

WVU GME Policy on Supervision for Residents/Fellows (Institutional Requirement 4.10.)

- A. Programs must provide a professional, respectful, and supportive environment that is free from mistreatment, abuse, and coercion of residents, fellows, faculty, and staff. All GME-related supervision will be provided in a non-retaliatory, supportive, and respectful manner. Programs, in partnership with their Sponsoring Institution, must have a process for education of residents/fellows and faculty regarding episodes of inappropriate and unprofessional behavior, especially when exhibited toward a trainee who is requesting supervision and guidance in the patient care setting.
- B. The safe and appropriate care of each patient underlies all guidelines for supervision in medical education. Although the attending physician is ultimately responsible for the care of the patient, every physician involved in a patient's care shares responsibility and accountability for their individual actions. Each resident/fellow and faculty member must inform each patient of their respective role in that patient's care. Effective programs, in partnership with their Sponsoring Institution, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. The degree of supervision for a resident/fellow is expected to evolve progressively as the resident/fellow gains more experience. The level of supervision for each resident/fellow must be commensurate with that resident's/fellow's level of independence in practice, and will be influenced by the complexity, acuity, and urgency of the patient's condition.
- C. Depending upon each trainee's level of independence in practice, supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow, recognizing a trainee's progress toward independence. However, certain activities require the physical presence of the supervising faculty member, and each program must clearly define these activities.
- D. Levels of Supervision
 - 1. To promote responsible and safe resident/fellow supervision, each program must define the appropriate levels of supervision for their specialty's common types of patient interactions. The privilege of progressive authority, responsibility, conditional independence, and eventually a supervisory role in patient care must be assigned by the program director and by faculty members

whose supervision assignments have been of sufficient duration to assess the knowledge and skills of each trainee. While providing for graded authority and responsibility, the program must use the following classifications of supervision in all written policies and procedures (4.10.a.)

- i. Direct Supervision - The supervising physician is physically present with the resident/fellow during the key portions of the patient interaction, *OR, if the supervising physician and/or patient is not physically present with the resident/fellow, the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology*, (although some RRCs may choose not to permit this). All PGY1 residents must initially be supervised directly.
 - ii. Indirect Supervision - The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident/fellow for guidance and is available to provide appropriate direct supervision should that be required.
 - iii. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- E. Procedures - For procedural/case supervision, each department will develop specific guidelines describing the mechanism for resident supervision in accordance with ACGME and Joint Commission requirements. These must include the following key principles (4.10.a.):
1. Clinical responsibilities must be conducted in carefully supervised and graduated manner, tempered by progressive levels of independence to enhance clinical judgment and skills.
 2. If applicable, specialty requirements for direct supervision using telecommunication technology.
https://www.acgme.org/globalassets/pdfs/specialty-specific-requirement-topics/dio-direct_supervision_telecommunication_2025.pdf
 3. This supervision must supply timely and appropriate feedback about performance, including constructive criticism about deficiencies, recognition of success, and specific suggestions for improvement.
 4. Resident supervision must support each program's written educational curriculum.

5. Resident supervision should foster humanistic values by demonstrating a concern for each resident's well-being and professional development.
6. Residents are supervised by faculty physicians in accordance with these established guidelines.
7. Faculty call schedules are structured to ensure that support and supervision are readily available to residents on duty (2.2.b.).
8. The quality of resident supervision and adherence to the above guidelines are monitored through annual review of the residents' evaluations of their faculty and rotations, and via the GME Supervision Survey (2.2.b.).
9. Residents, and any member of the health care team, may report inadequate supervision anonymously through the GME button report system without fear of reprisal. Each report will be thoroughly investigated in conjunction with program leadership (3.2.d.1.).
10. For any significant concerns regarding resident supervision, the appropriate Residency Program Director will submit a plan for its remediation to the GMEC for approval. Monthly progress reports will continue to be submitted until the situation or issue is resolved.

- F. For a list of resident/fellow and attending physician patient care activities and supervision responsibilities, please CTRL-click on the following link:

[Appendix L: Resident and Attending Physician Patient Care Activities and Supervision Responsibilities for Non-Operating Room Procedures](#)

Resident and Fellow Clinical Responsibilities and Procedural Supervision Requirements.

‘X’ indicates that trainee requires direct supervision by a senior resident, fellow or attending.

<ul style="list-style-type: none"> • Anesthesiology • Adult Cardiothoracic Anesthesiology 	PGY1/CBY	PGY2/CA1	PGY3/CA2	PGY4/CA3
Gastric Tubes- Nasogastric/Dobhoff				
Mild Sedation				
Arterial line placement- peripheral/central	X			
Umbilical vein/artery catheter	X			
Swan-Ganz (pulmonary artery) line	X			
Endotracheal Intubation	X	X		
Nasotracheal intubation	X	X		
Percutaneous tracheostomy	X	X	X	X
Trach tube replacement	X	After 6 months		
Fiberoptic airway management	X	X	X	
Extubation	X	X		
Ventilator management	X			
Epidural Injections	X			
Transesophageal Echo (TEE)	X	X		

• Bariatric Surgery	PGYVI
Laparoscopic Sleeve Gastrectomy	*See below
Robotic Sleeve Gastrectomy	*See below
Laparoscopic Gastric Bypass	*See below
Robotic Gastric Bypass	*See below
Laparoscopic Revisional Bariatric Operation	X
Robotic Revisional Bariatric Operation	X
Laparoscopic Hiatal hernia repair	X
Robotic Hiatal hernia repair	X
Diagnostic Endoscopy	*See below
Endoscopic BRAVO ph probe placement	X
Peripheral Venous Access	
Urethral Catheterization	
Gastric Tubes – NG/Dobhoff	
Nasogastric Lavage	
Incision and Drainage of	

Superficial abscess	
Chest Thoracostomy Catheter – Pigtail	After competency assessed
Chest Tube Placement	After competency assessed
Chest Tube Removal	
Wound Debridement	
Central line insertion and removal	After competency assessed

***Direct Supervision. Can progress to indirect supervision after being deemed competent by fellowship core faculty, however faculty member must be present for critical portions.**

<ul style="list-style-type: none"> • Behavioral Medicine and Psychiatry • Child and Adolescent Psychiatry • Addiction Medicine/Psychiatry • Forensic Psychiatry 	PGY1	PGY2	PGY3	PGY4
ECT	X	X	X	X
TMS	X	X	X	X
Psychiatry residents rotating off service shall follow the guidelines that are congruent with their training year on that service/department.				

<ul style="list-style-type: none"> • Cardiology • Cardiac Imaging • Structural Heart Disease • Interventional Cardiology • Clinical Cardiac Electrophysiology 	PGY4	PGY5	PGY6
Coronary arteriography and/or left heart catheterization	X	X	X
Right and left catheterization	X	X	X
Transesophageal Echo (TEE)	X	X	X

• Dermatology	PGY2	PGY3	PGY4
Simple skin procedures (biopsy, etc.)	X		
Laceration Repair- complex	X		

• Endocrinology	PGY4	PGY5
Ultrasound guided biopsies	X	X

• Gastroenterology • Advanced Endoscopy	PGY4	PGY5	PGY6
EGD with or without biopsy or polypectomy	X	X	X
Colonoscopy with or without biopsy or polypectomy	X	X	x
Liver biopsy	X	X	X
PEG tube insertion	X	X	X
Flexible sigmoidoscopy	X	X	X
Esophageal dilation	X	X	X
Biopsy of GI track	X	X	X
Non-variceal and variceal hemostasis	X	X	X

• Emergency Medicine • Ultrasound • Sports Medicine • Emergency Medical Services	PGY1	PGY2	PGY3
Arthrocentesis	X		
Dislocation reduction	X		
Epistaxis packing (anterior/posterior)			
Foreign body removal (eye/ear/nose/throat)			
Incision and drainage of superficial abscess			
Laceration repair			
Nasolaryngoscopy	X		
Pelvic exam			
Regional block			
Slit lamp exam			
Splinting/casting			
ED Bedside Ultrasound: FAST, AAA, gallbladder, liver, kidney, pericardium, pregnancy (transabdominal/transvaginal)	After 6 months		
Intubations	X	X	X
Nasotracheal intubations	X	X	X
Laryngeal mask airway	After 6 months		

Lumbar puncture	After 6 months		
Sedation	X	X	X
Rapid sequence intubation	X	X	X
Adult and pediatric medical/trauma resuscitation	X		
Arterial line	X		
Central line- IJ, subclavian, femoral, etc.	X		
Chest tube insertion and removal	X		
Intraosseous line placement	X		
Pericardiocentesis	X	X	X
Sexual assault exam	After 6 months		
Thoracentesis	X		
Thoracotomy	X	X	X
Thrombolytic administration	X	X	X
Acute MI/ Stroke management			
Vaginal delivery	X	X	X
Cardiac pacing	X	X	
Cardioversion defibrillation	X	X	
Cricothyrotomy	X	X	X
Peritoneal lavage	X	X	

• Family Medicine	PGY1	PGY2	PGY3
Peripheral venous access	X		
Venous sampling- peripheral	X		
Wound debridement	X		
Digital block	X	X	
Ventilation management	X	X	X
Suprapubic bladder tap	X	X	X
Lumbar puncture	X		
Gastric tubes- nasogastric/dobhoff	X	X	
Cervical punch biopsy	X	X	X
Endocervical curettage	X	X	X
Endometrial biopsy	X	X	X
Amniotic infusion	X	X	X
Fetal scalp monitor placement	X	X	X
Vaginal pessary fitting	X	X	
Incision and drainage	X		
Splinting	X		
Arterial line placement- peripheral	X	X	
Placental extraction/delivery	X	X	X

Intrauterine catheter/device	X	X	
Central venous line	X	X	
Episiotomy repair	X	X	X
Circumcision	X	X	X
Vaginal laceration repair	X	X	
Excision/aspiration lesions/cysts	X	X	
Foreign body removal	X	X	
Arthrocentesis- major and minor joints	X	X	
Paracentesis	X	X	X
Thoracentesis	X	X	X
Endotracheal intubation	X	X	X
Laceration repair- simple	X		
Nasopharyngoscopy	X	X	x

• General Dentistry	PGY1
Tooth extraction	
Laceration repair	
Avulsed teeth	
Root canal	
Restoration of teeth	

• Headache Medicine	PGY 5
Trigger point injections	After competency assessed
Cranial nerve blocks	After competency assessed
Onabotulinum toxin injections	After competency assessed

• Hematology and Oncology	PGY4	PGY5	PGY6
Bone marrow aspiration and biopsy- Posterior iliac crest	X (after 10 satisfactory under direct supervision)		
Bone marrow aspiration- sternum	X (after 10 satisfactory under direct supervision)		

<ul style="list-style-type: none"> • Internal Medicine • IM- Camden Clark • IM- Eastern Division • Rheumatology • Sleep Medicine • Obesity Medicine 	PGY1	PGY2	PGY3
Gastric tubes- nasogastric/dobhoff	X		
Arterial sampling- peripheral			
Venous sampling- peripheral			
Arterial line placement- central and peripheral	X		
Central venous line removal			
Swan-Ganz (Pulmonary Artery) line	X	X	X
Incision and drainage of superficial abscess	X		
Defibrillation: Emergent			
Cardioversion: Electrical	X	X	X
Cardioversion: Chemical	X		
Arthrocentesis	X	X	X
Bone marrow aspiration and biopsy	X	X	X
Lumbar puncture	X		
Paracentesis	X		
Pericardiocentesis	X	X	X
Thoracentesis	X	X	X
Venous sampling- central	X		
Endotracheal intubation	X	X	X
Ventilator management	X	X	X
Laceration repair: simple	X		

• Neonatal/Perinatal	PGY4	PGY5	PGY6
Arterial and venous sampling	After competency assessed		
Arterial line placement and removal	After competency assessed		
Central venous line placement and removal	After competency assessed		
Chest tube insertion and removal	After competency assessed		
Circumcision and dorsal penile block	After competency assessed		
Cardioversion and defibrillation- chemical and electrical	After competency assessed		

Exchange transfusion	X	After competency assessed	
Endotracheal intubation	After competency assessed		
Extubation			
Gastric tubes NG/dobhoff			
Incision and drainage of superficial abscess			
Laceration Repair-simple			
Laryngeal mask airway			
Lumbar puncture			
Nasotracheal intubation	After competency assessed		
Paracentesis	After competency assessed		
Pericardiocentesis- emergent	X	X	
Suprapubic bladder tap	After competency assessed		
Thoracentesis	After competency assessed		
Umbilical artery and venous catheter placement and removal			
Ventilator management			
Wound debridement			

• Nephrology	PGY4	PGY5
Gastric tubes- NG/dobhoff		
Arterial sampling- peripheral		
Nasogastric lavage		
Venous sampling- peripheral		
Central venous line placement and removal		
Dialysis catheter placement		
Dialysis catheter placement- temporary		
Defibrillation- chemical/electrical		
Paracentesis		
Venous sampling- central		
Kidney biopsy	X	X
Peritoneal dialysis		
Hemodialysis		
Plasma exchange		
Continuous renal replacement		

• Neurology	PGY1	PGY2	PGY3	PGY4
Peripheral venous access				
Gastric tubes- NG/dobhoff				
Defibrillation- chemical/electrical	X	X		
Lumbar puncture				
Nasogastric lavage				
Venous sampling- central and peripheral	X			
Nerve conduction studies	X			
EEG	X			

• Neurosurgery • Stereotactic and functional • Neurocritical care	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Arterial Sampling- peripheral							
Arterial line placement- peripheral	After 6 months						
Arterial line placement- central	X	X	X	X	X	X	X
Central venous line	After 6 months						
Swan- Ganz (Pulmonary Artery) Line	X	X	X	X	X	X	X
Lumbar puncture/drain	After 6 months						
Paracentesis	X	X	X	X	X	X	X
Venous sampling- central	X	X	X	X	X	X	X
Endotracheal intubation	X	X	X	X	X	X	X
Peripheral venous access							
Gastric tubes- NG/dobhoff							
Wound debridement							
Incision and drainage of superficial abscess							
Laceration repair- simple and complex							
Cervical reduction and tong placement	X						
Externalization of VP shunt	X						
Halo placement	X						
Intracranial pressure monitor placement	After 6 months						
Subdural drain placement	After 6 months						

Twist drill craniotomy	After 6 months						
VP shunt tap	After 6 months						

• Ob/Gyn	PGY1	PGY2	PGY3	PGY4
Central venous line removal	X			
Peripheral venous access	x			
IUPC and FSE placement	X			
Paracervical block	X			
Ultrasound: transabdominal/transvaginal, fetal presentation, fetal growth, cervical length, biophysical profile, dopplers, AFI/MVP	X			
Pitocin induction	X			
Foreign body removal	X			
Amniotic infusion	X			
Incision and drainage of superficial abscess	X			
IUD and Nexplanon insertion	X			
Circumcision	X			
Colposcopy and cervical biopsy, endocervical curettage	X	X		
Endometrial biopsy	X	X		
Vaginal/vulvar biopsy	X	X		
Cervical/vaginal polypectomy	X			
Perineal, vaginal, cervical laceration repair	X	X		
Pelvic exam	X			
Vaginal delivery	X			
Operative vaginal delivery	X	X	X	X
Manual uterine aspiration	X	X		
Wound debridement	X	X		
Vaginal pessary placement	X			
Urethral catheterization	X			

• Ophthalmology	PGY2	PGY3	PGY4
Eye lid laceration repair	After competency assessed		
Ocular limbal paracentesis	After competency assessed		
Opening and closure of surgical incisions	After competency assessed		
Ophthalmic external foreign body removal	After competency assessed		
Orbital lateral canthotomy	After competency assessed		

Foreign body removal	After competency assessed		
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• Ophthalmology- Cornea Fellowship	PGY5
Endothelial keratoplasty (DSEK or DMEK) re-bubble	After competency assessed
Phototherapeutic keratectomy (PTK)	After competency assessed
Anterior stromal puncture	After competency assessed
Conjunctival cyst excision	After competency assessed
Corneal suturing	After competency assessed
Superficial keratectomy	After competency assessed
Corneal crosslinking	After competency assessed

• Ophthalmology-Glaucoma Fellowship	PGY5
Needing a bleb	After competency assessed
Laser iridotomy	After competency assessed
Laser Trabeculoplasty	After competency assessed

• Ophthalmology- Oculoplastic Fellowship	PGY 5	PGY 6
Canthotomy/Cantholysis	After competency assessed	
Eyelid Laceration Repair	After competency assessed	
Temporary Tarsorrhaphy	After competency assessed	
Temporal Artery Biopsy	After competency assessed	

• Ophthalmology- Retina Fellowship	PGY5	PGY6
Pneumatic retinopexy	After competency assessed	
Retinal detachment laser prophylaxis	After competency assessed	
Intravitreal injection	After competency assessed	
Retrobulbar block	After competency assessed	

• Oral Surgery	PGY1	PGY2	PGY3	PGY4
Laceration Repair- Simple/Complex	X			
Extraction of Teeth				
Incision of Hyperplastic Tissue	X			
Minor infraoral incision and drainage				
Mild Sedation				

• Orthopedics	PGY1	PGY2	PGY3	PGY4	PGY5
Peripheral venous access					
Splinting					
Joint immobilization- plaster, etc.					
Gastric tubes- NG/dobhoff					
Incision and drainage- superficial					
Arterial sampling- peripheral					
Venous sampling- peripheral					
Arterial line placement- peripheral	After 6 months				
Central venous line	After 6 months				
Reduction of dislocation- extremity	After 6 months				
Reduction of fracture-extremity	After 6 months				
Traction application- pin placement	After 6 months				
Excision/aspiration lesions/cysts	After 6 months				
Foreign body removal	After 6 months				
Arthrocentesis	After 6 months				
Lumbar puncture	After 6 months				
Venous sampling central	After 6 months				
Extubation	After 6 months				
Digital block	After 6 months				
Laceration Repair- simple	After 6 months				
Thoracentesis	X				
Laceration repair-complex	X				
Reduction of dislocation-head/neck	X	X	X		
Cervical reduction and tong placement	X	X	X		
Halo placement	X	X	X		

• Otolaryngology	PGY1	PGY2	PGY3	PGY4	PGY5
Peripheral venous access					
Central venous line	After 6 months				
Arterial sampling- peripheral					
Lumbar puncture	After 6 months				
NG lavage, tube placement					

Tympanic paracentesis, myringotomy, ventilation tube placement	After 6 months				
Thoracentesis- emergent	After 6 months				
Venous sampling- peripheral					
Intubation					
Endotracheal	X	X			
Nasotracheal	X	X	X	X	
Percutaneous trach	X	X	X	X	
Trach tube replacement	After 6 months				
Fiberoptic airway management	X	X			
Extubation	After 6 months				
Laceration repair	After 6 months				
Wound debridement	After 6 months				
Nasal packing	After 6 months				
Nasopharyngoscopy	After 6 months				
Eye lid laceration repair-simple					
Eye lid laceration repair-complex	X	X	X		
Orbital lateral canthotomy	X	X	X		
Incision and drainage of head/neck or peritonsillar abscess	After 6 months				
Infraoral or nasal mass biopsy	After 6 months				
Nasal endoscopy with biopsy, removal of foreign body					
Flexible nasopharyngoscopy					
Microscopic exam of ear with biopsy, removal of foreign body or cerumen	After 6 months				
Flexible tracheostomy stoma with/without removal of debris or biopsy	After 6 months				
Replacement of laryngectomy tube					
Head and neck wound care packing	After 6 months				
Head and neck biopsy or FNA of head/neck mass	After 6 months				
Drainage of head and neck or auricular hematoma	After 6 months				
Closed nasal reduction	After 6 months				
Removal of arch bars, MMF	After 6 months				
Emergency airway management	X	X	X		

• Pain Medicine	PGY 5
Trigger point injections	At discretion of supervisor
Joint, tendon, bursa injection	At discretion of supervisor

SI joint injection	At discretion of supervisor
Interlaminar or caudal epidurals	At discretion of supervisor
Lumbar medial branch blocks	At discretion of supervisor
Cervical epidural	X
Cervical medial branch blocks	X
Sympathetic nerve blocks	X
Spinal cord stimulator trials	X
Intercostal nerve injections	X
Facial injections	X
Neurolytic procedures	At discretion of supervisor
Implantable devices for pain	X
Kyphoplasty, vertiflex	X
Basivertebral nerve ablation	X
Minimally invasive lumbar decompression	X

<ul style="list-style-type: none"> • Pathology • Cytopathology • Hematopathology 	PGY1	PGY2	PGY3	PGY4	PGY5
Bone Marrow	X	X	X	X	After competency assessed
Fine Needle Aspiration	X	X	X	X	After competency assessed

• Pediatrics	PGY1	PGY2	PGY3
Arterial line placement	After competency assessed		
Peripheral venous access	After competency assessed		
Umbilical vein/artery catheter	After competency assessed		
Gastric tubes- NG/dobhoff	After competency assessed		
Circumcision	After competency assessed		
Foreign body removal	After competency assessed		
Incision and drainage of superficial abscess	After competency assessed		
Splinting	After competency assessed		
Arterial sampling- peripheral	After competency assessed		
Lumbar puncture	After competency assessed		
Venous sampling-peripheral	After competency assessed		
Endotracheal intubation	X	X	X
Digital block	After competency assessed		
Laceration repair- simple	After competency assessed		
Wound debridement	After competency assessed		
Excision/Aspiration- lesion/cysts	After competency assessed		

Defibrillation-chemical/electrical	After competency assessed		
Paracentesis	X	X	X
Trach tube placement	After competency assessed		
Extubation	X	X	X
Ventilator management	After competency assessed		
Chest thoracostomy catheter	X	X	X
Arterial line- central	X	X	X
Dialysis catheter placement	X	X	X
Central venous line	X	X	X

• Plastic Surgery	PGY1	PGY2	PGY3	PGY4	PGY5
Peripheral venous access					
Urethral catheterization					
Gastric tubes- NG/dobhoff					
Nasogastric lavage					
Incision and drainage of superficial abscess					
Arterial sampling-peripheral					
Thoracentesis	After 6 months				
Venous sampling- central					
Intubation	X	X	X		
Extubation	X				
Trach tube replacement	X	X			
Trach tube- percutaneous	X	X	X		
Chest thoracostomy catheter- pigtail					
Chest tube placement	After 6 months				
Chest tube removal	After 6 months				
Diagnostic peritoneal lavage	After 6 months				
Wound debridement					
Breast cyst aspiration	After 6 months				
Laceration repair-complex					
Limited bronchoscopy	X				
Central line insertion and removal	After 6 months				

• Pulmonary/Critical Care	PGY4	PGY5	PGY6
Peripheral venous access			
Gastric tubes- NG/dobhoff			
Arterial sampling- peripheral			

Naso-oro gastric lavage			
Venous sampling- peripheral			
Arterial line placement			
Central venous line			
Swan-Ganz (pulmonary artery) line	X	X	
Excision/aspiration of lesions/cysts			
Foreign body removal	X	X	X
Incision and drainage of superficial abscess			
Defibrillation- chemical/electrical			
Lumbar puncture			
Paracentesis			
Thoracentesis	X		
Venous sampling central			
Endotracheal intubation	X	X	X
Extubation	After 6 months		
Ventilator management	After 6 months		
Nasotracheal Intubation	X	X	X
Trach tube replacement	X	X	X
Digital block			
Laceration repair-simple			
Dialysis catheter placement	After 6 months		
Trach tube placement- percutaneous	X	X	X
Chest thoracostomy catheter	X		
Limited bronchoscopy (only patients with ET tube or trach for purpose of mucous plug or secretion removal)	X		

• Radiation Oncology	PGY2	PGY3	PGY4	PGY5
Insertion of brachytherapy applicators	X	X	X	X
Approval of radiation therapy plans	X	X	X	X
Removal of brachytherapy treatment devices	X	X		

• Radiology • Neuroradiology	PGY2	PGY3	PGY4	PGY5
Peripheral venous access				
Gastric tubes- NG/dobhoff				
Lumbar puncture				

• Regional Anesthesia and Acute Pain	PGY5
Spinal Procedures	
Epidural Procedures	
Upper extremity blocks	After 6 months
Lower extremity blocks	After 6 months
Truncal blocks	After 6 months
Continuous peripheral nerve block catheters	After 6 months

• Surgery • Thoracic Surgery • Vascular Surgery	PGY1	PGY2	PGY3	PGY4	PGY5
Peripheral venous access					
Urethral catheterization					
Gastric tubes- NG/dobhoff					
Nasogastric lavage					
Incision and drainage- superficial abscess	After 6 months				
Arterial sampling- peripheral					
Thoracentesis	After 6 months				
Venous sampling- central					
Intubation	X	X	X		
Extubation	X				
Trach tube replacement	X	X			
Trach tube replacement- percutaneous	X	X	X		
Chest thoracostomy catheter- pigtail					
Chest tube placement	After 6 months				
Chest tube removal	After 6 months				
Diagnostic peritoneal lavage	After 6 months				
Wound debridement	After 6 months				
Breast cyst aspiration	After 6 months				
Laceration repair complex	After 6 months				
Limited bronchoscopy	X				
Central line insertion and removal	After 6 months				

• Transitional Year	PGY1
Gastric tubes- NG/dobhoff	X
Arterial sampling- peripheral	
Venous sampling- peripheral	

Arterial line placement	X
Central line placement	X
Central line removal	
Swan-Ganz (pulmonary artery) line	X
Incision and drainage of superficial abscess	X
Defibrillation- emergent	
Cardioversion: electrical and chemical	X
Arthrocentesis	X
Bone marrow aspiration and biopsy	X
Lumbar puncture	x
Paracentesis	X
Pericardiocentesis	X
Thoracentesis	X
Venous sampling- central	X
Endotracheal intubation	X
Ventilator management	X
Laceration repair	X

• Urology	PGY1	PGY2	PGY3	PGY4	PGY5
Circumcision (emergent for severe phimosis/paraphimosis)	X				
Intracavernosal Injection	X				
Bedside cystoscopy	X				
Cystoscopy (with possible stent insertion)	X				
Intracavernosal Injection (for priapism treatment)	X				
Trochar suprapubic cystotomy tube placement	X				