

## VA ORTHOPAEDIC SURGERY – INTERN GUIDELINES

### Outline:

- I. Day to Day
- II. Learning Objectives
- III. Educational Resources

### **I. Day to Day**

#### **First Day:**

Page your chief the day before you start to set up a time and place to meet. Page the intern coming off service to check in and sign out any important details.

Call Ellen Bialecki, Orthopaedic Surgery Residency Coordinator at 494-8991 with any questions regarding who to get in touch with.

Review the following schedule and objectives.

### **ROUNDS**

**530 AM** Preround on ward patients

**600 AM** Work rounds with VA junior

**700 AM** Run patient list with chief and junior

**500 PM** Signout with VA team in PACU

#### **Monday**

7-9 AM General Surgery Conference

9 AM Multidisciplinary Care Conf., VA Ward 9D Conf Room

#### **Tuesday**

No scheduled conferences

#### **Wednesday**

730-830 AM Indications Conference, VA Ortho Office, 8C 106

9 AM Multidisciplinary Care Conf., VA Ward 9D Conf Room

10 AM – End of Day – VA Indications Clinic, Ortho Clinic, 8C

#### **Thursday**

No scheduled conferences

#### **Friday**

9 AM Multidisciplinary Care Conf., VA Ward 9D Conf Room

### **Rotation General Goals**

Become proficient at the management of Orthopaedic ward patients.

Learn how to perform and document an Orthopaedic exam. Learn how to recognize abnormal findings. Understand the initial workup of common Orthopaedic Surgical Complications

Learn about common Orthopaedic Surgical Procedures including knee and hip arthroplasty and knee and shoulder arthroscopy.

Learn how to perform a complete Orthopaedic H&P with pertinent ROS for Orthopaedic Procedures.

Learn how to identify risk factors for peri-operative complications such as infection and wound breakdown.

Assist in surgical procedures.

### **Responsibilities**

- 1) Care of ward patients. Every patient and every surgical wound should be checked daily.
- 2) Log work hours. Keep your work hours under 80/week. Notify your chief if you need to come in late in order to observe the 10 hour break rule.
- 3) Discharge paperwork and summaries.
- 4) Pre-op H&P. See and evaluate patients in the VA Preop Clinic. Report any concerns to the Chief
- 5) Assist in the OR. Cover the Junior's cases on days when they are post call
- 6) See patients in Indications Clinic under the guidance of Drs. Herzberg and Brown.
- 7) Prepare notebook for Indications Conference. Obtain surgery schedule from Toni Baldassare – Ortho Surgery Facilitator. Gather background info including most recent Ortho visits and pertinent medical history. Assemble into notebook in chronological order.
- 8) Perform initial evaluation of Orthopaedic Consults. See and evaluate patients and discuss findings with VA Junior Resident promptly. If the junior resident is unavailable page the chief. Ask for guidance EARLY! You are not expected to manage ANY consult independently. All consults should be staffed with an attending at the direction of your chief. Make sure you forward your note to the appropriate attending for co-signature.
- 9) Weekend rounds: If you are on call you are expected to round on the VA patients. IF you are not on call do not come in to round. However please email the VA list to the Ortho chief on call for the weekend.

## **GUIDELINES FOR PATIENT MANAGEMENT**

### **DRAINS**

Orthopaedic drains are NOT sewn in. If the drain comes out apply a dressing and let the chief know at a convenient time. There is no intervention needed.

#### **Total Knee Drains**

Drains should be placed on gravity drainage – no compression on the hemovac

Remove the drain post op day #1

### **Total Hip Drains**

Drains should be placed on suction – compress the hemovac

Remove the drain post op day #2

### **Infections & Drains**

Drains used in cases of infection are often left in for several days. A good rule of thumb is that the drain can come out when the output is less than 5 ml per shift.

However depending on the case and patient this may vary. Ask your resident before removing the drain.

### **ANTIBIOTICS**

All orthopaedic cases including total joints get 24 hours of Ancef post operatively. (Clindamycin is generally the accepted alternative if allergic.) Do not give >24 hours worth of abx unless directed to by one of the residents.

### **PAIN MANAGEMENT**

Orthopaedic Surgery is painful. Unfortunately chronic pain is a common co-existing condition for many patients. This makes their peri-operative pain management complex. Our patients commonly undergo a regional anesthetic in addition to GA. It is extremely important to understand whether a patient has a block or an epidural running – AND TO KNOW WHAT IS IN THAT BLOCK.

Review the assigned article on pain management in the Orthopaedic patient for further reference.

### **ACTIVITY AND WEIGHT BEARING**

Activity orders and weight bearing status should be documented by the operative surgeon. Check the brief op note and the PT/OT orders if you need clarification. It is helpful if you know the activity and weight bearing status of each patient as this is a frequent question from PT.

## **Orthopaedic Physical Exam**

### **General:**

Appearance of dressing: c/d/i = clean dry and intact

Presence or absence of drain – document if you pulled it

Document motor and sensory function of the involved limb

For instance:

Sensation intact to light touch (SILT) lateral shoulder, medial arm, thumb, small finger and 1<sup>st</sup> dorsal web space

Patient fires deltoid, triceps, extensor pollicis longus, finger abduction and DIP flexion at index and small

## **ABBREVIATIONS**

TKA	Total Knee Arthroplasty
THA	Total Hip Arthroplasty
TSA	Total Shoulder Arthroplasty
Fx	Fracture
DR	distal radius
IT	intertrochanteric (usually in reference to a hip fracture)
BBFA	both bone forearm
SILT	sensation intact to light touch
D/P/1 <sup>st</sup> DWS	dorsum/plantar/1 <sup>st</sup> dorsal web space
ORIF	open reduction internal fixation
CRPP	closed reduction percutaneous pinning
Hemi	hemiarthroplasty – partial total joint replacement, applies in the hip and shoulder
RCT	rotator cuff tear
RCR	rotator cuff repair
AS	arthroscopic
SAD	subacromial decompression
DCE	distal clavicle excision

## **II. Learning Objectives**

### **A) Medical Knowledge**

Describe the biomechanical structure of the meniscus and its function in the knee

Describe the steps in fracture healing.

Explain the process of osteoarthritis and the associated radiologic findings

Describe the workup of a total joint infection

List the common orthopaedic operative complications and their initial management

Teaching methods: Discussion with residents on teaching rounds; Discussion with faculty at weekly Indications conference; reading syllabus

Evaluation: Observation of performance by Chief Resident and faculty.  
Participation in clinic and consults.

### **B) Patient Care**

Demonstrate an appropriate musculoskeletal exam with interpretation of findings.

Demonstrate appropriate management of peri and post operative pain.

Explain the selection of appropriate antibiotics and treatment regimen for musculoskeletal infections.

Demonstrate appropriate identification of peri-operative risk factors and recommend appropriate work up.

Demonstrate the ability to evaluate and workup common peri-operative medical complaints eg chest pain, shortness of breath and low UOP.

Teaching methods: Discussion with residents on teaching rounds; Discussion with faculty at weekly Indications conference; reading syllabus

Evaluation: Observation of performance by Chief Resident and faculty.  
Participation in clinic and on the wards.

### **C) Professionalism**

Communicate effectively and compassionately with patients and their family members

Demonstrate respect for patients and colleagues from diverse cultural, ethnic and religious backgrounds

Demonstrate honesty in all professional interactions

Demonstrate punctuality for scheduled conferences and rounds

Demonstrate dress, grooming and comportment consistent with institutional guidelines

Comply with all GME regulations regarding duty hour restrictions

Teaching methods: Discussion/interaction with residents on service; Discussion with attendings at Indications conference and clinic. Role modeling on service. Completion of "The Competent Physician" online learning program (required by General Surgery Dept)

Evaluation: Observation by residents and faculty. Conference attendance and participation

#### **D) Interpersonal and Communication Skills**

Demonstrate the ability to communicate care plans to patients and families

Demonstrate the ability to provide sensitive, accurate and complete information to obtain consent for surgical procedures

Demonstrate the ability to communicate effectively with nursing staff, facilitators and residents

Provide complete and effective sign out and sign in with on call interns and residents

Teaching methods: Discussion/interaction with residents on service; Discussion with attendings at Indications conference and clinic. Role modeling on service. Completion of “The Competent Physician” online learning program (required by General Surgery Dept)

Evaluation: Observation by residents and faculty. Conference attendance and participation

#### **E) Practice Based Learning**

Accept responsibility for the care of orthopaedic surgery patients on the ward, learning and modifying practice management style as needed

Facilitate the learning of medical students on the team

Demonstrate the use of electronic journals and databases to review appropriate literature

Teaching methods: Discussion/interaction with residents on service; Discussion with attendings at Indications conference and clinic. Role modeling on service. Completion of “The Competent Physician” online learning program (required by General Surgery Dept)

Evaluation: Observation by residents and faculty. Conference attendance and participation

#### **F) Systems-Based Practice**

Explain, utilize and review clinical pathways for orthopaedic ward patients

Practice cost effective care without sacrificing quality of care

Teaching methods: Discussion/interaction with residents on service; Discussion with attendings at Indications conference and clinic. Role modeling on service. Completion of "The Competent Physician" online learning program (required by General Surgery Dept)

Evaluation: Observation by residents and faculty. Conference attendance and participation

### **III. Educational References**

**Sinatra RS. Pain Management after Major Orthopaedic Surgery: Current Strategies and New Concepts. *JAAOS* 2002;10:117-129.**

**Koval KJ. Hip Fractures I. Overview and Evaluation and Treatment of Femoral Neck Fractures. *JAAOS* 1994;2:141-149**

**Lindskog DM. Unstable Intertrochanteric Hip Fractures in the Elderly. *JAAOS* 2004;12:179-190**

**Greis PE. Meniscal Injury: I. Basic Science and Evaluation. *JAAOS* 2002;10:168-176**

**Poss R. Total Joint Replacement: Optimizing Patient Expectations. *JAAOS* 1993;1:18-23**

**Bong MR. Stiffness After Total Knee Arthroplasty. *JAAOS* 2004;12:164-171**

