

Bone & Joint Rotation At Straub Clinic & Hospital, PGY-3

Description of Rotation

The rotation at the Straub Bone & Joint Center is made up of four services: Shoulder & Elbow, Sports Medicine, Foot & Ankle, and Total Joint (minimally invasive).

- The resident will be asked to choose a major and a minor interest from the above three services.
- The resident will work closely with the surgeon on the service of their major interest attending all clinics and surgeries.
- The resident will fill the remainder of their schedule with either clinic or surgeries from the service of minor interest.

If the resident does not select a major service and interest, the typical weekly schedule assignment will be as follows:

<u>Day of the Week</u>	<u>Morning</u>	<u>Afternoon</u>
Monday:	Weldon – Clinic	Nakasone – Surgery
Tuesday:	Academics	Nakasone – Surgery
Wednesday:	Weldon – Surgery	Weldon – Surgery
Thursday:	Chang – Clinic	Weldon – Clinic
Friday:	Weldon – Clinic	Chang – Surgery
Saturday:	Weldon, Nakasone or Chang – Clinic	
Sunday:	Day off	

Length:	One month of PGY-III year
Location:	Straub Clinic & Hospital
Primary Supervisors:	Spencer Chang, M.D. – Sports Medicine/Foot & Ankle Service (Office: 522-3272) Cass Nakasone, M.D. – Total Joint Service (Office: 522-3273) Edward Weldon, M.D. – Shoulder & Elbow Service (Office: 522-3274)

I. Shoulder and Elbow Service

Edward Weldon, M.D. is the supervising attending for the Shoulder and Elbow Service.

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. Learn shoulder/elbow injury related medical inquiry to determine mechanism of injury, related information (performance needs and goals), and functional impairments.
3. Be able to perform a comprehensive orthopedic evaluation and physical exam for traumatic, degenerative, and overuse injuries to the shoulder and elbow.
4. Learn to integrate the clinical presentation with imaging data to make decisions regarding operative care (radiographs, MRI, and CT).
5. Be able to formulate a medical and surgical problem list delineating goals to be achieved and complications to be avoided when reconstructive surgery is performed.
6. Learn to prevent intra-operative technical complications during shoulder and elbow reconstructive surgery.
7. Make an early diagnosis and provide prompt treatment of acute post operative complications, including nerve palsy, DVT, PE, wound dehiscence, infection, and instability.
8. Be able to assess postoperative progress of patients, who have undergone arthroscopic or open operative treatment.
9. Learn to prescribe in hospital and outpatient PT, utilizing standard post operative protocols for patients undergoing shoulder stabilization, rotator cuff surgery, and elbow MCL reconstruction.
10. Be able to effectively counsel patients, families and caregivers about the plan of care.
11. Be a vital part of the shoulder/elbow team under the supervision of attending faculty.
12. Be able to diagnose common degenerative injuries to shoulder and elbow.
13. Participate in pre and post operative clinics with attending faculty.
14. Be aware of and use treatment algorithms for complex injuries of the shoulder/elbow.
15. Learn to properly prepare and drape patients for elbow/shoulder procedures.
16. Learn to perform diagnostic and operative shoulder and elbow open reconstructive procedures (ligament reconstructions, resurfacing, and joint replacement).
17. Participate in open stabilization procedures for shoulder and elbow instabilities.
18. Template radiographs as part of the preoperative process, when appropriate.

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. Identify and understand natural history of shoulder and elbow degenerative, infectious, and traumatic disorders.
2. Discuss and understand the biomechanics of shoulder and elbow and their instability states.
3. Know and describe various open treatments for shoulder and elbow degenerative arthritis.

4. Know and be able to use various implants for shoulder and elbow arthroplasty based on anatomical and pathological patient characteristics and treatment goals.
5. Promptly identify common post complications and discuss their prevention.
6. Learn and use evidence based postoperative therapy regimens during the postoperative period.
7. Complete cadaver dissection of shoulder and elbow and cite common surgical exposures used during shoulder and elbow reconstructive procedures.
8. Know and be able to cite outcome studies for shoulder and elbow arthroplasties.
9. Know work up and treatment algorithms for shoulder and elbow infected arthroplasty.
10. Know and use post operative protocols for total shoulder and elbow arthroplasty.
11. Differentiate patients who are best treated by non operative means.
12. Understand and state radiographic goals to be achieved during shoulder and elbow arthroplasty.

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 the faculty.
2. Modify self-directed learning appropriately, including feedback provided from the OITE results, as it pertains to reconstructive items on exam.
3. Appraise and assimilate evidence from scientific studies to enhance patient care, especially as it relates to shoulder and elbow injuries and reconstructive 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 (Arthroscopy 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. Produce a pre-rotation list of specific goals and objectives; 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 shoulder service setting.
3. Evaluate interactions with patients and ancillary personnel.
4. Integrate the care of patients with arthrosis and injuries. Use clinical pathways.
5. Use diagnostic and therapeutic procedures appropriately and judiciously.
6. Carefully and thoughtfully evaluate the risks, benefits, limitations, and costs of patient care.
7. Provide data for M&M conferences to positively affect patient care.
8. Participate in clinical pathways designed to improve patient outcomes.
9. Serve as patient advocates in dealing with system complexities.
10. Serve as patient advocates for quality patient care.
11. Work effectively with other services, attendings and consultants.
12. Work to improve the system of medical care at Straub Hospital and improve care for community patients.
13. 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.
7. Understand and be empathetic to special needs and concerns of the patient, who is dealing with arthritis, and is scheduled for surgical reconstruction.

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 and trainers.
4. Synthesize information and present clinical and diagnostic information clearly to colleagues, trainers and coaches.
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 shoulder service.

Teaching Methods

PGY-3 residents on the Adult Shoulder 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, and morbidity and mortality conferences.

Assessment Method (residents)

Resident performance will be subject to daily formative evaluation in the operating room, clinics and training room; resident is given a specific formative evaluation 2 weeks into the rotation to address any deficiencies; the 360 degree evaluation process (using faculty, nurses, residents and patient evaluations) will take place at the end of each quarter. Semiannual Program Director/Faculty preceptor/Resident evaluation meetings will provide summative evaluation.

II. Total Joint Service MIS (Minimally Invasive Exposure)

Cass Nakasone, M.D. is the supervising attending for the Total Joint Service.

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, inflammatory and post traumatic 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. Learn hip and knee related medical inquiry to determine mechanism of injury, related information (performance needs and goals) and functional impairments.
3. Be able to perform a comprehensive orthopedic evaluation and physical exam for traumatic, degenerative, and overuse injuries to the hip and knee.
4. Learn to integrate the clinical presentation with imaging data (radiographs, MRI, and CT) to make decisions regarding operative care.
5. Be able to formulate a medical and surgical problem list delineating goals to be achieved, and complications to be avoided when reconstructive surgery is performed.
6. Learn to prevent intra-operative technical complications during hip and knee reconstructive surgery.
7. Make an early diagnosis and provide prompt treatment of acute post operative complications, including nerve palsy, DVT, PE, wound dehiscence, infection, and instability.
8. Be able to assess postoperative progress of patients, who have undergone arthroscopic or open operative treatment.
9. Learn to prescribe in hospital and outpatient PT, utilizing standard post operative protocols for patients undergoing hip and knee reconstruction and joint arthroplasty.
10. Be able to effectively counsel patients, families and caregivers about the plan of care.
11. Be a vital part of the MIS team under the supervision of attending faculty.
12. Be able to diagnose common degenerative pathology of hip and knee.
13. Participate in pre and post operative clinics with attending faculty.
14. Be aware of and use treatment algorithms for complex clinical problems associated with hip and knee arthroplasty (E.g. infection, instability).
15. Learn to properly prepare and drape patients for hip/knee procedures.
16. Learn to perform operative hip and knee open reconstructive procedures (ligament reconstructions, resurfacing, and joint replacement).
17. Participate in MIS arthroplasty procedures for hip and knee arthrosis.
18. Template pre operative x-rays, as part of preoperative process.
19. Evaluate biomechanical aspects of postoperative radiographs (e.g. alignment, leg lengths, etc).

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. Identify and understand the natural history of hip and knee degenerative, infectious, and traumatic disorders.
2. Discuss and understand the biomechanics of hip and knee arthroplasty and their instability states.
3. Understand and state radiographic criteria for a successful hip and knee arthroplasty.
4. Know and describe various open treatments for hip and knee degenerative arthritis.
5. Know and be able to use various implants for hip and knee arthroplasty based on anatomical and pathological patient characteristics and treatment goals.
6. Promptly identify common post complications and discuss their prevention.
7. Learn and use evidence based postoperative therapy regimens during the postoperative period.
8. Complete cadaver dissection of hip and knee and cite common surgical exposures used during MIS reconstructive procedures.
9. Know and be able to cite outcome studies for hip and knee arthroplasties.
10. Know work up and treatment algorithms for a hip and knee infected arthroplasty.
11. Know and use post operative protocols for MIS total hip and knee arthroplasty.
12. 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 the faculty.
2. Modify self-directed learning appropriately, including feedback provided from the OITE results, as it pertains to reconstructive and MIS items on exam.
3. Appraise and assimilate evidence from scientific studies to enhance patient care, especially as it relates to hip and knee, injuries, arthroplasties, and reconstructive 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 (Arthroscopy 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. Produce a pre-rotation list of specific goals and objectives; 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 shoulder service setting.
3. Evaluate interactions with patients and ancillary personnel.
4. Integrate the care of patients with arthrosis and injuries. Use clinical pathways.
5. Use diagnostic and therapeutic procedures appropriately and judiciously.
6. Carefully and thoughtfully evaluate the risks, benefits, limitations, and costs of patient care.
7. Provide data for M&M conferences to positively affect patient care.
8. Participate in clinical pathways designed to improve patient outcomes.
9. Serve as patient advocates in dealing with system complexities.
10. Serve as patient advocates for quality patient care.
11. Work effectively with other services, attendings and consultants.
12. Work to improve the system of medical care at Straub Hospital and improve care for community patients.
13. 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.

7. Understand and be empathetic to special needs and concerns of the patient, who is dealing with arthritis, and is scheduled for surgical reconstruction.

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 and trainers.
4. Synthesize information and present clinical and diagnostic information clearly to colleagues and consultants.
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 shoulder service.

Teaching Methods

PGY-3 residents on the MIS 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, and morbidity and mortality conferences.

Assessment Method (residents)

Resident performance will be subject to daily formative evaluation in the operating room, clinics, and training room; resident is given a specific formative evaluation 2 weeks into the rotation to address any deficiencies; the 360 degree evaluation process (using faculty, nurses, residents and patient evaluations) will take place at the end of each quarter. Semiannual Program Director/Faculty preceptor/Resident evaluation meetings will provide summative evaluation.

III. Foot and Ankle Service

Spencer Chang, M.D. is the supervising attending for the Foot and Ankle rotation.

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

19. Demonstrate caring and respectful behaviors (verbal and non-verbal) with patients and families
20. Elicit appropriate patient medical history information using effective questioning and listening skills. Apply foot and ankle injury related medical inquiry to determine mechanism of injury, and related information (performance needs and goals) and functional impairments.
21. Be able to perform a comprehensive orthopedic evaluation and physical exam for traumatic, degenerative, and overuse injuries to the foot and ankle.
22. Integrate the clinical presentation with imaging data (radiographs, MRI, CT) to make decisions regarding operative care.
23. Formulate a medical and surgical problem list delineating goals to be achieved, and complications to be avoided when reconstructive surgery is performed for ankle, mid- foot, hind-foot instabilities, and deformities.
24. Learn to prevent intra-operative technical complications during foot/ankle reconstructive surgery.
25. Make an early diagnosis and provide prompt treatment of acute post-operative complications, including nerve palsy, DVT, PE, wound dehiscence, infection, and instability.
26. Effectively assess post-operative progress of patients, who have undergone arthroscopic or open operative treatment for their foot and ankle pathology.
27. Learn to prescribe in hospital and outpatient physical therapy, utilizing standard post-operative protocols for patients undergoing osteotomies, fore-foot reconstructions, posterior tibial tendon reconstructions, and neuroma excision.
28. Be able to effectively counsel patients and families and caregivers about the plan of care.
29. Be a vital part of the foot/ankle team under the supervision of attending faculty.
30. Be able to diagnose common degenerative conditions of the foot and ankle.
31. Participate in pre- and post-operative clinics with attending faculty.
32. Be aware of and use treatment algorithms for complex injuries of the foot/ankle, including fracture- dislocations, charcot foot, subtalar instabilities, and lesions of the talar dome .
33. Learn to properly prepare and drape patients for foot/ankle procedures
34. Learn to perform diagnostic and operative foot/ankle open reconstructive procedures (ligament reconstructions, resurfacing).
35. Participate in open stabilization procedures for ankle instabilities.
36. Template radiographs as part of the preoperative process, when appropriate.

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:

13. Identify, understand, natural history of foot and ankle degenerative, infectious, and traumatic disorders.
14. Discuss and understand the biomechanics of the foot and ankle, and their instability states.
15. Know and describe various open treatments for foot and ankle degenerative and inflammatory (rheumatoid) arthritis.
16. Know and be able to use various implants for foot fusions and arthroplasty based on anatomical and pathological patient characteristics, and treatment goals.
17. Promptly identify common post-operative complications and discuss their prevention
18. Learn and use evidence based post-operative therapy regimens during the post-operative period.
19. Complete cadaver dissection of the foot and ankle and cite common surgical exposures used during foot and ankle reconstructive procedures.
20. Know and be able to cite outcome studies for fore-foot arthroplasties, and hind-foot osteotomies.
21. Know work up and treatment algorithms for foot infections.
22. Know and use post operative protocols fore-foot reconstructive osteotomies .
23. Differentiate patients who are best treated by non-operative means for their foot/ ankle pathology .
24. Understand and state radiographic goals to be achieved during foot and ankle arthroplasty and reconstruction.

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:

9. Evaluate one's own knowledge, incorporating feedback from others, especially the faculty.
10. Modify self-directed learning appropriately, including feedback provided from the OITE results, as it pertains to foot and ankle items on the exam.
11. Appraise and assimilate evidence from scientific studies to enhance patient care, especially as it relates to foot and ankle injuries and reconstructive treatments.
12. Effectively use information technology to access and manage patient information
13. Effectively use information technology and other resources to support one's own ongoing self-education (Arthroscopy DVDs, CDs, Vumedi, etc)
14. Contribute to discussions concerning patient care with other health care professionals, attendings, and consultants
15. Attend and participate in teaching conferences and rounds.
16. Produce a pre-rotation list of specific goals and objectives: 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

14. Collaborate with and maintain appropriate professional attitudes and behaviors toward other medical professionals and allied health personnel.
15. Assess how one's own actions affect others, especially in the foot and ankle service setting. Evaluate interactions with patients and ancillary personnel .
16. Integrate the care of patients with arthrosis and injuries. Use clinical pathways.
17. Use diagnostic and therapeutic procedures appropriately and judiciously
18. Carefully and thoughtfully evaluate the risks, benefits, limitations, and costs of patient care
19. Provide data for M&M conferences to positively affect patient care
20. Participate in clinical pathways designed to improve patient outcomes
21. Serve as a patient advocate in dealing with system complexities
22. Serve as a patient advocate for quality patient care
23. Work effectively with other services, attendings and consultants.
24. Work to improve the system of medical care at Straub Clinic and Hospital and improve care for community patients.
25. Provide information on systems issues that may improve patient care (this is 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

8. Exemplify and display an observable respect and compassion toward patients
9. Exemplify reliability, punctuality, integrity, and honesty
10. Accept responsibility for one's own actions and decisions
11. 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
12. Consider the effects of personal, social, and cultural factors in the disease process and patient management
13. Demonstrate non-judgmental sensitivity and responsiveness to the age, culture, disability status, and gender of patients and colleagues.
14. Understand and be empathetic to special needs and concerns of the patient , who is dealing with arthritis, or infection, and is scheduled for surgical reconstruction.

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

8. Establish trust and maintain rapport with patients and families.
9. Complete dictations and chart notes in a timely manner (monitored by medical records department and the Program Director)
10. Discuss diagnoses, prognoses, and treatment options clearly and accurately with patients and care coordinators.
11. Synthesize information and present clinical and diagnostic information clearly to colleagues, and ancillary personnel.
12. Utilize effective listening skills
13. Communicate and interact with staff/team in respectful, responsive manner
14. Promote teamwork, and coordinate the work up and treatment of patients on the foot and ankle service.

Teaching Methods

PGY-3 residents on the foot and ankle 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 clinics and training room; resident is given a specific formative evaluation 2 weeks into the rotation, to address any deficiencies; the 360 degree evaluation process (using faculty, nurses, residents and patient evaluations) will take place at the end of each quarter. Semiannual Program Director/Faculty preceptor/Resident evaluation meetings will provide summative evaluation.

