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ROTATION: ORTHOPEDIC SURGERY

ROTATION DIRECTOR: Nelson SooHoo M.D.

CHIEF OF ORTHOPEDIC SURGERY: Gerald Finerman, M.D.

SITES: UCLA Medical Center
       VA Greater Los Angeles Healthcare System

GOALS: To provide trainees an opportunity to participate in the perioperative and operative aspects of orthopedic surgery.

LEVEL OF TRAINEE: R1

ASSESSMENT:

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: end of rotation evaluation of resident performance to assess the resident's demonstration of Core Competencies with respect to the stated objectives by faculty, other team resident members, students, and nursing staff.
2. Case Logs: auditing of operative cases pertinent to the specialty in the Surgical Operative Log.
3. Written Examination: performance on the annual ABSITE examination, Cardiovascular and Respiratory systems section.
4. Patient Survey: performance will be assessed by patient surveys administered though the rotation.

DESCRIPTION OF THE ROTATION:

The Orthopedic Surgery rotation of 1 month in R1.

1. All rotating will be part of the Orthopedic Surgery team and responsible for the care of the orthopedic surgery patients.
2. The surgery residents will provide in-patient care including routine admissions and critical care of patients.
4. Residents will further participate in surgical operations needed on these patients under direct supervision by the surgical faculty.
5. The rotating residents will participate in all Department of Surgery educational conferences and didactic presentations.
6. Residents are expected to actively participate and present at the weekly Core Curriculum session, X-ray Conference and Fracture Conference.
R1 RESIDENT

COMPETENCY BASED LEARNING OBJECTIVES

Patient Care:

1. Perform a complete and thorough history and physical examination, with emphasis in elements unique to orthopedic surgery patients.
2. Initiate the laboratory evaluation and any other initial diagnostic studies with an understanding of the tests to be ordered.
3. Make informed decisions about diagnostic and therapeutic interventions on orthopedic surgery patients with the guidance of senior residents and faculty.
4. Be proficient in the preoperative preparation of the patients for orthopedic surgery and routine postoperative care.
5. Understand basic pathophysiology of orthopedic disease.
6. Understand the basic indications for common radiological and interventional studies used in the care of orthopedic surgery patients such as plain chest, and CT scans.
7. Demonstrate the ability to effectively set priorities and coordinate the care of orthopedic patients.

Medical Knowledge:

1. Gain knowledge in the preoperative, operative, and postoperative care of orthopedic patients in the hospital, emergency room, and clinic.
2. Learn the gross anatomical structures of the skeletal system and their individual functions
3. Provide basic care for acute trauma to the musculoskeletal system in a variety of settings
4. Be able to effectively assist the orthopaedic surgeon
5. Be able to identify and describe radiological characteristics of histological and pathological conditions of the musculoskeletal system
6. Be able to use plain radiographs, CT scan and MRI to make patient care decisions.
7. Develop the following clinical skills:
   a. Physical examination of a closed or open extremity fracture.
   b. Splinting of a closed extremity
   c. Application of traction to
   d. Debride and irrigate an open extremity fracture
   e. Physical examination of soft tissue injuries around the musculoskeletal system.
   f. Join aspiration
   g. Immobilization of the cervical
   h. Assist in rehabilitation of postoperative patients
Practice Based Learning:

1. Develop a personal program of self-study and professional growth with guidance from the teaching staff and senior residents. An understanding of the etiology, pathogenesis, pathophysiology, diagnosis and management of orthopedic disorders will allow for sound surgical judgment, which relies on knowledge, rational thinking and the surgical literature.

2. Utilize current literature resources to obtain up-to-date in information in the orthopedic patients and practice evidence-based medicine.

3. Participate in teaching and organization of the educational weekly orthopedic surgery conference.

4. Participate in activities of the Department of Surgery (including all teaching conferences) and assume responsibility for teaching and supervision of subordinate surgical house staff, and medical students.

5. Participate in the Department Morbidity & Mortality conference and utilize information to further improve patient care.

6. Participate in daily teaching rounds and be able to present patients in an organized and complete fashion.

Professionalism:

1. Practice compassionate patient care maintaining the highest moral and ethical values with a professional attitude.

2. Demonstrate understanding of the needs and feelings of others, including the patient's family members, allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.

3. Communicate and collaborate effectively in a team of health care providers.

4. Demonstrate respect, compassion and integrity in the care of orthopedic surgery patients on a daily basis.

5. Demonstrate mature and educated approach to Ethical issues commonly encountered in a orthopedic surgery setting.

6. Show sensitivity to patients culture, age, gender and disabilities.

7. Recognize and appropriately handle sensitive cases of abuse.

8. Be self-aware and have knowledge of professional limits by practicing on-going medical education and self-improvement.

9. Be accountable to profession in their actions and decisions.

Interpersonal Relationships And Communication:

1. Create and sustain a therapeutic and ethically sound relationship with patients and patient families.

2. Work effectively with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.

3. Maintain professional interactions with other health care providers and hospital staff.
REFERENCES: These references are available for your use in the VA clinic and the Ortho Library on the seventh floor of CHS. Please do not remove these texts from the libraries.

**Systems Based Practice:**  Hoppenfeld's Physical Examination of the Extremities.  This is a short, heavily illustrated textbook that is an excellent introduction to  

1. Understand how the health care organization affects surgical practice of orthopedic surgery  
2. Demonstrate cost effective health care  
3. Be able to coordinate multi-specialty and multidisciplinary trauma care practice  
   including discharge planning, social service, rehabilitation, and long term care  
4. Follow established practices, procedures, and policies of the Department of Surgery and integrated and affiliated hospitals.  
5. Maintain complete of medical records operative notes staff sheets and notes, patient database cards and other patient care related documentation in a timely, accurate and succinct manner.  

   the orthopaedic exam.  This would be my first recommendation for reading as it will give you a strong basis for understanding the diagnosis of musculoskeletal conditions.

Hoppenfeld’s Surgical Exposure in Orthopaedics. This book reviews all the surgical approaches commonly used in orthopaedic surgery. Reading this before cases will make it possible

**TYPICAL WEEK:**  for you to understand the sequencing and thought process for almost all exposures.

Fracture textbooks: Either of the two books below are good references for reading about fracture care. I would recommend reading the relevant areas after seeing patients with fractures or prior to participating in cases.

Browner and Jupiter’s Skeletal Trauma  
Rockwood and Green’s Fractures in Adults

General Reference: Campbell’s is a good basic reference to read about any orthopaedic surgery in preparation for cases. Wheeles’ online textbook can be useful when you need quick access to background reading.

Campbell’s Operative Orthopaedics  
Wheeles’ online textbook of orthopaedic surgery.

At both rotation sites, the VA and CHS, the interns are a critical part of the patient care team. The interns report to the Chief Resident and participate in morning rounds on a daily basis. Operative and clinic assignments are made under the direction of the Chief Resident at both sites and vary based on clinical volume and staffing.