



PGY-1 Orthopaedic Surgery Rotation
Family Medicine Faculty Liaison: P. M. Lundblad, MD
Last reviewed/update: 4/2017

The Orthopaedic Surgery rotation is a required 4-week block experience completed during the PGY-1 year. Training takes place in the West Sound Orthopaedics clinic and Harrison Medical Center, which includes the inpatient surgery ward and the operating rooms.

ACGME Competencies and FM-Specific Milestones Addressed by Rotation:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
✓ **PC-1, PC-5**
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
✓ **MK-2**
3. **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 of optimal value.
✓ **SBP-2**
4. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
✓ **PBLI-2**
5. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. **Interpersonal and Communication Skills** result in effective information exchange and teaming with patients, their families, and other health professionals
✓ **C-3**

Family Medicine Program Requirements:

IV.A.6.i): *“Residents must have at least 200 hours (or two months) dedicated to the care of patients with a breadth of musculoskeletal problems.*

IV.A.6.i).(1): *This experience must include a structured sports medicine experience.”*

Competency-Based Objectives and Instructional Methods

A. Patient Care

Objectives

During supervised clinical experiences within the outpatient Orthopaedic Clinic, Family Medicine Practice, Harrison Medical Center, and didactic teaching sessions, residents must demonstrate ability to:

1. perform a thorough, accurate and appropriately directed history/physical exam on patients with orthopaedic complaints, with demonstrated comprehensive examination of specific areas including knees, shoulders, hips, and ankles
2. order relevant lab & imaging studies for evaluation of orthopaedic patients
3. interpret these labs & imaging studies correctly
4. manage pre-operative care of orthopaedic surgical patients, including:
 - a. preparation for anesthesia
 - b. cardiac risk assessment for non-cardiac surgery
 - c. optimization of chronic medical conditions
5. manage POST-operative care of surgical patients, including:
 - a. evaluation of post-operative wound status
 - b. evaluation and treatment of post-operative pain
6. Apply medical knowledge identified below to patients presenting with orthopedic concerns

Instructional Methods

1. *Direct Instruction:* During Orthopaedic Surgery Clinic, inpatient Orthopaedic Surgery Service, operating room experiences, and select Academic Conference sessions
2. *Guided Research:* Resident presentation of faculty-assigned topics based upon clinical cases
3. *Supervised Clinical Management:* Application of the information to individual patient cases in Orthopaedic Surgery Clinic, inpatient Orthopaedic Surgery Service, and Operating Room experience

B. Medical Knowledge

Objectives

During supervised clinical experiences within the outpatient Orthopaedic Clinic, Family Medicine Practice, Harrison Medical Center, and didactic teaching sessions, residents must demonstrate:

1. understanding of musculoskeletal anatomy and application to orthopaedic evaluation and treatment
2. ability to form a differential diagnoses and manage patients with common orthopaedic complaints encountered by Family Physicians, including:
 - a. osteoarthritis
 - b. gout/pseudo-gout
 - c. sprains/strains of the upper extremities
 - d. sprains/strains of the lower extremities
 - e. acute and chronic back and neck pain

- f. bursitis, tenosynovitis
 - g. acute and exertional compartment syndromes
 - h. scoliosis
 - i. abnormal pediatric gait
 - j. peripheral entrapment neuropathies
 - k. infections of the extremities
 - l. meniscus disease
 - m. rotator cuff disease
3. proper selection, ordering, and interpretation of commonly-ordered diagnostic tests, including:
 - a. neck/back plain films
 - b. upper extremity/shoulder plain films
 - c. lower extremity/hip plain films
 - d. fluid analysis for diagnosis of infection and crystal arthropathy
 4. proper application of the principles of post-operative evaluation and care following orthopaedic surgery, including:
 - a. wound healing and management (dressing changes, suture / staple removal)
 - b. management of post-operative pain
 - c. appropriate ordering of physical therapy for rehabilitation
 5. Procedural competency according to the Longitudinal Procedural Training Curriculum.

The following list of skills are integral to this curriculum and residents should seek opportunities to train in these procedures during rotation.

<u>A₀ Procedures</u> Procedural competence assumed by graduating from the program	<u>A₁ Procedures</u> Procedural Competence is required for graduation	<u>A₂ Procedures</u> Procedural Competence is optional prior to graduation	<u>B Procedures</u> Procedural Competence requires a focused training plan during residency	<u>C Procedures</u> Procedural competence likely requires additional training beyond residency
<ul style="list-style-type: none"> • Local anesthesia/field block • Simple closed reduction of subluxed joint without sedation (e.g. nursemaid elbow or lateral patellar dislocation) • Surgical aseptic technique • Surgical assist • Topical anesthesia 	<ul style="list-style-type: none"> • Digital Block (1) • Injection/aspiration of joint, bursa, ganglion cyst, tendon sheath or trigger point (5, including 1 knee and 1 subacromial/subdeltoid bursa) • Upper and lower extremity casts (1 each) • Upper and lower extremity splints (1 each) 	<ul style="list-style-type: none"> Reduction of shoulder dislocation (2) 	<ul style="list-style-type: none"> • Bone marrow biopsy • Conscious sedation • Fracture manipulation reduction • Hematoma block • Non-obstetrical, point-of-care diagnostic ultrasound (abdominal, cardiac, musculoskeletal, ocular, pelvic, skin/soft tissue, thoracic, vascular, etc.) • Peripheral nerve block other than digital 	<ul style="list-style-type: none"> Acupuncture Epidural Anesthesia

- For A1 and A2 procedures, the minimum number of procedures that must be logged electronically prior to graduation is listed in parentheses.
- Residents should attempt to complete as many Procedural Competency Assessment Tools as possible during the rotation.

Instructional Methods

1. *Direct Instruction:* During Orthopaedic Surgery Clinic, inpatient Orthopaedic Surgery Service, operating room experiences, and select Academic Conference sessions
2. *Guided Self-Study:* See attached list for potential resources.
3. *Guided Research:* Resident presentation of faculty-assigned topics based upon clinical cases
4. *Supervised Clinical Management:* Application of the information to individual patient cases in Orthopaedic Surgery Clinic, inpatient Orthopaedic Surgery Service, Operating Room experiences, and continuity clinic encounters within the Family Medicine Practice
5. *Directed Readings:* see attached list and resources

C. Practice Based Learning and Improvement

Objectives

During supervised clinical experiences within the outpatient Orthopaedic Clinic, Family Medicine Practice, Harrison Medical Center, and didactic teaching sessions, residents must demonstrate ability to:

1. incorporate faculty feedback into clinical/academic performance
2. use search tools online and in the Harrison Medical Center Library to find references which augment learning from cases seen in the Orthopaedic Surgery Clinic or on the Wards

Instructional Methods

1. *Direct Instruction:* During Orthopaedic Surgery Clinic, inpatient clinical experience, and during consultation with surgical specialty staff
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases
3. *Supervised Clinical Management:* Application of the information to individual patient cases in Orthopaedic Surgery Clinic, inpatient services, and FM Continuity Clinic

D. Interpersonal and Communication Skills

Objectives

During supervised clinical experiences within the outpatient Orthopaedic Clinic, Family Medicine Practice, Harrison Medical Center, and didactic teaching sessions, residents must demonstrate ability to:

1. present cases to precepting physicians and/or consulting staff in a clear and concise manner
2. counsel patients accurately regarding expected risks, benefits, and alternatives for treatments of common orthopaedic conditions/injuries
3. construct appropriately organized, complete, and timely progress notes
4. construct appropriately-informative consultations for orthopaedic specialists

Instructional Methods

1. *Direct Instruction:* During Orthopedic Surgery Clinic and ward consultations with specialty staff
2. *Supervised Clinical Management:* Application during patient cases in Orthopedic Surgery Clinic, inpatient services, and continuity care within the Family Medicine Clinic

E. Professionalism

Objectives

During supervised clinical experiences within the outpatient Orthopaedic Clinic, Family Medicine Practice, Harrison Medical Center, and didactic teaching sessions, residents must demonstrate:

1. ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions
2. ability to acknowledge errors and demonstrate ability to analyze how to avoid future similar mistakes
3. punctuality and reliability at all times, whether in clinic, didactic sessions, or performing inpatient duties
4. a professional appearance at all times

Instructional Methods

1. *Direct Instruction:* During Orthopaedic Surgery Clinic and ward consultations with specialty staff
2. *Supervised Clinical Management:* Application of the information to individual patient cases in Orthopedic Surgery Clinic, inpatient services, and continuity care within the Family Medicine practice

F. Systems Based Practice

During supervised clinical experiences within the outpatient Orthopaedic Clinic, Family Medicine Practice, Harrison Medical Center, and didactic teaching sessions, residents must demonstrate ability to:

Objectives

1. appropriately utilize the health services and professionals both within and outside the CHI-Franciscan Health network while advocating for patient interests (Examples include: nutritionists, surgical specialists, physical therapists, medical specialists, and radiologists)
2. use cost effective, evidence-based, medical practices

Instructional Methods

1. *Direct Instruction:* During Orthopaedic Surgery Clinic, ward consultations with specialty staff, and select Academic Conferences
2. *Supervised Clinical Management:* Application to individual patient cases in Orthopaedic Surgery Clinic, inpatient services, and continuity care within the Family Medicine Practice

Points of Contact

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Typical Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
AM	Clinical Rotation	Family Medicine Clinic	Clinical Rotation	Clinical Rotation	Clinical Rotation	Ortho Call X4 days*
PM	Clinical Rotation	Family Medicine Clinic	Clinical Rotation	Academic Conference	Longitudinal Curriculum	

* Residents are expected to participate in weekend call with the assigned Orthopaedic faculty for a total of four days throughout the rotation. Orthopaedic surgeons are assigned for an entire weekend. Residents will need to be available to participate in the evaluation and management, including assisting in the OR, of urgent surgical and emergent Orthopaedic cases

Evaluation Activities

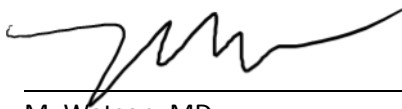
Residents will receive an ***incomplete*** for the rotation and will not be eligible for graduation until the following items are completed.

- 1. Resident Evaluation:** *(the resident may be evaluated by several department members)*
 - Mid-rotation feedback:
Faculty are encouraged to provide daily verbal feedback; but written feedback is required if resident is failing at mid-rotation or at any other time. The Family Medicine Associate Program Director or Program Director should be notified as soon as possible when a resident is in danger of failing the rotation
 - Final Evaluation
Using rotation-specific on-line evaluation form. Evaluations should be completed within two weeks of rotation end to provide timely feedback to the resident
 - Attendance Verification
Documentation of attendance at didactic sessions, procedural clinics, FM continuity clinics and experiential encounters will be maintained in resident training file

- 2. Documentation:** *(to be completed by end of rotation)*
 - Procedures performed must be documented in standard electronic format in New Innovations
 - All EHR documentation must be completed
 - provided supplemental readings should be completed and returned to rotation coordinator

- 3. Staff Evaluation:** *(by the resident)*
 - Residents will evaluate rotation faculty/staff using standard on-line evaluation form. Evaluation will be completed within two weeks of rotation end

- 4. Rotation Evaluation:** *(by the resident)*
 - Resident will assesses the quality of the rotation on the standard rotation evaluation form (same as for rotation faculty evaluation). Evaluation will be completed within two weeks of rotation end.



M. Watson, MD
Program Director

5-11-2017
Date

Required Reading

Grover, Michael. "Evaluating Acutely Injured Patients for Internal Derangement of the Knee." *American Family Physician*, Vol. 85, No. 3, 2012, pp. 247-252.

Naranje, Sameer. "A Systematic Approach to the Evaluation of a Limping Child." *American Family Physician*, Vol. 92, No. 10, 2015, pp. 908-919.

Peck, David. "Slipped Capital Femoral Epiphysis: Diagnosis and Management." *American Family Physician*, Vol. 82, No. 3, 2010, pp. 258-262.

Boyd, Anne. "Splints and Casts: Indications and Methods." *American Family Physician*, Vol. 80, No. 5, 2009, pp. 491-499.

Verry, Christian. "Rotator Cuff Disease: Diagnostic Tests." *American Family Physician*, Vol. 94, No. 11, 2016, pp. 942-944.

Talley, William. "Managing Intoeing in Children." *American Family Physician*, Vol. 84, No. 8, 2011, pp. 942-944.

Textbook Resources

Essentials of Musculoskeletal Care, 5th Edition, 2015

Netter's Concise Orthopaedic Anatomy, 2nd Edition, 2015

Netter's Orthopaedic Clinical Examination: An Evidence-Based Approach, 3rd Edition, 2016

Electronic Resources

Journal of the American Academy of Orthopaedic Surgeons*
jaaos.org

Wheeless' Textbook of Orthopaedics
whelessonline.com

Orthobullets
orthobullets.com

American Family Physician*
aafp.org/journals/afp.html

iOrtho phone/tablet App
(Available in your device's AppStore for a fee)

*may require faculty login