# CMHS Orthopaedic Residency Educational Goals & Objectives

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Overview of Educational Goals and Objectives

Description

Orthopaedic residents rotate on 10 different orthopaedic services and 7 non orthopaedic rotations during their time at CMH. The majority of the resident’s time will be spent at the base hospital, Community Memorial Hospital (CMH), with rotations also taking place at Ventura County Medical Center (VCMC), Children’s Hospital of Orange County (CHOC), Cedars-Sinai Medical Center (CSMC) and at various outpatient practices and surgery centers. The orthopaedic rotations consist of general orthopaedics, trauma, joint reconstruction, sports, spine, pediatrics, oncology, hand, research/elective, and chief months.

Resident Role and Expectations

Residents will act as a key member of the care team, participating in clinical diagnosis and treatment of a myriad orthopaedic conditions, requiring both nonoperative and surgical interventions. This clinical experience will take place under the supervision and guidance of the teaching attending staff. As residents progress through the program, they gain gradual independence in patient care and under supervision develop the skills and clinical acumen to practice independently as an attending orthopaedic surgeon. By the time residents are in the chief/PGY5 year, they are expected to function at the level of a junior attending physician but still have the supervision and guidance of the attending faculty.

Readings

Specific readings are listed under the various services

Contact

Sarah Perry
Residency Coordinator

Goals and Objectives

I. At completion of the orthopaedic residency program, the resident will demonstrate the medical knowledge, patient care, professional, and communication skills necessary to function independently as an attending orthopaedic surgeon. Through a broad range of varied clinical experiences and under the instruction and guidance of the teaching attending faculty, residents will demonstrate the ability to perform self-directed learning, evaluate their own patient outcomes and performance, and work effectively in numerous
health care delivery settings. The resident will receive regular evaluations from the attending staff and incorporate feedback provided to continuously improve and hone their professional, interpersonal, medical and surgical skills.

**Instructional Methods**

I. Supervised patient care in outpatient clinics
   A. Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
   B. As residents become more proficient, they will interact more independently with patients and present cases to faculty.
      1. PGY1 - for the PGY1 emphasis will be on diagnosis, basic management and generating fund of knowledge
      2. PGY2 - the PGY2 will be expected to obtain focused H&Ps, interpret imaging and lab studies appropriately, and begin to develop cohesive plans under direct guidance
      3. PGY3 - for the PGY3 focus will be on medical decision-making, generating a broader differential diagnosis, providing treatment recommendations, and initiating care
      4. PGY4 - for the PGY4 focus will be on honing performance of the aforementioned skills with increased time efficiency, managing a larger case volume, and collaborating with other professionals in optimizing patients for surgery
      5. PGY5 - for the PGY5 focus will be on preparing for transition to independent practice, managing and helping supervise and teach junior residents, and generating cohesive definitive treatment plans

II. Supervised patient care in the inpatient setting
   A. Residents will assume responsibility in a graded fashion, with gradual progression of competence under supervision. Initially, residents will be directly observed with patients. As residents become more proficient, they will interact more independently with patients and present cases to faculty. The guided responsibility progression will be similar to that in Section I.

III. Supervised patient care in the ER setting
   A. Residents will assume responsibility in a graded fashion, with gradual progression of competence under supervision. Initially, residents will be directly observed with patients. As residents become more proficient, they will interact more independently with patients and present cases to faculty. The guided responsibility progression will be similar to that in Section I.

IV. Supervised surgical experience in the operating room
A. As residents progress through the program, they will develop and hone surgical skills of increasing complexity.
   1. PGY1 - for the PGY1 focus will be on basic OR etiquette, sterile technique, patient positioning, use of instruments, and basic preoperative and postoperative care
   2. PGY2 - for the PGY2 focus will be on increased participation in the operating room and developing expertise in basic surgical procedures
   3. PGY3 - for the PGY3 focus will be on expanding the surgical skill set and developing more independence in pre- and postoperative care
   4. PGY4 - for the PGY4 focus will be on honing more complex surgical skills and alternate approaches and troubleshooting complications
   5. PGY5 - for the PGY5 focus will be on the ability to plan and execute surgical interventions independently from start to finish

B. Surgical settings include
   1. Community and county hospital-based operating rooms
   2. Surgery centers
   3. Outpatient hospital-based operating rooms

V. Conferences
   A. Daily morning conference
   B. Weekly fracture or specialty conference
   C. Weekly didactic session on a topic from a rotating, two-year curriculum
   D. Anatomy course, 10 sessions, with cadaveric dissection
   E. Monthly morbidity and mortality conference
   F. Bimonthly journal clubs
   G. Year-long research didactic series covering biostatistics and research for PGY-1s

VI. Workshops/wet labs
   A. Every 1-2 months on various surgical topics/techniques

VII. Basic surgical skills course
   A. Based on the ABOS modules for surgical residents

VIII. Simulation labs
   A. PGY1 residents must complete the arthroscopic simulator exercises for the knee and shoulder.
   B. PGY1 residents attend UCLA Simulation Lab and complete simulation exercises for acute medical and surgical care scenarios.
   C. PGY1 residents attend mock code simulations at CMH.

IX. Independent study
   A. Journal and textbook reading
   B. Video and online resources

Evaluation
I. Case and procedure logs as appropriate
II. Monthly attending evaluation of resident
III. Monthly peer to peer evaluation of resident
IV. Verbal feedback is provided by attending staff daily in both the operating room and the clinic and more formally mid-way through the rotation
V. Mini-CEX evaluation
VI. Bedside procedural skills evaluation
VII. 360 degree evaluation
VIII. Journal club evaluation
IX. Residents collect cases and present during rotations in weekly fracture conference and monthly morbidity and mortality conference. Junior residents present the cases and senior residents participate actively in discussion to improve patient management and outcomes.
X. Annual OITE performance
XI. Semi-annual formal reviews of performance with program director

General Orthopaedics

Description
The general orthopaedic rotations will familiarize PGY1 residents with how an inpatient orthopaedic service functions and focus on the evaluation and treatment of general orthopaedic patients in an outpatient setting, on the evaluation and treatment of emergency department orthopaedic consultations, and on developing basic surgical skills. This rotation spans 6 months of the first year of residency and takes place at the base hospital and the outpatient resident clinic.

**Resident Role and Expectations**

Residents on this service function as members of the care team, developing skills in managing both inpatient and outpatient orthopaedic evaluation, assessment, and treatment. They function under direct supervision of the senior residents and teaching staff. At any given time, two PGY1 residents are on the general orthopaedic service.

**Readings**

*Campbell’s Operative Orthopaedics*
Canale & Beaty

*Handbook of Fractures*
Egol et al

*Surgical Exposures in Orthopaedics: The Anatomic Approach*
Hoppenfeld et al

**Contacts**

Dennis Horvath, DO  
Program Co-Director  
Orthopaedic Surgery  

Thomas Golden, MD  
Program Co-Director  
Orthopaedic Surgery  

**Educational Goals and Objectives**

**Patient Care and Procedural Skills**
I. Obtain a focused and accurate history, including identifying key information needed to evaluate adults presenting with conditions involving the musculoskeletal system. Perform a thorough physical exam, with attention to key areas pertinent to musculoskeletal conditions. Become familiar with common diagnostic imaging procedures when evaluating and managing patients with orthopaedic conditions: plain radiographs, body MRI, CT scan, radionuclide bone scans, ultrasound. Formulate an evidence-based well-reasoned patient management plan. Record in the electronic medical record findings to the point of official recommendation and plan, which will be made in conjunction with the attending orthopaedic surgeon. The resident will seek appropriate consultation from other services when the patient’s condition warrants.

II. Develop familiarity and technical skill in the following procedures:
   A. Application of casts and splints
   B. Setup and use of bed traction devices
   C. Closed reduction of simple fractures
   D. Performance of digital and hematoma blocks
   E. Reduction of dislocations and fractures
   F. Skeletal traction pin insertion
   G. Arthrocentesis and injections
   H. Repair of lacerations
   I. Wound closures
   J. Suture and knot tying skills
   K. Dressing application
   L. Sterile technique, patient site preparation, patient positioning, aseptic draping
   M. Correct use of orthopaedic instrumentation

Medical Knowledge

I. Demonstrate competency in the following topics:
   A. Anatomy and (patho)physiology of the musculoskeletal system
   B. Physiology and biochemistry of bone growth and maturation from childhood to adulthood
   C. The musculoskeletal history
   D. The focused physical exam
   E. Evaluation of the spine and extremities
   F. Proper use of imaging
   G. Pathophysiology of osteoarthritis and inflammatory arthritis
   H. Diagnosis and treatment of septic arthritis
   I. Basic management of systemic diseases affecting the musculoskeletal system
   J. Preoperative and postoperative care of the surgical patient
   K. Fracture care management, open and closed
L. Accurate/detailed assessment and care of the polytrauma patient
M. Basic pain management
N. Introduction to preoperative planning
O. Introduction to surgical approaches
P. Timing and implementation of physical therapy in the postoperative patient

II. Develop an efficient, rapid approach to finding information resources related to the musculoskeletal system (e.g. on the web, in the literature or textbooks, or other electronic media) to obtain information relevant to a presenting patient problem.

**Interpersonal and Communication Skills**

I. Develop interpersonal skills necessary to communicate effectively with patients, families, nursing staff, mid-level healthcare providers, ancillary staff, medical students, fellow residents, and attending staff. Create an atmosphere of collegiality and mutual respect with all providers involved in the care of patients. Talk to family members about sensitive issues that relate to a patient's illness, e.g. coping with the patient's altered needs in his/her home setting. Write an effective and timely consultation note that summarizes the findings and recommendations of the orthopaedist and clarifies the continued role and responsibility of the consultant. Share knowledge with team members to foster an environment of learning. Interpret and describe radiographic findings to peers effectively using commonly accepted descriptors.

**Practice-Based Learning and Improvement**

I. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve patient care practices based on learning, reflection, and feedback. Record and track cases and bedside procedures. Be involved in the teaching of medical students, fellow interns, and colleagues. Present patients for discussion during rounds and seminars, with appropriate literature references to support planned interventions. Understand the role of study design and the use/misuse of statistical analysis in reviewing the results of published research in orthopaedic surgery. Identify standardized guidelines for diagnosis and treatment of complex problems of the musculoskeletal system and learn the rationale for adaptations that optimize treatment. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

**Professionalism**
I. Demonstrate respect, compassion, honesty, and integrity. Have a commitment to ethical principles, including protecting the confidentiality of patient information and providing patients with informed consent. Demonstrate responsiveness to the needs of patients and society in a way which supersedes self-interest. Demonstrate accountability to patients, society and to the profession. Demonstrate sensitivity and responsiveness to patient culture, age, gender, and disabilities.

Systems-Based Practice

I. Practice cost-effective health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing, without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the operating room, emergency department, and wards. Direct patients and their families toward individuals within the institution that can help them access support and resources. Join and participate in a hospital-based committee.
Anesthesiology

Educational Goals & Objectives

The anesthesiology rotation is designed to provide PGY1 orthopedic residents with an opportunity to evaluate and manage patients in the perioperative setting. Training should familiarize the resident both with patient management as a member of a coordinated team and with consultation for operative patients on other services. Residents will learn an approach to patients preoperatively and become comfortable with the appropriate ordering and interpretation of laboratory studies and imaging in urgent and non-urgent settings. Residents will develop skills in airway management, basic ventilator management, conscious sedation, pain management, and other pharmacologic management of patients in the perioperative setting.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

I. All residents must be able to provide compassionate, culturally-sensitive, and appropriate care for perioperative patients.

II. Residents will demonstrate the ability to take a pertinent history and perform a focused perioperative exam with emphasis on perioperative risk factors, including family history of bleeding, clotting, or anesthetic reaction; comorbidities, such as coronary artery disease, cardiomyopathy, COPD, and cirrhosis; smoking history; and medication use. Residents should be able to do a good cardiopulmonary exam and understand normal airway anatomy. Residents should be able to differentiate ill from stable patients.

III. Residents will become competent in airway management skills, including mask ventilation, direct laryngoscopy, laryngeal mask airway placement, and video laryngoscopy. Residents will become comfortable with endotracheal intubation and familiar with nasotracheal intubation, basic ventilator management, conscious sedation, and troubleshooting skills.

Medical Knowledge

I. Residents will learn basic pharmacology of anesthetic agents, paralytics, sedation, and pressors as well as other commonly used drugs in the perioperative setting, including local anesthetics, benzodiazepines, opioids, muscle relaxants, and antiarrhythmics. Residents will understand the indications, risks, and benefits of general versus regional anesthesia.

II. Residents will become familiar with an understanding of the basic pathophysiology, clinical presentation, appropriate diagnostic studies, and initial therapy for the following conditions:
   • Cardiac arrest
   • Malignant hyperthermia
• Shock
• Stable and unstable arrhythmias
• Uncontrolled pain

III. Residents will become familiar with the Glasgow Coma Scale and scoring systems for sedation, severity of illness, perioperative risk, and postop mortality.

IV. Residents will be able to understand the indications for ordering and interpretation of preoperative laboratory and diagnostic studies, including:
   a. CBC, chemistries, coagulation studies, and arterial blood gas
   b. ECG, echocardiogram, and stress testing
   c. Chest radiograph and PFTs

Practice-Based Learning and Improvement

I. Residents should be able to access current anesthesiology practice guidelines from the American Society of Anesthesiology, journals, and other sources to apply evidence-based strategies to patient care.

II. Residents should learn to function as part of the operating room team to optimize patient care.

III. Residents should respond with positive changes to constructive feedback from members of the health care team.

Interpersonal and Communication Skills

I. Residents must demonstrate written (electronic) and verbal communication skills that facilitate the timely and effective exchange of information within the system.

II. Residents must be able to accurately describe the risks and benefits of undergoing anesthesia to obtain informed consent.

III. Residents will develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.

Professionalism

I. All residents must demonstrate a commitment to carrying out professional responsibilities.

II. Residents should be able to educate patients in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.

Systems-Based Practice

I. Residents must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.

II. Residents will become familiar with perioperative quality measures, risk management strategies, and cost of care within our system.

Teaching Methods
I. Supervised patient care in the operating room and postoperative recovery room.
   • Residents will initially be directly observed in the preoperative setting to facilitate
     the acquisition of excellent history taking and physical exam skills. Faculty will
     always provide one-on-one direct supervision of residents and teaching of hands-
     on skills for residents in the operating room.
   • Residents will review cases with faculty.
   • Initial emphasis will be on diagnosis and basic management.
   • When residents have mastered these skills, focus will be on medical decision-
     making and trouble-shooting.

II. Conferences
   • Daily noon conference
   • Journal club

III. Independent study
   • Journal and Textbook reading TBD by attending anesthesiologist.
   • Online resources
     • American Society of Anesthesiologists www.asahq.org
     • Up To Date
     • Clinical Key

Evaluation
I. Case and procedure logs
II. Residents will get signed off on procedural skills as they achieve competence.
III. Attending written evaluation of resident at the end of the rotation based on rotation
     observations and chart review.

Rotation Structure
I. Residents should contact the anesthesiology attending the day prior to determine start
   time and location.
II. Residents should spend the majority of their time in the OR and recovery room, with
   the exception of required conferences or patient-related time elsewhere in the hospital.
   • Rotations are a “hands-on” learning experience. Residents should spend the
     majority of their time engaged in patient care and/or doing procedures.
   • Case-based learning is very effective. Residents may be assigned patient-based
     questions to research and report back to the team.
   • Resident may be asked to do a short presentation to the group on a pertinent topic.
   • When doing consults, residents should understand the question being asked and
     provides a concise answer.
III. Call and weekend responsibilities TBD by the attending physician.
   • Hours worked must be consistent with ACGME requirements and are subject to
     approval by the Program Director.
IV. Residents have noon conferences and should be excused in a timely fashion to attend.
Critical Care Medicine

Educational Goals & Objectives

The Critical Care Medicine rotation will provide our first year orthopedic residents with an opportunity to evaluate and manage patients with life-threatening conditions, often affecting multiple organ systems. Training should familiarize the resident both with patient management as a member of a coordinated team and with consultation for critically ill patients on other services. Residents will become skilled in the interpretation of data and performance of procedures necessary to manage these patients, as well as with the social and ethical issues pertinent to acute care and end-of-life care.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

I. All residents must be able to provide compassionate, culturally-sensitive, and appropriate care for critically ill patients.

II. Residents will demonstrate the ability to take a pertinent history and perform a focused physical exam. Residents should be able to differentiate ill from stable patients and appreciate and characterize the following physical findings:
   - Abnormal respiratory patterns
   - Abnormal heart and lung sounds
   - SIRS physiology and symptoms and signs of shock
   - Focal neurologic abnormalities

III. Residents will understand the indications, contraindications, complications, limitations, and interpretation of following procedures, and become competent in their safe and effective use:
   - Arterial blood gas and arterial line placement
   - BLS and ACLS protocols
   - Central line placement
   - Endotracheal intubation
   - Initial ventilator management
   - Nasogastric tube placement

   In addition, residents will demonstrate knowledge of and be able to counsel patients and/or families regarding the indications and contraindications for the following procedures:
   - Acute hemodialysis
   - Mechanical ventilation
   - PEG placement
   - Transfusion
Medical Knowledge

I. Residents will develop an understanding of the pathophysiology, clinical presentation, diagnostic studies and therapy for the following conditions:
   ● Acute abdominal pain
   ● Acute organ failure (adrenal, kidney, liver, respiratory)
   ● Altered mental status and coma
   ● ARDS
   ● Cardiac arrest
   ● Diabetic ketoacidosis
   ● Disseminated intravascular coagulation
   ● Hemoptysis
   ● Heparin-induced thrombocytopenia
   ● Hypertensive emergency
   ● Hypo/hyperthermia
   ● Marked electrolyte abnormalities
   ● Massive gastrointestinal bleeding
   ● Massive pulmonary embolus
   ● Meningitis and encephalitis
   ● Pancreatitis
   ● Severe intoxication/overdose and withdrawal syndromes
   ● Severe stroke
   ● Shock
   ● Status asthmaticus
   ● Status epilepticus
   ● Thyroid storm and myxedema coma

II. Residents will become knowledgeable in the following issues pertaining to critical care:
   ● Enteral and parenteral nutrition
   ● Pharmacology of opioids, paralytic agents, sedation, and pressors
   ● Scoring systems for alcohol withdrawal, sedation, and severity of illness
   ● Understanding of prevention measures for catheter-associated blood stream infections, deep venous thrombosis, and ventilator-associated pneumonia

III. Residents will be able to understand the indications for ordering and interpretation of results from laboratory and diagnostic studies, including:
   ● Arterial blood gas and interpretation of oxygenation and basic acid-base status
   ● Analysis of sputum, cerebrospinal, and pleural fluids
   ● Chest and abdominal radiographs
   ● Computed tomography of head, chest and abdomen
   ● Echocardiogram
   ● NT-pro-BNP, basic analysis of joint fluids

Practice-Based Learning and Improvement

I. Residents should be able to access current critical care clinical practice guidelines from the Society of Critical Care Medicine, journals, and other sources to apply
evidence-based strategies to patient care.

II. Residents should learn to function as part of a team, including the critical care specialist, nurse, pharmacist, and dietician, and social worker to optimize patient care.

III. All residents should respond with positive changes to constructive feedback from members of the health care team.

**Interpersonal and Communication Skills**

I. Residents must demonstrate electronic and verbal communication skills that facilitate the timely and effective exchange of information within the system.

II. Residents must begin to develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.

**Professionalism**

I. All residents must demonstrate a commitment to carrying out professional responsibilities.

II. Residents should be able to educate patients in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.

III. Residents should be able to counsel patients and families both on diagnostic and treatment decisions and on withdrawal of care.

**Systems-Based Practice**

I. Residents must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.

II. Residents will learn to discuss alternative care strategies and the basic costs and risks involved and be introduced to current quality issues in Critical Care Medicine.

**Teaching Methods**

I. Supervised patient care in the intensive care unit.
   - Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
   - As residents become more proficient, they will interact independently with patients and present cases to faculty.
   - Initial emphasis will be on diagnosis and basic management.
   - When residents have mastered these skills, focus will be on medical decision-making, and residents will work with supervising physicians to finalize a care plan.

II. Conferences
   - Daily noon conference
   - Journal club

III. Independent study
   - Journal and Textbook reading TBD by ICU team
   - Online educational resources
Evaluation
I. Case and procedure logs
II. Mini-CEX bedside evaluation tool
III. Verbal mid-rotation individual feedback
IV. 360 Evaluation
V. Attending written evaluation of resident at the end of the month based on rotation observations and chart review

Rotation Structure
I. Residents should contact the lead intensivist the day prior to determine start time and location.
II. Residents should spend the majority of their time in the critical care unit, with the exception of required conferences or patient-related time elsewhere in the hospital.
   ● Rotations are a “hands-on” learning experience. If you have a resident, send them in to see a patient. Try to let them do a majority of the procedures.
   ● Case-based learning is very effective. Give your resident patient-based questions to research and report back to you.
   ● Consider having your resident do a short presentation to the group on a pertinent topic.
   ● When doing consults, ensure the resident understands the question asked and provides a concise answer.
III. Call and weekend responsibilities TBD by the attending physician.
   ● Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
IV. Residents have noon conferences and should be excused in a timely fashion to attend.
Emergency Medicine

Educational Goals & Objectives
The Emergency Medicine rotation will provide our first year orthopedic residents with an opportunity to evaluate and manage patients with common acute physical and mental illnesses within a finite time span. Training will emphasize the rapid gathering of a pertinent history, a focused physical exam, and the triage of serious versus minor illnesses. Residents should become familiar with the approach to the acutely ill unstable patient and the appropriate social and medical disposition of patients. Finally, residents will become skilled in the performance of procedures necessary to manage conditions commonly seen in the Emergency Department.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

I. All residents must be able to provide compassionate, culturally-sensitive, and appropriate care for patients presenting to the emergency department.

II. Residents will demonstrate the ability to take a succinct, pertinent history and perform a focused physical exam. Residents should be able to differentiate stable from unstable patients and appreciate and characterize the following physical findings:
   ● Abnormal respiratory patterns
   ● Abnormal heart and lung sounds
   ● Assessment of volume status
   ● Peritoneal signs
   ● SIRS physiology and symptoms and signs of shock
   ● Focal neurologic abnormalities

III. Residents will understand the indications, contraindications, complications, limitations, and interpretation of following procedures, with the goal of becoming competent in the their safe and effective use:
   ● Arthrocentesis (knee)
   ● Blood draw, arterial and venous
   ● BLS and ACLS protocols
   ● Central line placement
   ● Endotracheal intubation
   ● Fluorescent staining of cornea
   ● I&D
   ● Local anesthesia
   ● Lumbar puncture
   ● Nasal packing
   ● Paracentesis
Medical Knowledge

I. Residents will be introduced to the following issues pertaining to emergency care:
   - Addiction and withdrawal syndromes
   - Basic principles of health insurance coverage
   - Domestic violence, and elder and child abuse
   - Homelessness

II. Residents will become comfortable with a basic approach to an array of conditions affecting patients from pediatrics to geriatrics. These conditions range from acute life-threatening illnesses to sub-acute and chronic illnesses presenting to the Emergency Department. The goal is to understand basic pathophysiology, differential diagnosis, focused diagnostic evaluation, and therapy for these disorders. As experience depends on the case mix at any given time, residents are strongly encouraged to develop their knowledge further with supplemental reading to ensure they become familiar with the following conditions:
   - Acid base disorders
   - Acute abdomen and abdominal pain
   - Acute coronary syndrome and cardiac arrest
   - Acute psychiatric emergencies, such as panic attack, psychosis, or suicidality
   - Acute renal failure
   - Adrenal crisis
   - Airway compromise
   - Altered mental status and coma
   - Anemia
   - Appendicitis
   - Aortic dissection and aortic aneurysm
   - Asthma exacerbation
   - Ataxia and gait disturbances
   - Back pain
   - Bites and stings
   - Bleeding, including GI, nasal, over anticoagulation-related, traumatic, and vaginal
   - Bowel obstruction
   - Breast disorders
   - Burns: chemical and thermal
   - Cardiac arrhythmias
   - Central nervous system and spinal infections
   - Chest pain
   - Child abuse
   - Cholecystitis
   - Congenital heart disease, newly presenting in the Emergency Room
   - Congestive heart failure
   - Common eye, ear and mouth disorders
   - Common poisonings and overdoses
- Compartment syndrome
- COPD exacerbation
- Deep venous thrombosis and pulmonary embolus
- Diabetic ketoacidosis and hyperosmolar hyperglycemic state
- Diarrhea
- Diverticulitis
- Drowning
- Electrolyte abnormalities
- Fever and serious bacterial illness in infants
- Fluid and blood resuscitation
- Headache and facial pain
- Heat emergencies and hypothermia
- Hemoptysis
- Hematology and oncology emergencies, such as blast crisis, cord compression, febrile neutropenia, and superior vena cava syndrome
- Hypertensive urgency and emergency
- Infant and neonatal emergencies
- Infections and disorders of the neck and upper airway
- Intracranial hemorrhage
- Nausea and vomiting
- Ocular and oral emergencies
- Pelvic pain
- Peripheral neurologic lesions
- Pneumonia
- Pneumothorax, including tension pneumothorax
- Pregnancy and obstetric emergencies
- Rashes and generalized serious skin disorders
- Respiratory distress/failure
- Rhabdomyolysis
- Seizure
- Sexually transmitted diseases
- Shock: anaphylactic, cardiogenic, hypovolemic, septic, toxic
- Soft tissue infections
- Sprains, fractures, and overuse injuries
- Stroke and TIA
- Syncope
- Thyroid storm and myxedema coma
- Trauma – abdominal, extremity, penetrating, spine
- Trauma and envenomations from marine fauna
- Traumatic brain injury
- Tuberculosis
- Urinary retention
- Urinary tract infections
- Vaginal bleeding
- Vertigo and dizziness
- Wheezing and stridor
• Wounds

III. Residents will be able to understand the indications for ordering and interpretation of results from diagnostic studies, including:
  • Arterial blood gas – interpretation of oxygenation and basic acid-base status
  • Computed tomography imaging of head, chest and abdomen
  • EKG
  • General laboratory studies ordered in the Emergency Department
  • Radiographs of chest, abdomen, and extremities
  • Ultrasound of abdomen, pelvis

Practice-Based Learning and Improvement
I. Residents should be able to access current clinical practice guidelines from journals and online sources to apply evidence-based strategies to patient care.
II. Residents should learn to coordinate care by involving the patient’s primary care doctor and hospital consultants to optimize patient care.
III. Residents should effectively transition patients within the system to the inpatient team, oncoming Emergency Department staff, or home.
IV. Residents should respond with positive changes to constructive feedback from members of the health care team.

Interpersonal and Communication Skills
I. Residents must demonstrate interpersonal verbal and written (electronic) communication skills that facilitate the timely and effective exchange of information and collaboration with patients, their families, and other health professionals.
II. All residents need to ensure patients and their families understand discharge and follow up instructions.

Professionalism
I. Residents must demonstrate a commitment to carrying out professional responsibilities.
II. Residents should be able to counsel patients and families in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.
III. Residents should be able to use time efficiently in the ED to see patients and chart information.

Systems-Based Practice
I. Residents must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.
II. Residents will begin to learn alternative care strategies and the costs and risks involved and be introduced to current quality issues in Emergency Medicine.

Teaching
I. Supervised patient care in the Emergency Department:
   • Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
   • As residents become more proficient, they will interact independently with
patients and present cases to faculty.

- Initial emphasis will be on diagnosis and basic management.
- When residents have mastered these skills, focus will be on medical decision-making, and residents will work with supervising physicians to finalize a care plan.

II. Conferences
- Daily noon conference

III. Independent study will be the primary source of didactic material (20 hours per week)
- A reading list will be provided at the start of the Emergency Department rotation with the expectation that it will be completed by the conclusion of the rotation.
- Journal and Textbook reading: primary sources should be the following:
  - Tintinalli’s *Emergency Medicine, A Comprehensive Study Guide*
  - Roberts and Hedges’s *Clinical Procedures in Emergency Medicine*
- Online educational resources
  - Up to Date
  - Clinical Key

Evaluation
I. Case and procedure logs
II. Mini-CEX
III. Verbal mid-rotation individual feedback
IV. Attending written evaluation of resident at the end of the month based on observations and chart review

Rotation Structure
I. Residents should contact Emergency Department Education Director or the Emergency Department Manager 1-3 days prior to the rotation start date to determine start time and location.
II. Residents will spend their time in the Emergency Department, doing a variety of different shifts, with the purpose of providing a broad range of experience to achieve the above educational goals.
  - Residents are the primary care providers and have first-contact responsibility for a sufficient number of unselected patients presenting to the Emergency Department. Residents will be involved in discussion of patient presentation, generation of a differential diagnosis, development of a treatment plan, and patient follow up. In addition, residents will be involved in surgical procedures as is appropriate.
III. Case-based learning is most effective. Nightly reading/study should be based on patients seen during the day.
IV. Residents may be asked to do focused literature searches or presentations during the course of the rotation.
V. Call and weekend responsibilities TBD by Dr. Moll.
  - Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
IV. Residents have noon conferences and should be excused in a timely fashion to attend.
General Surgery

Educational Goals & Objectives

Surgeons provide continuing care for patients with a myriad of surgical and psychosocial problems. During many patient encounters, the focus is on the diagnosis and treatment of illness. Not infrequently, this endeavor involves consultation with a variety of specialties and review of the risks and benefits of surgical intervention. As such, it is important for residents to be exposed to common surgical disease processes as well as recognize the unusual disease or common disease presenting in an unusual fashion. The General Surgery rotation will provide the first year orthopedic residents with an opportunity to learn normal and abnormal anatomy, gain basic procedural skills, and facilitate an understanding of commonly encountered issues in pre-and postoperative care. The goal of the rotation is to help the resident understand and be able to educate their patients on the evaluation and treatment of surgical disease by caring for patients preoperatively, intraoperatively, and postoperatively.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

I. All residents must be able to provide compassionate, culturally-sensitive, and appropriate care for patients in the course of evaluating and treating surgical disease.
   ● Residents should seek directed and appropriate medical consultation when necessary to further patient care.

II. Residents will demonstrate the ability to take a pertinent history and perform a focused physical exam. R1s should be able to differentiate between stable and unstable patients and elicit the following historical details:
   ● Cardiovascular risk factors
   ● Functional status
   ● Nutritional status
   ● Prior surgeries
   ● Pulmonary risk factors

   Residents should begin to recognize the contribution of comorbidities and medications to a patient’s operative risk and risk for postoperative complications.

III. Residents should be able to characterize the following physical findings:
   ● Abdominal distention
   ● Acute abdomen
   ● Anatomic landmarks for procedures
   ● Signs of arterial insufficiency
   ● Ulcers (arterial, decubitus, venous stasis, and neuropathic)
   ● Volume status

IV. Residents will understand the indications, contraindications, complications,
limitations, and interpretation of following procedures, and become familiar with the safe and effective use of procedures they are able to perform on rotation, which may include:

- Arterial line placement
- Central venous catheter placement
- Drain removal
- Dressings/wound management
- Excisional and punch biopsies
- Incision and drainage of superficial abscesses
- Local anesthetic administration
- Nasogastric lavage
- Suturing, wound debridement
- Bladder aspiration, conscious sedation
- Nail surgery
- Needle aspiration and biopsy
- Fast exam
- Venous cutdown

V. Residents should seek directed and appropriate medical consultation when necessary to further patient care.

Medical Knowledge

I. Residents will develop an understanding of basic anatomy and pathophysiology as it pertains to the presentation of surgical disease. Residents should also have knowledge of the following issues as they pertain to surgical care:

- Blood groups and principles of transfusion
- Coagulation cascade, disorders of coagulation, and the effects of various medications on bleeding
- Principles of fluid and electrolyte management

II. Residents should understand the natural history of surgical disease and the expected outcome if a condition is observed, treated medically, or treated surgically. Residents will develop an approach to the following conditions commonly cared for by general surgeons in inpatient and outpatient settings:

- Abscesses and cysts
- Appendicitis
- Bariatric and metabolic disorders that have surgical approaches
- Biliary colic, cholecystitis, cholangitis
- Bowel obstructions
- Breast benign and malignant disorders
- Burns
- Colon inflammation
- Colon cancer
- Esophageal motility, reflux, and neoplastic conditions
- Foreign body removal
- Gallstones
- Gastric disorders including ulcers, perforation, and tumors
- Hemorrhoids
Liver diseases including portal hypertension, neoplasms, and biliary obstruction
Pancreatic inflammatory, neoplastic, and cystic disorders
Skin disorders: infections, tumors, ulcers
Small Bowel inflammatory and neoplastic conditions
Splenic dysfunctions that require surgical approaches
Thyroid and other endocrine disorders including tumors, hyper and hypofunction
Wounds: avulsion, bite, crush, laceration, penetrating, shear injury
Ulcers: arterial, decubitus, venous stasis, and neuropathic
Vascular disorders: venous and arterial

III. Residents will become comfortable with conditions requiring urgent identification and treatment, including:
- Acute abdomen
- Bowel obstruction
- Cardiopulmonary arrest
- Compartment syndrome
- Hemorrhage
- Mesenteric ischemia
- Necrotizing fasciitis
- Pulseless extremity
- Trauma: penetrating and blunt

IV. Residents will understand the indications for ordering, appropriate use, and interpretation of laboratory and imaging studies
- To triage patients with acute illness
- To further evaluate surgical patients, particularly when the diagnosis is unclear
- To prepare for surgery
- In the context of patient comorbidities and pretest probability of disease

V. Residents will become proficient in postoperative care, including appropriate use and duration of perioperative antibiotics, drain and suture removal, dressing changes, and indications for and duration of deep venous thrombosis prophylaxis.

Residents will become familiar with management of the following postoperative conditions:
- Atelectasis
- Deep venous thrombosis
- Fat embolus
- Fever
- Hemorrhage
- Ileus
- Malnutrition
- Oliguria
- Pneumonia
- Pulmonary embolus
- Respiratory insufficiency
• Shock
• Superficial and deep thrombophlebitis
• Transfusion reaction
• Uncontrolled pain
• Urinary retention
• Volume overload
• Wound dehiscence
• Wound infection

VI. All residents will spend some time in the operating room. Residents will become familiar with:
• Pre-procedure patient preparation e.g. NPO, preparation for colonoscopy, medication management, etc.
• Sterile technique and preparation and draping of the operative patient
• Induction of anesthesia
• Management of conscious sedation
• Knowledge of basic anatomy
• Classification of wounds
• Estimation of blood loss
• Fluid and electrolyte replacement
• Function of and types of instruments, drains and dressings
• Wound closure
• Use of electrocautery
• Use of minimally invasive and endoscopic techniques
• Indications and uses of stapling devices

VI. Residents should become fluent in social issues relevant to undergoing surgery, including understanding the concepts of informed consent and power of attorney, counseling about advanced directives and end of life issues, and organ donation.

Practice-Based Learning and Improvement
I. All residents should be able to access current national guidelines (e.g. Agency for Healthcare Research and Quality http://guideline.gov/) to apply evidence-based strategies to patient care.
II. All residents should participate in case-based therapeutic decision-making, involving the primary care provider, surgeon and, where appropriate, other specialists.
III. Residents should learn to coordinate patient care as part of a larger team, including the nurse, pharmacist, dietician, physical therapist, and social worker to optimize patient care.
IV. All residents should respond with positive changes to constructive feedback from members of the health care team.

Interpersonal and Communication Skills
I. Residents must demonstrate organized and articulate written (electronic) and verbal
communication skills that build rapport with patients and families, convey information to other health care professionals, and provide timely documentation in the chart.

II. Residents should supervise and ensure seamless transitions of care between the surgical team and the primary care team and between inpatient and outpatient care.

III. Residents must communicate with the microbiology staff, lab staff, and pathologist to obtain results in a timely fashion and to facilitate their interpretation.

IV. Residents should understand and comply with HIPPA with respect to use of health information.

V. Residents must learn to appreciate the impact of surgery on a patient’s quality of life, help patients and their families make decisions for or against surgical intervention, and learn the essential elements of informed consent.

Professionalism

I. Residents must demonstrate a commitment to carrying out professional responsibilities.

II. Residents should be able to educate patients in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.

Systems-Based Practice

I. Residents must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.

II. Residents should participate in ongoing surgical initiatives to improve quality while they are on service.

III. Residents should become aware of alternative therapies and their costs, risks, and benefits.

Teaching Methods

I. Supervised patient care in the inpatient and outpatient setting and in the operating room.

   ● Residents will initially be directly observed with patients to facilitate the acquisition of excellent history taking and physical exam skills.

   ● As residents become more proficient, they will interact independently with patients and present cases to faculty.

      ○ Initial emphasis will be on diagnosis and basic management.

      ○ When residents have mastered these skills, focus will be on medical decision-making and technical skills, and residents will work with supervising physicians to finalize a care plan.

II. Conferences

   ● Journal club

   ● Daily noon conference

   ● Grand Rounds (monthly)

   ● M&M conference (weekly)
III. Independent study
   ● Journal and Textbook reading
     ○ Sabiston
     ○ Schwartz
     ○ Greenfield
     ○ American Journal of Surgery
     ○ Journal of the American College of Surgeons
   ● Electronic resources
     ○ Howard University Health Sciences Library
       http://libguides.hsl.howard.edu/gensurgery - see Practice Guidelines
     ○ American College of Surgeons http://www.facs.org/ - see Links of Interest, Other Surgical Websites of Interest
     ○ Clinical Key
     ○ MD Consult
     ○ Up to Date
     ○ SCORE (American Board of Surgery)

Evaluation
   I. Verbal mid-rotation individual feedback
   II. 360 Evaluation
   III. Attending written evaluation of resident at the end of the month based on rotation observations and chart review.

Rotation Structure
   I. Residents should contact the surgery attending the day prior to determine start time and location.
   II. Residents should divide their time between the hospital, the operating room, and the clinic as appropriate to achieve the above educational goals.
      ● Rotations are a “hands-on” learning experience. Residents will be involved in discussion of patient presentation, differential diagnosis, decision for or against surgical intervention, and patient follow up. In addition, residents will be involved in surgical procedures as is appropriate.
      ● If the same patient returns during the rotation, particularly pre- and postoperatively, send the resident in to see the follow-up.
      ● Case-based learning is most effective. Nightly reading/study should be based on cases reviewed during the day.
      ● Residents may be asked to do focused literature searches or presentations during the course of the rotation.
      ● When doing consults, ensure the resident understands the question asked and provides a concise answer.
   III. Call and weekend responsibilities TBD by the attending physician.
      ● Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
   IV. Residents have noon conferences and should be excused in a timely fashion to attend.
Hospital Medicine

Educational Goals & Objectives

The Hospital Medicine rotation will provide our first year orthopedic residents with an opportunity to evaluate and manage patients with common acute medical conditions. Training will focus not only on clinical care issues, but also on coordinating patient care with non-physician providers, subspecialists, and allied health professionals; on transitions of patient care; and on the spectrum of leadership, cost, quality and performance activities within the purview of Hospital Medicine.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

I. All residents must be able to provide compassionate, culturally-sensitive direct care for acutely ill patients.

II. Residents will demonstrate the ability to take a symptom-driven history and perform a focused physical exam. Residents should be able to differentiate ill from stable patients and appreciate abnormal physical findings, particularly abnormal heart and lung sounds, focal neurologic abnormalities, and rashes.

III. Residents will understand the indications, contraindications, complications, limitations, and interpretation of following procedures, and become competent in the their safe and effective use:
- Arterial blood gas
- Central line placement
- Thoracentesis
- Paracentesis
- Lumbar puncture

In addition, residents will demonstrate knowledge of and be able to counsel patients and/or families regarding the indications and contraindications for the following procedures:
- Acute hemodialysis
- Mechanical ventilation
- PEG placement
- Transfusion

Medical Knowledge

I. Residents will develop an understanding of the pathophysiology and approach to common complaints in hospitalized patients, such as:
- Acute abdominal pain
- Altered mental status
- Chest pain
- Cough and Dyspnea
Residents will be introduced to an initial evidence-based management approach for hospitalized patients with the following conditions:

- Acute renal failure
- Asthma exacerbation
- Cellulitis
- CHF
- Common arrhythmias
- COPD exacerbation
- Diabetes management
- Deep venous thrombosis and pulmonary embolus
- NSTEMI
- Pancreatitis
- Perioperative care
- Pneumonia, community-acquired and health-care associated
- Seizure
- Stroke

II. Residents will become familiar with the following issues pertaining to hospital care:
- ACLS protocols
- Enteral and parenteral nutrition and PEG tube placement
- National guidelines for prevention of catheter-associated blood stream infections, deep venous thrombosis, and stress ulcer prophylaxis
- Palliative care and hospice services

III. Residents will be able to understand the indications for ordering and interpretation of results from laboratory and diagnostic studies, including:
- Serologies and chemistries
- Arterial blood gas
- Analysis of sputum
- Chest and abdominal radiographs
- Echocardiogram
- EKGs and continuous EKG tracings
- NT-pro-BNP
- Computed tomography imaging of head, chest and abdomen

Practice-Based Learning and Improvement
I. Residents should be able to access current clinical practice guidelines from the Society of Hospital Medicine, journals, and other sources to apply evidence-based strategies to patient care.

II. Residents should learn to function as part of a team, including the hospitalist, nurse, pharmacist, and dietician, and social worker to optimize patient care.

III. All residents should respond with positive changes to constructive feedback from members of the health care team.

Interpersonal and Communication Skills

I. Residents must demonstrate written (electronic) and verbal communication skills that facilitate the timely and effective exchange of information within the system.

II. Residents will develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.

III. Residents will begin to counsel patients and families both on diagnostic and treatment decisions and on withdrawal of care.

Professionalism

I. All residents must demonstrate a commitment to carrying out professional responsibilities.

II. Residents should be able to educate patients in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.

Systems-Based Practice

I. Residents must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.

II. Residents will learn to discuss alternative care strategies and the cost and risks involved and articulate current quality issues in Hospital Medicine.

Teaching Methods

I. Supervised patient care in the hospital
   ● Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
   ● As residents become more proficient, they will interact independently with patients and present cases to faculty with initial emphasis on diagnosis and basic management. As residents progress in their skill set, focus will shift to medical decision-making, and residents will work with supervising physicians to finalize a care plan.

II. Conferences
   ● Daily noon conference
   ● Journal club

III. Independent study
   ● Journal and Textbook reading
     ● *Hospital Medicine* (Lippincott Williams & Wilkins, 2005)
     ● *MKSAP*
● Additional reading as recommended by the Hospitalist team
● Online educational resources
  ● Up To Date
  ● Clinical Key

Evaluation
I. Procedure logs
II. Mini-CEX
III. Bedside procedural skills evaluation
IV. Discharge summary evaluation
V. 360 evaluation
VI. Verbal mid-rotation individual feedback
VII. Attending written evaluation of resident at the end of the month based on rotation observations and chart review

Rotation Structure
I. Residents should contact the lead hospitalist the day prior to determine start time and location.
II. Residents should spend the majority of their time admitting, rounding or consulting on patients in the hospital, with the exception of required conferences or patient-related time elsewhere in the hospital.
  ● Rotations are a “hands-on” learning experience. If you have a resident, send them to see a patient. Try to let them do a majority of the procedures.
  ● Case-based learning is very effective. Give your resident patient-based questions to research and report back to you.
  ● Consider having your resident do a short presentation to the group on a pertinent topic.
  ● When doing consults, ensure the resident understands the question asked and provides a concise answer.
III. Call and weekend responsibilities TBD by the hospitalist
  ● Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
IV. Residents have noon conferences and should be excused in a timely fashion to attend.

Radiology

Educational Goals & Objectives

Orthopedic physicians provide care for patients with a myriad of musculoskeletal problems. The evaluation and treatment of patients frequently involves the use of imaging or interventional radiology procedures. As such, it is important for residents to gain experience in the proper ordering and interpretation of imaging and procedural studies. The Radiology rotation will
provide the first year orthopedic resident with an opportunity to learn normal and abnormal anatomy, recognize radiographic findings of common diseases, understand the indications for commonly ordered imaging studies, and learn the appropriate use of interventional procedures. The goal of the rotation is to help the resident become competent in the cost-effective use of imaging and interventional radiology in the evaluation and treatment of disease.

Faculty will facilitate learning in the 6 core competencies as follows:

**Patient Care and Procedural Skills**

I. All residents must be able to provide compassionate, culturally-sensitive, and appropriate care for patients in the course of evaluating and treating disease.

II. Residents will develop a fundamental knowledge of the components of a history and physical exam, which constitute a viable, billable indication, which will become increasingly important in professional practice in the face of the ever-changing ICD system.

III. Residents should be able to understand the role of imaging-guidance to facilitate common radiological procedures.

IV. Residents should become familiar with the indications, contraindications, complications, limitations, alternatives and interpretation of following studies:
   - X-rays – chest, abdomen, pelvis/hip, spine, joints, and extremities
   - CT – chest, abdomen, pelvis
   - Ultrasound – abdomen, joints, vascular
   - CT –extremities, CT angiography, spine
   - MR – spine, extremities, abdomen, pelvis, MRCP, MR angiography.
   - Interventional Radiology – angiography and vascular intervention

Residents will become familiar with the following radiologically-guided procedures (and may take part as is appropriate given level of training and experience):
   - Lumbar puncture with fluoroscopic guidance
   - Ultrasound guided paracentesis and thoracentesis
   - Use of ultrasound for central line placement
   - CT and ultrasound guided biopsies and drainages

**Medical Knowledge**

I. Residents will develop an understanding of the appropriate use of diagnostic imaging for patients with the following presenting conditions:
   - Acute abdomen
   - Back or neck pain with and without neurologic findings
   - Chest pain with suspicion of aortic dissection
   - Hematuria and flank pain
   - History of an isolated pulmonary or adrenal nodule
   - Joint pain
● Neurologic symptoms, including headache, focal sensory or motor findings, mental status changes, paresthesias, seizures, and symptoms of cord compression
● Pulsatile and non-pulsatile abdominal masses
● Suspected pulmonary embolism
● Swollen leg or arm
● Trauma

Practice-Based Learning and Improvement

I. Residents should be able to use PACS to access radiology studies.
II. Residents should be able to access current national guidelines (e.g. Agency for Healthcare Research and Quality [http://www.guidelines.gov/](http://www.guidelines.gov)) to apply evidence-based strategies to the appropriate use of radiologic studies and procedures.
III. Residents should participate in case-based decision-making, involving the primary care provider, radiologist and other specialists where appropriate.
IV. Residents should learn to coordinate patient care as part of a larger team, involving nurses, technicians, and other health professionals to optimize patient care.
V. All residents should respond with positive changes to constructive feedback from members of the health care team.

Interpersonal and Communication Skills

I. All residents must demonstrate organized and articulate written (electronic) and verbal communication skills that build rapport with patients and families, convey information to other health care professionals, and provide timely documentation in the chart.
II. Residents should understand and comply with HIPPA with respect to use of health information.

Professionalism

I. All residents must demonstrate a commitment to carrying out professional responsibilities.
II. Residents should be able to educate patients in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.
III. Residents will learn to counsel patients and families on diagnostic and treatment decisions involving imaging studies and procedures.

Systems-Based Practice

I. Residents must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.
II. Residents will become familiar with alternatives in discussing interventional procedures and their costs, risks, and benefits.

Teaching Methods
I. Supervised reading of imaging studies and supervised performance of interventional procedures in the Department of Radiology or outpatient facility.
   ● Initial emphasis will be on identifying key diagnostic findings in commonly ordered imaging studies
   ● When residents have mastered these skills, focus will be on medical decision-making and procedural skill

II. Conferences
   ● Daily noon conference
   ● Journal club
   ● Tumor board

III. Independent study
   ● Journal and Textbook reading TBD by radiology attending
   ● Online educational resources
     o Agency for Healthcare Research and Quality
       http://www.guidelines.gov/
     o Lieberman’s eRadiology Learning Sites
       http://eradiology.bidmc.harvard.edu/
     o Atlas of Radiological Images
       http://www.meddean.luc.edu/lumen/meded/Radio/curriculum/Harrisons_f.htm
     o Up to Date
     o Clinical Key

Evaluation
   I. Verbal mid-rotation individual feedback
   II. Attending written evaluation of resident at the end of the month based on rotation observations and chart review.

Rotation Structure
   I. Residents should contact the radiologist attending 1-3 days prior to the rotation start date to determine start time and location.
      ● In general, the hours of the rotation are 0800-1500 Monday through Friday.
   II. Residents may be working with several radiologists during the rotation. All of the radiologists are expected to be involved in resident teaching.
   III. Residents will be dividing their time between the reading room, case review, and procedure suites as appropriate. Residents may be rotating through the CMH outpatient office, the Nuclear Medicine Department, and the Department of Radiology.
      ● Rotations are expected to be a “hands-on” experience. Residents will be involved in discussion of study appropriateness, image interpretation, and creation of a differential diagnosis. In addition, residents will be involved in radiological procedures as is appropriate.
      ● Case-based learning is most effective. Nightly reading/study should be based on cases reviewed during the day.
Residents may be asked to do focused literature searches or presentations during the course of the rotation.

Residents may be asked to communicate with patients, family members, primary care providers, and consulting providers as is appropriate. Discretion and decorum is always paramount.

IV. Any call and weekend responsibilities TBD by the attending physician.

- Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.

V. Residents have noon conferences and should be excused in a timely fashion to attend.
Vascular Surgery

Educational Goals & Objectives

The Vascular Surgery rotation will provide the resident with an understanding of vascular anatomy and physiology as well as the opportunity to diagnose and manage conditions affecting much of the body’s circulatory system. Our first year orthopedic residents will have the opportunity to evaluate and manage patients with both common and complex vascular disorders in both inpatient and outpatient settings. The goal is to familiarize them with basic mechanisms, clinical manifestations, diagnostic strategies and management of vascular disease as well as disease prevalence and prevention. Depth of exposure should be such that they can develop competency in the prevention of vascular disease, knowledge of indications for procedures, management of common disease, including basic surgical techniques; management of the acutely ill patient, and appropriate indications for referral.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

I. All residents must be able to provide compassionate, culturally-sensitive care for patients to prevent and treat vascular disease.
   ● Residents should seek directed and appropriate medical or subspecialty surgical consultation when necessary to further patient care.

II. Residents will demonstrate the ability to take a pertinent history and perform a focused physical exam. Residents should be able to differentiate between stable and unstable symptoms and elicit the following historical details:
   ● risk factors for the development of vascular disease
   ● Factors that increase perioperative risk, including age, comorbidities, immune status, metabolic disorders, pregnancy, and substance abuse
   ● Personal and family history of vascular disease, bleeding disorders, or anesthetic reaction
   ● Symptoms associated with vascular disease and their duration
   ● Complete medication history, including antiplatelet agents and anticoagulants

III. Residents should be able to recognize and characterize the following physical findings:
   ● Assessment of peripheral pulses
   ● Asymmetry of blood pressures
   ● Cardiac murmurs
   ● Jugular venous distention
   ● Lower extremity edema
   ● Signs of shock
   ● Signs of wound infection
   ● Vascular bruit
IV. Residents will understand the indications for and complications of the following procedures, and become competent in their safe and effective use:

- ACLS
- Arterial and central line placement and invasive hemodynamic monitoring
- Basic vascular dissection and anastomosis
- Diabetic foot drainage and debridement
- Dialysis access creation

In addition, residents will demonstrate knowledge of the indications, contraindications, and appropriate timing for the following procedures, and be able to counsel patients and families on their role in the treatment of vascular disease:

- Endovascular interventions, including balloon angioplasty, stents, and coils
- Surgical bypass

Medical Knowledge

I. Residents will develop an understanding of the basic pathophysiology and approach to the following vascular conditions:

- Abdominal aortic aneurysm
- Amaurosis fugax
- Arterial insufficiency of the lower extremity (claudication, rest pain, ischemic tissue loss)
- Diabetic foot, including Charcot joint, neuropathy, infection, ischemia and ulcer
- Lymphedema
- Mesenteric ischemia
- Peripheral aneurysms
- Renal artery disease
- Reynaud’s phenomenon
- Transient ischemic attack and stroke
- Vasospastic disease of the upper extremity and hand ischemia
- Venous disease, acute and chronic

II. Residents will also gain an understanding of the following issues related to the identification and treatment of vascular disease:

- Screening for asymptomatic disease
- Evidence-based algorithm for electing medical versus surgical therapy
- Timing and appropriate use of surgical intervention to treat lower extremity arterial disease
- Dialysis access creation and management
- Preoperative evaluation and assessment of risk
- Vascular anatomy

III. Residents will be able to evaluate patients and perform initial management for acute vascular conditions, including:

- Acute aortic dissection
- Acute aortic rupture
- Compartment syndrome
- Deep venous thrombosis
- Pulseless extremity
- Shock
- Trauma to major blood vessels

IV. Residents will become familiar with operating room procedures, including
   - Basic patient positioning
   - Induction of anesthesia
   - Preparing and draping the operative field
   - Sterile technique
   - Basic surgical technique, including wound closure with sutures or staples
   - Function and types of instruments, drains, dressings, and sutures
   - Estimation of blood loss

V. Residents will become competent in basic postoperative care, including:
   - Appropriate transfusion of blood products
   - Knowledge of appropriate thromboembolic prophylaxis
   - Recognition of facial dehiscence, hematoma, and wound infection
   - Recognition of transfusion reaction
   - Use of perioperative antibiotics

VI. Residents will become familiar with indications, contraindications, dosing and route for commonly used drugs in the practice of vascular surgery, including:
   - Analgesics
   - Anticoagulants
   - Antiinflammatory agents
   - Antiplatelet agents
   - Cardiac medications
   - Diuretics
   - Laxatives
   - Local anesthetics
   - Narcotics
   - Thrombolytics

VII. Residents will be able to understand the indications, limitations, and interpretation of the following laboratory values and procedures:
   - Ankle-brachial index and toe-brachial index
   - Carotid angiography
   - CBC
   - Chemistries, including BNP, CK, Creatinine and GFR, and Troponin
   - D-dimers
   - ECG
   - Hand-held Doppler and Duplex scanning
   - Imaging with CT, MRI, radiographs, and vascular ultrasound
   - Peripheral vascular angiography

VIII. Residents should become fluent in health maintenance concerns relevant to vascular
disease and be able to counsel patients appropriately on:
- Nutrition
- Cholesterol screening
- Blood pressure screening
- Smoking cessation
- Exercise prescription
- Proper foot care

Practice-Based Learning and Improvement
I. All residents should be able to access current clinical practice guidelines (e.g. Society for Vascular Surgery [www.vascularweb.org](http://www.vascularweb.org)) to apply evidence-based strategies to patient care.

II. Residents should develop skills in evaluating new studies in published literature, through Journal Club and independent study.

III. Residents should develop leadership skills to become adept at coordinating patient-centered care as part of a larger team, including the vascular surgeon, nurse, operating room team, vascular lab technicians, and primary care provider.

IV. All residents should respond with positive changes to feedback from members of the health care team.

Interpersonal and Communication Skills
I. Residents must demonstrate organized and articulate written (electronic) and verbal communication skills that build rapport with patients and families, convey information to other health care professionals, and provide timely documentation in the chart.

II. Residents must also develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.

III. Residents should be attuned to end of life issues in patients with advanced age and/or multiple comorbidities.

IV. Residents should ensure seamless transitions of care between primary and consulting teams and between inpatient and outpatient care.

V. Residents should be able to counsel patients and families both on diagnostic and treatment decisions and on withdrawal of care.

Professionalism
I. All residents must demonstrate a commitment to carrying out professional responsibilities.

II. Residents should be able to communicate with patients in a manner respectful of gender, cultural, religious, economic, and educational differences.

III. Residents should be able to use time efficiently in the clinic to see patients and chart information.

Systems-Based Practice
I. Residents must be able to articulate alternative care strategies and the cost and risks involved.
II. Residents should be aware of current issues in the field of vascular medicine, such as the discourse on use of endovascular techniques.
III. Residents must demonstrate an awareness of and responsiveness to established quality measures, risk management strategies, and cost of care within our system.

Teaching Methods
I. Supervised patient care in the inpatient and outpatient setting and in the operating room.
   ● Residents will initially be directly observed with patients to facilitate the acquisition of excellent history taking and physical exam skills.
   ● As residents become more proficient, they will interact independently with patients and present cases to faculty.
     ○ Initial emphasis will be on diagnosis and basic management.
     ○ When residents have mastered these skills, focus will be on medical decision-making and technical skills, and residents will work with supervising physicians to finalize a care plan.
   ● All residents will spend supervised time in the operating room, with increasing responsibility as appropriate to their skill level

II. Conferences
   ● Daily noon conference
   ● Journal club

III. Independent study
   ● Journal and Textbook reading TBD by vascular surgery attending
   ● Online educational resources
     ○ Up to Date
     ○ Clinical Key

Evaluation
I. Mini-CEX
II. Bedside procedural skills evaluation
III. Mid-rotation individual feedback session
IV. Attending written evaluation of resident at the end of the month based on rotation observations and chart review.

Rotation Structure
I. Residents should contact the attending vascular surgeon the day prior to determine start time and location.
II. Residents should divide their time between the hospital, the operating room, and the clinic as appropriate to achieve the above educational goals.
   ● Residents on hospital vascular surgery rotations will have rounding responsibilities each day as specified by the attending physician. Residents on the
inpatient vascular service will perform postoperative checks on the day of surgery for all patients undergoing surgery. Residents will be involved in surgical procedures as appropriate to their level of training.

● Residents in clinic will have scheduled patients and be involved in discussion of patient presentation, differential diagnosis, decision for or against surgical intervention, and patient follow up.

● When possible, residents should follow their patients from preoperative clinic through surgery and subsequently for postoperative care.

● Case-based learning is most effective. Nightly reading/study should be based on cases reviewed during the day.

● Residents may be asked to do focused literature searches or presentations during the course of the rotation.

● When doing consults at the request of colleagues, residents should clarify the question being asked and provide a concise answer.

III. Call and weekend responsibilities TBD by the attending physician.

● Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.

II. Residents have noon conferences and should be excused in a timely fashion to attend.
Orthopaedic Trauma

Description

The orthopaedic trauma rotation is designed to expose residents to the intricacies of the patient with one or more musculoskeletal injuries. The trauma service is primarily located at VCMC, and residents spend 3 months per year there in their PGY2, PGY3, PGY4, and PGY5 years.

Resident Role and Expectations

Residents on trauma service function as important members of the orthopaedic trauma team and work in collaboration with a multidisciplinary trauma surgery team and other medical specialties. Typically PGY2 and PGY3 residents will be focused on the inpatient and outpatient workup of trauma patients and assist in the operating room. PGY4 and PGY5 residents will function progressively more independently in the clinic and operating room, but under attending supervision. Through guided progress, the residents are expected to develop and improve upon their knowledge and skills in the 6 core competencies.

I. PGY2 - The trauma experience for the PGY2 resident will focus on developing skills and knowledge for management of the trauma patient pre- and postoperatively, along with developing acumen in evaluating and consulting on the orthopaedic trauma patient. In the outpatient setting, the PGY2 is expected to develop the ability to formulate evidence-based treatment plans with attending guidance and gain experience in the nonoperative management of certain fractures. The PGY2 operating room experience will focus on OR setup, learning approaches, performing closures, application of wound vats, drains, and dressings; and the application of AO principles for fracture fixation.

II. PGY3 - The PGY3 is expected to further hone their skill and efficiency in the evaluation and treatment of the orthopaedic trauma patient. Through guided progress, the resident will gain autonomy in establishing their treatment plans for patients and implementing them with attending approval and supervision. In the operating room, PGY3 residents will progress with fracture management skills with increased autonomy in procedures, such as intramedullary fracture fixation or external fixator application.

III. PGY4 - The PGY4 is transitioning toward independence and autonomy in the clinical and surgical setting, and they are expected to help guide junior residents through the development and implementation of treatment plans. PGY4 residents should be able to formulate appropriate, evidence-based treatment plans for simple and isolated fractures and develop treatment strategies for the polytrauma patient. In the operating room, the PGY4 will be progressing toward performing crucial parts of fracture cases with minimal guidance.
IV. PGY5 - The PGY5 is preparing for transition to independent practice and should perform near that level. They are expected to be able to function in an autonomous fashion in clinics while still being supervised. In the operating room, the PGY5 should be able to perform common fracture surgeries, including the management of complex surgical complications and coordination of the surgical team. The PGY5 will contribute to the education of junior residents on service, providing support and feedback. Through the rotation, the PGY5 resident will develop leadership skills and practice in an independent fashion consistent with a junior attending, while under continued supervision and guidance.

Readings

Rockwood and Green’s Fractures in Adults
Charles Court-Brown et al

Handbook of Fractures
Kenneth Egol et al

OKU Trauma
Ricci & Ostrum

Contacts

Emily Benson, MD
Orthopaedic Trauma

Damayea Hargett, MD
Orthopaedic Trauma

Educational Goals and Objectives

Patient Care and Procedural Skills

I. Participate in the orthopaedic trauma service. Coordinate and collaborate with the trauma surgery service and other inpatient services. Evaluate preoperative patients. Manage ward and postoperative patients. Plan discharge and follow up. Prioritize patient and patient injury based on acuity. Manage ward emergencies. Be able to apply Advanced Trauma Life Support principles in the care of the trauma patient.

II. Become proficient in the following skills consistent with the resident’s level of training as outlined in resident role above:
A. Patient site preparation, patient positioning, aseptic draping, and sterile technique with regards to treatment of the trauma patient
B. Wound care, dressing technique, wound vac and drain management
C. Suturing technique, including multi-layer wound closure and complex wound management
D. Basic instrument skills (tools for exposure, hemostasis, retraction, tissue handling, closure)
E. Below knee amputations
F. Fasciotomy for treatment of compartment syndrome
G. Clavicle fracture ORIF
H. Humerus shaft fracture ORIF
I. Distal humerus fracture ORIF
J. Olecranon fracture ORIF
K. Both bone forearm fracture ORIF
L. Distal radius fracture ORIF
M. Femoral shaft fracture antegrade/retrograde intramedullary fixation
N. Patella fracture ORIF
O. Tibial plateau fracture ORIF
P. Tibial shaft fracture intramedullary fixation
Q. Tibial pilon fracture ORIF
R. Ankle fracture ORIF
S. Skeletal traction pin placement
T. External fixator application

Medical Knowledge

I. Know and apply basic and clinical science principles as they relate to the trauma patient. Demonstrate knowledge of surgical anatomy of the neurological, vascular, and musculoskeletal system. Demonstrate knowledge about judicious use of antibiotics in both prophylaxis for and management of infections in the orthopaedic trauma patient. Demonstrate knowledge and application of AO principles of fracture fixation. Discuss the pertinent features, functions, and safety parameters of fluoroscopic imaging equipment.

II. Develop and demonstrate knowledge of the following trauma topics consistent with resident’s level of training as outlined in resident role above:
   A. Tibial shaft fractures
   B. Femoral shaft fractures
   C. Acetabular fractures
   D. Tibial plateau fractures
   E. Pelvic ring fractures
   F. Femoral neck fractures
G. Amputations
H. Damage control orthopaedics
I. Humeral shaft fractures
J. Distal radius fractures
K. Proximal humerus fractures
L. Calcaneus fractures
M. Intertrochanteric femur fractures
N. Radius and ulna shaft fractures
O. Compartment syndrome
P. Tibial plafond fractures
Q. Subtrochanteric fractures
R. Clavicle fractures
S. Gunshot wounds

**Interpersonal and Communication Skills**

I. Create and sustain a therapeutic and ethically sound relationship with patients and families. Provide information to patients using effective nonverbal, explanatory, questioning, and writing techniques. Learn to calm patients undergoing procedures. Communicate patient information clearly to other health providers in written notes and oral presentations. Work constructively and effectively with all members of the trauma care team, including nurse clinicians, floor nurses, social workers, fellow physicians, and therapists. Apply appropriate culturally-sensitive communication skills with patients and families (i.e. effective listening, awareness of nonverbal cues, and use of open-ended questions). Counsel and educate patients and families on their treatment options, expected surgical outcomes and prognosis, and home care needs. The resident’s skill in this domain is expected to progress and develop as they advance in standing from PGY2 to PGY5, with junior residents addressing routine care issues and progressing with more difficult discussions, such as end of life or loss of limb care. The PGY5 will demonstrate leadership to the junior residents and provide feedback to help guide their development in this competency.

**Practice-Based Learning and Improvement**

I. Formulate future learning goals based on feedback gained from others; exposure to complications, medical errors, or “near misses;” personal awareness of knowledge gaps; and the experience gained on this rotation. Develop real time strategies for filling knowledge gaps that will benefit our patient population. Following an emergent consult or surgical procedure, debrief what went well and what could have been done differently. Become familiar with the educational resources available while working on the trauma
service. Demonstrate ability to form a clinical question and identify available resources to resolve questions. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors, and subordinates to improve patient care). Over time and with progression through the program, advance from studying required readings to self-guided research and exploration to, by the PGY5 year, incorporation of information and skills into a practice pattern that includes lifelong learning.

Professionalism

I. Demonstrate respect, compassion, honesty, and integrity. Reflect on biases toward particular illnesses or patient groups and take steps to assure that these biases do not interfere with patient care. Appreciate the psychosocial impact traumatic injuries can have on a patients and families. Respect patient privacy, autonomy, and need to maintain a positive self-concept, irrespective of age, gender or health belief system, and regardless of acuity of diseases. Be sensitive to the ethical and legal dilemmas faced by providers working with patients on the trauma service. Demonstrate accountability to patients and society and to the profession. Acquire skills in basic responsibilities such as timeliness, appropriate attire, and empathetic interactions with patients, and with experience, move toward maintaining professional demeanor in stressful situations and observing and acting upon ethical violations. By the PGY5 year, demonstrate leadership by contributing to education of others about organizational policies and by acting in compliance with the AAOS Standards of Professionalism.

Systems-Based Practice

I. Understand the role of a Level 2 trauma center in the management of simple and complex orthopaedic trauma problems. Practice cost-effective health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the emergency department, trauma bay, patient care areas, and operating room. Understand the responsibility of the orthopaedic trauma surgeon in managing indigent patients with traumatic injuries. Direct patients and families toward individuals within the institution that can help them access support and resources. Understand the role of health care managers and surgeon extenders in the surgical management of patients. Advocate for quality patient surgical care within the system. Understand when, how, and why to request a consult from medical and surgical specialists, and how to use the that information. Become fluent in appropriate and timely documentation. Over time, progress to understand and negotiate economic differences within health care systems. Participate in quality improvement projects. By the PGY5
year, anticipate and facilitate operating room team flow in a multi-case day and manage the documentation and order submission tasks of junior residents.
Reconstruction

Description

The joint reconstruction service is focused on the inpatient and outpatient care of the patient with degenerative disease of the hips and/or knees. The rotation takes place primarily at CMH and residents participate in this rotation in their PGY2 and PGY5 years.

Resident Role and Expectations

The resident’s primary role will be to perform major and minor operations in the capacity of assistant or primary surgeon under the supervision of the teaching attending physician. Furthermore, they will participate in the initial evaluation, perioperative care, and nonoperative management of degenerative joint disease of the hips and knees along with management of complications seen in the post-arthroplasty patient. Resident clinical and operative responsibilities are as follows:

I. PGY2 - The joints experience for the PGY2 resident will be focused on developing skills and knowledge to manage the arthritic patient pre- and postoperatively, along with developing acumen in evaluating and consulting on the orthopaedic patient with degenerative joint disease of the hips and knees. In the outpatient setting, the PGY2 is expected to develop the ability to formulate evidence-based treatment plans with attending guidance and gain experience in the nonoperative management of patients with pain and dysfunction from degeneration of their hips and knees. The PGY2 operating room experience will focus on OR setup, surgical approaches, proper retraction, multi-layer wound closure, dressing and drain application, and postoperative orders.

II. PGY5 - The PGY5 is preparing for transition to independent practice and should function near that level. They are expected to function in an autonomous fashion in clinics while still being supervised and be able to perform common and complex reconstruction surgeries with minimal intervention or guidance. This expectation includes the management of complex surgical complications and coordination of the surgical team. The PGY5 will contribute to the education of junior residents on service as well, providing support and feedback. Through the rotation, the PGY5 resident will hone leadership skills and practice autonomy consistent with a junior attending while under continued supervision and guidance.

Readings

Essentials in Total Hip Arthroplasty
Parvizi & Klatt
Educational Goals and Objectives

Patient Care and Procedural Skills

I. Identify key elements in the history and exam to evaluate patients presenting with conditions involving degeneration of the hip and knee joints. Counsel patient regarding exam findings and nonoperative management of various forms of joint degeneration. Order and interpret (with the assistance of the radiologist) the following common diagnostic imaging procedures when evaluating and managing patients with orthopaedic conditions: plain radiographs, body MRI, CT scan, radionuclide bone scans, and ultrasound.

II. Become proficient in the following skills consistent with the resident’s level of training as outlined in resident role above:
   A. Physical examination to identify typical findings of degenerative joint disease to the hips and knees
   B. Primary total knee arthroplasty
   C. Revision total knee arthroplasty
   D. Unicompartmental knee arthroplasty
   E. Total hip arthroplasty
   F. Revision hip arthroplasty
G. Periprosthetic fracture management
H. Explantation of total hip and knee arthroplasty in the setting of infection
I. Knee joint injection

Medical Knowledge

I. Understand key elements in the history and physical exam that are pertinent to effectively evaluating hip and knee pain in adult patients. Interpret advanced imaging studies commonly used to evaluate musculoskeletal conditions. Understand and demonstrate necessary operative steps to be competent in surgical approaches to the hip and knee. Develop a postoperative “checklist” to provide consistent, competent care of postoperative patients and to identify and treat of postoperative complications.

II. Anticipate necessary steps to formulate a long-term patient care plan.

III. Develop and demonstrate knowledge of the following reconstruction topics:
   A. Wear and osteolysis
   B. Prosthetic joint infection
   C. THA periprosthetic fracture
   D. TKA periprosthetic fracture
   E. THA dislocation
   F. TKA sagittal plane balancing
   G. THA revision
   H. TKA revision
   I. Unicompartmental knee replacement
   J. THA stability techniques
   K. Primary TKA
   L. Primary THA
   M. Postoperative VTE prophylaxis

Interpersonal and Communication Skills

I. Develop interpersonal skills necessary to communicate effectively with patients, families, nursing staff, mid-level healthcare providers, ancillary staff, medical students, fellow residents, and attending staff. Create an atmosphere of collegiality and mutual respect with all providers involved in patient care. Talk to family members about sensitive issues that relate to a patient's illness, e.g. coping with the patient's altered needs in his/her home setting. Demonstrate skills to counsel patients regarding arthroplasty and the risks and benefits. Write an effective and timely consultation note that summarizes the findings and recommendations of the orthopaedist and clarifies the continued role and responsibility of the consultant. Maintain comprehensive, timely and legible medical records. Progress in the ability to educate and counsel patients from the PGY2 to PGY5 year from addressing routine care issues to discussing such complex and difficult issues as loss of limb,
diagnosis of prosthetic joint infection, and the need for staged procedures. By PGY5 year, demonstrate leadership and act as a role model to junior residents and provide feedback to help guide their development in this competency.

Practice-Based Learning and Improvement

I. Formulate future learning goals based on feedback gained from others; exposure to complications, medical errors, or “near misses;” personal awareness of knowledge gaps; and the experience gained on this rotation. Develop real time strategies for filling knowledge gaps that will benefit our patient population. Following an emergent consult or surgical procedure, debrief what went well and what could have been improved. Become familiar with the educational resources available while working on the reconstruction service. Demonstrate ability to form a clinical question and identify available resources to resolve questions. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care). Over time and with progression through the program, advance from studying required readings to self-guided research and exploration to, by the PGY5 year, incorporation of information and skills into a practice pattern that includes lifelong learning.

Professionalism

I. Demonstrate respect, compassion, honesty, and integrity. Maintain a commitment to ethical principles, including protecting the confidentiality of patient information and providing patients with informed consent. Demonstrate responsiveness to the needs of patients and society which supersedes self-interest. Demonstrate accountability to patients and society and to the profession. Respect patient privacy, autonomy, and need to maintain a positive self-concept, irrespective of age, gender, or health belief system, and regardless of acuity of diseases. Demonstrate sensitivity to the ethical and legal dilemmas faced by providers working with patients with orthopaedic problems and strive to understand how the orthopedist and care team deal with these dilemmas. Promptly recognize and acknowledge complications that arise. Maintain adequate documentation and timely completion of medical records. Acquire skills in basic responsibilities such as timeliness, appropriate attire, and empathetic interactions with patients, and with experience, move toward maintaining professional demeanor in stressful situations and observing and acting upon ethical violations. By the PGY5 year, demonstrate leadership by contributing to education of others about organizational policies and by acting in compliance with the AAOS Standards of Professionalism.
**Systems-Based Practice**

I. Understand the role of inpatient and outpatient surgical care for the reconstruction orthopaedic patient. Practice cost-effective health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the emergency department, patient care areas, and operating room. Direct patients and families toward individuals within the institution that can help them access support and resources. Understand the role of health care managers and surgeon extenders in the surgical management of patients. Advocate for quality patient surgical care within the system. Understand when, how, and why to request a consult from medical and surgical specialists, and how to use the that information. Become fluent in appropriate and timely documentation. Over time, progress to understand and negotiate economic differences within health care systems. Participate in quality improvement projects. By the PGY5 year, anticipate and facilitate operating room team flow in a multi-case day and manage the documentation and order submission tasks of junior residents.
Sports Orthopaedics

Description

The sports medicine rotation is designed to expose patients to the clinical evaluation and surgical care of the sports patient from adolescence into adulthood. The rotation takes place primarily at CMH and residents participate in this rotation in their PGY2 and PGY5 years.

Resident Role and Expectations

The resident’s primary role will be to perform major and minor operations in the capacity of assistant or primary surgeon under supervision of teaching attending faculty. Furthermore, they will participate in the initial evaluation, perioperative care and nonoperative management of orthopaedic sports injuries and diseases, including those of the shoulder, elbow, hip, knee, and ankle. Resident clinical and operative responsibilities are as follows:

I. PGY2 - The sports experience for the PGY2 resident will be focused on developing skills and knowledge to manage the athletic patient pre- and postoperatively, along with developing acumen in evaluating and consulting on the orthopaedic patient with common shoulder, elbow, hip and knee complaints. In the outpatient setting, the PGY2 is expected to formulate evidence-based treatment plans with attending guidance and gain experience in the nonoperative management of certain orthopaedic diseases and injuries. The PGY2 operating room experience will focus on OR setup, arthroscopic portal placement, basic arthroscopy techniques, suture management, closures, and postoperative immobilization application.

II. PGY5 - The PGY5 is preparing for transition to independent practice and should function near that level. They are expected to be able to function in an autonomous fashion in clinics while under supervision and perform common sports and arthroscopic surgeries with minimal intervention or guidance, including the management of complex surgical complications and coordination of the surgical team. The PGY5 will contribute to the education of junior residents on service, providing support and feedback. Through the rotation, the PGY5 resident will develop leadership skills and practice in an autonomous fashion consistent with a junior attending, under continued supervision and guidance.

Readings

DeLee and Drez’s Orthopaedic Sports Medicine: Principles and Practices
Miller & Thompson

Operative Techniques in Orthopaedic Surgery
Educational Goals and Objectives

Patient Care and Procedural Skills

I. Identify key elements in the history and exam to evaluate athletes presenting with conditions involving the musculoskeletal system. Counsel athletes regarding risks and prevention of orthopaedic injuries sustained from playing sports. Order and interpret (with the assistance of the radiologist) the following common diagnostic imaging procedures when evaluating and managing patients with orthopaedic conditions: plain radiographs, body MRI, CT scan, radionuclide bone scans, and ultrasound.

II. Become proficient in the following skills consistent with the resident’s level of training as outlined in resident role above:
   A. Physical examination to identify typical findings of sports medicine injury to the shoulder, elbow, hip, knee, and ankle
   B. Subacromial and intra-articular shoulder joint injections
   C. Knee joint injections
   D. Rotator cuff repair
   E. Bankart/labral repair
   F. Total shoulder arthroplasty
   G. Reverse total shoulder arthroplasty
   H. Ulnar collateral ligament reconstruction
   I. Knee arthroscopy
   J. Shoulder arthroscopy
   K. Hip arthroscopy
   L. Elbow arthroscopy
   M. Meniscectomy
   N. Meniscus repair
   O. ACL reconstruction
P. Discoid meniscus saucerization
Q. MPFL reconstruction
R. Microfracture

Medical Knowledge

I. Demonstrate broad understanding of the anatomy and biomechanics of the shoulder, elbow, hip, knee and ankle as it relates to common sports medicine injuries. Exhibit advanced knowledge of the typical mechanisms of injury for common sports medicine problems. Possess a strong working knowledge of arthroscopic and open surgical approaches, including those of the shoulder, elbow, knee and ankle.

II. Develop and demonstrate knowledge about the following sports topics, consistent with the resident’s level of training as outlined in resident role above:
   A. ACL tear
   B. Rotator cuff tears
   C. Shoulder instability
   D. Total shoulder arthroplasty
   E. Reverse shoulder arthroplasty
   F. Meniscal injury
   G. PCL tears
   H. Collateral ligament tears
   I. Posterolateral corner injury
   J. Femoroacetabular impingement
   K. Ulnar collateral ligament injury
   L. Patellar instability
   M. Biceps tendinitis
   N. Superior Capsular Reconstruction

Interpersonal and Communication Skills

I. Create and sustain a therapeutic and ethically sound relationship with patients and families. Provide information to patients using effective nonverbal, explanatory, questioning, and writing techniques. Learn to calm patients undergoing procedures. Communicate patient information clearly to other health providers in written notes and oral presentations. Work constructively and effectively with all members of the trauma care team, including nurse clinicians, floor nurses, social workers, fellow physicians, and therapists. Apply appropriate culturally-sensitive communication skills with patients and families (i.e. effective listening, awareness of nonverbal cues, and use of open-ended questions). Counsel and educate patients and families on treatment options, expected surgical outcomes and prognosis, and home care needs. Progress in the ability to educate
and counsel patients from the PGY2 to PGY5 year from addressing routine care issues to discussing such complex and difficult issues as injuries that could end a patient’s sports career. By PGY5 year, demonstrate leadership and act as a role model to junior residents and provide feedback to help guide their development in this competency.

Practice-Based Learning and Improvement

I. Use feedback gained from others; exposure to complications, medical errors or “near misses;” personal awareness of knowledge gaps; and the experience gained on this rotation to formulate future learning goals. Develop real time strategies for filling knowledge gaps that will benefit this patient population. Following an emergent consult or following a surgical procedure, debrief what went well and what could have been improved. Become familiar with the educational resources available while working on the sports service. Demonstrate ability to form a clinical question and identify available resources to resolve questions. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care). Over time and with progression through the program, advance from studying required readings to self-guided research and exploration to, by the PGY5 year, incorporation of information and skills into a practice pattern that includes lifelong learning.

Professionalism

I. Demonstrate respect, compassion, honesty, and integrity. Reflect on biases toward particular illnesses or patient groups and take steps to assure that these biases do not interfere with patient care. Appreciate the psychosocial impact traumatic injuries can have on a patient and families. Respect patient privacy, autonomy, and need to maintain a positive self-concept, irrespective of age, gender or health belief system, and regardless of acuity of diseases. Be sensitive to the ethical and legal dilemmas faced by providers working with patients on the sports service. Demonstrate accountability to patients and society and to the profession. The resident’s abilities in professionalism will advance from basic responsibilities such as timeliness, demonstrating caring and appropriate attire to maintaining professional demeanor in stressful situations and observing and acting upon ethical violations. By the PGY5 year the resident should ultimately demonstrate leadership by contributing to the education of others about organizational policies and by acting in compliance with the AAOS Standards of Professionalism.

Systems-Based Practice
I. Understand the role of inpatient and outpatient surgical care for the sports orthopaedic patient. Practice cost-effective health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the emergency department, patient care areas, and operating room. Direct patients and families toward individuals within the institution that can help them access support and resources. Understand the role of health care managers and surgeon extenders in the surgical management of patients. Advocate for quality patient surgical care within the system. Understand when, how, and why to request a consult from medical and surgical specialists, and how to use the that information. Become fluent in appropriate and timely documentation. Over time, progress to understand and negotiate economic differences within health care systems. Participate in quality improvement projects. By the PGY5 year, anticipate and facilitate operating room team flow in a multi-case day and manage the documentation and order submission tasks of junior residents.
Spine

Description

The spine service is dedicated to the evaluation and treatment of orthopaedic spinal pathology in the adult population. The rotation takes place at CMH and is 3 months long in the PGY3 year.

Resident Role and Expectations

Resident’s primary role will be to perform major and minor operations in the capacity of assistant or primary surgeon under the supervision of teaching attending faculty. Furthermore, the resident will participate in the initial evaluation, perioperative care and nonoperative management of orthopaedic spine disease and conditions. As the resident progresses through the rotation, he/she will be expected to perform more challenging and/or intricate parts of spinal cases.

Readings

OKU-Spine

Contacts

Samuel Small, DO
Orthopaedic Spine

Educational Goals and Objectives

Patient Care and Procedural Skills

I. Evaluate, document, and present a patient with spine problems, specifying the working diagnosis, studies to confirm or change the diagnosis, treatment alternatives, and expected outcomes. Perform a complete musculoskeletal and neurologic examination, including the cervical, thoracic, and lumbar spine, and a neurological examination of the upper and lower extremities and be able to explain pathologic findings, such as an absent reflex or long tract signs, such as positive Hoffmann or positive Babinski and/or clonus. Prescribe appropriate spinal orthoses and supervise their application.

II. Become proficient in the following skills consistent with the resident’s level of training:
   A. Posterior cervical laminectomy and fusion
   B. Posterior thoracic arthrodesis
C. Posterior lumbar decompression and fusion  
D. Anterior cervical discectomy and fusion  
E. Microdiscectomy  
F. Lumbar decompression and laminectomy

**Medical Knowledge**

I. Understand evidence-based recommendations for patient care and the underlying basic science and pathophysiology relevant to spine conditions. Recognize and describe neurological deficits (including pathophysiology), resulting limitations, and accommodations for functional deficits. Demonstrate knowledge of anatomy, physiology and biomechanics of the spine, adjacent muscles and intervertebral discs.  

II. Develop and demonstrate knowledge of the following spine topics consistent with the resident’s level of training:  
   A. Cervical disc herniation  
   B. Lumbar disc herniation  
   C. Thoracic disc herniation  
   D. Spinal tumors  
   E. Cervical myelopathy  
   F. Spinal cord injury  
   G. Degenerative spondylolisthesis  
   H. Lumbar spinal stenosis  
   I. Cervical radiculopathy  
   J. Ankylosing spondylitis

**Interpersonal and Communication Skills**

I. Develop interpersonal skills necessary to communicate effectively with patients, families, nursing staff, mid-level healthcare providers, ancillary staff, medical students, fellow residents, and attending staff. Create an atmosphere of collegiality and mutual respect with all providers involved in the care of patients. Talk to family members about sensitive issues that relate to a patient's illness, e.g. coping with the patient's altered needs in his/her home setting. Write an effective and timely consultation note that summarizes the findings and recommendations of the orthopaedist and clarifies the continued role and responsibility of the consultant. Share knowledge with team members to foster an environment of learning. Interpret and describe radiographic findings to peers effectively using commonly accepted descriptors.

**Practice-Based Learning and Improvement**
I. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and reflect upon and incorporate this information to improve patient care practices. Record and track procedures. Be involved in the teaching of medical students and colleagues. Present patients for discussion during rounds and seminars, with appropriate literature references to support planned interventions. Understand the role of study design and the use/misuse of statistical analysis in reviewing the results of published research in orthopaedic surgery. Identify standardized guidelines for diagnosis and treatment of complex problems of the musculoskeletal system and learn the rationale for adaptations that optimize treatment. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

Professionalism

I. Demonstrate respect, compassion, honesty, and integrity. Have a commitment to ethical principles, including protecting the confidentiality of patient information and providing patients with informed consent. Demonstrate responsiveness to the needs of patients and society in a way which supersedes self-interest. Demonstrate accountability to patients, society and to the profession. Demonstrate sensitivity and responsiveness to patient culture, age, gender, and disabilities.

Systems-Based Practice

I. Practice cost-effect health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing, without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the operating room, emergency department, and wards. Direct patients and families toward individuals within the institution that can help them access support and resources. Join and participate in a hospital-based committee.
Pediatric Orthopaedics - CHOC

Description

The pediatric orthopaedic rotations focus on the evaluation and care of pediatric patients with orthopaedic concerns related to congenital, overuse, trauma, or systemic diseases. These rotations emphasize the developing body and skeleton and how these conditions are managed at different stages of human development. Residents are provided with housing in Orange County and rotate at CHOC for three months in the PGY3 year, and a second pediatric orthopaedic rotation takes place at VCMC for 3 months in the PGY4 year (described below in Pediatric Orthopaedics - VCMC).

Resident Role and Expectations

Residents function as important members of the pediatric orthopaedic service and collaborate with residents from other pediatric services to evaluate and manage pediatric patients with orthopaedic concerns. Residents will have a wide range of clinical and operative responsibilities and participate in outpatient procedures and inpatient surgeries in both primary and assistant roles, progressively gaining both clinical acumen and surgical skills under supervision of teaching attending faculty. Given the tertiary nature of the institution, the clinical and surgical experience will expose the resident to many more rare pediatric conditions not commonly seen in community practice, in addition to common pediatric trauma, sports, and congenital issues. The PGY3 will progressively gain independence and autonomy in the clinical and surgical setting and under attending faculty guidance, learn to apply their skills in the pediatric realm. PGY3 residents should be able to formulate appropriate, evidence-based treatment plans for both operative and non-operative pediatric orthopaedic injuries and conditions. They will be expected to develop skill and increased independence in the manipulation, closed reduction, and casting of fractures in the outpatient and ER setting. In the operating room, the PGY3 will be expected to demonstrate competence in set-up, approach, soft tissue handling, and closures of cases. As they gain familiarity with pediatric procedures, they will perform increasingly difficult portions of procedures, such as wire placement, tendon harvesting, bone/osteochondroma excision, insertion of hardware, and portions of decompression in scoliosis cases. The resident will participate in a minimum of 4 hours of regularly scheduled didactics with local orthopedic faculty present to facilitate. Working at CHOC also provides our PGY3 residents with the opportunity to work closely with University of California Irvine (UCI) pediatric residents and faculty to care for pediatric patients in a collaborative fashion. PGY3 residents will also attend weekly formal didactics with the UCI pediatric residents and pediatric faculty, which include education on general pediatric topics and pediatric orthopaedics as well as pediatric M&M and case conference.
Readings

Practice of Pediatric Orthopaedics
Diab & Stathele

OKU Pediatrics
Jeffrey E. Martus

Contacts

John Schlechter DO
Pediatric Orthopaedics

Educational Goals and Objectives

Patient Care and Procedural Skills

I. The orthopaedic resident must be able to provide patient care that is compassionate, age appropriate, and effective for the treatment of health problems and the promotion of healing following an injury or illness. Through meeting the following objectives, the resident will achieve this goal:

A. Demonstrate competence in the pre-admission care, hospital care, operative care and follow up care (including rehabilitation) of patients.
B. Demonstrate competence in their ability to gather essential and accurate information about their patients.
C. Demonstrate competence in their ability to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date orthopaedic scientific evidence, and clinical judgment and review those with the attending pediatric orthopaedic surgeon.
D. Demonstrate competence in their ability to develop and carry out patient management plans.
E. Demonstrate competence in their ability to provide health care services aimed at preventing health problems or maintaining health. Provide anticipatory guidance to patients and their families.
F. Demonstrate competence in the diagnosis and management of adult and pediatric orthopaedic disorders.
G. Observation and treatment of both inpatients and outpatients with a wide variety of orthopaedic disorders.
H. Demonstrate competence in their ability to perform all medical and invasive procedures considered essential for the area of practice.
I. Demonstrate their ability to work with other healthcare professionals, including those from other disciplines to provide patient-focused care.
J. Demonstrate responsibility for both acutely and chronically ill patients so as to
learn the natural history of pediatric orthopaedic disorders as well as the effectiveness of treatment programs and the impact of growth on these disorders.

Medical Knowledge

I. The orthopaedic resident must gain medical knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to pediatric patient care. The following objectives are milestones in achieving this goal:

A. Demonstrate expertise in the knowledge of those areas appropriate for an developing PGY3 orthopaedic surgeon.
B. Demonstrate investigatory and analytical thinking approach to clinical situations.
C. Become educated in in pediatric orthopaedic trauma (acute and reconstructive), metabolic and genetic conditions, tumors, neuromuscular conditions, spinal conditions, hip conditions, foot and ankle conditions, amputations and prosthetics, hand conditions, athletic injuries and general pediatric orthopaedics.
D. Develop of a scholarly approach to clinical problem solving, self-directed study, development of analytic skills and surgical judgment and research.
E. Understand of the role of physical and occupational therapists and of orthotists and prosthetists in the rehabilitation and ongoing management of pediatric orthopaedic disorders.
F. Understand normal physiologic mechanisms and the pathogenesis and complications of pediatric orthopaedic disorders.
G. Understand the indications, risks and limitations of the commonly performed procedures in the subspecialty.
H. Understand the anatomy, diagnose, and manage children and adolescents with brachial plexus palsies.
I. Comprehend the embryology, diagnosis, and treatment of children with congenital limb differences.
J. Interpret x-rays, diagnose, and formulate a treatment algorithm for pediatric fractures of the upper extremity.
K. Understand the injury pattern, anatomy, diagnose, acute problems, and manage persons with spinal cord injuries.
L. Comprehend the acute and chronic problems of persons with spinal cord injury.
M. Understand, recognize, and manage simple bone cysts and benign tumors that occur in the growing child.
N. Understand the etiology, diagnosis and treatment of clubfoot and other common foot disorders in children.
O. Understand the characteristics, pathogenesis, diagnostic features, classification and management of common neuromuscular disorders.
P. Understand the clinical manifestations, treatment, and long-term prognosis of limb length inequality and deformity.
Practice-Based Learning and Improvement

I. The orthopaedic resident must demonstrate the ability to investigate and evaluate his/her care of orthopaedic patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. The following objectives serve as elements of achieving these goals:
   A. Identify strengths, deficiencies, and limits in one’s knowledge and expertise.
   B. Set learning and improvement goals.
   C. Identify and perform appropriate learning activities.
   D. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
   E. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems.
   F. Use information technology to optimize learning.
   G. Participate in the education of patients, families, students, residents and other health professionals.
   H. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
   I. Acknowledge gaps in personal knowledge and expertise and frequently ask for feedback from teachers and colleagues.
   J. Demonstrate computer literacy and basic computer skills in clinical practice.
   K. Describe basic concepts in clinical epidemiology, biostatistics, and clinical reasoning.
   L. Categorize the study design of a research study.
   M. Continually assess performance by evaluating feedback and assessments.
   N. Develop a learning plan based on feedback with some external assistance.
   O. Demonstrate use of published review articles or guidelines to review common topics in practice.
   P. Use patient care experiences to direct learning.
   Q. Rank study designs by their level of evidence.
   R. Identify bias affecting study validity.
   S. Formulate a searchable question from a clinical question.

Interpersonal and Communication Skills

I. The orthopaedic resident must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. The following are component objectives towards this goal:
   A. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
   B. Communicate effectively with physicians, other health professionals, and health related agencies.
   C. Act in a consultative role to other physicians and health professionals.
   D. Maintain comprehensive, timely, and legible medical records.
   E. Use effective listening skills and elicit and provide information using effective
nonverbal, explanatory, questioning, and writing skills, if applicable.

F. Communicate with patients about routine care (e.g., actively seek and understands the patient’s/family’s perspective; focus in on the patient’s chief complaint and ask pertinent questions related to that complaint).

G. Recognize and communicate role as a team member to patients and staff.

H. Respond to requests for information.

I. Communicate competently within systems and other care providers and provide detailed information about patient care (e.g., demonstrate sensitivity to patient and family-related information gathering or information sharing within the social cultural context; begin to engage patient in patient-based decision making, based on the patient’s understanding and ability to carry out the proposed plan; demonstrate empathic response to patient’s and family’s needs; actively seek information from multiple sources, including consultations; avoid being a source of conflict; obtain informed consent [risks, benefits, alternatives, and expectations]); actively participate in team-based care; support activities of other team members, communicate their role to the patient and family.

Professionalism

I. The orthopaedic resident must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

A. Demonstrate respect, integrity and compassion for others.

B. Demonstrate responsiveness to patient needs that supersedes self interest.

C. Demonstrate accountability to patients, society and the profession.

D. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

E. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in culture, age, gender, disabilities and sexual orientation.

F. Demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practice.

G. Consistently demonstrate behavior that conveys caring, honesty, and genuine interest in patients and families.

H. Recognize the diversity of patient populations with respect to gender, age, culture, race, religion, disabilities, sexual orientation, and socioeconomic status.

I. Recognize the importance and priority of patient care, with an emphasis on the care that the patient wants and needs; demonstrate a commitment to this value.

J. Understand and ask for assistance when needed.

K. Exhibit basic professional responsibilities, such as timely reporting for duty, being rested and ready to work, displaying appropriate attire and grooming, and delivering patient care as a functional physician.

L. Understand basic principles and aspects of the general maintenance of emotional, physical, mental health, and issues related to fatigue/sleep deprivation.

M. Demonstrate an understanding of the importance of compassion, integrity,
respect, sensitivity, and responsiveness while exhibiting these attitudes consistently in common and uncomplicated situations.

N. Consistently recognize ethical issues in practice.
O. Discuss and address socioeconomic barriers in the evaluation and treatment of patients.
P. Recognize limits of knowledge in common clinical situations and asks for assistance.
Q. Recognize value of humility and respect towards patients and associate staff.
R. Demonstrate adequate management of personal, emotional, physical, mental health, and fatigue.

**Systems-Based Practice**

I. The orthopaedic resident must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
   A. Work effectively in various health care delivery settings and systems relevant to orthopaedics.
   B. Coordinate patient care within the health care system relevant to their orthopaedics.
   C. Practice cost-effective health care and resource allocation that does not compromise quality of care.
   D. Advocate for quality patient care and optimal patient care systems.
   E. Participate in identifying system errors and implementing potential system solutions.
   F. Describes basic levels of systems of care (e.g., self-management to societal).
   G. Understand the economic challenges of patient care within our healthcare system.
   H. Recognize importance of complete and timely documentation in teamwork and patient safety.
   I. Explain the role of the Electronic Health Record (EHR) and Computerized Physician Order Entry (CPOE) in prevention of medical errors.
   J. Give examples of cost and value implications of care he or she provides (e.g., give examples of alternate sites of care resulting in different costs for individual patients).
   K. Use checklists and briefings to prevent adverse events in health care.
   L. Appropriately and accurately enter patient data in EHR.
   M. Effectively use electronic medical records in patient care.
**Oncology**

**Description**

The orthopaedic oncology rotation is designed to give residents first hand exposure to the evaluation and treatment of patients with primary and secondary oncologic orthopaedic disease. The rotation takes place primarily at CSMC in the PGY3 year and is three months long.

**Resident Role and Expectations**

Residents on the oncology service will function as an important member of the care team, assisting in clinical patient evaluation and surgical management under the direct supervision and guidance of the teaching attending faculty. Patients will range from pediatric to geriatric during the rotation. Throughout their months, they will be given progressively more clinical responsibility and be expected to perform increasing numbers of surgical procedures.

**Readings**

**OKU Musculoskeletal Tumors**
J. Sybil Biermann

**Contacts**

Daniel C. Allison, MD  
Orthopaedic Surgical Oncology and Reconstruction

**Educational Goals and Objectives**

**Patient Care and Procedural Skills**

I. Evaluate, document, and present a patient with orthopaedic oncologic disease, specifying the working diagnosis, studies to confirm or change the diagnosis, treatment alternatives, and expected outcomes. Perform a complete musculoskeletal and neurologic examination. Collaborate with pediatric residents caring for pediatric patients with orthopaedic oncologic disease at Children’s Hospital of Los Angeles (CHLA).

II. Become proficient in the following skills consistent with the resident’s level of training:
   A. Guided needle biopsy of malignant lesion
   B. Wide resection of thigh soft tissue sarcoma
   C. Prophylactic IM nailing of humeral shaft impending pathologic fracture
D. Prophylactic bipolar hemiarthroplasty of the hip  
E. Prophylactic femoral intramedullary nailing  
F. Endoprosthetic reconstruction of proximal humerus malignancy  
G. Distal femur resection

**Medical Knowledge**

I. Learn the evaluation, classification and staging, and medical and surgical treatment options for a variety of bone and soft tissue tumors of the spine, pelvis, and extremities.  
II. Demonstrate competency and understanding of the following conditions:  
   A. Osteosarcoma  
   B. Giant cell tumor  
   C. Chondrosarcoma  
   D. Soft tissue sarcoma  
   E. Synovial sarcoma  
   F. Unicameral bone cyst  
   G. Aneurysmal bone cyst  
   H. Multiple myeloma  
   I. Ewing’s sarcoma  
   J. Metastatic disease of extremities/spine  
   K. Rhabdomysarcoma  
   L. Other bony and soft tissue lesions

**Interpersonal and Communication Skills**

I. Develop interpersonal skills necessary to communicate effectively with patients, families, nursing staff, mid-level healthcare providers, ancillary staff, medical students, fellow residents, and attending staff. Create an atmosphere of collegiality and mutual respect with all providers involved in the care of patients. Talk to patients and families about sensitive issues that relate to a patient's illness, e.g. diagnosis of cancer, need for major surgery, and coping with the patient's altered needs in his/her home setting. Write an effective and timely consultation note that summarizes the findings and recommendations of the orthopaedist and clarifies the continued role and responsibility of the consultant. Share knowledge with team members to foster an environment of learning. Interpret and describe radiographic findings to peers effectively using commonly accepted descriptors.

**Practice-Based Learning and Improvement**

I. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and reflect upon and incorporate this information to improve patient care
practices. Record and track the procedures performed. Be involved in the teaching of medical students and fellow colleagues. Present patients for discussion during rounds and seminars, with appropriate literature references to support planned interventions. Understand the role of study design and the use/misuse of statistical analysis in reviewing the results of published research in orthopaedic surgery. Identify standardized guidelines for diagnosis and treatment of oncologic problems of the musculoskeletal system and learn the rationale for adaptations that optimize treatment. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

**Professionalism**

I. Demonstrate respect, compassion, honesty, and integrity. Have a commitment to ethical principles, including protecting the confidentiality of patient information and providing patients with informed consent. Demonstrate responsiveness to the needs of patients and society in a way which supersedes self-interest. Demonstrate accountability to patients, society and to the profession. Demonstrate sensitivity and responsiveness to patient culture, age, gender, and disabilities.

**Systems-Based Practice**

I. Practice cost-effect health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing, without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the operating room, emergency department, and wards. Direct patients and families toward individuals within the institution that can help them access support and resources.
Hand Surgery

Description

The goal of the hand and upper limb rotation is to provide a breadth of experience and exposure to disorders affecting the hand and upper limb. Residents gain outpatient experience both at a local outpatient clinic and VCMC. The operative experience is divided between a local outpatient surgery center, VCMC, and CMH same day surgery. The rotation is 3 months in length and takes place during the PGY4 year.

Resident Role and Expectations

The resident on the hand service will be a primary member of the care team and provide patient care under the supervision of attending staff. The resident will gain proficiency in soft-tissue handling and microsurgery as well as in the treatment of a broad variety of hand and upper limb disorders. The resident will work directly with patients in both the clinic and operating room with increasing independence as, under teaching faculty guidance, he/she progresses in knowledge and skills during the rotation.

Readings

Green’s Operative Hand Surgery
Scott Wolfe

Contacts

Josh Gluck, MD
Orthopaedic Hand Surgery

Educational Goals and Objectives

Patient Care and Procedural Skills

1. Develop clinical acumen in diagnosing and treating conditions involving the hand. Analyze available information to make diagnostic and therapeutic decisions based upon sound clinical judgment, best available evidence, and patient preferences. Perform at an upper resident’s level in surgical techniques pertaining to soft tissue, nerve, skeletal structures, and microsurgical procedures. Reflect on performance in the microsurgery lab with a goal of self-evaluation and improvement of surgical skills.
II. Become proficient in the following skills consistent with the resident’s level of training as outlined in resident role above:

A. Flexor tendon repair
B. Four corner wrist fusion
C. DCP plating for transverse metacarpal fractures
D. Closed reduction and pinning of metacarpal fractures
E. Neutralization plate with lag screw fixation for short oblique metacarpal fractures
F. Metacarpal head fracture ORIF
G. Epineural nerve repair
H. Endoscopic carpal tunnel release
I. Open carpal tunnel release
J. Trigger finger/thumb release
K. Dupuytren’s open fasciotomy
L. Excision of dorsal ganglion cyst

Medical Knowledge

I. Understand basic disorders that affect the upper extremity and the underlying anatomy, including alterations in the setting of trauma and disease. Interpret information from the history and physical examination, imaging, and laboratory studies to understand the patient’s presenting problem. Develop an understanding of the indications for surgery and learn the methodology and range of procedural options available for appropriate treatment, including microsurgical procedures, techniques for soft tissue handling, the microvascular environment of the limb, and the pathology of systemic disease processes affecting the upper extremity.

II. Demonstrate competency and understanding in the following topics:

A. Carpal tunnel syndrome
B. Trigger finger
C. De Quervain’s tenosynovitis
D. 1st CMC joint arthritis
E. Animal and human bite injuries
F. Pyogenic flexor tenosynovitis
G. Ganglia of the wrist and hand
H. Mallet finger
I. Joint dislocations of the hand
J. SLAC wrist
K. SNAC wrist
L. Scaphoid fracture
M. Finger tip amputations and flaps
N. Distal radius fractures
Interpersonal and Communication Skills

I. Develop interpersonal skills necessary to communicate effectively with patients, families, nursing staff, mid-level healthcare providers, ancillary staff, medical students, fellow residents, and attending staff. Create an atmosphere of collegiality and mutual respect with all providers involved in the care of patients. Talk to patients and family members about sensitive issues that relate to a patient's illness, e.g. loss of function, need for major surgery, and coping with the patient's altered needs in his/her home setting. Write an effective and timely consultation note that summarizes the findings and recommendations of the orthopaedist and clarifies the continued role and responsibility of the consultant. Share knowledge with team members to foster an environment of learning. Interpret and describe radiographic findings to peers effectively using commonly accepted descriptors.

Practice-Based Learning and Improvement

I. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and reflect upon and incorporate this information to improve patient care practices. Record and track procedures. Be involved in the teaching of medical students and colleagues. Present patients for discussion during rounds and seminars, with appropriate literature references to support planned interventions. Understand the role of study design and the use/misuse of statistical analysis in reviewing the results of published research in orthopaedic surgery. Identify standardized guidelines for diagnosis and treatment of disorders of the upper limb and learn the rationale for adaptations that optimize treatment. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

Professionalism

I. Demonstrate respect, compassion, honesty, and integrity. Have a commitment to ethical principles, including protecting the confidentiality of patient information and providing patients with informed consent. Demonstrate responsiveness to the needs of patients and society in a way which supersedes self-interest. Demonstrate accountability to patients, society, and to the profession. Demonstrate sensitivity and responsiveness to patient culture, age, gender, and disabilities.

Systems-Based Practice
I. Practice cost-effective health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing, without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the operating room, emergency department, and wards. Direct patients and their families toward individuals within the institution that can help them access support and resources.
Pediatric Orthopaedics - VCMC

Description

The pediatric orthopaedic rotations focus on the evaluation and care of pediatric patients with orthopaedic concerns related to congenital, overuse, trauma, or systemic diseases. These rotations emphasize the developing body and skeleton and how these conditions are managed at different stages of human development. This second dedicated pediatric rotation takes place at VCMC for 3 months in the PGY4 year.

Resident Role and Expectations

Residents function as important members of the pediatric orthopaedic service and collaborate with family medicine residents to evaluate and manage pediatric patients with orthopaedic concerns. Residents will have a wide range of clinical and operative responsibilities and participate in outpatient procedures and inpatient surgeries in both primary and assistant roles, progressively gaining both clinical acumen and surgical skills under supervision of teaching attending faculty. The PGY4 will continue to build on the skills and clinical experience from the PGY3 pediatrics rotation. They are expected to function in an increasingly autonomous fashion in clinics while still being supervised and to perform common pediatric surgeries with intervention or guidance for challenging portions. This expectation includes developing the skill to coordinate the surgical team. The resident will gain confidence in their ability to diagnose and treat common pediatric conditions in preparation for transition to independent practice. The VCMC experience will emphasize trauma and fracture care in pediatric patients. The PGY4 residents will participate in the ongoing weekly didactic orthopaedic conferences at CMH as well as weekly Pediatric Grand Rounds with the family medicine residents at VCMC.

Readings

Practice of Pediatric Orthopaedics
Diab & Staheli

OKU Pediatrics
Jeffrey E. Martus

Contacts

Sean Early, MD
Pediatric Orthopaedics
Michael Maguire, MD
Pediatric Orthopaedics

Educational Goals and Objectives

Patient Care and Procedural Skills

I. Refine skills in identifying key history and exam elements to appropriately evaluate children presenting with conditions involving the musculoskeletal system. Discuss and identify how the pediatric orthopedist and his/her care team involve the patient and family in decision making about complex diagnoses and treatment decisions. Screen for the most common congenital musculoskeletal conditions in pediatric patients. Counsel families regarding risks and prevention of orthopaedic injuries sustained from play near motor vehicles, lawn mowers, motorized mechanical equipment, bicycles, motorbikes, all-terrain vehicles, and trampolines. Order and interpret (with the assistance of the radiologist) common diagnostic imaging procedures when evaluating and managing patients with orthopaedic conditions: plain radiographs, body MRI, CT scan, ultrasounds, and radionuclide bone scans.

II. Recognize and manage the following conditions, with appropriate referral for physical therapy services for rehabilitation when indicated, consistent with the residents level of training as indicated in resident role as above:

A. Calcaneal apophysitis
B. Clavicular fracture
C. Annular ligament subluxation/nurse maid’s elbow
D. Elbow medial epicondyle apophysitis/little league elbow
E. Erb’s palsy for Klumpke’s palsy
F. Femoral anteversion and retroversion
G. Pes planus (flat feet)
H. Internal and external tibial torsion
I. Low back strain
J. Metatarsus adductus
K. Muscle strains
L. Non-displaced finger and toe fractures
M. Tibial tuberosity apophysitis (Osgood-Schlatter Disease).
N. Overuse syndromes
O. Patellofemoral Syndrome
P. Inversion/eversion ankle sprains
Q. Thrower’s shoulder/epiphysiolsis
R. Soft tissue contusion
S. Subluxation of the patella or shoulder
T. Rotator cuff injury/tendonitis

III. Become proficient in the following skills consistent with the resident’s level of training:
   A. Lateral condyle fracture ORIF
   B. CRPP of supracondylar humerus fractures
   C. Radial neck fracture ORIF
   D. Forearm fracture IMN
   E. Spica cast application
   F. Femoral shaft fracture flexible intramedullary nail
   G. Tibial spine avulsion fracture ORIF
   H. Septic hip irrigation and debridement
   I. Dega Osteotomy
   J. Open reduction of congenital hip dislocation
   K. Percutaneous pinning of SCFE
   L. Guided growth hemiepiphysiodesis
   M. Anterior tibial tendon transfer
   N. Talocalcaneal/calcaneonavicular coalition resection
   O. Adductor lengthening

Medical Knowledge

I. As the resident progresses through their rotations, he/she will demonstrate increased knowledge of normal variations in foot, knee and leg development, variations in gait and posture, and the typical development of the musculoskeletal structures of the body. Identify the role and general scope of practice of pediatric orthopaedists; recognize situations where children benefit from the skills of specialists trained in the care of children; and work effectively with these professionals in the care of children with orthopaedic conditions.

II. Develop and demonstrate knowledge of the following pediatric topics consistent with resident’s level of training:
   A. Supracondylar fractures
   B. Developmental dysplasia of the hip
   C. Slipped capital femoral epiphysis
   D. Pediatric abuse
   E. Hip septic arthritis
   F. Osteomyelitis
   G. Club foot
   H. Charcot-Marie-Tooth Disease
   I. Tarsal coalition
   J. Obstetric brachial plexopathy
K. Osteogenesis imperfecta
L. Cerebral Palsy
M. Adolescent idiopathic scoliosis
N. Muscular dystrophy
O. Spina bifida
P. Leg length discrepancy
Q. Pediatric ACL tear
R. Little leaguer’s elbow
S. Discoid meniscus

Interpersonal and Communication Skills

1. Develop interpersonal skills necessary to communicate effectively with patients, families, nursing staff, mid-level healthcare providers, ancillary staff, medical students, fellow residents, and attending staff. Create an atmosphere of collegiality and mutual respect with all providers involved in the care of patients. Talk to family members about sensitive issues that relate to a patient's illness, e.g. coping with the patient's altered needs in his/her home or school setting. Write an effective and timely consultation note that summarizes the findings and recommendations of the orthopaedist and clarifies the continued role and responsibility of the consultant. Share knowledge with team members to foster an environment of learning. Interpret and describe radiographic findings to peers effectively using commonly accepted descriptors.

Practice-Based Learning and Improvement

1. Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and reflect upon and incorporate this information to improve patient care practices. Record and track procedures. Be involved in the teaching of medical students and fellow colleagues. Present patients for discussion during rounds and seminars, with appropriate literature references to support planned interventions. Understand the role of study design and the use/misuse of statistical analysis in reviewing the results of published research in orthopaedic surgery. Identify standardized guidelines for diagnosis and treatment of complex problems of the musculoskeletal system and learn the rationale for adaptations that optimize treatment. Seek and incorporate feedback and self-assessment into a plan for lifelong professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care).

Professionalism
I. Demonstrate respect, compassion, honesty, and integrity. Have a commitment to ethical principles, including protecting the confidentiality of patient information and providing patients with informed consent. Demonstrate responsiveness to the needs of patients and society in a way which supersedes self-interest. Demonstrate accountability to patients, society and to the profession. Demonstrate sensitivity and responsiveness to patient culture, age, gender, and disabilities.

Systems-Based Practice

I. Practice cost-effect health care and resource allocation, specifically reducing the use of unnecessary preoperative and postoperative screening and/or testing, without compromising patient care. Participate in hospital initiatives to improve quality and efficiency in the operating room, emergency department, and wards. Direct patients and their families toward individuals within the institution that can help them access support and resources.
Orthopaedic Research

Description

The orthopaedic research rotation builds on the foundation of formal research didactics at CMH. The formal research didactics introduce the resident to thoughtful investigation of medical and psychosocial questions that affect individual and/or population health, as well as issues affecting the delivery of quality care. Residents are expected to identify a mentor and structure a project. Focus is on formulating a cogent question and structuring a project, including a review of evidence-based background information and the application of appropriate biostatistical tools. Residents also learn about the CMH Institutional Review Board and ongoing studies in our institution. Residents are permitted to spend focused clinical time in an area of special interest during the time they conduct research. However, the focus of the orthopaedic research elective rotation is to further refine research knowledge and skills and to conduct a research project. Residents are strongly encouraged to present their work in a public forum upon completion. The resident will be based at CMH and the rotation is three months long.

Resident Role and Expectations

The resident should identify a research supervisor and receive approval from the Program Director and CMH Institutional Review Board (if needed) for his/her research study prior to starting the rotation. All residents must have completed the NIH course on Protection of Human Subjects and obtain a certificate of completion. During this rotation, residents should advance their research project by conducting data analysis or a structured literature review on an important topic, preparing an article for peer-review publication, and/or preparing a research presentation for a regional or national meeting.

Readings

Readings will be self-directed, but may include:

- Journals and Texts
- Online educational resources
ACP Writing a Research Abstract
http://www.acponline.org/education_recertification/education/program_directors/abstracts/prepare/res_abs.htm

American Osteopathic Association (AOA) Research and Grants
http://www.osteopathic.org/inside-aoa/development/quality/research-andgrants/Pages/default.aspx

Agency for Healthcare Research and Quality (AHRQ): What Is Comparative Effectiveness Research
http://www.effectivehealthcare.ahrq.gov/index.cfm/what-is-comparativeeffectiveness-research1/

CONSORT Transparent Reporting of Trials http://www.consortstatement.org/


Michigan State University Office of Faculty & Organizational Development Evidence-Based Medicine teaching and resources http://fod.msu.edu/oir/evidence-based-medicine-teaching-resources

OPTI-West Research Information Page http://opti-west.org/research.html

Society of Teachers of Family Medicine (STFM) Research in Family Medicine Wiki http://www.fmdrl.org/group/index.cfm?event=c.showWikiHome&wikiId=29

STROBE Statement Strengthening the Reporting of Observational Studies in Epidemiology http://www.strobe-statement.org/

Western States Medical Monographs https://sites.google.com/site/cahead5/

Specialty college resources
  ○ ACOS Trainer’s Evaluation Format for the Resident Original Scientific Research Paper

Contacts

Reza Jazayeri, MD
Sports Orthopaedics
Educational Goals and Objectives

Patient Care and Procedural Skills

I. Residents will learn to identify questions that impact daily patient care and become familiar with the use of information management tools to access pertinent data.

Medical Knowledge

I. Residents will
   A. Learn general guidelines for conducting biomedical research and become familiar with concepts such as study design, measurement, and analysis
   B. Learn how the Institutional Review Board works and become familiar with guidelines for the protection of human subjects
   C. Gain basic skills in understanding statistical concepts behind evidence-based medicine, including
      1. Absolute and relative risk reduction
      2. Confidence intervals
      3. Hazard ratio
      4. Intention to treat
      5. Likelihood ratios
      6. Number needed to treat
      7. Odds ratio
      8. Power
      9. Pretest probability
      10. p-value
      11. Sensitivity and specificity
      12. Spectrum bias
      13. Type I and II errors
   D. Be able to identify opportunities for scholarly inquiry, define a clinical question, and understand how to develop and execute a research plan
   E. Develop skills to facilitate critical appraisal of published medical research
   F. Develop understanding of experimental design, hypothesis testing, and other current research methods, as well as participation in clinical or basic research

Interpersonal and Communication Skills
I. Residents will
   A. Develop their presentation skills and be able to answer questions in a public forum
   B. Learn to distill salient information from published studies and be able to counsel patients regarding impact on their care
   C. Hone writing skills by providing a narrative description of their scholarly activity and where appropriate, writing a scientific paper suitable for publication
   D. Obtain informed consent for research when appropriate

Practice-Based Learning and Improvement

I. Residents should
   A. Be able to access current clinical practice guidelines, electronic databases, published studies, and computer-based diagnostic reasoning programs to answer clinical questions
   B. Learn to analyze the strengths and weaknesses of published trials and apply the results of relevant clinical trials to their practice
   C. Foster intellectual inquiry through self-directed learning

Professionalism

I. Residents must demonstrate a commitment to using evidence-based data to shape research and patient care.

Systems-Based Practice

I. Residents should look for opportunities to perform quality improvement projects to improve care within our healthcare system.
Chief Rotation

Description

The chief rotation takes place in the PGY5 year and is geared toward preparing the resident for transition to independent unsupervised practice. Surgical focus will be on exposure to high level/complex cases and placing the resident in a position of leadership. This rotation takes place at CMH and is 3 months long.

Resident Role and Expectations

The chief resident is expected to take on challenging cases across a broad range of orthopaedic subspecialties at CMH and assume a primary role in the operative and clinical management of these patients. The chief resident will also be responsible for the management of the junior residents; coordinating case assignments, call coverage and clinic coverage; and contributing formally through didactic presentations to the education of more junior residents and medical students.

Readings

Operative Techniques in Orthopaedic Surgery
Wiesel et al

Contacts

Dennis Horvath, DO
Program Co-Director
Orthopaedic Surgery

Thomas Golden, MD
Program Co-Director
Orthopaedic Surgery

Educational Goals and Objectives

Patient Care and Procedural Skills
I. The chief resident is expected to function at the level of a junior attending, demonstrating the ability to create appropriate surgical plans for complex cases and perform common orthopaedic surgeries with minimal intervention from supervising attendings.

II. The chief resident will act as an attending physician in the resident clinic, overseeing junior residents and helping generate operative and nonoperative treatment plans for patients. This clinical practice will take place under the ultimate supervision and guidance of the attending physician.

III. The chief resident will demonstrate junior attending level skill in the following procedures:
   A. Total knee arthroplasty
   B. Total hip arthroplasty
   C. Knee arthroscopy
   D. Shoulder arthroscopy
   E. ACL reconstruction
   F. Hip fracture in-situ screw fixation
   G. Hip hemiarthroplasty
   H. Intramedullary nail fixation of intertrochanteric femur
   I. Carpal tunnel release
   J. ORIF of ankle fractures
   K. CRPP of pediatric supracondylar humerus fracture

Medical Knowledge

I. Demonstrate junior attending level knowledge in the breadth of orthopaedic conditions encountered in a general orthopaedic surgery practice, from pathophysiology to diagnosis and treatment. Understand controversies within the field regarding orthopaedic conditions and surgeries. Demonstrate junior attending level knowledge of musculoskeletal anatomy, physiology, biomechanics, and orthopaedic instrumentation and materials. Exhibit junior attending level knowledge of the medical management of infections, use of blood products, VTE prophylaxis, and the role of the interdisciplinary team in management of common orthopaedic conditions.

Interpersonal and Communication Skills

I. Communicate competently in complex and/or adversarial situations. Create an atmosphere of collegiality and mutual respect with all providers involved in the care of patients. Lead team-based care activities and communications, including being able to identify and rectify problems with team communication.

Practice-Based Learning and Improvement

Professionalism

I. Mentor and model personal and professional responsibility to colleagues. Recognize signs of physician impairment and be aware of institutional protocols to address impairment in colleagues. Demonstrate respect, compassion, honesty, and integrity. Have a commitment to ethical principles. Demonstrate responsiveness to the needs of patients and society in a way which supersedes self-interest. Demonstrate accountability to patients, society, and to the profession. Demonstrate sensitivity and responsiveness to patient culture, age, gender, and disabilities.

Systems-Based Practice

I. Effectively manage clinic team and schedules for patient and workflow efficiency. Use and help institute evidence-based guidelines for cost-effective care. Incorporate quality improvement and patient safety practices into the operating room, emergency department, and wards. Maintain team situational awareness and promote “speaking up” with concerns. Report identified system problems to reduce automation and computerized systems risks.