

**RESIDENT PHYSICIANS POLICY ATTACHMENT
OB DEPARTMENT
RESIDENCY COMPETENCIES**

PROCEDURE	Required Competency		
	R1	R2	R3
Delivery of Vertex Infant	*	*	*
Repair of 1 st or 2 nd Degree Vaginal Laceration	*	*	*
Application of Vacuum Forceps	Can't do	*	*
Repair of 3 rd or 4 th Degree Vaginal or Cervical Laceration	Can't do	*	*
Performance of Ultrasound for viability / fetal position	PR	PR	PR
Documentation in Chart	IC	IC	IC
Performance of Amniotomy, Insertion of Fetal Monitoring Electrodes	PR	PR	PR
Cervical Examination	PR	PR	PR
First Assist at C-Section	*	*	*
Primary C-Section with OB/GYN as first assist, directing surgery	Can't do	Can't do	*
Episiotomy	PR	PR	PR
Evaluation of Fetal Monitoring	PR	PR	PR
D&C	Can't do	*	*
Performance of External Cephalic Version	*	*	*
Postpartum Bilateral Tubal Ligation	*	*	*
3rd Trimester Amniocentesis for Fetal Lung Maturity	Can't do	*	*

IC = Independent Competency (May be performed without supervision)

PR= Independent Competency after two (2) proctored procedures verified

*** = With Supervision Only (May only be performed with supervision)**

I have read and understand the required competencies above.

Resident Name

Resident Signature

Date

Director Name

Director Signature

Date