

Total Joint and Adult Reconstruction Rotation At Queen's Medical Center, PGY-3

Description of Rotation

The PGY-3 residents rotate on the adult/joint reconstruction service for three months, with most of their time spent with the two most active reconstructive (hip/ knee) surgeons in the state. Residents are in the operating room two and a half days per week and are exposed to eight arthroplasties per week. In addition residents are in clinic with Drs. Kane and Harpstrite for three half days each week. On average resident sees seventy-five patients per week in the attendings' clinics. Residents are exempt from in-house night call during this rotation. Residents round on all patients and are responsible for post-operative care. Residents are expected to learn hip and knee clinical exams, especially as it applies to the arthroplasty patient. Pre-operative work up of co-morbidities is stressed. Residents learn and perform operative approaches to hip (anterior and posterior) and knee arthroplasties, under close supervision of the attending faculty. Management of post-operative complications is learned. Residents become familiar with standardized pre-operative and post-operative protocols, including DVT prophylaxis. Each resident is expected to give one grand rounds, on an arthroplasty topic, during this rotation. Directed reading during this rotation is under the direction of Drs. Thomas Kane and Kimo Harpstrite. In addition to this 3 month rotation, the PGY-3 resident may spend one additional month at Straub Hospital and Clinic, where he is exposed to MIS hip and knee, and shoulder arthroplasty (see Bone and Joint Services at Straub Clinic and Hospital, PGY-3). Also in the PGY-3 year each resident rotates on the upper extremity service for one month and gains exposure to total elbow and shoulder arthroplasty (See Hand, PGY-3).

Length:	3 months of PGY-III year
Locations:	Queens Medical Center
Primary Supervisors:	Dr. Kimo Harpstrite (Office: 521-8176) Dr. Thomas Kane (Office: 521-8177)

Institutional Training Coordinators: Kimo Harpstrite, M.D and Thomas Kane, M.D.

Patient Care

Competency

Residents must be able to provide patient care that is compassionate, appropriate, patient-centered and effective for the diagnosis treatment of orthopaedic pathology, degenerative arthritis and the promotion of health. Residents are expected to:

Objectives

1. Demonstrate caring and respectful behaviors (verbal and non-verbal) with patients and families
2. Elicit appropriate patient medical history information using effective questioning and listening skills
3. Perform a comprehensive orthopedic evaluation and physical exam for degenerative, inflammatory, and post traumatic arthritis and deformities, with special attention to pain, range-of-motion, instability, and function.
4. Formulate a medical and surgical problem list delineating goals to be achieved, and complications to be avoided when reconstructive surgery is performed.
5. Learn to prevent intra-operative technical complications during hip and knee arthroplasty.
6. Learn biomechanical and technical principles of reconstructive long bone osteotomies for the treatment of angular deformities and degenerative arthropathies.
7. Make an early diagnosis and provide prompt treatment of acute post-operative complications, including hypotension, nerve palsy, DVT, PE, wound dehiscence and infection.

8. Integrate the clinical presentation of hip, knee pain with imaging data to make decisions regarding operative care.
9. Assess post-operative progress of arthroplasty patients (including SICU course), and of patients undergoing elective reconstructive bone and joint osteotomies.
10. Prescribe in hospital and outpatient PT, OT, utilizing Queens Medical Center post-arthroplasty clinical care pathways (see Attachments G-1 through G-5)
11. Counsel patients and families and caregivers about the plan of care.
12. Be a vital part of the inpatient team under the supervision of attending faculty
13. Identify and provide post-arthroplasty precautions and goals for therapists.
14. Diagnose and treat hip implant dislocations in the emergency department, when appropriate, under faculty supervision.
15. Complete and pass the Queens conscious sedation certifying exam.
16. Utilize treatment algorithms for the work up and treatment of the infected arthroplasty.
17. Perform joint aspirations for hip and knee, in the process of a work up for infection.
18. Properly prepare and drape patients for arthroplasty procedures
19. Learn to perform a primary hip and knee arthroplasty.
20. Be skilled in pre-operative templating and in the post-operative radiographic assessment of a hip and knee arthroplasty.

Medical Knowledge

Competency

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to be able to:

Objectives:

1. Understand and use the classification systems for periprosthetic fractures and bone loss in hip and knee arthroplasty.
2. Discuss and understand the biomechanics of hip and knee arthroplasty.
3. Know and describe the surgical steps and relevant anatomy during the anterior and posterior approaches to the hip.
4. Know and describe various approaches for total knee arthroplasty (routine, subvastus etc).
5. Know and be able to use various implants for hip and knee arthroplasty, based on anatomical and patient characteristics.
6. Promptly identify common post-arthroplasty complications and discuss their prevention
7. Complete cadaver dissection of hip and knee and cite common surgical exposures used in primary hip and knee arthroplasty.
8. Know and be able to cite outcome studies, and factors that predispose to complications for hip and knee arthroplasty
9. Know appropriate study design for the evaluation of an arthroplasty technique or specific implant.
10. Differentiate patients who are best treated by non-operative means.

Practice- Based Learning and Improvement

Competency

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to:

Objectives:

1. Evaluate one's own knowledge, incorporating feedback from others, especially faculty and chief resident(s).
2. Modify self-directed learning appropriately, including feedback provided from the OITE results, as it pertains to arthroplasty items on the in-service exam
3. Appraise and assimilate evidence from scientific studies to enhance patient care, especially as it relates to hip and knee arthroplasty and reconstructive diagnoses and treatments
4. Effectively use information technology to access and manage patient information
5. Effectively use information technology and other resources to support one's own ongoing self-education (Arthroplasty DVDs, CDs, Vumedi etc)
6. Contribute to discussions concerning patient care with other health care professionals, attendings, and consultants
7. Attend and participate in teaching conferences and rounds.
8. Present one grand rounds on an Arthroplasty topic cleared with the rotation preceptor
9. Produce a pre-rotation list of specific goals and objectives for each rotation; share these goals and objectives with the Program Director and faculty preceptors; track progress towards achieving these goals and objectives; and report on the accomplishments.

Systems Based Practice

Competency

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as be able to effectively call on other resources in the system to provide optimal health care. Residents are expected to:

Objectives

1. Collaborate with and maintain appropriate professional attitudes and behaviors toward other medical professionals and allied health personnel
2. Assess how one's own actions affect others, especially in the arthroplasty service setting
3. Integrate the care of arthroplasty patients in inpatient settings. Use clinical pathways.
4. Use diagnostic and therapeutic procedures appropriately and judiciously
5. Carefully and thoughtfully evaluate the risks, benefits, limitations, and costs of patient care
6. Provide data for M&M conferences to positively affect patient care
7. Participate in clinical pathways designed to improve patient outcomes
8. Serve as patient advocates in dealing with system complexities
9. Serve as patient advocates for quality patient care
10. Work effectively with other services, health care agencies, and case managers
11. Work to improve the system of medical care at Queens Medical Center

12. Provide information on systems issues that may improve patient care (this performed at department meetings).

Professionalism

Competency

Residents must demonstrate commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to:

Objectives

1. Exemplify and display an observable respect and compassion toward patients
2. Exemplify reliability, punctuality, integrity, and honesty
3. Accept responsibility for one's own actions and decisions
4. Apply sound ethical principles in medical practice, including issues of patient confidentiality, informed consent, provision for the withholding of care, and interactions with insurance companies and disability agencies
5. Consider the effects of personal, social, and cultural factors in the disease process and patient management
6. Demonstrate non-judgmental sensitivity and responsiveness to the age, culture, disability status, and gender of patients and colleagues

Interpersonal and Communication Skills

Competency

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Objectives

1. Establish trust and maintain rapport with patients and families
2. Complete dictations and chart notes in a timely manner (monitored by medical records department and Program Director)
3. Discuss diagnoses, prognoses, and treatment options clearly and accurately to patients
4. Synthesize information and present clinical and diagnostic information clearly to colleagues,
5. Utilize effective listening skills
6. Communicate and interact with staff/team in respectful, responsive manner
7. Promote teamwork, and coordinate the work up and treatment of patients on the arthroplasty service.

Teaching Methods

PGY-3 residents on the Adult Arthroplasty and reconstructive service function with a 1:1 faculty/resident ratio. Teaching is by case-method with didactic support in the form of basic science lectures, journal club, grand rounds, morbidity and mortality conferences

Assessment Method (residents)

Resident performance will be subject to daily formative evaluation in the operating room, and the clinic; resident is given a specific formative evaluation 6 weeks into the rotation, to address

any deficiencies; the 360 degree evaluation process (using faculty, nurse managers, residents and patient evaluations) will take place at the end of each quarter. Semiannual Program Director/Faculty/Resident evaluation meetings will provide summative evaluation.