Responsible Department/Division/Committee:

Graduate Medical Education Committee

Policy:

SBUH has a process to reduce the risk of chest tube related complications by standardizing their insertion and removal through education and credentialing.

All residents/fellows involved in chest tube insertions by both percutaneous Seldinger and open techniques are educated and must be supervised by a credentialed practitioner (Attending, Fellow, Senior Resident) until they credentialed to perform the procedure independently.

Definitions:

Chest tube – a flexible plastic tube inserted through the chest into the pleural space. It is used to remove air (pneumothorax), fluid (pleural effusion), blood (hemothorax), chyle (chylothorax) or pus (empyema) from the intrathoracic space.

Tube thoracostomy – the procedure in which a chest tube is placed.

Seldinger percutaneous technique – The chest tube is placed through the skin by needle puncture followed by positioning over a guidewire.
**Open surgical technique** – The chest tube is placed directly into the pleural space by making a surgical incision

**Procedures:**

All Residents/Fellows involved in open chest tube insertions are required to:

1. View the New England Journal of Medicine educational module which can be accessed via this link [http://medicine.stonybrookmedicine.edu/gme/ChestTubeInsertion](http://medicine.stonybrookmedicine.edu/gme/ChestTubeInsertion)
2. View the Stony Brook presentation which can be accessed via New Innovations under “curriculum”.
3. Complete the post-test located in New Innovations in “Evaluations to Complete”. Achieve a score of 80% or greater to pass.
4. Successfully perform two tube thoracostomy procedures in the Clinical Skills Center under the supervision of a certified/licensed practitioner.
5. The completed competency checklists will be forwarded to the GME office and uploaded into New Innovations.
6. Successfully perform two tube thoracostomy procedures on patients under the supervision of a certified/licensed practitioner.
7. Log the patient procedures in New Innovations and select a supervising physician.
8. Supervising physicians must attest in NI that the resident performed the procedures adequately.
9. The GME office will then notify the Program Director to manually credential the resident (conditional independence) and the effective date.

All Residents/Fellows involved in percutaneous Seldinger catheter insertions are required to:

1. Obtain central line certification (any site)
2. View the Stony Brook presentation which can be accessed via New Innovations under “curriculum”
3. Complete the post test located in New Innovations in “Evaluations to Complete”. Achieve a score of 80% or greater to pass.
4. Successfully perform two percutaneous chest tube insertions, with completion of checklists, in the Clinical Skills Center under the supervision of a credentialed practitioner.
5. The completed competency checklists will be forwarded to the GME office and uploaded into New Innovations.

6. Successfully perform two percutaneous chest tube insertions on patients under the supervision of a certified/licensed practitioner.

7. Log the procedures in New Innovations and identify a supervising physician.

8. The supervising physician must attest in NI that the resident has performed the procedures satisfactorily.

9. The GME office will then notify the PD to manually credential (conditional independence) the resident in NI and the effective date.

**Forms: (Ctrl-Click form name to view)**

None

**Policy Cross Reference: (Ctrl-Click policy name to view)**

- GME0002 Certification for the Insertion of Central Venous Access Devices
- PC0104 Insertion of Central Venous Access Devices
- PC0118 Certification for the Insertion of Central Venous Access Devices

**Relevant Standards/Codes/Rules/Regulations/Statutes:**

None

**References and Resources:**

None