

Procedural Training in US Family Medicine Residencies: A National Survey



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INTRODUCTION

- Family Medicine residents must receive training to perform wide variety of clinical procedures required for their future practices in ambulatory and hospital environments ¹
- Program director should develop list of procedural competencies required for completion by all residents of the program ¹
- Draft 2014 ACGME RRC Family Medicine curriculum requirements included list of required 18 procedures
- Little information is known about the number of procedures currently performed by US family medicine residents

METHODS

- National survey of residency programs using the Association of Family Medicine Residency Director (AFMRD) list-serve
- Program directors asked to forward link to the 38-item Qualtrics questionnaire to their residents
- Single reminder email sent 4 weeks after initial request

BACKGROUND

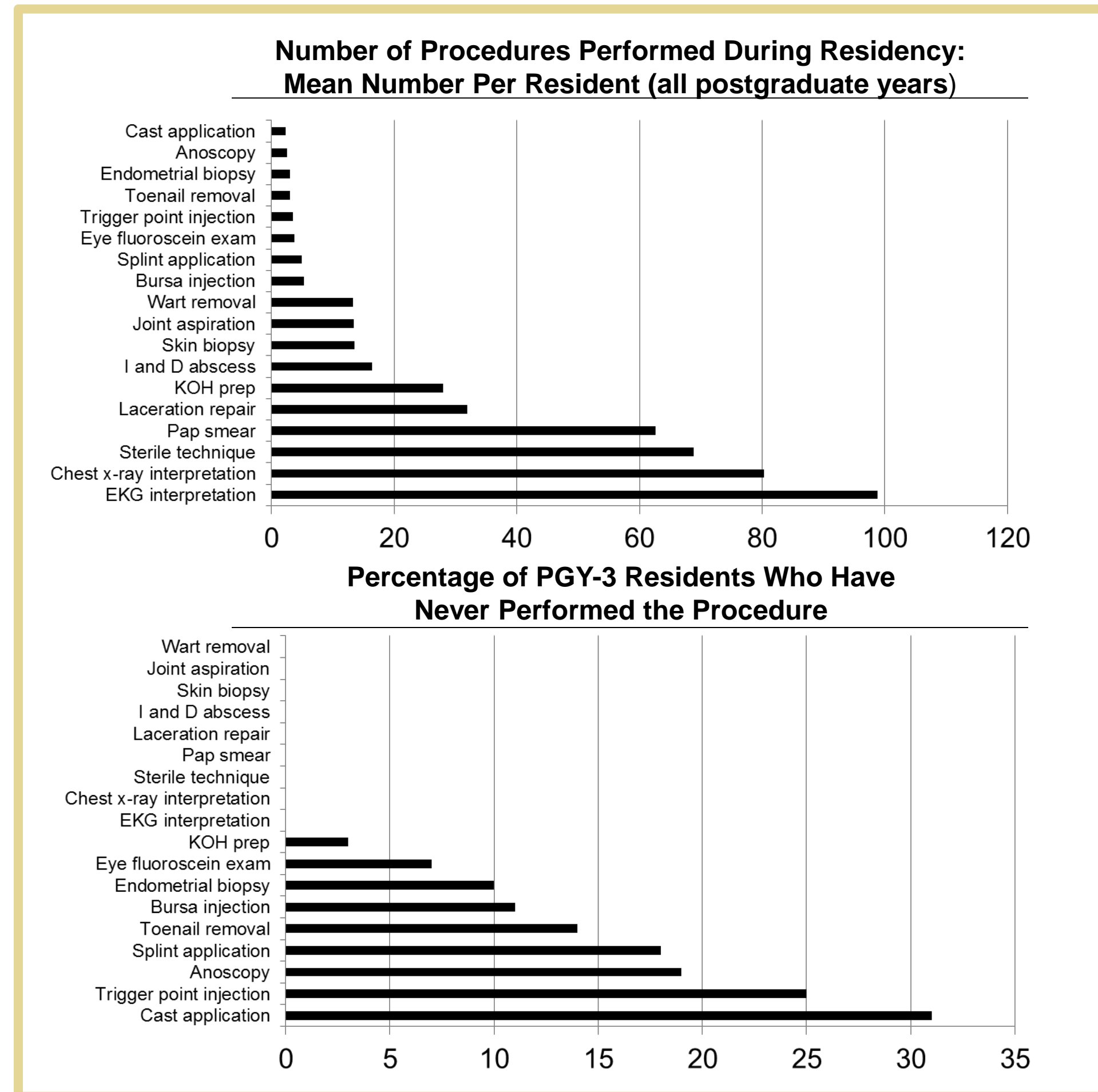
- Scope of practice of current family physicians variable

Dermatologic Procedures	87.3%
Circumcision	39.3%
Colposcopy	29.2%
Holter Monitoring	23.9%
Formal EKG Interpretation	44.4%
Colposcopy	19.1%
Cardiac Stress Testing	11.7%



RESULTS

- Response rate 205/3200 (6%, estimated)
- Pap smear and sterile technique universally performed
- Some procedures not performed at all by end of residency
 - 14/72 (19%) PGY-3 residents reported zero anoscopies
 - 18/72 (25%) PGY-3 residents reported zero trigger-point injections
 - 22/72 (31%) PGY-3 residents reported zero cast applications
- Geographic variation in number of procedures performed during residency
- Low response rate may compromise validity of findings



REFERENCES

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2. Kelly, B.F., Sicilia, J.M., Forman, S., Ellert, W., & Nothnagle M. (2009) Advanced Procedural Training in Family Medicine: A Group Consensus Statement. *Family Medicine* Jun;41(6):398-404.
3. *Family Medicine Facts* - Table 12: Performance of (and Reasons for Not Performing) Diagnostic Procedures in Family Physicians' Practices (as of April 2011) and Table 17: Provision of Selected Services and Procedures in Hospital Practices of Family Physicians (as of April 2011). Retrieved from <http://www.aafp.org/about/the-aafp/family-medicine-facts/>

DISCUSSION AND CONCLUSIONS

- U.S. Family Medicine resident appear to have more than enough exposure to several procedures but insufficient exposure to other
- Resident experience should match educational recommendations

Residency Review Committee for Family Medicine
2013-2014 National Data Report (represents data/residents from previous academic year)

Count of Occurrences	Description
482	EKG Interpretation
413	Pap Smear
403	I&D Abscesses, Skin
392	Joint Injection
309	IUD Insertion
287	Colposcopy
283	Cryosurgery, Skin
267	Cerumen Removal
210	Excisional Biopsy, Skin
209	Wet Mount

- STFM Group on Hospital Medicine and Procedural Training developed Group Consensus Statement on scope of procedural training for family medicine ²

	All residents must be able to perform, but documentation not required	All residents must be able to perform independently by graduation
Skin	Remove corn/callous Fungal studies (KOH) Laceration repair with tissue glues	Biopsies (punch, excisional, incisional) Cryosurgery I&D abscess Simple laceration with sutures
Musculoskeletal		Initial management of simple fractures <ul style="list-style-type: none"> • Closed reduction • Splints • Large joint, bursa, ganglion cyst, trigger point Reduction of nursemaid's elbow
Urgent Care	Foreign body removal--ear & nose Fish hook removal Ring removal Phlebotomy	Lumbar puncture Eye procedures <ul style="list-style-type: none"> • Fluorescein exam • Foreign body removal Anterior nasal packing for epistaxis
Gastrointestinal	Nasogastric tube Fecal disimpaction Digital rectal examination	Anoscopy Excision of thrombosed hemorrhoid I&D of perirectal abscess
Genitourinary	Urine microscopy Bladder catheterization	Newborn circumcision

NEXT STEPS

- Milestones will require competency assessment of residents with more focus on resident performance and less on the number of procedures performed
- Residents need more musculoskeletal procedural training
- Develop national data similar to ACGME ADS to monitor scope of procedural training for Family Physicians and incorporate into procedural training for residents