Procedural Competency
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Take Home Points

- There is a risk of complacency with procedural competence.
- It is important to review infrequently performed procedures to prevent skill decay.
- Only a few minutes each shift spent reviewing procedures can help maintain competency.
- Emergency medicine is unique for a lot of reasons. You need to be not only a cognitive legend but you also need to be procedurally competent. You need to be able to put in the central line. You need to be able to relocate the shoulder. You need to take things out of places they shouldn’t have been put. You need to do stuff and be competent. How do you get competent? How do you stay competent?
- See one, do one, teach one. That is how we have learned previously. We should be getting feedback on how we are teaching.
- There are better ways to acquire skills, maintain them and not forget them.
- What is the difference between competency and proficiency? Competency gives you some information about what you are doing. Proficiency is mastery. The ladder of competency has several steps that starts with unconscious incompetence and progresses to unconscious competence. There is risk of complacency and skill may decline a bit as we are not pursuing it as an area of continued growth. Mindful competence is where we are aware of what we are doing and constantly seeking new ways to make our practice better. There is some evidence that you peak as a physician 3-4 years out of training. Many of us get complacent.
- How do you keep up with knowledge and procedures such as airway procedures? The learning curve is fairly well understood. We need to have practice, guidance and feedback on what we are doing. There is less attention paid to the forgetting curve. We as providers can start to have skill decay within 2 months. Within about 3-6 months, a lot of skill has been lost for a variety of different procedures. Although it has not been studied for every specific procedure, there are probably some procedures we may not do as frequently such as transvenous pacemaker placement that require more regular practice.
- If you are working about 12 shifts a month, if you only spend 5 minutes at the beginning of each shift, you can review most of the procedures we do over the course of two months. You don’t necessarily have to do the procedure but run through the thought process on performing the procedure.
- Go to a procedure course on the things you are most uncomfortable with. Don’t get complacent.
- Procedure courses are expensive. If you have access to a simulation lab, it may be a cheaper option. This is a way to get in and practice with some of the equipment. You can try to run through the scenario in as realistic terms as possible. If you don’t have this, you can still practice with the equipment and still think through the process. For example, transvenous pacing is similar to central line placement but there are some differences.
- Practice doing procedures on stuff around the house. Herbert used to practice putting chest tubes in chickens from Costco. You can practice a cricothyroidotomy on old toilet paper rolls.
- Start practicing.