

**ORTHOPAEDIC TRAUMA SERVICE
PGY 2 - 5
ROTATION SPECIFIC OBJECTIVE (RSO)
DEPARTMENT OF ORTHOPAEDICS AND REHABILITATION
UNIVERSITY CAMPUS**

The purpose of this RSO is to outline and clarify the objectives of the Orthopaedic Trauma Service (OTS) rotation at the University campus. This document is meant to serve as a guide to the educational objectives of the OTS and to delineate the expectations and responsibilities of the Resident and the Attending Faculty. It is imperative that these educational experiences comply with the concepts of the core competencies outlined by the ACGME and mandated by the Residency Review Committee (RRC).

1. MEDICAL KNOWLEDGE

- a. The resident is expected to demonstrate an analytic approach to clinical problems and apply basic and clinical science to solving problems.

2. PATIENT CARE

- a. The resident is expected to provide care that is compassionate, appropriate, and effective. This care is to be based on the most current scientific information and to incorporate the knowledge of the other health professionals as appropriate.

3. PRACTICE-BASED LEARNING IMPROVEMENT

- a. The resident is expected to analyze clinical results and use methodologies for on going improvement. Appropriate use of information technology, the literature, and statistical analysis are tools to be employed in the endeavor.

4. INTERPERSONAL COMMUNICATION

- a. The resident is expected to function effectively as a member of the health care team and demonstrate skillful information exchange between patients, fellow residents, ancillary staff, and faculty.

5. PROFESSIONALISM

- a. The resident is expected to act at all times in an ethical manner. The resident will demonstrate a commitment to excellence and treat all patients with respect, compassion, and the right to privacy.

6. SYSTEM-BASED PRACTICE

- a. The resident is expected to advocate for quality medical care. In this context, the resident must practice cost effective care without compromising quality of care.

These basic competencies are to be taught by staff serving as role models and preceptors in surgery, clinics, and office settings. Other effective tools to be employed are conferences, didactic teaching sessions, case presentations, and day-to-day interaction with the attending staff. The resident will meet with faculty members mid-rotation to assess his/her progress toward the RSO and address any deficiencies. Faculty observation and an end-of-rotation evaluation form will monitor progress.

ORTHOPAEDIC TRAUMA SERVICE

EDUCATION OBJECTIVES

PGY 2

The educational objective for the PGY 2 resident is to build upon and enhance the orthopaedic clinical and basic science knowledge gained during the introductory PGY 1 year. The goal is for the resident to develop knowledge and skills to assess and treat complex orthopaedic problems. The resident will learn to assess and manage the non-operative or pre-operative patient and to address immediate post-operative concerns for a variety of orthopaedic conditions. The resident will learn the surgical skills and have hands on experience in managing simple orthopaedic surgical cases.

The knowledge to be mastered in order to achieve these objectives includes:

- a. Focused orthopaedic history and specific diagnostic test(s) on the orthopaedic physical exam.
- b. Interpretation of skeletal x-ray, CT, MRI, and bone scan.
- c. Closed reduction techniques for all fractures and dislocations.
- d. Traction techniques including skeletal traction.
- e. Operative trauma care including open reduction with internal fixation, percutaneous fixation, and external fixation of long bones.
- f. Pain management.
- g. Post-operative infection.
- h. Wound problems of dehiscence, hematoma, and seroma.
- i. Prophylaxis, diagnosis, and treatment of deep venous thrombosis and/or pulmonary embolism.
- j. Recognition of adult respiratory distress syndrome, fat embolism.
- k. Recognition and management of compartment syndrome.
- l. Knowledge of fracture classification systems and their prognostic relevance.
- m. Understanding the value of and the proper utilization of consultants from other medical disciplines.

The expectations to be met by PGY 2 resident on the OTS rotation are:

- a. The resident will be assigned to the OTS service which will include elective reconstructive and trauma patients. The resident will make morning and afternoon rounds on these patients.
- b. The resident is to assist in the operating room and outpatient clinics as assigned by the chief resident or attending.
- c. The resident will see orthopaedic consults as assigned by the chief resident or attending.
- d. The resident will take in house night call on a rotating basis. The resident will seek advice from the senior/chief resident or attending as deemed necessary. The resident will notify the responsible attending of all admissions.
- e. The resident will attend all University teaching conferences including Grand Rounds and Core Curriculum. Surgical cases that begin during these conferences will be started by the attending physician.
- f. The resident will attend morning conference and will attend and participate in fracture conference.
- g. The resident will assist in the teaching of medical students during their rotation.
- h. Compliance with Massachusetts State Health Department Code Regulations regarding resident work hours is mandatory. The resident should arrange appropriate transfer of patient care when he/she must leave hospital.

ORTHOPAEDIC TRAUMA SERVICE EDUCATION OBJECTIVES PGY 3

The educational objective for the PGY 3 resident is to further build upon the orthopaedic clinical and basic science knowledge gained during the PGY 2 year and to develop the resident's surgical skills in common orthopaedic conditions to a level appropriate for a general orthopaedist. The goal is for the resident to become proficient in the diagnosis and surgical and/or non-surgical management of all of the common orthopaedic trauma conditions seen in a general orthopaedic practice.

The knowledge to be mastered to achieve these objectives includes:

- a. Focused orthopaedic history and use of specific diagnostic tests on orthopaedic physical exam.
- b. Advanced interpretation of skeletal x-ray, CT, MRI, and bone scan.
- c. Closed reduction techniques for all long bone fractures and dislocations.
- d. Indications for open reduction and internal fixation of common long bone fractures.
- e. Knowledge of the types of orthopaedic equipment and the cost effective use of the equipment.
- f. Knowledge of the surgical approaches to long bone and joints for fracture fixation and joint replacement.
- g. Diagnosis and management of post-operative complications including joint infections, wound problems, DVT, pulmonary embolism, and compartment syndrome.
- h. Management of peri-operative blood loss.
- i. Collaboration with consultant physicians and allied health personnel.
- j. Learn the post-operative and long-term rehabilitation.

The expectations to be met by the PGY 3 resident on the OTS rotation are:

- a. The resident will be assigned to the OTS service that will include reconstructive and trauma patients.
- b. The resident is to assist in the operating room and outpatient clinics as assigned by the chief resident or attending.
- c. The resident will see orthopaedic consults as assigned by the chief resident or attending.
- d. The resident will take in house night call on a rotating basis. The resident will notify the responsible attending of all admissions.
- e. The resident will attend all University teaching conferences including Grand Rounds and Core Curriculum. Surgical cases that begin during the conferences will be started by the attending.
- f. The resident will attend and actively participate in morning conference and fracture conference.
- g. The resident will assist in the teaching of medical students during their rotation.
- h. Compliance with Massachusetts State Health Department Code Regulations regarding resident work hours is mandatory. The resident should arrange appropriate transfer of patient care when he/she must leave the hospital.

ORTHOPAEDIC TRAUMA SERVICE

EDUCATION OBJECTIVES

PGY 4

The educational objective for the PGY 4 resident is to further build upon the orthopaedic clinical and basic science knowledge gained during the PGY 2 and 3 years and to develop the resident's surgical skills in common orthopaedic conditions to a level appropriate for a general orthopaedist. The goal is for the resident to become proficient in the diagnosis and surgical and/or non-surgical management of all of the common orthopaedic trauma conditions seen in a general orthopaedic practice and to learn the nuances of caring for complicated orthopaedic trauma patients.

The knowledge to be mastered to achieve these objectives includes:

- a. Focused orthopaedic history and use of specific diagnostic tests on orthopaedic physical exam.
- b. Advanced interpretation of skeletal x-ray, CT, MRI, and bone scan.
- c. Closed and open reduction techniques for all long bone fractures and dislocations.
- d. Indications for open reduction and internal fixation of common long bone fractures.
- e. Knowledge of the types of orthopaedic equipment and the cost effective use of the equipment.
- f. Knowledge of the surgical approaches to long bones and joints for fracture fixation and joint replacement.
- g. Knowledge of various methods of internal fixation and their rationale for long bone and peri-articular fractures.
- h. Diagnosis and management of post-operative complications including joint infections, wound problems, DVT, pulmonary embolism, and compartment syndrome.
- i. Management of peri-operative blood loss.
- j. Collaboration with consultant physicians and allied health personnel.
- k. Learn the post-operative and long-term rehabilitation.
- l. Learn outpatient and follow-up care of trauma patients.

The expectations to be met by the PGY 4 resident on the OTS rotation are:

- a. The resident will be assigned to the OTS service that will include reconstructive and trauma patients.
- b. The resident is to assist in the operating room and outpatient clinics as assigned by the chief resident or attending.
- c. The resident will see orthopaedic consults as needed by the chief resident or attending.
- d. The resident will take Chief home call on a rotating basis. The resident will provide support to the junior residents.
- e. The resident will attend all University teaching conferences including Grand Rounds and Core Curriculum. Surgical cases that begin during the conferences will be started by the attending.
- f. The resident will prepare Core Curriculum lectures during the Orthopedic 101 series held over the first 3 months of each educational year.
- g. The resident will attend and actively participate in morning conference and fracture conference.
- h. The resident will assist in the teaching of medical students during their rotation.
- i. Compliance with Massachusetts State Health Department Code Regulations regarding resident work hours is mandatory. The resident should arrange appropriate transfer of patient care when he/she must leave the hospital.

ORTHOPAEDIC TRAUMA SERVICE EDUCATION OBJECTIVES PGY 5

The educational objective for the PGY 5 resident is to be fully competent in the diagnosis, non-operative care, and surgical management of all conditions encountered in a general orthopaedic practice. The goal is to develop the resident's orthopaedic knowledge and surgical skills to a level that the resident is able to embark upon an independent general orthopaedic practice. The resident will also learn the nuances of caring for complicated orthopaedic trauma patients.

The knowledge to be mastered to achieve these objectives includes:

- a. Through knowledge of the orthopaedic literature including the most recent techniques and equipment.
- b. Knowledge of all surgical approaches to the extremities and pelvis.
- c. Technical proficiency in all common surgical approaches and procedures of the extremities.
- d. Ability to be a team leader and assume responsibility.
- e. Ability to relate to, to instruct, and to be a resource for junior residents.
- f. All of the basic knowledge listed for PGY 1-4.

The expectations to be met by the PGY 5 resident on the OTS rotation are:

- a. The resident will be assigned to the OTS service that will include reconstructive and trauma patients.
- b. The resident will be responsible for running the service. He/she will assign residents to surgical cases, floor/ED consults, and outpatient clinics. He/she will seek attending guidance when appropriate.
- c. The resident will participate in planning with the attending for complex cases and be responsible for having proper fixation equipment, instruments, and prostheses as necessary available in the operating room.
- d. The resident will oversee all activities of the junior residents. He/she will serve as a consultant and resource for the junior residents.
- e. The resident will attend all University teaching conferences including Grand Rounds and Core Curriculum. Surgical cases that begin during the conference will be started by the attending.
- f. The resident will prepare Core Curriculum lectures during the Orthopedic 101 series held over the first 3 months each educational year.
- g. The resident will attend all morning conferences and actively participate in fracture conferences.
- h. The resident will be expected to cite the relevant literature in support of treatment recommendations.
- i. The resident will take Chief home call on a rotating basis.
- j. The resident will assist in the teaching of medical students during their rotation.
- k. Compliance with Massachusetts State Health Department Code Regulations regarding resident work hours is mandatory. The resident should arrange appropriate transfer of patient care when he/she must leave hospital. The PGY 5 resident will be responsible for assuring that all University residents adhere to the work hour regulations.