Integration of Procedural Workshops into Didactics

Mark DeNardin, DO
Associate Program Director
Franciscan Health Family Medicine Residency

Objectives

01 Review ACGME/ABFM requirements for procedures

02 Discuss obstacles for residents meeting procedural requirements

03 Explain Franciscan's method for integrating procedural workshops into didactics

ACGME Program Requirements

4.5. ACGME Competencies – Patient Care and Procedural Skills (Part B)

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

4.5.a. Residents must learn common procedures and appropriate new technologies benefitting and improving patient care and access. (Core)

ACGME Program Requirements

4.11.n.	Residents must have an experience dedicated to the care of patients with a breadth of musculoskeletal problems, including: (Core)
4.11.n.1.	orthopaedic and rheumatologic conditions; (Core)
4.11.n.2.	a structured sports medicine experience; and, (Core)
4.11.n.3.	experience in common outpatient musculoskeletal procedures. (Core)
4.11.o.	Residents must have experience evaluating dermatologic presentations and managing common dermatologic conditions. (Core)
4.11.o.1.	This experience should include training in common dermatologic procedures. (Detail)

4.11.t.1.	Residents should have experience in using point-of-care ultrasound in clinical care. (Detail)

ACGME Milestones

Patient Care 5: Management of Procedural Care

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies the breadth of procedures that family physicians perform	Identifies patients for whom a procedure is indicated and who is equipped to perform it	Demonstrates confidence and motor skills while performing procedures, including addressing complications	Identifies and acquires the skills to independently perform procedures in the current practice environment	Identifies procedures needed in future practice and pursues supplemental training to independently perform
Recognizes family physicians' role in referring patients for appropriate procedural care	Counsels patients about expectations for common procedures performed by family physicians and consultants	Performs independent risk and appropriateness assessment based on patient-centered priorities for procedures performed by consultants	Collaborates with procedural colleagues to match patients with appropriate procedures, including declining support for procedures that are not in the patient's best interest	
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐

Comments:

Not Yet Completed Level 1 ☐
Not Yet Assessable ☐

ABFM

Required Procedures and Training for 2026 and Beyond

Procedures—their indications, consent, performance, complications, interpretation, and billing—are a foundational component of Family Medicine. These procedures are intended to be educational experiences necessary for continuity of care in an outpatient setting. It is expected that Family Physicians will learn new procedures over their careers, as they adapt to meet the needs of their communities. The following is a list of required procedures in which all Family Medicine residents must demonstrate competence by the time of graduation:

- Biopsy, skin (such as excisional, punch, or shave)
- Bracing/splinting of upper extremity or ankle
- Destruction of skin lesions, acrochordon removal
- EKG interpretation
- I&D superficial abscess
- Interpretation of basic x-rays including chest, KUB, spine, and extremities
- Joint injection/aspiration of large joints such as knee or shoulder
- Long-acting Reversible Contraception: IUD insertion and removal or implant insertion and removal †
- Pap smear sampling and interpretation of results
- Simple laceration repair with sutures; suture and staple removal
- Toenail procedures including excision of ingrown nails and the management of onychomycosis
- Trigger point injections
- Initial certification in ACLS, ALSO, and NRP/NALS *

ABFM along with ACGME Review Committee will review and update this list regularly with input from the community. At this time, programs are not required to submit procedure counts.

POCUS will be a required procedure in 2027. We recognize the importance of POCUS training within the specialty and believe that achieving excellence and consistency in its implementation will require a coordinated, specialty-wide initiative. STFM and other organizations are starting this process. The POCUS training requirement is currently pending the outcome of STFM's Project FOCUS.

ABFM

Additional Procedures (Optional)

ABFM is not requiring attestation of competence in the following procedures for Board Eligibility. However, residency programs are encouraged to provide training in additional outpatient and inpatient procedures based on community needs, program mission, and available resources. Ideally, residency programs should inform applicants and the public about which procedures their residents are trained to perform competently.

- ATLS
- Anoscopy
- Appendectomy
- Arterial blood gases
- Arterial lines
- Bartholin Cyst
- CT interpretation
- Caesarian section
- Casting
- Central line insertion
- Chest-tube placement
- Circumcision
- Colonoscopy
- Colposcopy
- Dilation and curettage/elimination
- Endometrial aspiration/biopsy
- Esophageal-gastro-duodenoscopy (EGD)
- Infant I/O cath/Suprapubic Bladder Aspiration
- Intubation
- LEEP
- Lumbar puncture
- MRI interpretation
- Management of normal vaginal deliveries and related procedures
- Mastery of Phlebotomy and IV access, including cut-downs, intraosseous access
- Neonatal resuscitation, bag mask ventilation
- Office microscopy
- Osteopathic manipulation
- PALS
- PICC lines
- Paracentesis
- Pulmonary function testing
- Thoracentesis
- Treadmill stress testing
- Umbilical lines
- Vacuum assisted deliveries
- Vasectomy
- Ventilation

Franciscan Procedure Requirements

Procedure Audit Sheet **Resident**_____

Need at least 10 Procedures

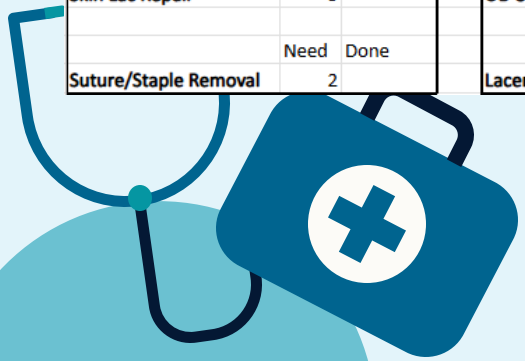
SKIN		
Skin Biopsy	*Need 5 combined*	
	Need	Done
Shave	1-5	
Punch	1-5	
Excision	1-5	
	Need	Done
Cyrotherapy	3	
	Need	Done
Incision and Drainage	3	
	Need	Done
Skin Lac Repair	3	
	Need	Done
Suture/Staple Removal	2	

OB		
Vaginal Delivery	*Need 20 combined*	
	Need	Done
SVD	1-20	
Vacuum Assisted	1-20	
Continuity	Need	Done
Continuity Patients	1-3	
Continuity Deliveries	1-3	
	Need	Done
NST	5	
	Need	Done
OB US for presenting part	5	
	Need	Done
Laceration/Episiotomy Repair	5	

Office		
Injection	*Need 5 combined*	
	Need	Done
Joint/Bursa/Tendon	1-5	
Trigger Point	1-5	
	Need	Done
Cerumen Removal	2	
	Need	Done
EKG read and interpret	10	
	Need	Done
Pap Smear	5	
	Need	Done
Pelvic exam	5	
	Need	Done
Toenail removal	5	

Newborn		
Circumcision	*Need 12 combined*	
	Need	Done
Gomco	1-12	
Plastibell	1-12	
	Need	Done
Frenotomy	6	

High Track		
OB - Deliveries	80	
OB - 4 months		



Resident Barriers to Procedures

- Patient volume
- Time constraints
- Staffing
- Resources
- Confidence
- Initiative

Franciscan Solutions

New Didactic Rotation

Created calendar prior to start of academic year with plans to cover specific procedures during noon conferences

Simulations

Coordinate twice a year simulations at education center

Specialty Clinics

Incorporate weekly/monthly specialty focused clinics that have higher procedure rates

Clinic Workflow

Encourage resident confidence in scheduling by providing necessary resources to improve procedure process

Didactic Calendar

Procedural Noon Conferences 2026-2027 Academic Year

7/2: FHR tracings

7/8: Toe Nail Excision

7/22: OMT

8/6: Derm – biopsies and laceration repair

8/31: POCUS- knee

9/29: IUPC/FSE

10/28: OMT

11/20: IUD insertion/removal

11/30: POCUS – AAA

12/10: Vaginal Lac Repair

1/27: OMT

2/16: POCUS – bladder

3/25: Colposcopy

4/6: Ear exam, cerumen and foreign body removal

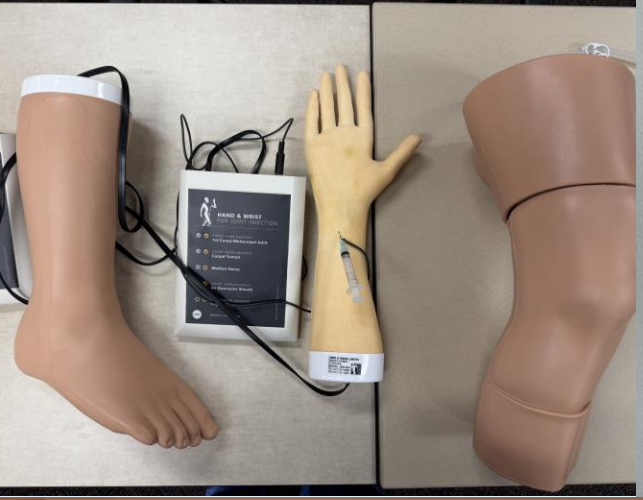
4/28: OMT

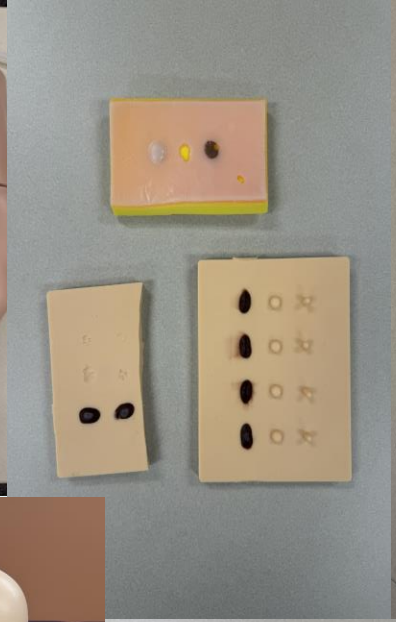
5/3: POCUS – image review

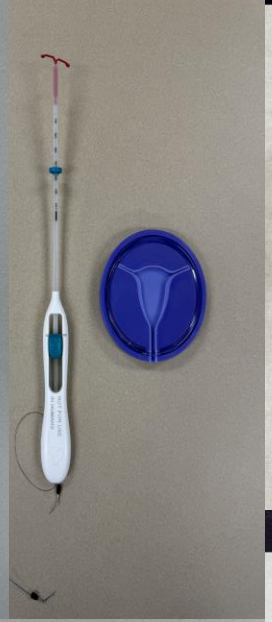
5/21: Shoulder injections

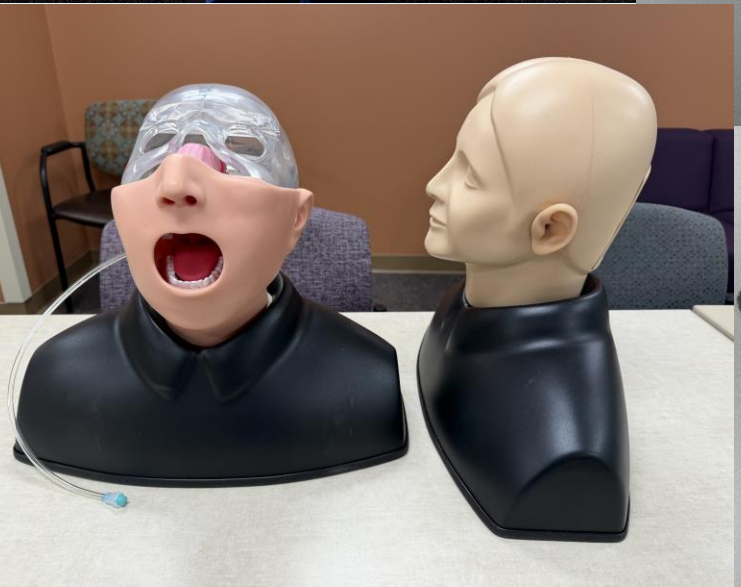
6/8: Testicular Exam

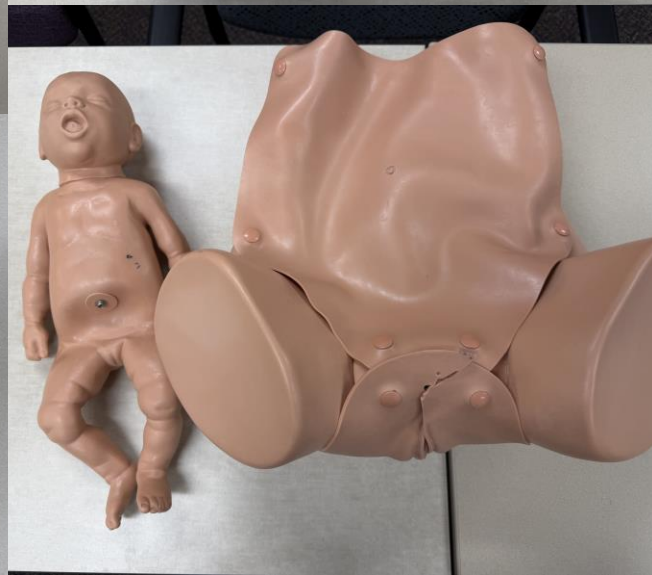
6/22: ALSO


HAND & WRIST
CARPAL TUNNEL RELEASE



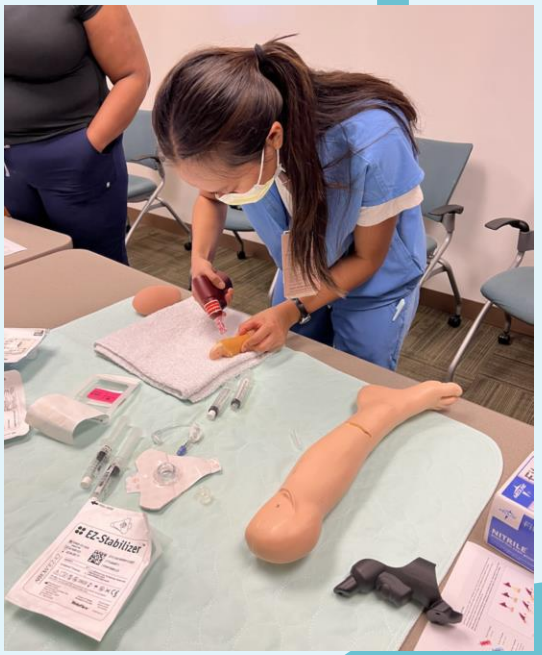







Lateral epicondylitis symptoms


Please erase the board


EZ-Stabilizer

Simulations

- Adult codes
- Pediatric codes
- Airways/intubations
- Lumbar punctures
- POCUS
- Etc.

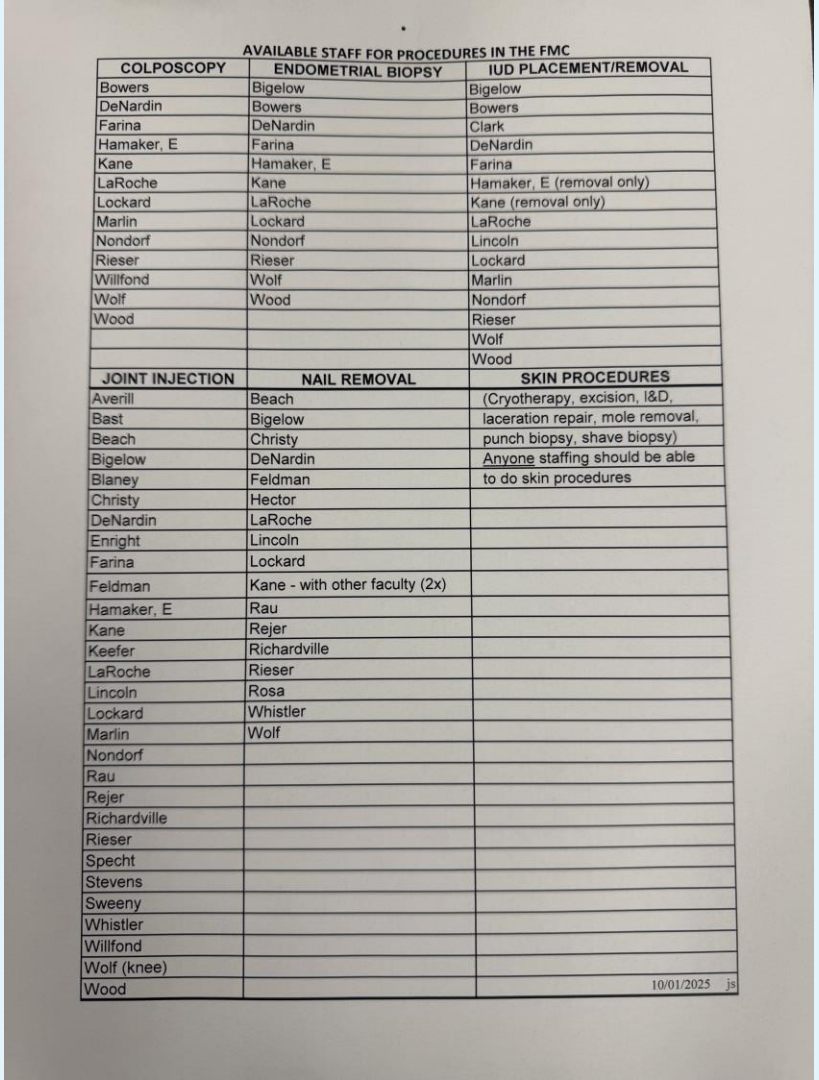
Specialty Clinics

- Dermatology
- Sports
- OMT

Clinic Workflow

- Scheduling autonomy
- Extra time
- Staffing list
- Training
- Procedure sheets/kits
- Logging

Staffing List



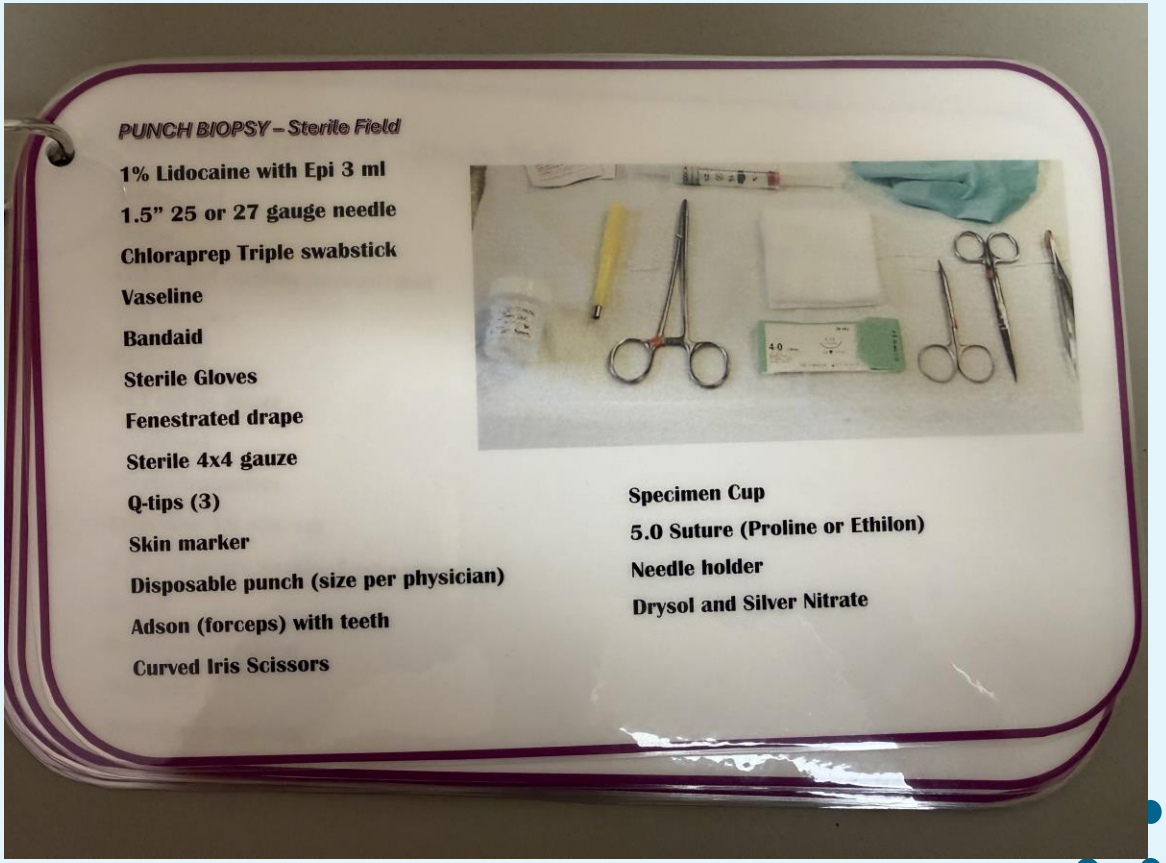
AVAILABLE STAFF FOR PROCEDURES IN THE FMC

COLPOSCOPY	ENDOMETRIAL BIOPSY	IUD PLACEMENT/REMOVAL
Bowers	Bigelow	Bigelow
DeNardin	Bowers	Bowers
Farina	DeNardin	Clark
Hamaker, E	Farina	DeNardin
Kane	Hamaker, E	Farina
LaRoche	Kane	Hamaker, E (removal only)
Lockard	LaRoche	Kane (removal only)
Marlin	Lockard	LaRoche
Nondorf	Nondorf	Lincoln
Rieser	Rieser	Lockard
Willfond	Wolf	Marlin
Wolf	Wood	Nondorf
Wood		Rieser
		Wolf
		Wood

JOINT INJECTION	NAIL REMOVAL	SKIN PROCEDURES
Averill	Beach	(Cryotherapy, excision, I&D,
Bast	Bigelow	laceration repair, mole removal,
Beach	Christy	punch biopsy, shave biopsy)
Bigelow	DeNardin	Anyone staffing should be able
Blaney	Feldman	to do skin procedures
Christy	Hector	
DeNardin	LaRoche	
Enright	Lincoln	
Farina	Lockard	
Feldman	Kane - with other faculty (2x)	
Hamaker, E	Rau	
Kane	Rejer	
Keefer	Richardville	
LaRoche	Rieser	
Lincoln	Rosa	
Lockard	Whistler	
Marlin	Wolf	
Nondorf		
Rau		
Rejer		
Richardville		
Rieser		
Specht		
Stevens		
Sweeny		
Whistler		
Willfond		
Wolf (knee)		
Wood		

10/01/2025 js

Procedure Sheets



Procedures on Inpatient/Rotations

- Inpatient pediatrics
  - Frenotomy
  - Ligatures
- Inpatient adult
  - Skin procedures
  - Joint aspiration
  - OMT
- OB
  - IUPC
  - FSE
  - AROM
  - C-section assist
  - Circumcision
- ER
  - Laceration repairs
  - POCUS
  - Paracentesis
- Sports
  - Joint injections
  - Casting
- Derm
  - Punch/shave biopsies

POCUS Rounds

52 POCUS Applications in 5 Tiers

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Abscess	Foreign Body	Cyst (Epidermal Inclusion Cyst)	Cholecystitis	Retinal Detachment
Abscess Drainage	Intrauterine Pregnancy Identification	Pneumonia	Gallbladder Sludge	Shoulder Effusion
Cellulitis / Edema	Free Fluid in Abdomen	Knee Joint Injection/Aspiration	Soft Tissue Mass Removal	Nephrolithiasis
Bladder Volume	Pulmonary Edema	Cholelithiasis	Carpel Tunnel Syndrome	Right Ventricular Strain
Knee Effusion	Hydronephrosis	Baker's Cyst	Achilles Tear	Left Ventricular Hypertrophy
Fetal Presentation	Pleural Effusion	Pericardial Effusion	Uterine Position (i.e Anteverted, Retroverted)	Dilated Cardiomyopathy
	Inferior Vena Cava Collapsibility (Central Venous Pressure Elevation)	Lower Extremity Proximal DVT	Placental Location	Cardiac Tamponade
	Inferior Vena Cava Diameter (Central Venous Pressure Elevation)	Heart Failure with Reduced Ejection Fraction	Intrauterine Device Placement	Paracentesis
	Fetal Heart Rate	Lipoma	Hematoma	
	Foreign Body Removal	Intrauterine Device Identification	Multiple Gestation	
	Abdominal Aortic Aneurysm	Ganglion Cyst	Amniotic Fluid Measurement	
		Foreign Body (Foley Catheter) in Bladder	Simple Cyst - Renal	
		Pregnancy Dating by Crown Rump Length	Fracture	
		Pneumothorax		

Overview

01 Interpretation/implementation of ACGME and ABFM requirements are mainly at program discretion

02 Assess different factors that could limit procedure volume for residents and how to address these

03 Set didactic structure can help account for unpredictability

Questions?