

1. What outpatient procedures do residents learn?

A. Ortho: Joint injections with or without point-of-care ultrasound, trigger point injections, basic splinting and casting.

B. Gyn: Colposcopy, cervical cryotherapy, endometrial biopsy, IUD placement, Nexplanon placement, OB ultrasound.

C. Derm: Skin biopsies (excisional, shave, scoop, punch), laceration repair, dermoscopy, cryotherapy, hyfrecation, toenail removal.

2. What inpatient procedures can residents learn?

A. Pediatrics: Circumcisions, frenectomy, lumbar puncture, intubation.

B. Obstetrics: Fetal scalp electrode placement, intrauterine pressure catheter placement and amnioinfusion, Cook catheter placement, vacuum extraction, episiotomy/laceration repair, first-assist during C-Sections. A few residents have even obtained C-Section credentials after graduation.

C. Adult Medicine: Intubation, central line placement, lumbar puncture, paracentesis (not typical but we have specialists who are more than willing to teach interested residents).

3. How are procedures taught?

Dr. Keenan, one of our core faculty members, works closely with a second or third-year resident in a dermatology/procedure clinic three half-days a week. There is also a monthly colposcopy clinic precepted by core faculty members.

Every year the core faculty lead procedure workshops to teach residents how to perform these procedures. The residency has access to various simulation models on which residents can practice during these sessions and throughout the year, including:

A. Cervical checks

B. Colposcopy

C. IUD placement

D. Nexplanon placement

E. Shoulder injections

F. Knee injections

G. Toenail removal