

# University of South Florida

## Upper Extremity Reconstruction – PGY 5

### 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.

1. Able to perform a thorough and accurate history and physical examination for a patient seen for Hand/Upper Extremity complaints. This includes the history of the chief complaint, history of injury and the mechanism of injury, past medical and surgical history, as well as social history.
2. The physical examination should include an exam for the identification of peripheral nerve compression at the carpal, cubital, and radial tunnels, common tendinitis/tendonopathies (DeQuervain's tendinitis, ECU tendinitis, or A-1 pulley stenosis) as well as the presence of arthritis (CMC arthritis, PIP, DIP, or MCP arthritis).
3. Obtain acumen in diagnosing and proposing treatment in the clinical setting, and analyze available information to make diagnostic and therapeutic decisions based upon sound clinical judgment, best available evidence, and patient preferences.
4. Perform at an upper resident level in surgical techniques pertaining to soft tissue, nerve, skeletal structures, and microsurgical procedures.
5. Perform at an upper resident level in surgical techniques pertaining to soft tissue, nerve, skeletal structures, and microsurgical procedures. The resident will participate in self-evaluation and improvement in the anatomy lab for surgical skills.
6. Adequately perform soft tissue handling, microvascular environment of the limb, and pathology of systemic disease processes as essential as learning the indications for surgery and the type of fixation chosen.
7. Outline the prognosis of non-operative and operative treatment in order to evaluate the following specific conditions affecting the upper limb:
  - a. Osteoarthritis of the shoulder
  - b. Acromioclavicular joint arthritis
  - c. Rotator cuff tears
  - d. Rotator cuff tear arthropathy
  - e. Adhesive capsulitis and the stiff shoulder
  - f. Labral/capsular injuries
  - g. Shoulder dislocations
  - h. Proximal/distal biceps lesions
  - i. Acromioclavicular joint separations
  - j. Proximal humerus fractures
  - k. Humeral shaft fractures
  - l. Distal humeral fractures
  - m. Coronoid fractures
  - n. Radial head fractures
  - o. Olecranon fractures
  - p. Osteoarthritis of the elbow
  - q. Elbow collateral ligament injuries
  - r. Elbow contractures
  - s. Elbow dislocations
  - t. Lateral/medial epicondylitis
  - u. Cubital tunnel syndrome
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.

#### Inpatient:

1. The resident will assist the junior resident and make morning and afternoon rounds on all patients
2. The 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

**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.

1. Demonstrate proficiency in the application of all splints and casts.
2. Obtain knowledge and comprehension of the basic disorders that afflict the upper limb, and gain insight into the methodology and procedures incorporating its treatment.
3. Interpreting information obtained from a history and physical examination, incorporating data from radiology and laboratory studies, understanding anatomy, and incorporating this knowledge into surgical skills for hand and microsurgery is fundamental to the required knowledge
4. Identify the role and general scope of practice of an orthopedist; recognize situations where patients benefit from the skills of specialists training, and work effectively with these professionals in the care of patients with upper extremity conditions.
5. Develop an efficient approach to finding information resources related to the musculoskeletal system (e.g. information on the web, in the literature, text books, or PDA's) to obtain rapid information that is relevant to a presenting patient problem.
6. At the beginning and end of a rotation or clinical experience, clarify your learning needs related to this subspecialty.

**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. Write an effective and timely consultation note that summarizes the findings and recommendations of the pediatric orthopedist and clarifies the continued role and responsibility of the consultant.
3. Describe the role of all members of a multi-disciplinary team and show respect for the contributions of each.
4. Maintain comprehensive, timely and legible medical records.
5. Effectively provide information via various communication mediums.
6. 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. Identify standardized guidelines for diagnosis and treatment of complex problems of the musculoskeletal system and learn the rationale for adaptations that optimize treatment.
2. Identify personal learning needs, systematically organize relevant information resources for future references, and plan for continuing data acquisition if appropriate.

3. 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).
4. Obtain and use information about the patient's population and the larger population from which patients are drawn.
5. Effectively teach general concepts and core curriculum to medical students.
6. 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.