



Department of Orthopaedics and Rehabilitation

Rotation-Specific Objectives for Resident Education	
Rotation:	Providence Saint Vincent Hospital
Resident Year-In-Training:	PGY4

Attending Physicians

1. Jason Kurian, MD

Orthopaedic Surgeon, ABOS Board Certified
Fellowship: Sports Medicine

2. Paul Duwelius, MD

Orthopaedic Surgeon, ABOS Board Certified
Fellowship: Arthroplasty, Trauma

3. Brett Andres, MD

Orthopaedic Surgeon, ABOS Board Certified
Fellowship: Sports Medicine

4. James Davitt, MD

Orthopaedic Surgeon, ABOS Board Certified
Fellowship: Foot and Ankle

Primary Objective

Surgical and medical training related to general community based orthopaedics. This is to include the operative and nonoperative management of common orthopaedic conditions seen at a general orthopaedic practice (e.g. anterior knee pain, meniscal tears, rotator cuff tendinopathy, nerve entrapment syndromes, painful flat foot, bunion, hip and knee arthritis). The trainee will, at the end of the rotation, be able to ably evaluate and treat the conditions listed above. The trainee will receive an orientation to the development of a group practice that is not under the umbrella of a school of medicine.

Educational Philosophy

The overwhelming majority of trainees end up in a non-academic based practice. The purpose of the rotation at Providence Saint Vincent is to expose the trainees to such a setting. The patients treated in this setting have common orthopaedic conditions and the trainee is best suited to evaluate the appropriate nonoperative and operative management of these conditions.

This rotation is also an opportunity for the trainee to understand other aspects of practice management that are not seen in an academic setting.

Rotation Expectations and Opportunities

One PGY4 spends 10 weeks at Providence Saint Vincent Hospital. 3-4 days are spent in the OR with 1-2 days spent in clinic.

Monday: Clinic - Sports Medicine

Tuesday: OR - Joints

Wednesday: OR morning - F/A, Clinic afternoon - F/A or OR - Sports

Thursday: OR - UE/Joints

Friday: OR - Sports

Residents participate as 1st assist in all circumstances as no fellows participate. Residents are expected to prepare for each case. This includes having knowledge of the patients history and exam specific to their orthopaedic condition, pertinent medical information, knowledge of radiographs, and other information as pertinent. They are expected to have done preoperative planning for all cases.

Residents are expected to direct and supervise learners including medical students, PA students, surgical staff and clinical staff.

Generalized Rotation Goals & Mechanisms

Didactic

- Pre-, mid- and post-rotation meetings to assess expectations and progress of residents.
- Journal Club in conjunction with OHSU 6x / year to discuss important literature on hip and knee replacements, sports medicine (i.e. knee and shoulder), and foot and ankle.

Patient Care

- Manage aspects of common orthopaedic sports medicine conditions. This includes appropriate non-operative treatment modalities along with varying surgical treatment options. The resident is responsible for learning and understanding indications of different procedures. The resident should learn absolute and relative contra-indications to arthroscopy, and the risks and benefits of proceeding with surgery under various conditions.
- Attain competence in performing a comprehensive evaluation and examination of new and return patients in clinic. 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 at St. Vincent.

Medical Knowledge

At the conclusion of a rotation, each resident is expected to have a basic understanding of:

- Case based learning, focusing on topically driven reading.

- Pathology behind a variety of conditions that lead to hip and/or knee arthritis: osteoarthritis, osteonecrosis, inflammatory arthritis, post-traumatic arthritis, hip dysplasia, FAI, and varying childhood disorders (LCP, SCFE, MED, PFFD).
- Medical management of hip and knee arthritis prior to surgical intervention.
- Understand the presentation, manifestation and therapy of the following common sports related injury categories (e.g.): Instability Patterns: Knee, Shoulder, Hip, Elbow, Ankle; Osteoarthritis: Focal, Diffuse; Overuse syndromes: Acute, Chronic; Tendon Injuries: Rotator Cuff, Quad, Patella, Achilles, Complete, Partial; Fractures: Metabolic, Activity related
- Preparation for surgical care by learning surgical approaches, implant options, and reconstruction in the setting of bone loss or fracture.
- Prepare patients for operative and non-operative management and empathetically guide them through the recovery process of each.
- Familiarize oneself with current standards of care by reading Orthopedic Knowledge Update, current literature, weekly case presentations, and the below listed literature resources.
- Be thoroughly knowledgeable of basic textbook information and current journal articles on orthopaedic specialties pertinent to this rotation.
- Read and understand the key orthopaedic literature on the orthopaedic specialties pertinent to this rotation.
- Understand the role of the surgeon as part of the health care team and our relationship to the working environment with; Nurses, PA's, PT's, OT's, Orthotists, Patients & Families.

Practice-Based Learning and Improvement

- 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. This includes pre-operative templating.
- 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:
 1. Aspiration and Injection of the any joint; injection of Trochanteric bursa
 2. A diagnostic arthroscopy of the Shoulder, Knee, Hip, Ankle or Elbow
 - Identify all pertinent anatomy & pathology
 - Plan portal placement for repair/reconstruction
 3. Arthroscopic (minimal)

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| Knee | Chondroplasty, Microfracture
ACL reconstruction preparation (debridement/landmarks)
Meniscal Surgery (Meniscal repair vs. Meniscectomy)
Cartilage Biopsy
Synovectomy
Removal of Loose Body |
| Shoulder | Distal Clavicle Excision
Subacromial Decompression
Rotator Cuff Evaluation
Bankart repair/Capsular Shift
Biceps tenodesis, SLAP repair
Removal of loose body (shoulder, elbow, knee) |
4. Primary Hip and Knee Arthroplasty
 5. Be familiar with revision Hip and Knee Arthroplasty
 - a. Infection – first and second stage revision
 - b. Osteolysis
 - c. Implant failure
 - d. Instability
 - e. Need for constraint

Professionalism

- Learn to organize patient clinic practice while participating in more advance patient evaluation and management activities.
- 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

Textbooks

Orthopaedic Knowledge Update: Hip and Knee Reconstruction 4

The Adult Hip, Callaghan & Rosenberg (2 Volumes) - in Orthopaedic library

Insall & Scott Surgery of The Knee (4 Volumes) - in Orthopaedic library

Micheli: Oxford Textbook of Sports Medicine

-excellent overview of all conditions and diagnosis. limited surgical technique.

Garret: Principles and Practice of Sports Medicine

-Classic surgeons text written by former UNC chair and Duke SM Director

Snyder: Shoulder Arthroscopy

-bread and butter, first generation shoulder scoping

Jackson: Reconstructive Knee Surgeries

-older, but classic for open surgery of knee. he is former President of AAOS

Andrews: Arthroscopic Surgery

-classic "old school" intro to Arthroscopy (all joints). very good for fundamentals.

OKU: Sports, General, Shoulder & Elbow

-essential for boards