesis procedure guide and related video.
8. Intern/medical student introduces them self to the patient and obtains consent for the procedure.
9. Intern/medical student gathers the appropriate equipment (remember the procedure cart is on 14C). Make sure the cart is stocked with the appropriate kits and materials. Check out the material check-lists on www.imrespdx.com/procedures-main. Now is a good time to ask the nurse to print the labels for any diagnostic studies that are necessary.
10. The intern/medical student and faculty supervisor meet and discuss for as long as is necessary before the

procedure begins.

11. Procedure Service completes the procedure (intern, medical student, or resident performs the procedure, faculty supervises).
12. Intern/medical student documents the procedure, using the notewriter (more information below) feature in Epic, and adds the faculty supervisor as a co-signer.
13. Intern/medical student documents an “initial consult” note (only for non-medicine patients).
14. Intern/medical student closes the loop with the GM3, describing any issues related to the procedure and reviewing the orders that were placed.
15. Intern/medical student logs this procedure in MedHub.
16. Intern/medical student follows up with patient the following day and documents a “follow-up” consult note (only for non-medicine patients).
17. Intern/medical student removes the patient to the inpatient procedure team list in Epic when care has concluded.

If the procedure to be performed is for a service other than Medicine, the steps above are still followed with the addition of writing a consult note before the procedure and a follow-up note after the procedure.

In the event the team is not comfortable performing a procedure that is asked of them, then the primary team will need to pursue an alternative plan, as they would have before implementation of this procedure rotation (either perform the procedure themselves or ask another service like radiology/neuro/rheum to perform the procedure).

If the intern on the procedure rotation has been jeopardized and is unavailable to perform procedures, then the Procedure Service pager will be forwarded to either the medical student on rotation or the jeopardy resident, who will assume responsibility of inpatient procedures. If no trainees or students are available, then the pager will be forwarded to the faculty supervisor who will either find another learner to perform the procedure under supervision or perform the procedure him/herself.

For Residents:

Unlike interns, who are part of the on-call Procedure Service, residents will be scheduled into various environments at PVAMC to perform procedures in a standardized way. The environments range from the emergency department to large volume paracentesis clinic (see above for the schedule). Residents are expected to be present for all of the scheduled activities unless they are jeopardized. Residents will not be routinely expected to consent patients or contribute to procedure documentation in the EMR. You will be working with a variety of supervisors, from hepatologists to the IV team. You should review the pertinent curriculum materials prior to each session. For example, prior to arriving to the LVP clinic, you should have reviewed the paracentesis procedure guide on the IMRESPDX website. You should seek teaching and guidance from the supervisors as necessary. In addition to the above, you will assist and supervise the intern perform any procedures on Monday. In the event you are jeopardized, you will not need to notify any of the supervisors, as they will be made aware of your expected absence.

- Importantly, residents will be expected to cover the Procedure Service pager when the intern is unavailable (jeopardized, ill, etc.) and there is no student on rotation. The virtual pager 17269 will automatically be forwarded to the resident. You should still attend and participate in the various clinical environments in which you were originally scheduled. However, if an inpatient procedure is requested, you should call the faculty supervisor and let them know about the procedure and plan to work it into your schedule however you best see fit. Please review the expectations for the intern on the Procedure Service.

Resources:

The website: www.imrespdx.com

Click on “Educational Resources”, then find and click on “Procedures”. There, you will find each procedure listed with associated links:

PROCEDURE GUIDE: Contains all relevant cognitive information about the procedure, including technique and approach

PROCEDURE VIDEO: NEJM video guide for the procedure

CONSULT NOTE: Standardized consult note templates

Frequently Asked Questions:

Question: What happens if I get jeopardized for a day shift?

Answer: You will be excused from all procedure-related activities during the shift.

Question: What happens if I get jeopardized for a night shift?

Answer: You will be expected to participate in the procedure rotation during the day of the shift, but will be excused from all procedure-related activities the following day (post-call).

Question: Do I need to notify any of the supervisors on the procedure rotation if I am jeopardized?

Answer: No. They are aware that jeopardy is a possibility and will be notified in the event that you are jeopardized.

Question: How do I find out who my supervising faculty is on the Procedure Service?

Answer: You and your faculty supervisor are listed on the “Amion” website.

Question: Why should I learn how to place peripheral IVs?

Answer: The ability to perform peripheral IV insertion is an ABIM requirement and a valuable skill to learn.

Question: What if the Procedure Service is uncomfortable performing a procedure that is asked of us?

Answer: You will communicate with the requesting team that you will be unable to fulfill their request. They should pursue alternative plans to perform the procedure (either perform it themselves or ask another service).

Question: Which attending should be documented in my procedure note: the supervising faculty on the Procedure Service or the attending on the primary team?

Answer: The supervising faculty on the Procedure Service.

Question: Will I be expected to perform procedures in the UH CCCU, UH MICU, or for other services (like surgery)?

Answer: The Procedure Service officially covers the internal medicine wards at OHSU and the hospitalist service at the VA. However, if another service requests a procedure and time permits, then we should do our best to accommodate them.

Question: If I am on wards and our patient needs a procedure, is it mandatory or optional to call the Procedure Service?

Answer: It is optional. The primary team can perform the procedure themselves if they choose to do so.

Question: What is the best way to get ahold of the Procedure Service intern?

Answer: The virtual pager 17269 will always be forwarded to the appropriate intern on the Procedure Service (unless the 1st jeopardy resident is covering the team, in which case the pager will be forwarded to him/her).

Question: How will I know if the Procedure Service is unavailable for procedures?

Answer: If the Procedure Service is unavailable, the pager status will be set to “out of hospital, unavailable.” If you believe you are receiving this message erroneously, please page André Mansoor directly (pager 12770).

Question: How do I call back a page when I am out of the hospital?

Answer: You can call the priority operator at 503-494-9000 and have them connect you to the extension you received in the page.

Procedure Rotation Contact

If there are additional questions or concerns about this rotation, please contact Dr. André Mansoor.

mansooan@ohsu.edu

Pager: 12770