University of South Florida

Arthroplasty Rotation – PGY 4

Competency Based Goals & Objectives

| Competency 1- Patient Care: | Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health. |

The educational objectives for the Senior Resident is to build upon the foundation of knowledge gained during the PGY-2 Rotation. The resident is expected to develop the knowledge base and skills to assess and treat more complex adult reconstruction pathology. The resident will learn the surgical skills to manage typical adult reconstruction operative cases. The resident will also be responsible for the preparation of the patient for surgery and the post-operative management of the surgical patients.

1. Develop skills in identifying key history and examination elements needed to evaluate patients presenting with conditions involving the dysfunction of major joints.
2. Discuss and identify how the orthopedist and his/her care team involves the patient and family in decision making about complex diagnoses and highly sophisticated medical care issues.
3. Order and interpret radiographs for the evaluation and management of patients with major joint dysfunction. These include, but are not limited to, plain radiographs, MRI, CT scans, and radionuclide bone scans.
4. Evaluate and treat painful total joint replacements.
5. Develop knowledge and understanding of alternative bearing surfaces.
6. Demonstrate competency in primary and revision total joint arthroplasty techniques for the shoulder, hip, and knee joints.
7. Demonstrate competency and understanding in the following:
   a. Nonarthroplasty treatment alternatives for major joint pathology.
   b. Surgical exposures in revision arthroplasty.
   c. Complication of arthroplasty and their prevention.
   d. Recognition and management of complications including dislocation, mechanical failure, loosening, and wear.
   e. Osteolysis – pathophysiology, treatment, and prevention.
   f. Principles of revision total joint arthroplasty.
   g. Structural bone grafting in glenoid component revision arthroplasty.
   h. Principles of osteotomy for deformity correction.
   i. Principles of resurfacing arthroplasty.
8. The resident will attend all teaching conferences; to include Grand Rounds and the Core Curriculum.
9. The resident will assist in the instruction of the junior residents and medical students on the Service.

Outpatient:
1. Evaluate new patients and present these patients to the attending orthopaedic surgeon.
2. Obtain appropriate history, perform physical exams, evaluate imaging studies and formulate a plan.
3. Dictate findings to the point of official recommendation and the plan, which will then be made by the attending orthopaedic surgeon.
4. Perform outpatient procedures such as aspiration and injection of major joints under the attending orthopaedic’s supervision.

Inpatient:
1. The senior resident will assist the junior resident and make morning and afternoon rounds on all patients.
2. The senior resident will supervise in house call on a rotating basis
3. The resident will seek appropriate consultation from other services when the patient’s condition warrants this
4. Effectively supervise postoperative complications of primary and revision total hip and total knee arthroplasty.

**Operative:**
1. The resident will adequately prepare for all surgical cases in which he/she will participate
2. The resident will assist in the operating room as assigned
3. Perform all or part of the operative procedure under supervision or semi-independently deemed appropriate by the orthopaedic attending.

**Competency 2 – Medical Knowledge:** Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by an orthopedist; demonstrate the ability to acquire, critically interpret and apply this knowledge needed by an orthopedist; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

The resident will demonstrate knowledge of:

1. Major joint anatomy (shoulder, hip, and knee joints).
2. Surgical approaches for revision arthroplasty.
3. The diagnosis and treatment of hip pain in symptomatic total hip replacements.
5. Preoperative templating techniques for arthroplasty.
6. Indications for primary and revision arthroplasty.
7. Utilization of orthopaedic educational resources to further knowledge base.
8. Goals and expectations for the resident

**Competency 3 – Communication Skills:** Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Talk to family members about sensitive issues that relate to a patient’s illness, e.g. coping with the patient’s altered needs in his/her home setting.
2. Describe the role of all members of a multi-disciplinary team and show respect for the contributions of each.
3. Maintain comprehensive, timely and legible medical records.
4. Effectively provide information via various communication mediums.
5. Demonstrate effectively listening skills.

**Competency 4 – Practice Based Learning and Improvement:** Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one’s patient care practice.

1. The resident will identify personal learning needs, systematically organize relevant information resources for future references, and plan for continuing data acquisition if appropriate.
2. The resident will seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care.
3. The resident will teach and mentor junior residents on the service.
Competency 5 – Professionalism: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.

1. Be honest and use integrity in your professional duties.
2. Reflect on your own biases toward particular illnesses or patient groups, and take steps to assure that these biases don’t interfere with the care you deliver.
3. Appreciate the psychosocial impact of diseases commonly seen by the subspecialist (e.g. on the family, patients’ work, school).
4. Respect your parents’ privacy, autonomy and need to maintain a positive self-concept, irrespective of age, gender or health belief system, and regardless of acuity of diseases.
5. Be sensitive to the ethical and legal dilemmas faced by providers working with patients with orthopedic problems. Strive to understand how the orthopedist and care team deals with these dilemmas and use such experiences to enhance your own understanding.

Competency 6 – System-Based Practice: Understand how to practice quality health care and advocate for patients within the context of the healthcare system.

1. Clarify how documentation and billing charges differ for consultations vs. referrals vs. on-going management of adult reconstructive patients.
2. Explore the difference between fee-for-service referrals and managed care referrals and the office systems needed to support both.
3. Describe patient and system factors that contribute to escalating costs of care in the subspecialty setting, and consider the impact of these costs on families and on the health care system.
4. Recognize and advocate for families who need assistance to deal with systems complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times or inconvenient hours of service.
5. Support community prevention efforts related to pediatric orthopaedics by working with a local professional organization or organizing a project to do with colleagues.
6. Consider potential sources of medical error in this subspecialty setting (e.g. drug interactions, complex care plans, provider fatigue).
7. Demonstrate an understanding for various health funding systems including private insurance, Medicare, Medicaid, Workers Compensation, and Vocational Rehabilitation.