

## Introduction & Program Overview

Welcome to the University of Hawaii Orthopaedic Residency Program! This *Curriculum Guide* should answer many of your questions about Program expectations and opportunities.

The Program operates in a community hospital system in which patients are admitted and treated by private surgical attending physicians. The Program Director is responsible for Program management, and delegates educational and administrative responsibilities to the Director of Orthopaedic Education or Institutional Site Coordinator at each participating hospital.

The training of orthopaedic residents takes place primarily in four affiliated Honolulu community hospitals: Queen's Medical Center, Tripler Army Medical Center, Kapiolani Medical Center for Women and Children and Shriners Hospitals for Children-Honolulu. Residents assigned to clinical specialty rotations may accompany members of the teaching faculty to other facilities, including Kapiolani Medical Center at Pali Momi, and Straub Clinic & Hospital. The Physical Medicine and Rehabilitation rotation takes place at Harborview Medical Center at the University of Washington.

The Orthopaedic Residency Program seeks to prepare residents to become orthopaedic surgeons of the highest caliber by providing a rich educational experience in a variety of clinical settings. The three main program components : curriculum; research; and patient care are structured to offer the knowledge, skills, attitudes/behaviors, and clinical judgment needed for the practice of orthopaedic surgery.

The Orthopaedic Residency Program is dedicated to the development of competencies in the following areas:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families and other health professionals.
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is optimal value.

The following methods are used to assess residents learning and performance skills in the six general competencies:

1. **Focused Observation and Evaluation:**

*(Patient Care, Medical Knowledge, and Professionalism)*

Attending physicians evaluate the technical skills and the professional conduct of the resident while in patient care settings; particularly in the Operating Room and Outpatient Clinics. The resident is evaluated bi-annually by attending physicians, and the Program Director. This evaluation is placed and maintained in the resident permanent file.

The results are used for written and oral feedback to the resident; to track resident learning growth; and for promotion/progress decisions.

This evaluation assesses the resident's performance in the following areas: a) Pre-Operative Management of Patients; b) Performance in the O.R.; c) Post-Operative Management of Patients; d) Participation in Rounds and Conferences; e) Relationship with Peers, Attendings and Hospital Staff; f) Resident Strengths; g) Resident Weaknesses; and h) Assessment of the Resident's Overall Performance, Attitude, and Department.

2. **360 Assessments:**

*(Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and System-Based Practice)*

Evaluations are completed by attending physicians, paraprofessional staff and residents on each rotation. Bi-annually, evaluations are reviewed by a group of attending physicians and the resident. This is used to determine the efficacy of our teaching methods and to determine the progress of the resident. When necessary, remedial steps are implemented.

These results are used for written and oral feedback; individual resident education plans; to track resident learning/growth; promotion/progress decisions; assess program effectiveness; and make changes to the curriculum.

Refer to item number one for evaluation criteria.

3. **General Performance Evaluation:**

*(Patient Care, Interpersonal & Communication Skills and Professionalism)*

Written general performance evaluations are completed by residents for each rotation. These scored evaluations are reviewed by the attending staff and the residents. They are part of the resident's permanent record.

The residents are evaluated by faculty/attending supervisors, other residents, and the nursing staff. The results are used for written and oral feedback and promotion/progress decisions.

Refer to item number one for evaluation criteria.

4. **Structured Case Discussion:**  
(*Patient Care and Medical Knowledge*)

Cases are presented to the Program Director and attending staff twice weekly by the residents. Their evaluation and treatment plans are evaluated and discussed with direct feedback given at that time.

Results from this method are used in both written and oral feedback to track the resident's learning and growth as a physician. Promotion and progress decisions are based upon these results.

5. **Standardized In-Training Exams:**  
(*Medical Knowledge*)

The inservice examination (OITE) is administered once a year after several weeks of topic reviews and quizzes. The results of the exam serve as a general indication of the resident's Orthopaedic knowledge. Low scores are likely to result in remedial learning sessions. Upon receipt of the test results and answers, discussion groups are run by the Chief Orthopaedic Residents to discuss the answers selected.

The results of this exam are used in both written and oral feedback.

6. **Review of Case or Procedure Log:**  
(*Patient Care and Medical Knowledge, Practice Based Learning and Improvement*)

The tracking and recording of surgical cases (ACGME Case Log System) performed by the resident provides an assessment of the resident's exposure and experience. During each rotation, a faculty/attending supervisor reviews the resident's case log to ensure there is sufficient variety and volume to afford that the resident is receiving adequate experience in diagnosis and management of adult and pediatric Orthopaedic disorders.

This method is used to track resident learning/growth, assess program effectiveness and, if necessary, make changes to the curriculum.

7. **Review of Patient Chart/Record:**

*(Patient Care, Medical Knowledge and Professionalism, Systems Based Practice)*

Resident and attending performances are evaluated by Peer Review Committees and during Morbidity and Mortality Conferences. This information is communicated back to the resident by hospital administration and the Program Director. During each rotation, consultants or faculty/attending supervisors evaluate the written comments entered by the residents and provide oral feedback.

8. **Other – Research Evaluation:**

*(Medical Knowledge and Professionalism)*

Clinical and basic science research projects and the presentation of these projects, on an annual basis, are an integral part of this program. Research projects are closely followed by both the individual advisors and Director of Research. Resident performance is indicative of learning and professionalism.

Residents are provided both written and oral feedback regarding their research projects. The projects are used to track learning/growth and in promotion/progress decisions regarding the resident.

***The educational tenets of the Program are based on guidelines set forth by the American Board of Orthopaedic Surgery, which state:***

***Orthopaedic surgery is the medical specialty that includes the preservation, investigation, and restoration of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods.***

***The following are the educational goals for each year of the residency, which define how the Program will help, the resident meet the definition stated above.***