

Department of Orthopaedic Surgery Supervision Policy

The Department of Orthopaedic Surgery follows the University policy for supervision: Appropriate faculty and/or supervisory resident backup will be provided for every house officer for consultation, education and supervision.

Each resident is an integral part of the team that sees and treats patients in the outpatient clinics, emergency room, trauma unit, and operating room. They perform surgical procedures under appropriate supervision and follow the patient post operatively in both the inpatient setting and the outpatient clinics. The training program provides for increasing independence and responsibility as residents encounter increasingly complex cases.

Supervision is tailored appropriately to an individual resident's level of training, skills and knowledge and current level of competence for particular patients or problems. Working consistently side-by-side in clinic and in the operating room, the supervision is balanced to insure proper quality patient care, but allow maturation of independence, team leadership, critical thinking, decision-making and surgical skills.

The expectations and responsibilities of each resident are dependent on their level of training. After completion of a year of internship and a year of research, residents enter the first year of orthopaedic training. First-year orthopaedic residents (PGY-3) should be capable of managing many orthopaedic conditions seen in the emergency room and outpatient clinics. They work under close supervision with the more senior residents and faculty and have assistance as needed. The first year orthopaedic residents should be able to perform a complete history and physical exam, formulate a differential diagnosis and plan and execute, or at least initiate, treatment, particularly for orthopaedic trauma and most general orthopaedic (adult and pediatric) patients. They should be able to identify orthopaedic emergencies. They also help teach and oversee the third and fourth year medical students and the interns on the service.

The second-year orthopaedic residents (PGY-4) have similar responsibilities, but are encouraged to make more independent decisions. They also have responsibilities in teaching the first-year resident. The second-year resident, at the end of the year, should be able to evaluate patients in the emergency room, the trauma unit, and the outpatient clinics, formulate differential diagnoses, formulate and, in many cases, execute a treatment program. At this time they should better understand spinal problems and hand injuries and disorders.

In the third clinical year (PGY-5), emphasis is placed on refining skills and knowledge. By this year they will have rotated through all the specialties. Residents are exposed to a variety of more complicated and difficult procedures and have greater responsibility in training first and second year clinical residents and students. PGY-4 residents transition from taking call in-house to functioning as senior residents with home call. As such, they are responsible for supervision of in-house residents' on call evaluations, coordination and synthesis of diagnostic information, formulation of a surgical treatment plan, communication with staff, and management of surgical care under the direct supervision of on-call faculty.

The fourth-year orthopaedic resident (PGY-6) assumes the role of chief resident and is responsible for much of the patient care team at UCSDMC (Hillcrest and Thornton) and at the VAMC. They are assisted and supervised by orthopaedic surgery fellows and faculty. The fourth-year resident should be capable of making a clear diagnosis, executing treatment, and performing more complex orthopaedic surgical procedures with supervision as needed. The chief resident supervises the more junior residents in the outpatient clinics and is allowed much more independent decision-making with support from faculty as appropriate.

Progressive responsibility is expected according to the goals and objectives of various rotations.

Each rotation has a faculty member in charge of resident supervision. These are:

1. VA hospital: Dr. Scott Meyer
2. Children's Hospital: Dr. Maya Pring
3. Balboa Medical Center: Dr. Matt Provencher