

# Orthopedic Surgery

## General Program Goals, Objectives and Implementation

---

### Description of Program Goals and Objectives

In keeping with the American Board of Orthopedic Surgery's goals and ACGME requirements, at the end of five years of training in our program, a resident is expected to independently practice competent and caring orthopedic surgery, with the highest standards of professionalism.

Training is competency based, and a resident is expected to achieve the following competencies:

---

### Patient Care

#### Objectives

1. Respect the needs of patients and their families and provide orthopedic care in accordance with those needs.  
*Implementation:* The multicultural nature of our community requires special attention to this. While a curricular approach to this aspect of training is difficult, guidance can be sought from senior residents and attending physicians.
2. Teach patients and their families about their orthopedic disease states and health needs.  
*Implementation:* Before discharging a patient from hospital or clinic, remember to discuss their orthopedic problems (fractured hip), and also the impact of comorbidities (osteoporosis). When outlining a treatment plan, always ask the patient if they understand, and if all their questions have been answered.
3. Develop experience in outpatient care, with continuity of care emphasized.  
*Implementation:* At Queens Medical Center (Trauma Service), evaluation of patients presenting through the emergency ward is ongoing. Efforts are made to have patients followed throughout their surgical course, including outpatient follow up. Preoperative work up of service patients is done on Tuesday afternoons, in Queen Emma Clinic. In addition, one half day is spent in the trauma attendings office(s), seeing pre and postoperative patients.  
On subspecialty rotations (hand, spine, total joints, pediatrics, Straub Hospital, Shriners Hospital, Kapiolani Medical Center, Sports Medicine venues), operative experience is balanced with significant outpatient pre and postoperative patient contact (at least 3 half days of clinic per week).

---

### Medical Knowledge

#### Objectives

1. Diagnose and manage orthopedic disorders, based on a thorough knowledge of basic and clinical science, with emphasis on higher levels of evidence in the literature.  
*Implementation:* This will be achieved through daily interaction with your Senior Residents and Faculty at each of the participating rotations (hospitals), with specific reference to your assigned patients.  
Focused reading centering on your patients, or a problem-based learning approach to their surgical disorders is emphasized. Basic Science conferences and all programwide

conferences will be directed toward clinical problems, but cannot replace the role of patient-specific, problem-oriented reading. OITE exams are used as teaching tool. Preparation for the exam and self assessment of missed items (questions) is part of the process.

Didactic teaching is also an integral part of your acquisition of medical knowledge. “Resident as teacher” opportunities are provided throughout your training.

2. Demonstrate appropriate skill in those surgical techniques required of a qualified orthopedic surgeon.

*Implementation:* The large number of cases available and the devotion of our teaching Faculty have produced very technically facile Chief Residents for many years. Paying close attention to the technical implementation of an operation while you are first or second-assisting is very helpful. In addition, glean technical advice from different Faculty members in different settings will help you to develop your own “style” and approach. Residents are encouraged to include a computer based “techniques log”, as a part of their educational portfolio. These are reviewed twice a year.

3. Demonstrate the use of critical thinking when making decisions affecting the life, or quality of life, of a patient.

*Implementation:* Thinking “out loud” in front of your Senior Resident or Faculty attending in the ICU, in the Emergency Room, in the Clinic, Operating Room, and so on. Ward rounds is helpful. Asking questions and keeping the lines of communication open is important in your growth and in our ability to evaluate you, and to assist you in your growth and development. Developing algorithms for complex problems is encouraged. Texts are recommended (e.g., Buholtz’s Orthopedic Decision Making).

---

## **Practice- Based Learning and Improvement**

### **Objectives**

1. Make sound, ethical and legal judgments appropriate for a qualified orthopedic surgeon.

*Implementation:* Journal Club, which devotes several sessions each year specifically to ethical issues. Also, ethical issues are discussed routinely at Morbidity & Mortality Conferences and on teaching rounds at each of our participating Institutions. Participation occurs in hospital quality improvement measures.

2. Teach and share knowledge with colleagues, Residents, Students, and other health care providers.

*Implementation:* The roles of teacher and “learner” are inseparable in medicine in general, and in surgery, specifically. Taking call with Medical Students will help to develop these skills at an early stage of your professional career, Supervising Junior. You as residents will solidify this and emulate the teachers that you admire as you become more senior. Senior (chief) residents have significant opportunities to improve their knowledge base and teaching abilities during monthly M&M conferences, where literature reviews are emphasized.

3. Demonstrate acceptance of the value of life-long learning as a necessary prerequisite to maintaining orthopedic surgical knowledge and skill.

*Implementation:* Again, our devotion to problem-based learning will become evident as time goes by. You must read about your patients' illnesses and medical conditions. Setting goals and reviewing attainment of goals is a critical part of process. A formal (written) list of goals is required before the start of each subspecialty rotation.

4. Demonstrate a commitment to scholarly pursuits through the conduct and evaluation of research.

*Implementation:* The Program will help you to identify a mentor for clinical or basic science research. It is expected that every resident will be involved in at least one research project during their training, with the goal being the submission of either an abstract for presentation at a local, regional, or national meeting, or the submission of a manuscript to a peer-reviewed journal. The research resident is expected to produce one presentation suitable for a national meeting. Residents in the PGY3 and 5 years are expected to present their research at the Hawaii Orthopedic Association Spring Symposium.

---

## **Interpersonal and Communication Skills**

### **Objectives**

1. Develop leadership, communication, and administrative skills.

*Implementation:* Being a chief resident requires the ability to delegate authority, make call schedules, communicate with administrators, Faculty, and individuals in other fields of medicine. Again, the Program teaches by example. Emulate those leaders, teachers and surgeons that you most admire.

---

## **Systems Based Practice**

### **Objectives**

1. Collaborate effectively with colleagues, nurses and other health professionals.

*Implementation:* It is expected that you will observe the manner in which faculty attendings interact with their colleagues and play a role in the management of your patients by obtaining appropriate consultation, discussing your patients with nurses, physical and occupational therapists, prosthetists, and pharmacists *routinely*. Appropriate and timely use of consultants, and appropriate ordering of tests/procedures and blood products are taught and evaluated. Attendance at Queens Orthopedic Surgery Department meetings aids in your knowledge of hospital systems and patient care improvement projects.

2. Provide cost-effective care to orthopedic patients and families within the community.

*Implementation:* Try to remember that if a test is not going to affect what you do, it may not be worth getting. You will be questioned *routinely* at Morbidity & Mortality Conferences, on daily Ward rounds by your Senior Residents and on teaching rounds at each of the Hospitals about the utility, or lack thereof, for tests, hospitalization and operative indications.

---

## **Professionalism**

### **Objectives**

1. While professionalism is difficult to define, it encompassed a professional commitment to excellence, altruism, honesty, dependability and accountability to patients and society. Residents must demonstrate an adherence to ethical principles and patient centered care. Responsibility for continuity of care is also a key behavior residents must demonstrate. Cultural competency is crucial in our multicultural society, here in Hawaii.  
*Implementation:* Professionalism is taught primarily during clinical experiences, where role models' behavior(s) can be adopted. Case narratives (illustrating an aspect of professionalism), as part of a portfolio are encouraged. Discussions of ethical topics are included in Journal Club topics. Medical ethics, sense of responsibility, and thoroughness in patient care are evaluated via New Innovations.