

Resident/Clinical Fellow Name _____

**GSPLS-Plastic Surgery Residency, ACGME, PGY-4 Competencies,
Scott L. Hansen, MD, FACS, Program Director**

Competencies define procedures or activities that the resident/clinical fellow can usually perform without on-site supervision: Patient management, including H&Ps and diagnostic and therapeutic treatments, procedures and interventions encompassing the areas described below and similar activities. The underlying patient condition and complexity of the procedure or activity might dictate the need for direct supervision and physical presence of the attending physician. Whenever a question arises about resident/clinical fellow competency to perform a procedure independently, the attending physician should be consulted.

With regard to informed consent, if the procedure or treatment is one that a resident or fellow has demonstrated and documented competency to perform, as determined by their Program Director, then the resident or fellow may have the informed consent discussion with the patient or their surrogate decision maker. Otherwise, it is the responsibility of the attending physician, or other credentialed healthcare provider, who is knowledgeable about the specific surgery, procedure, or treatment, to have an informed consent discussion with the patient or their surrogate decision maker.

R4 Fourth Year Plastic Surgery Resident

Airway management, stable/unstable, trauma: Adult/Pediatrics
Anesthesia - local: Adult/Pediatrics
Anesthesia - field block: Adult/Pediatrics
Anesthesia - peripheral nerve block: Adult/Pediatrics
Ankle-brachial index: Adult/Pediatrics
Arterial line - insert and remove: Adult/Pediatrics
Arthrocentesis -upper extremity: Adult/Pediatrics
Collect blood gases - arterial: Adult/Pediatrics
Cardiopulmonary resuscitation - closed: Adult/Pediatrics
Cardiopulmonary resuscitation - open: Adult/Pediatrics
Cast/splint (apply and remove) for immobilization purposes: Adult/Pediatrics
Chest tube -remove: Adult/Pediatrics
Compartment pressure measurement: Adult/Pediatrics
Cricothyroidotomy, emergency: Adult/Pediatrics
Cultures: order and collect bodily fluids such as urine, sputum, blood, wound, or
CSF samples for culturing: Adult/Pediatrics
Cutdown (venous) -insert and remove: Adult/Pediatrics
Cutdown (arterial) - insert and remove: Adult/Pediatrics
Defibrillation: Adult/Pediatrics
Doppler study - venous: Adult/Pediatrics
Doppler study - arterial: Adult/Pediatrics
Doppler study - graft/fistula: Adult/Pediatrics
Drainage tube (fluid/blood/pus - not chest or mediastinal) - insert and remove: Adult/Pediatrics
Drug administration - intravenous: Adult/Pediatrics
Drug administration - intra-arterial: Adult/Pediatrics
Endotracheal suctioning: Adult/Pediatrics

Endotracheal/nasotracheal intubation: Adult/Pediatrics
Foley catheter -insert and remove: Adult/Pediatrics
Gastric lavage: Adult/Pediatrics
Incision and drainage, abscess/fluid collection/cyst: Adult/Pediatrics
Laceration repair: Adult/Pediatrics
Laryngoscopy: Adult/Pediatrics
Long intestinal tube - insert and remove: Adult/Pediatrics
Lumbar puncture: Adult/Pediatrics
Moderate sedation (completion of Moderate Sedation Module required): Adult/Pediatrics
Nasal packing - anterior: Adult/Pediatrics
Nasal packing - posterior: Adult/Pediatrics
Other wound care (not debridement) - change/replace dressing; clean: Adult/Pediatrics
Percutaneous needle aspiration/drainage/biopsy for fluid collection/cyst/abscess/mass: Adult/Pediatrics
Order/interpret standard laboratory testing: Adult/Pediatrics
Phlebotomy (including blood cultures): Adult/Pediatrics
Rectal tube -insert and remove: Adult/Pediatrics
Remove foreign body: Adult/Pediatrics
Sclerosis, other (eg, seroma): Adult/Pediatrics
Sutures/staples - insert and remove: Adult/Pediatrics
Swan Ganz catheter - insert and remove: Adult/Pediatrics
Thoracentesis: Adult/Pediatrics
Thoracotomy, emergency: Adult/Pediatrics
Tracheotomy, emergency: Adult/Pediatrics
Wound debridement: Adult/Pediatrics
Special Procedure: VAC application: Adult/Pediatrics
EKG interpretation
Point of care kit-based waived test(s) appropriate for clinical scope of practice

Signatures:

Program Director

Date

Resident/Clinical Fellow

Date