

OHSU Department of Orthopaedics and Rehabilitation

Rotation Specific Objectives for Resident Education

Rotation: Foot & Ankle Resident year-in-training: PGY3

Attending Physicians:

1. James Meeker, MD

Orthopedic Surgeon, ABOS Board Certified
Fellowship: Foot & Ankle, Trauma

2. Bettricia Otto, DPM

Podiatrist, ABPS Board Certified in forefoot surgery, board eligible in rearfoot surgery

Specific Objectives for the Foot and Ankle Rotation Service

By the end of the foot and ankle rotation, the resident will know and be able to:

1. Workup and present a patient with a foot/ankle problem specifying the working diagnosis, additional studies to confirm or change the diagnosis, the treatment alternatives and expected outcome. This includes demonstrating the ability to take a detailed history and perform an accurate foot and ankle exam.
2. Recognize and take into account the lower extremity angular and rotational alignment, foot type, footwear, relevant biomechanics, and lifestyle.
3. Prescribe an appropriate orthotics/prosthetics and shoe wear modifications.
4. Describe the natural history of the patient's problem if untreated, treated non-operatively and treated operatively.
5. Describe appropriate nonoperative and operative treatment of the diabetic foot.
6. Correctly assist and apply dressings, splints, and casts for protecting injuries and postoperative conditions.
7. Perform local anesthesia to include: ankle, metatarsal and digital blocks; field local infiltration; joint injection for pain localization.
8. Demonstrate pre-op readiness by specifying the following for each case:
 - Surgical indications and goals
 - Incision, approach relevant anatomy and step-by-step procedure
 - Three-dimensional considerations
 - Expected difficulties and potential pitfalls
 - Contingency plans
 - Criteria of acceptable result
9. Perform and assist surgical procedures for common foot and ankle problems: hammertoe, bunions, tendon transfers, ankle subtalar and single joint fusions, excision of OCD's, osteotomies, ankle ligament reconstruction, removal of hardware, and diabetic foot.

10. List the equipment needed for all the basic procedures and demonstrate the ability to correctly review the completeness of this equipment before starting a procedure.
 11. Demonstrate attention to detail in follow up for postoperative patients.
 12. Recognize the postop foot/ankle in trouble.
 13. Demonstrate the ability to recognize and initiate treatment of complications
 14. Critique foot and ankle literature at the department and foot/ankle journal clubs.
-

Foot and Ankle Rotation

At OHSU, the orthopaedic residents will work primarily with one full time university based foot and ankle orthopaedic surgeon.

Current Rotation: 1 resident (PGY3) spends 10 weeks dedicated to the Foot & Ankle service. This rotation encompasses a 5 day week. Each resident spends time (10-20% or 0.5-1 days/week) dedicated to service-related educational activity and self study (e.g. preparing conferences, review cases records, independent study and research investigations).

Current Rotation Schedule:

Monday: OR

Tuesday: OR

Wednesday: Clinic

Thursday: OR

Friday: Clinic

Interpersonal and Communications Skills:

Residents will, at all times, demonstrate behavior that is beyond reproach. Residents must be able to demonstrate interpersonal and communications skills that result in effective information exchange and teaming with patients, patient's families, and professional associates. Residents are expected to:

- Demonstrate honest, open, civil, and effective communication with patients, staff, and colleagues (medical students, residents & attendings).
- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening skills elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- Work effectively with others as a member or leader of a health care team or other professional group

Practice-Based Learning and Improvement:

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Use information technology to manage information, access on-line medical information, and support their own education.
- Facilitate the learning of students and other healthcare professionals.

Professionalism:

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate respect, compassion, and integrity
- A responsiveness to the needs of patients and society that supersedes self-interest
- Accountability to patients, society, and the profession
- Commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to:
 - Provision or withholding of clinical care
 - Confidentiality of patient information
 - Informed consent
 - Business practices
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Deleted: ,

Systems-Based Practice:

Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Practice cost-effective health care and resource allocation that does not compromise quality of care

- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

Medical Knowledge:

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological) sciences and the application of this knowledge to patient care. Residents are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations
- Know and apply the basic and clinically supportive sciences which are appropriate to foot and ankle surgery

Patient Care:

Residents must be able to provide care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about the patient
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and carry out patient management plans, counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Perform competently all invasive procedures considered essential in foot and ankle practice.
- Provide health care services aimed at preventing health problems or maintaining health work with health care professionals, including those from other disciplines, to provide patient-focused care.

Reading and Reference List:

Textbooks:

1) Foot & Ankle (Orthopaedic Surgery Essentials) Second Edition
by David Thordarson (Author)

2) Surgery of the Foot and Ankle 9th edition
by Coughlin and Saltzman

3) Orthopaedic Knowledge Update

Primary sources:

- 1) Foot and Ankle International (peer reviewed; official journal of the AOFAS)
- 2) JBJS (peer reviewed)
- 3) Foot and Ankle Orthopaedics (open access journal of the AOFAS)
- 4) Foot and Ankle surgery (European open access journal)

Recommended articles:

- 1) Bunion RCT. Faber et al JBJS 2004
- 2) Safety Area for Proximal Metatarsal Procedures. FAI 2013
- 3) Lapidus fusion rate. Thompson et al FAI 2005
- 4) Management of recalcitrant plantar fasciitis. Digiovanni FAI 2013
- 5) Gastrocnemius recession to treat isolated foot pain. Maskill FAI 2010
- 6) Operative vs non-op Achilles. Willits JBJS 2010
- 7) Radiographic measures in AAFD. Iossi FAI 2013
- 8) Complications in total ankle arthroplasty. Glazebrook FAI 2009
- 9) Salto Total Ankle Arthroplasty: Survivorship. Bonnin CORR 2011
- 10) Calc fx RCT. Buckley JBJS 2002
- 11) Calc fx RCT. Agren JBJS 2013
- 12) Shoe modification and the use of orthoses in the treatment of foot and ankle pathology. Janisse DJ, Janisse E. J Am Acad Orthop Surg. 2008
- 13) Long-term results of reconstruction for treatment of a flexible cavovarus foot in CharcotMarie-Tooth disease. Ward CM, Dolan LA, Bennett DL, Morcuende JA, Cooper RR. J Bone Joint Surg Am. 2008
- 14) Current concept review: vitamin D and stress fractures. McCabe MP, Smyth MP, Richardson DR. Foot Ankle Int. 2012
- 15) Evidence-based analysis of the efficacy for operative treatment of hallux rigidus. McNeil DS, Baumhauer JF, Glazebrook MA. Foot Ankle Int. 2013
- 16) Long-term follow-up of flexor digitorum longus transfer and calcaneal osteotomy for stage II posterior tibial tendon dysfunction. Chadwick C, Whitehouse SL, Saxby TS. Bone Joint J. 2015
- 17) Contribution of Lateral Column Lengthening to Correction of Forefoot Abduction in Stage IIb Adult Acquired Flatfoot Deformity Reconstruction. Chan JY, Greenfield ST, Soukup DS, Do HT, Deland JT, Ellis SJ. Foot Ankle Int. 2015
- 18) Total ankle arthroplasty versus ankle arthrodesis for the treatment of end-stage ankle arthritis: a meta-analysis of comparative studies. Kim HJ, Suh DH, Yang JH, Lee JW, Kim HJ, Ahn HS, Han SW, Choi GW. Int Orthop. 2017
- 19) Charcot Neuroarthropathy of the Foot and Ankle. Dodd A, Daniels TR. J Bone Joint Surg Am. 2018
- 20) . Reoperation Rate Differences Between Open Reduction Internal Fixation and Primary Arthrodesis of Lisfranc Injuries. Buda M, Kink S, Stavenuiter R, Hagemeyer CN, Chien B, Hosseini A, Johnson AH, Guss D, DiGiovanni WC. Foot Ankle Int. 2018