

Procedure “Sign-Off” Form

Resident’s Attestation:

I have performed the requested procedure at least 3 times (minimum 5 if endotracheal intubation with video laryngoscopy) under direct supervision and feel comfortable performing the procedure without direct supervision.

Name: _____

Signature: _____

Date: ___/___/_____

Supervisor’s attestation:

I directly observed this resident perform the procedure indicated. The resident appropriately named risks & benefits, obtained informed consent, observed a procedural time-out, prepared and maintained an appropriate sterile field, performed the procedure appropriately without intervention from me, and provided appropriate aftercare and post-procedure monitoring.

The resident is competent to perform this procedure without direct supervision.

Name: _____

Signature: _____

Date: _____

Additional Comments:

Procedure Requested

- Anoscopy
- Arterial Catheter Placement
- Central Venous Catheter – Femoral
- Central Venous Catheter – Internal Jugular
- Central Venous Catheter – Subclavian
- Chest Tube Placement
- Endotracheal Intubation, Video Laryngoscopy
- Joint Injection
- Lumbar Puncture – Adult
- Lumbar Puncture – Pediatric
- Paracentesis
- PICC line placement

Procedure Rules for Residents

Procedures not listed above always require direct supervision by a credentialed attending physician.

Once this form has been submitted, the resident may perform the specified procedure under indirect supervision and provide direct supervision of the procedure to other residents.

When performing a procedure under indirect supervision, the resident must verify with a credentialed attending that the procedure is indicated prior to performing the procedure.

Residents in their first 12 months of training must have every procedure supervised directly, even after completion of this form.

If an attending is available to supervise a procedure, the resident should invite them to do so for purposes of teaching and billing, even if indirect supervision is allowed.