

VA ADULT ORTHOPAEDICS GOALS AND OBJECTIVES

The Adult Orthopaedic rotation includes a Clinical Year 1, Clinical Year 2, and Clinical Year 4 resident. Call for the rotation is taken from home and the more junior level residents are responsible for the initial evaluation and management of Emergency Department (ED) consultations, as well as in-house patient consultations. At times this junior level resident will supervise a PGY1 intern in the management of simple orthopaedic conditions such as sprains, strains, and simple fractures not requiring reduction. Otherwise the junior level resident will directly be involved in orthopaedic consultations and will perform an evaluation and formulate a management plan. He/she will be manage all fractures requiring closed reductions and splinting/casting, setup of traction. He/she will be evaluate and manage infections of bone, soft tissues, and joints, and compartment syndromes. The junior resident is expected to recognize and initiate timely treatment of orthopaedic emergencies, including but not limited to vascular injuries, dislocations, limb and life threatening musculoskeletal infections, open fractures, and compartment syndromes. The junior resident is expected to evaluate all patients in a timely, professional manner, and communicate the initial evaluation and management plan to the requesting service/physician in a professional manner. He/she is also expected to communicate the initial evaluation and management plan to the covering senior level resident and/or attending physician.

The Clinical Year 4 resident on the service takes home-call as well and is responsible for close communication with the junior resident when on-call. This resident is responsible for communicating with attending staff when appropriate. Complex decision making and the indications for non-operative and operative treatment are learned by this resident during the rotation.

All level residents are involved in the operative care of patients, both as elective outpatients and for more urgent/emergent procedures and each resident is involved with more complex surgical cases as their experience is advanced.

All residents participate in the evaluation and management of outpatient adult orthopaedic patients. They all attend General Orthopaedic clinics twice a week. The junior level residents also attend a Total Joint specialty clinic, a Sports specialty clinic, a Foot and Ankle specialty clinic, and frequently help out with other specialty clinics such as Hand and Musculoskeletal Oncology as needed. The Clinical Year 4 resident is responsible for his/her own Fracture clinic twice a month, as well as attends the Sports specialty clinic and occasionally helps out with other specialty clinics when needed.

In each of the above clinics the residents are responsible for the initial evaluation of the patient, including a history, physical examination, imaging review, as well as planning the initial or follow-up management of the patients. They are responsible for discussing treatment options and plans with both the patient and their family members. They are also responsible for discussing the evaluation and management with their senior level colleagues as well as supervising clinical attending faculty.

All residents are involved in a very thorough indications and postop conference every Monday morning for approximately 2 hours. At this conference the resident team is responsible for discussing the indications and operative plan for all of the weeks upcoming surgical cases, as

well as presenting and discussing all surgical cases done the previous week. This conference is attended by multiple attending faculty members.

Progressive responsibilities are granted to each resident commensurate with their experience level and skills. This includes the evaluation and management of outpatients, as well as the non-operative and surgical care of a wide variety of adult orthopaedic injuries and conditions (see below).

PATIENT CARE

Each orthopaedic resident on this service must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Clinical Year 1 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 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 an adult orthopaedic practice.
- Provide health care services aimed at preventing health problems or maintaining health and work with health care professionals, including those from other disciplines, to provide patient-focused care.
- Obtaining a focused Patient History.
- Performing an appropriate Physical Examination.
- Demonstrate an understanding of basic gait assessment.
- Order and appropriately interpret relevant x-rays that may include, but not be limited to:
 - Cervical spine series
 - AP and Lateral thoracic spine
 - AP and Lateral lumbar spine
 - AP and Oblique pelvis
 - AP and Axillary Lateral shoulder
 - AP and Lateral humerus
 - AP, Lateral, and Oblique elbow
 - AP and Lateral forearm
 - AP, Lateral, and Oblique wrist
 - AP, Lateral, and Oblique hand
 - AP, Frog Lateral, and Cross-Table Lateral hip
 - AP and Lateral femur
 - AP, Lateral, Oblique, and Merchant knee
 - AP and Lateral tibia

- AP, Lateral and Mortise ankle
 - AP, Lateral, and Oblique foot
 - Axial heel
- Know the indications and basic interpretation of the following imaging studies of multiple musculoskeletal areas:
 - CT Scan
 - MRI
 - Bone Scan
- Demonstrate competence in performing the described task.
- Appreciate the pitfalls and possible complications.
 - Surgical planning
 - Prepping and draping
 - Use of a tourniquet
 - Orthopaedic surgical exposures
 - Choice of suture material
 - Suture tying
 - Use of a surgical drain
 - Application of postoperative dressing and splint
 - Regional anesthetic blocks
 - Local anesthetic blocks

Clinical Year 2 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 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 an adult orthopaedic practice.
- Provide health care services aimed at preventing health problems or maintaining health and work with health care professionals, including those from other disciplines, to provide patient-focused care.
- Obtaining a focused Patient History.
- Performing an appropriate Physical Examination.
- Demonstrate an understanding of basic gait assessment.
- Order and appropriately interpret relevant x-rays that may include, but not be limited to:
 - Cervical spine series
 - AP and Lateral thoracic spine
 - AP and Lateral lumbar spine
 - AP and Oblique pelvis
 - AP and Axillary Lateral shoulder
 - AP and Lateral humerus
 - AP, Lateral, and Oblique elbow

- AP and Lateral forearm
- AP, Lateral, and Oblique wrist
- AP, Lateral, and Oblique hand
- AP, Frog Lateral, and Cross-Table Lateral hip
- AP and Lateral femur
- AP, Lateral, Oblique, and Merchant knee
- AP and Lateral tibia
- AP, Lateral and Mortise ankle
- AP, Lateral, and Oblique foot
- Axial heel
- Know the indications and basic interpretation of the following imaging studies of multiple musculoskeletal areas:
 - CT Scan
 - MRI
 - Bone Scan

Clinical Year 4 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 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 an adult orthopaedic practice.
- Provide health care services aimed at preventing health problems or maintaining health and work with health care professionals, including those from other disciplines, to provide patient-focused care.
- Obtaining a focused Patient History.
- Performing an appropriate Physical Examination.
- Demonstrate an understanding of basic gait assessment.
- Order and appropriately interpret relevant x-rays that may include, but not be limited to:
 - Cervical spine series
 - AP and Lateral thoracic spine
 - AP and Lateral lumbar spine
 - AP and Oblique pelvis
 - AP and Axillary Lateral shoulder
 - AP and Lateral humerus
 - AP, Lateral, and Oblique elbow
 - AP and Lateral forearm
 - AP, Lateral, and Oblique wrist
 - AP, Lateral, and Oblique hand
 - AP, Frog Lateral, and Cross-Table Lateral hip
 - AP and Lateral femur
 - AP, Lateral, Oblique, and Merchant knee

- AP and Lateral tibia
- AP, Lateral and Mortise ankle
- AP, Lateral, and Oblique foot
- Axial heel
- Know the indications and basic interpretation of the following imaging studies of multiple musculoskeletal areas:
 - CT Scan
 - MRI
 - Bone Scan

For the specific surgical procedures listed below the resident will be expected to fulfill the criteria listed for those procedures commensurate with their experience level, and as they progress through the rotation and through higher levels of residency, they will be expected to fulfill the criteria for more complex surgical procedures.

For the specific surgical procedures listed below the resident will:

- Identify the appropriate surgical approach.
- Describe potential pitfalls.
- Outline the operative procedure.
- Identify required equipment and implants.
- Perform the procedure.
 - Cervical Laminectomy
 - Anterior Cervical Discectomy and Fusion
 - Lumbar Laminectomy
 - Lumbar Discectomy
 - Lumbar Posterolateral Fusion
 - Shoulder Hemiarthroplasty
 - Total Shoulder Arthroplasty
 - Hip Hemiarthroplasty
 - Total Hip Arthroplasty
 - Revision Total Hip Arthroplasty
 - Total Knee Arthroplasty
 - Revision Total Knee Arthroplasty
 - Unicompartamental Knee Arthroplasty
 - Proximal Tibia Osteotomy
 - Open Reduction and Internal Fixation as well as Open Treatment of Nonunions/Malunions of, but not limited to, the following fractures, including the techniques of Intramedullary Nailing, Percutaneous Pinning, External Fixation, Compression Plating, and Locked Plating
 - Proximal Humerus
 - Humerus Shaft
 - Distal Humerus
 - Olecranon
 - Radial Head
 - Radius and/or Ulnar Shafts
 - Distal Radius and/or Ulna
 - Scaphoid

- Metacarpals
- Carpal Phalanges
- Femoral Neck
- Intertrochanteric Femur
- Subtrochanteric Femur
- Femoral Shaft
- Distal Femur
- Proximal Tibia
- Tibia Shaft
- Distal Tibia
- Ankle
- Talus
- Calcaneus
- Metatarsals
- Tarsal Phalanges
- Iliac Crest Bone Graft Harvest
- Arm, Forearm, Hand, Thigh, Leg, and Foot Fasciotomies
- Arthrotomy and Drainage of Septic Joints including, but not limited to, the following joints
 - Shoulder
 - Elbow
 - Wrist
 - Hip
 - Knee
 - Ankle
- Irrigation and Debridement of Soft Tissue Infections
- Biopsy of Soft Tissue and Bone Neoplasms
- Debridement of Osteomyelitis
- Lower Extremity Amputations, including, but not limited to:
 - Hip Disarticulation
 - Above Knee Amputation
 - Below Knee Amputation
 - Syme's Amputation
 - Transmetatarsal Amputation
 - Partial Ray Resections of Foot
 - Toe Disarticulations
- Shoulder Arthroscopy, including, but not limited to:
 - Rotator Cuff Repair
 - Subacromial Decompression
 - Distal Clavicle Resection
 - Labral Repair
 - Bankart Repair
- Open Shoulder Reconstruction including, but not limited to:
 - Rotator Cuff Repair
 - Bankart Repair
- Knee Arthroscopy, including, but not limited to:
 - Meniscectomy
 - Chondroplasty

- Microfracture
- Meniscus repair
- ACL reconstruction
- Open Knee Ligament Repair
- Patellar Tendon Repair
- Quadriceps Tendon Repair
- Achilles Tendon Repair
- Ankle Cheilectomy
- Ankle Arthrodesis
- Lateral Ankle Ligament reconstruction
- Morton's Neuroma Excision
- Excision and Drilling versus Repair Osteochondral Lesions of the Talus
- Carpal Tunnel Release
- Cubital Tunnel Release
- Dupuytren's Contracture Release
- Repair of Nailbed Injuries

MEDICAL KNOWLEDGE

Each orthopaedic resident on this service must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological) sciences and the application of this knowledge to patient care.

Clinical Year 1 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 adult orthopaedic surgery.
- Develop and practice a self-study program for adult orthopaedics by reading journals, text books including but not limited to the Orthopedic Knowledge Update (OKU) and general Orthopaedic Surgery texts.
- Participate in the OITE review of adult orthopaedic topics.
- Attend and participate in weekly Grand Rounds and didactic sessions.
- Attend and participate in the weekly orthopaedic surgical indications and postop conference (see above).
- The junior resident is expected to recognize and initiate timely treatment of orthopaedic emergencies, including but not limited to vascular injuries, dislocations, limb and life threatening musculoskeletal infections, open fractures, and compartment syndromes.

Clinical Year 2 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 adult orthopaedic surgery.
- Develop and practice a self-study program for adult orthopaedics by reading journals, text books including but not limited to the Orthopedic Knowledge Update (OKU) and general Orthopaedic Surgery texts.
- Participate in the OITE review of adult orthopaedic topics.
- Attend and participate in weekly Grand Rounds and didactic sessions.

- Attend and participate in the weekly orthopaedic surgical indications and postop conference (see above).
- This junior resident is expected to recognize and initiate timely treatment of orthopaedic emergencies, including but not limited to vascular injuries, dislocations, limb and life threatening musculoskeletal infections, open fractures, and compartment syndromes.

General Adult Orthopaedic Conditions

- Diabetes
- Osteoarthritis
- Rheumatoid Arthritis / Inflammatory Arthritis
- Spinal Cord Injuries
- Peripheral Neuropathies
- Complex Regional Pain Syndrome
- Osteoporosis
- Cigarette Smoking
- Drug Abuse
- Alcohol Abuse
- Worker's Compensation and Service Connection Issues
- For the above conditions, the resident will demonstrate an understanding of the pathophysiology.
- Identify how this condition may affect management of specific orthopaedic problems.
- Demonstrate an understanding of appropriate treatment principles.
- Recommend appropriate patient referral when indicated.

Clinical Year 4 Residents are expected to:

- Make an accurate **diagnosis**.
- Competently perform any relevant condition-specific **physical examination**.
- Identify appropriate radiographic **imaging studies**.
- Outline the **etiology**, or possible etiologies, of the specific condition.
- Outline the **natural history** of the specific condition.
- Describe appropriate **non-operative treatment options** (if they exist).
- Describe appropriate **operative treatment options** (if they exist).
- Describe possible **complications** of non-operative and operative treatment.
- Outline the **prognosis** of non-operative and operative treatment.

Specific Adult Orthopaedic Conditions

- Cervical Spondylosis and Disc Disease
- Lumbar Spondylosis and Disc Disease
- Spinal Stenosis
- Infections of the Spine
- Fractures of the Spine
- Fracture Care – Operative
- Fracture Care – Nonoperative
- Nonunions of Fractures
- Malunions of Fractures
- Compartment Syndrome
- Hip Fractures

- Osteoarthritis (and other) of the Shoulder, Elbow, Wrist, Hand, Hip, Knee, Foot and Ankle
- Septic Arthritis of all joints
- Soft Tissue Infections, including Necrotizing Fasciitis
- Benign Bone and Soft Tissue Neoplasms
- Osteomyelitis
- Diabetic Foot Ulcers and Gangrene of the Lower Extremity
- Musculoskeletal Conditions Arising From Spinal Cord Injury
- Common Sports Injuries such as:
 - o Knee ligament injury (i.e. ACL, PCL, MCL, LCL)
 - o Knee Meniscus Tear
 - o Knee Tendon Injury (i.e. Quadriceps and Patellar Tendons)
 - o Shoulder Rotator Cuff Injury
 - o Shoulder Labral Injury
 - o Achilles Tendon Injury
- Common Foot and Ankle Conditions not already mentioned such as:
 - o Osteochondral Lesion of the Talus
 - o Chronic Ankle Instability
 - o Achilles Tendonitis
 - o Peroneal Tendonitis
 - o Plantar Fasciitis
 - o Hallux Valgus
 - o Hallux Rigidus
 - o Metatarsalgia
 - o Morton's Neuroma
 - o Claw / Hammer Toes
- Common Hand Conditions not already mentioned such as:
 - o Carpal Tunnel Syndrome
 - o Ulnar Tunnel Syndrome
 - o Cubital Tunnel Syndrome
 - o Dupuytren's Contracture
 - o Fingertip and Nailbed Injuries

PRACTICE-BASED LEARNING AND IMPROVEMENT

Each orthopaedic resident on this rotation must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Clinical Year 1 Residents are expected to:

- Observe 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.
- Collect data and 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, such as the electronic medical record and computer ordering system, access on-line medical information, and support their education.
- Facilitate the learning of students and other health care professionals.
- Instill the importance of lifelong commitment to learning
- Preparation and presentation of cases at M&M, including presentation of relevant literature search, lessons learned from the complication, and how to avoid similar complications in the future.
- The junior level resident will supervise and teach the PGY1 intern in the management of simple orthopaedic conditions such as sprains, strains, and simple fractures not requiring reduction.

Clinical Year 2 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, such as the electronic medical record and computer ordering system, access on-line medical information, and support their education.
- Facilitate the learning of students and other health care professionals.
- Instill the importance of lifelong commitment to learning
- Preparation and presentation of cases at M&M, including presentation of relevant literature search, lessons learned from the complication, and how to avoid similar complications in the future.
- The senior level resident will supervise and teach the PGY1 intern and Clinical Year 1 orthopedic resident in the management of orthopaedic conditions such as fractures, arthritis, septic joints, and deformities

Clinical Year 4 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, such as the electronic medical record and computer ordering system, access on-line medical information, and support their education.
- Facilitate the learning of students and other health care professionals.
- Instill the importance of lifelong commitment to learning
- Preparation and presentation of cases at M&M, including presentation of relevant literature search, lessons learned from the complication, and how to avoid similar complications in the future.

- The senior level resident will supervise and teach the PGY1 intern, Clinical Year 1 resident and Clinical Year 2 resident in the management of more complex orthopaedic conditions such as periarticular fractures, end-stage arthritis, septic joints, nonunions/malunions, as well as spine deformity.

INTERPERSONAL AND COMMUNICATION SKILLS

Each orthopaedic resident on this rotation will demonstrate behavior at all times that is beyond reproach. Residents must be able to demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their patients' families, and other health care providers and professional associates.

Clinical Year 1 Residents are expected to:

- Learn honest, open, civil, and effective communication with patients, staff, and colleagues, including but not limited to, medical students, other orthopaedic residents, residents from other medical and surgical specialties, fellows, and attendings from orthopaedic and other specialties).
- Create and sustain a therapeutic and ethically sound relationship with their patients.
- Learn and 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.
- Be responsible for the initial evaluation and management of Emergency Department (ED) consultations, as well as in-house patient consultations
- Supervise a PGY1 intern in the management of simple orthopaedic conditions such as sprains, strains, and simple fractures not requiring reduction
- The junior resident is expected to evaluate all patients in a timely, professional manner, and communicate the initial evaluation and management plan to the requesting service/physician in a professional manner.
- He/she is also expected to communicate the initial evaluation and management plan to the covering senior level resident and/or attending physician.
- The junior resident is responsible for the initial evaluation of the patient, including a history, physical examination, review of imaging, as well as planning the initial or follow-up management of the patients. They are responsible for discussing treatment options and plans with both the patient and their family members. They are also responsible for discussing the evaluation and management with their senior level colleagues as well as supervising clinical attending faculty.

Clinical Year 2 Residents are expected to:

- Demonstrate honest, open, civil, and effective communication with patients, staff, and colleagues, including but not limited to, medical students, other orthopaedic residents, residents from other medical and surgical specialties, fellows, and attendings from orthopaedic and other specialties).
- Create and sustain a therapeutic and ethically sound relationship with their patients.
- Learn and 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.
- Take home-call and be responsible for close communication with the junior resident when on-call.
- This resident is responsible for communicating with attending staff when appropriate.
- Complex decision making and the indications for non-operative and operative treatment are learned by this resident during the rotation.
- This junior resident is also responsible for the initial evaluation of the patient, including a history, physical examination, imaging review, as well as planning the initial or follow-up management of the patients. They are responsible for discussing treatment options and plans with both the patient and their family members. They are also responsible for discussing the evaluation and management with their senior level colleagues as well as supervising clinical attending faculty.

Clinical Year 4 residents are expected to:

- Demonstrate honest, open, civil, and effective communication with patients, staff, and colleagues, including but not limited to, medical students, other orthopaedic residents, residents from other medical and surgical specialties, fellows, and attendings from orthopaedic and other specialties).
- Create and sustain a therapeutic and ethically sound relationship with their patients.
- Learn and 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.
- Take home-call and be responsible for close communication with the junior resident and attending when on-call.
- Complex decision making and the indications for non-operative and operative treatment are learned by this resident during the rotation.
- This senior level resident is also responsible for the initial evaluation, as well as tertiary survey, of the patient, including a history, physical examination, imaging review, as well as planning the initial or follow-up management of the patients. They are responsible for discussing treatment options and plans with both the patient and their family members. They are also responsible for discussing the evaluation and management with their supervising clinical attending faculty.

PROFESSIONALISM

Each orthopaedic resident on this rotation must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Clinical Year 1 Residents are expected to:

- Demonstrate respect, compassion, and integrity.

- Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
- Demonstrate accountability to patients, society, and the profession.
- Demonstrate 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.
- Dress professionally.
- Serve as role models to more junior level residents and medical students.
- Achieve progressive responsibility from junior level to chief resident level.
- Incorporate feedback from patient evaluations and 360 degree evaluations for self-improvement.
- Communicate in a professional manner with patients and their families in the clinic, on rounds, and immediately postoperatively.
- Regularly attend and participate actively in grand rounds, journal clubs, and other conferences.
- Be in compliance with all hospital policies and procedures.
- Promptly complete medical records, operative dictations, and discharge summaries.

Clinical Year 2 Residents are expected to:

- Demonstrate respect, compassion, and integrity.
- Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
- Demonstrate accountability to patients, society, and the profession.
- Demonstrate 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.
- Dress professionally.
- Serve as role models to more junior level residents and medical students
- Achieve progressive responsibility from junior level to chief resident level.
- Incorporate feedback from patient evaluations and 360 degree evaluations for self-improvement.
- Communicate in a professional manner with patients and their families in the clinic, on rounds, and immediately postoperatively.
- Regularly attend and participate actively in grand rounds, journal clubs, and other conferences.
- Be in compliance with all hospital policies and procedures.
- Promptly complete medical records, operative dictations, and discharge summaries.

Clinical Year 4 Residents are expected to:

- Demonstrate respect, compassion, and integrity.
- Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
- Demonstrate accountability to patients, society, and the profession.
- Demonstrate 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.
- Dress professionally.
- Serve as role models to more junior level residents and medical students.
- Achieve progressive responsibility from junior level to chief resident level.
- Incorporate feedback from patient evaluations and 360 degree evaluations for self-improvement.
- Communicate in a professional manner with patients and their families in the clinic, on rounds, and immediately postoperatively.
- Regularly attend and participate actively in grand rounds, journal clubs, and other conferences.
- Be in compliance with all hospital policies and procedures.
- Promptly complete medical records, operative dictations, and discharge summaries.

SYSTEMS-BASED PRACTICE

Each orthopaedic resident on this service must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. All level 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.
- Properly use the Electronic Medical Record to gather data and chart patient evaluations and management plans.
- Properly use the IMPAX digital imaging system for review of imaging studies.

- Properly use digital x-ray templating software for preoperative planning of surgical cases such as fractures and arthroplasties.
- Properly use the Electronic Medical Record to record billable services rendered and accurately code these services.