

- 1) What is expected?
 - a. All:
 - i. Be on time, and maintain appropriate speech and treatment of patients/staff at all times.
 - ii. Dress professionally in clinic: nice blouse for women, tie at all times for men.
 - iii. Prepare for surgical cases.
 - iv. Round on your inpatients in a timely manner.
 - b. Juniors:
 - i. OR: Get very comfortable with a diagnostic knee and shoulder arthroscopy, including reversing the view, and re-establishing portals.
 - ii. CLINIC: Start to understand surgical indications, and controversies regarding surgical decision-making.
 - c. Seniors:
 - i. OR: Get comfortable with execution of meniscus/ACL and labrum/rotator cuff repair surgery.
 - ii. CLINIC: Formulate a plan independently, with an understanding of the current literature guiding treatment.
- 2) How will the information be made available?
 - a. Faculty guidance and reference instruction sheets in the simulation laboratory every Friday, and your individual attendings' operative reports/resident signout notes for operative steps.
 - b. VuMedi and technique articles are also excellent resources.
 - c. For information on surgical indications, please refer to the reading list in the sports curriculum, and relevant current periodicals.
 - d. Epic charts and images on Impax contain ample information regarding the patients' background and pathology. At a minimum, before starting a case, you should know:
 - i. Patient age and occupation/sport
 - ii. Duration and type of symptoms
 - iii. Conservative measures that have failed
 - iv. Any prior surgeries
 - v. Key physical examination findings (extra points for checking these in the pre-op holding bay, if you are able)
 - vi. Key imaging findings
- 3) How will we know the expectations are (or are not) being met?
 - a. Direct feedback from attending and/or simulation lab staff.
- 4) What are the rewards/consequences for meeting/not meeting the expectations?
 - a. If you have not read about a patient before entering the operating room, you will likely not get to participate in the case.
 - b. If you have read about the case, and demonstrate some degree of pre-operative planning, you have a much better chance of participating to a meaningful degree.
 - c. If you are poorly dressed for clinic, you may be asked to seek out your white coat and/or more appropriate clothing.

- d. If you are reliable and professional in the simulation laboratory setting, you will become a much better arthroscopist over the course of your training.
- e. **One final note:** If you are idle, and sports clinic or OR is going on without orthopaedic resident coverage (whether or not the sports fellows are around), you are doing something wrong. If OR is done and clinic is still going, go to clinic. Please plan accordingly with appropriate attire on days that might happen.

Daily Schedule:

- Crawford rotation:
 - Monday: CHH clinic
 - Tuesday: morning simulation (unless add-on case)
 - Wednesday: CHH clinic
 - Thursday: CHH OR
 - Friday: CHH OR
- Herzka/Brady rotation:
 - Monday:
 - First choice: Brady OR (1/3/5)
 - Otherwise: Herzka CW clinic
 - Tuesday:
 - Morning simulation
 - Afternoon Brady CHH clinic
 - Wednesday:
 - Herzka CHH OR
 - Otherwise: admin
 - Thursday:
 - First choice: Brady OR
 - Otherwise: Herzka CHH clinic
 - Friday:
 - First choice: Herzka CHH clinic
 - Otherwise: Brady CW clinic