

# Orthopaedic Goals & Objectives

## PGY I

### **Rotation Goals and Objectives by Core Competency**

#### **General Goals & Objectives PGY-1 Year**

##### **A. Patient Care**

- 1) Learn the essentials concerning performing a history and physical examination
- 2) Learn the principles of interpreting a plain radiograph (be able to recognize a fracture/dislocation)
- 3) Recognize the historical symptoms of trauma patients
- 4) Know the evaluation strategy for the patient with traumatic injury
- 5) Demonstrate common non-operative skills
  - a. Splint application
  - b. Cast application
  - c. Joint aspiration/injection
  - d. Fracture manipulation
  - e. Joint reduction
- 6) Demonstrate basic operating room skills:
  - a. Patient positioning
  - b. Preparation and draping of the patient
  - c. Assisting with retractors, lights, and maintaining a blood free field
  - d. Learn layered closure
  - e. Placement of suction drains
- 7) Demonstrate the ability to care for patients postoperatively:
  - a. Wound care
  - b. Antibiotic prophylaxis
  - c. Anticoagulation management
  - d. Pain management
- 8) Consistently mark patients with initials prior to surgery and drape the initials into the surgical field
- 9) Consistently perform the surgical time out prior to incision
- 10) Report medical errors to the attending surgeon when recognized
- 11) Organize and supervise medical students
- 12) Develop patient management plan for patients admitted directly to the hospital

## **B. Interpersonal and Communication Skills**

- 1) Listen to patients' concerns and express sensitivity and empathy for their injuries, personal losses, and basic medical problems
- 2) Explain the risks and goals of surgery to patients and their families and alternatives to surgery (perform informed consent for simple procedures)
- 3) Establish an effective patient-doctor relationship – attire, grooming, manner of speech, concern, and commitment
- 4) Establish an appropriate level of communication and relationship with ancillary staff:
  - a. Refrain from abusive behavior
  - b. Be courteous
  - c. Report staff who are disrespectful and do their duties in a less than satisfactory manner (patient safety net)
- 5) Be able to use legible handwriting and print one's name under all signatures
- 6) Date and time all notes
- 7) Dictate discharge summaries on the day of surgery
- 8) Answer patient telephone calls on the same day that they are received

## **C. Professionalism**

- 1) Be sensitive and responsive to differences in culture, gender, age, and impairments of both patients and staff
- 2) Be sensitive to the needs of trauma patients in terms of emotional support
- 3) Be reliable in the performance of responsibilities
- 4) Respect the opinions of other healthcare professionals
- 5) Express opinions in a manner that is sensitive to others

## **D. Medical Knowledge**

- 1) Working knowledge of the common orthopaedic emergencies
  - a. Compartment syndrome
  - b. Cauda equina syndrome
  - c. Fat embolism syndrome
  - d. Pulmonary embolism
  - e. Deep venous thrombosis
- 2) Basic working knowledge of simple common fractures
  - a. Clavicle
  - b. Distal radius
  - c. Both-bones forearm
  - d. Humerus
  - e. Femur
  - f. Tibia
  - g. Ankle

h. Hip

**E. Practice Based Learning and Improvement**

- 1) Analyze the effectiveness of his or her own interpretative, problem solving, and surgical skills
- 2) Use available information technology to obtain and manage information
- 3) Be receptive to constructive criticism

**F. Systems-Based Practice**

- 1) Demonstrate ability to provide cost effective care:
  - a. Utilization of appropriate diagnostic tests
  - b. Appropriate use of antibiotics
- 2) Utilize the health care system to provide optimal patient care outside the hospital system
- 3) Utilize the chain of command in both the supervision of subordinates and the interaction with seniors
- 4) Recognize emergencies and communicate the problem to appropriate personnel