

University of South Florida

Adult Reconstruction – 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 goal of the Adult Reconstruction Service is to provide the resident with an educational experience that maximizes the opportunity to understand, evaluate, and treat orthopaedic adult reconstructive injuries. This is achieved by combining a structured study program that utilizes an extensive recommended reading list with a clinical experience that has an appropriate balance between office evaluation and surgical treatment of total joint related injuries.

1. Evaluate a patient with a painful joint including an understanding of important history and physical examination findings as well as the interpretation of radiographs
2. Formulate a treatment plan for a patient with a painful joint including non-operative and operative measures.
3. Have extensive understanding of the alternatives to total joint arthroplasty including the indications for and techniques of hip and knee osteotomy, unicondylar arthroplasty, core decompression, vascularized fibula grafting and arthrodesis.
4. Evaluate a patient with a painful or stiff joint arthroplasty including an understanding of important history and physical examination findings as well as the interpretation of radiographs.
5. Manage the complications of joint arthroplasty including infection, dislocation, loosening and stiffness.
6. Evaluate the overall medical condition of a patient with regard to peri-operative risks.
7. Be proficient in pre-operative planning of primary and revision total hip and knee arthroplasty.
8. Be proficient at post-operative inpatient management of patients following hip or knee arthroplasty including medical complications, and surgical complications.
9. Understand the principles of rehabilitation following total joint arthroplasty, including, clinical pathways, rehabilitation milestones, functional goals, and management of anticoagulation.
10. Be proficient at outpatient evaluation of post-operative patients.
11. Have a clear understanding of hip and knee biomechanics.
12. Know the mechanisms of arthroplasty component failure.
13. Have a clear understanding of the considerations of arthroplasty component design.

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.
4. Forming a differential diagnosis of residual hip pain following arthroplasty.
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 patients' 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.