

Department of Orthopaedics and Rehabilitation

Rotation-Specific Objectives for Resident Education	
Rotation:	VAMC
Resident Year-In-Training:	PGY5, PGY2, PGY1

Attending Physicians

1. Jesse McCarron, MD

Orthopaedic Surgeon, ABOS Board Certified
Fellowship: Shoulder and Elbow

2. Theodore Vigeland, MD

Orthopaedic Surgeon, ABOS Board Certified

3. Darin Friess, MD

Orthopaedic Surgeon, ABOS Board Certified
Fellowship: Trauma

Primary Objective

Surgical and clinical training related to management of general adult orthopaedics conditions including degenerative, infectious, and traumatic. To learn about conditions specific to the care of Veteran patient (e.g. post-traumatic stress disorder) and appropriate ordering of ancillary studies in a system with fixed and limited resources. Be able to triage conditions and to know when to refer to a sub-specialist after executing the primary evaluation and management.

Educational Philosophy

The VAMC is one of two locations where general orthopaedics is emphasized. It is a unique opportunity for the residents to run their own service and have appropriate faculty supervision. As they are responsible for the day to day management of the floor as well as the primary contact in preop and postop clinic, they will be learning not only general orthopaedics but also practice management. The goal is to achieve a coordinated care approach across disciplines between orthopaedics, medicine, and anesthesia.

Rotation Expectations and Opportunities

The VA Orthopaedic service is comprised of a Chief Resident (PGY5), a Junior Resident (PGY2), and an intern (PGY1). In addition there are several physician assistants assigned to the team, a facilitator to assist in the scheduling of OR cases/clinics, a nurse coordinator to assist in

coordination of patient care, as well as a clinic lead nurse and several medical assistants to help in the management and running of clinic. The residents are supervised by the attending surgeons assigned to the VA orthopaedic service. On average, there will be 2-3 OR days per week, 1-2 days of clinic per week, and ½ day of educational activity / self study (preparing for conferences, review of upcoming cases, independent study).

Rotation Schedule

Monday: OR with Dr. McCarron and Dr. Vigeland

Tuesday: OR with Dr. Vigeland, sometimes 2nd room with Dr. McCarron

Wednesday: clinic all day

Thursday: OR with Dr. Vigeland or Dr. Friess; other resident in shoulder/elbow clinic (alternate PGY5 and PGY2)

Friday: some weeks are admin days, other weeks with Dr. Vigeland or Dr. McCarron in the OR

Residents are expected to prepare for each case. This includes having knowledge of the patient's history and exam specific to their hip and/or knee condition, pertinent medical information, knowledge of radiographs, and other information as pertinent. They are expected to have a pre-operative template made in preparation for primary cases of hip arthroplasty, along with preoperative planning for all cases.

Residents are expected to direct and supervise learners including medical students, PA students, surgical staff and clinical staff. The chief resident is expected to supervise the PGY2 and PGY1 and the PGY2 is expected to supervise the PGY1.

Generalized Rotation Goals & Mechanisms

Didactic

- Pre-, mid- and post-rotation meetings to assess expectations and progress of residents.
- Journal Club 2-3x / year to discuss important literature on hip and knee replacements and shoulder/elbow.

Patient Care

- Manage all aspects of arthritis seen in adult patients. 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 total joint arthroplasty, and the risks and benefits of proceeding with surgery under various conditions.
- Manage all aspects of shoulder and elbow conditions seen in adult patients. 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 total joint arthroplasty, 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 OHSU.

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, knee, shoulder and elbow arthritis prior to surgical intervention.
- Understanding of common shoulder and elbow conditions including rotator cuff pathology, shoulder dislocation, epicondylitis and bursitis, biceps tendinitis and injury.
- 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 at the PGY2 level:

1. Aspiration and Injection of the Knee, shoulder, and elbow joint; injection of Trochanteric bursa
2. Primary Hip and Knee Arthroplasty
3. Diagnostic shoulder arthroscopy

In addition, the PGY5 should feel comfortable guiding the PGY2 through the above procedures and perform the following procedures:

4. Familiar with revision hip and knee arthroplasty
5. Primary total and reverse total shoulder arthroplasty
6. Arthroscopic rotator cuff repair, subacromial decompression
7. Biceps tenodesis, biceps repair

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 PGY5s, 2s and 1s).
- 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

Articles

Louis U. Bigliani and William N. Levine

Current Concepts Review – Subacromial Impingement Syndrome

J Bone Joint Surg. Am., Dec 1997; 79: 1854-68.

Selected Instructional Course Lecture:

Patrick J. Duffy, Bassam A. Masri, Donald S. Garbuz and Clive P. Duncan

Evaluation of Patients with Pain Following Total Hip Replacement

J Bone Joint Surg. Am., Nov 2005; 87: 2566-2575.

James N Gladstone, Julie Y. Bishop, Iam K.Y. Lo and Evan L. Flatow

Fatty Infiltration and Atrophy of the Rotator Cuff Do Not Improve After Rotator Cuff Repair and Correlate with Poor Functional Outcome

Am. J. Sports Med., May 2007; 35: 719-728.

Nicholas Fletcher, D’Mitri Sofianos, Marschall Brantling Berkes and William T. Obrebsky.

Current Concepts Review – Prevention of Perioperative Infection

J Bone Joint Surg. Am., 2007; 89: 1605-1618.

Shantanu Patil, Arnie Bergula, Peter C. Chen, Clifford W. Colwell, Jr. and Darryl D’Lima

Polyethylene Wear and Acetabular Component Orientation

J Bone Joint Surg. Am., 2003; 85: 56-63.

Hyung Bin Park, Atsushi Yokota, Harpreet S. Gill, George El Rassi and Edward McFarland.

Diagnostic Accuracy of Clinical Tests for the Different Degrees of Subacromial Impingement Syndrome.

J Bone Joint Surg. Am., 2005; 87: 1446-1455.

Anthony Tzannes and George A.C. Murrell

Clinical Examination of the Unstable Shoulder

Article Review

Sports Medicine and Shoulder Service, Orthopaedic Research Institute,
St. George Hospital Campus, University of New South Wales, Sydney

Gerald Williams, Jr., Charles Rockwood, Jr., Louis U. Bigliani, Joseph P. Iannotti and Walter Stanwood

Rotator Cuff Tears: Why Do We Repair Them?

J Bone Joint Surg. Am., 2004; 86: 2764-2776.

Joseph Bernstein

Current Concepts Review- Decision Analysis

J Bone Joint Surg. Am., 1997; 79:1404-1414.

Joseph Bernstein

Evidence Based Medicine

Am Acad Orthop Surg, March/ April 2004; 12(2):80-88.

Kevin B. Freedman and Joseph Bernstein

Current Concepts Review- Sample Size and Statistical Power in Clinical Orthopaedic Research

J Bone Joint Surg, Am., 1999; 81:1454-1460.

John M Wright, Heber C. Crockett, Daniel P. Slawski, Mike W. Madsen and Russell E. Windsor

High Tibial Osteotomy

Am Acad Orthop Surg, July/ August 2005; 13(4):279-289.

Michael D. McKee, David M.W. Pugh, Lisa M Wild, Emil H. Schemitsch and Graham J.W. King

Standard Surgical Protocol to Treat Elbow Dislocations with Radial Head and Coronoid Fractures

J Bone Joint Surg, Am., 2005; 87:22-32.

Dennis, Douglas

Evaluation of Painful Total Knee Arthroplasty

The Journal of Arthroplasty, June 2004; 19(4):35-40.