**THE EVOLUTION OF ABIM PROCEDURAL REQUIREMENTS**

*Internal Medicine*

**1990-1991:**
- Critical life-saving procedures including basic cardiopulmonary resuscitation and cardiac defibrillation
- Basic diagnostic procedures necessary for obtaining relevant biological fluids for evaluation:
  - Arterial and venous blood
  - Urine
  - Cerebrospinal fluid
  - Pleural and ascitic fluids
  - Cervical and vaginal secretions
- Procedures used by internists to obtain additional diagnostic information:
  - Breast and pelvic examinations
  - Sigmoidoscopy

**1991-1997 (numbers in parentheses denote minimum number to be performed):**
- Abdominal paracentesis (3)
- Arterial puncture for blood gas analysis (5)
- Arthrocentesis of the knee joint (3)
- Central venous line placement (5)
- Lumbar puncture (5)
- Nasogastric intubation (3)
- Thoracentesis (5)
- Critical life-saving procedures (this requirement can be met by documentation of successful training in advanced cardiac life support)

**1997-2002 (numbers in parentheses denote minimum number to be performed):**
- Abdominal paracentesis (3)
- Arterial puncture for blood gas analysis (5)
- Arthrocentesis of the knee joint (3)
- Central venous line placement (5)
- Lumbar puncture (5)
- Nasogastric intubation (3)
- Thoracentesis (5)
- Critical life-saving procedures (this requirement can be met by documentation of successful training in advanced cardiac life support)
- Breast examinations (5)
- Rectal examinations (5)
- Pelvic examinations and pap smear, including wet mount (5)
2002-2006:

1. Interpreting electrocardiograms

2. Performing the following procedures; understanding their indications, contraindications, and complications; interpreting their results:
   - Advanced cardiac life support (American Heart Association documentation of successful training within the teaching institution is accepted)
   - Abdominal paracentesis
   - Arterial puncture
   - Arthrocentesis
   - Central line placement
   - Lumbar puncture
   - Nasogastric intubation
   - Pap smear and endocervical culture
   - Thoracentesis

The Board recommends the general guideline of three to five as the minimum number of directly supervised, successfully performed procedures below which confirmation of proficiency is not credible.

2006-Current Time:

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ABIM does not specify a minimum number of procedures to demonstrate competency; however, to assure adequate knowledge and understanding of the common procedures in internal medicine, each resident should be an active participant for each procedure five or more times.