Department of Orthopaedics and Rehabilitation

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<th>Rotation-Specific Objectives for Resident Education</th>
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**Attending Physicians**

1. **Steven Madey, M.D.**  
   Orthopedic Surgeon, ABOS Board Certified  
   Fellowship: Hand and Microvascular Surgery

2. **Richard Gellman, M.D.**  
   Orthopedic Surgeon, ABOS Board Certified  
   Fellowship: Trauma

3. **Britt Frome, M.D.**  
   Orthopedic Surgeon, ABOS Board Certified  
   Fellowship: Hand and Microvascular Surgery

4. **Corey VandeZanschulp, M.D.**  
   Orthopedic Surgeon, ABOS Board Certified  
   Fellowship: Trauma

5. **Douglas Beaman, M.D.**  
   Orthopedic Surgeon, ABOS Board Certified

**Primary Objective**

Surgical and medical training related to orthopedic trauma. This is to include, but not be limited to, the initial work-up and triage of patients with acute injuries from trauma and post trauma sequelae. At the end of the rotation, the trainee will be able to conduct a history and physical in the initial evaluation of urgent orthopaedic trauma and manage these patients on the ward in the peri-operative period. In addition, the trainee will understand post trauma and post operative sequelae including nonunion and malunion of fractures. Since Emanuel Hospital has additional patient volume in traumatic hand injuries and limb deformities, the residents should focus their education on these specific areas of orthopaedic trauma care.
Educational Philosophy

The principal goal of the orthopaedic trauma service at Emanuel is to familiarize orthopaedic residents with the management of orthopaedic injuries from acute trauma. Most often this trauma is secondary to motor vehicle crashes and gunshot wounds. An understanding of which injuries need surgical management and an understanding of appropriate nonoperative management of other injuries is mandatory. Furthermore, the resident should understand varying methods of failure (infection, nonunion, malunion, loosening, etc) and appropriate algorithms of management. Specific surgical management of these problems with multiplanar external fixators will be taught.

Rotation Expectations and Opportunities

The Orthopaedic Residents will work primarily with two Traumatologists and two upper extremity surgeons. There is another resident from a neighboring residency in Corvallis who splits time with the two residents from OHSU. Two residents, a pgY2 and pgY4, will spend 10 weeks at Legacy Emanuel, with 3-4 weeks on upper extremity with Dr. Madey and Dr. Frome, 3-4 weeks with Dr. Gellman, and 3-4 weeks with Drs. Beaman and VandeZandeschulp. On average, there will be 3-4 OR days per week, 1 day of clinic per week, and ½ day of educational activity / self study (preparing for conferences, review of upcoming cases, independent study).

Rotation Schedule

Dr. Madey/ Dr. Frome
Monday: OR
Tuesday: Clinic (alternates weekly between Dr. Madey and Dr. Frome), add on cases
Wednesday: OR
Thursday: OR
Friday: OR

Dr. Gellman
Monday: OR
Tuesday: OR
Wednesday: Clinic
Thursday: OR
Friday: Resident conference OHSU, OR

Dr. Beaman
Monday: OR
Tuesday: OR
Wednesday: OR
Thursday: Clinic
Friday: OR
Every Wednesday morning at 6:30am, there is a fracture rounds conference. This is a case based conference consisting of upcoming surgical cases and postoperative cases.

**Generalized Rotation Goals & Mechanisms**

**Didactic**
- A weekly conference on Wednesday mornings involving the residents/attendings.
- Pre-, mid- and post-rotation meetings to assess expectations and progress of residents.
- Journal Club 2-3x/year to discuss important literature on trauma. This journal club is combined with the OHSU orthopaedic trauma group.

**Patient Care**
- Manage all aspects of acute trauma seen in patients of all ages. This includes appropriate non-operative treatment modalities along with varying surgical treatment options. The resident is responsible for learning and understanding indications of operative fixation for fractures.
- Attain competence in performing a comprehensive evaluation and examination of new patients seen through the ED. Comprehensive and concise history, physical examination, and diagnostic test ordering and interpretation are emphasized.
- Thorough and concise management of post-operative patients during their inpatient stay.

**Medical Knowledge**
- For each location discussed (list below), the resident should understand the relevant fracture pattern, mechanism of injury, anatomy, and appropriate history and physical exam. Discussion from staff will focus on a case-based learning approach as patients are treated. Questions and answers will most often be covered by simple review textbooks supplemented by the reading list below.
  - Clavicle
  - Proximal humerus
  - Humeral shaft
  - Distal humerus
  - Fractures about the elbow (terrible triad, radial head, olecranon)
  - Forearm shaft
  - Distal radius
  - Scaphoid, carpal instability, phalangeal, metacarpal
  - Pelvic ring
  - Acetabulum
  - Proximal femur
  - Femoral shaft
For each location discussed, the resident will list the relevant radiographic classification scheme for the fracture.

**Practice-Based Learning and Improvement**

- By the end of the rotation, each PGY2 and PGY4 resident should be comfortable and confident with the following non-operative skills:
  1. Clinical assessment
  2. Upper Extremity Exam
  3. Lower Extremity Exam
  4. Evaluation and comprehension of x-rays for each fracture pattern
  5. An understanding of the psychosocial issues that are relative to trauma
  6. In addition, the PGY 4 resident should be comfortable with evaluation and comprehension of CT and MRI for each fracture pattern. The PGY4 resident should also be comfortable in the counseling of nonoperative management of various fracture patterns.

- Participate as an assistant in surgical procedures and as primary surgeon where level of skill makes this appropriate. Develop the planning and technical skills to the level that participation as primary surgeon is appropriate on most surgical cases.

- Demonstrate ability to effectively perform preoperative planning for surgical procedures, even complex cases.

- Set up an operating room for surgery, including surgical instruments, implants, patient positioning, need for fluoroscopy, etc.

- Understand and direct the role/limitations of Operating personnel: Scrubs, Nurses, Charge nurse, Company representatives, Schedulers, and Surgeons.

- Identify and clearly communicate the indication for every operation prior to scrubbing, to the attending and students as indicated.

- Know the algorithm for several techniques for each indication:
  - Be prepared in advance to complete the operation
  - Understand the choices for anesthesia and indications
  - Be ready to describe how to change course mid-operation, if needed

- Direct and perform the following procedures at the PGY2 level:
  1. Safe positioning of the patient in surgery
  2. Identification and initial management of postoperative complications
  3. Approach and fixation of basic fracture patterns including hip, ankle, and long bone shaft, and distal radius.
  4. Placement of external fixation

- Direct and perform the following procedures at the PGY4 level (in addition to those listed above):
  5. Analysis and management of postoperative complications
6. approach and fixation of periarticular fractures
7. approach to acetabulum and pelvic ring

**Professionalism**

- Learn to organize patient clinic practice while participating in more advance patient evaluation and management activities.
- Actively and competently participate in supervising the educational and clinical activities of the junior level residents (for PGY5s) or medical students (for PGY3s and 5s).
- Model appropriate professional values and behaviors for peers, faculty, and staff.
- Mature in the development of patient care, considering the cost, quality, outcomes, and impact on patient and healthcare system as essential variables in the equation.
- Demonstrate ability to engage in supportive, clear, and compassionate communication with patients and family members.
- Answer requests in a timely, cordial manner.

**Interpersonal and Communication Skills**

- The resident is expected on this rotation and all others to interact as a professional and team member with all the other staff and services within the hospital.
- The demeanor and tone of the resident in both verbal and nonverbal communication is expected to be exemplary.
- The same communication skills above are expected to be used with the patients and families.

**Systems Based Practice**

- Develop methods of analyzing complex data and prioritizing principles and issues to solve complex and ill-defined problems related to orthopaedic patient care.
- Demonstrate appropriate judgment, particularly as related to indications for surgical treatment of patients, non-operative treatment options and algorithms.
- Understand the daily business of Medicine/Orthopedic Surgery.
- Become facile with billing and coding issues.
- Manage the patient and health system to manage a disease/injury in the context of the biopsychosocial model.

**Literature Resources**

**Pelvic ring injury**


**Acetabular fracture**


**Hip dislocation**


Femoral head fracture


Hip fracture-low energy


Hip fracture-high energy


Femoral neck fracture biomechanics


**Femur fracture**


**Distal femur fracture**


**Patella fracture**


**Knee dislocation**


**Tibial plateau fracture**


**Tibial shaft fracture**


**Limb salvage**


**Tibial plafond fracture**


**Ankle fracture**


**Talus fracture**


**Lisfranc fracture**


**Calcaneus fracture**


**Shoulder injuries**


**Proximal humerus fracture**


**Humerus shaft fracture**


**Distal humerus fracture**


**Fractures and injuries about the elbow**


**Forearm fractures**


**Wrist fractures**


**Open fracture management**
