

DUKE ORTHOPAEDIC SURGERY

GOALS AND OBJECTIVES

HAND/UPPER EXTREMITY SERVICE

PATIENT CARE

PGY-2/PGY-3 RESIDENT

Able to perform a thorough and accurate history and physical examination for a patient seen for Hand/Upper Extremity complaints. This includes the history of the chief complaint, history of injury, and the mechanism of injury, past medical and surgical history, as well as social history.

The physical examination should include an exam for the identification of peripheral nerve compression at the carpal, cubital, and radial tunnels, common tendinitis/tendonopathies (DeQuervain's tendinitis, ECU tendinitis, or A-1 pulley stenosis) as well as the presence of arthritis (CMC arthritis, PIP, DIP, or MCP arthritis).

Effectively able to evaluate the following conditions via a thorough history and physical examination and to perform most or all of their corrective surgical procedures:

Arthritis of the thumb-carpometacarpal joint, animal bites, carpal tunnel syndrome, DeQuervain's tenosynovitis, extensor tendon injuries, fingertip and palmar infections, fingertip injuries and amputations, fractures of the metacarpals, infections of the flexor tendon sheath, ganglion of the wrist and hand, human bites, mallet finger, sprains and dislocations of the

CHIEF RESIDENT (PGY-5)

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Able to responsively and effectively demonstrate expertise in the finer points of hand and wrist history and physical examination, in addition to properly ordering the necessary radiographic evaluations, most appropriate to the differential diagnosis and perform appropriate algorithms (treatment plan) based on the patient and the diagnosis of the following conditions:

All conditions described at the PGY-3 level and arthritis of the hand, boutonniere deformity, Dupuytren's disease, flexor tendon injuries, fractures and malunions of the distal radius, fractures of the scaphoid, osteonecrosis of the carpus, fractures of the phalanges, fractures of the base of the thumb metacarpal, tumors of the hand and wrist, dynamic carpal instability, hand in cerebral palsy, the stroke hand, tendon transfers for radial and combined median-ulnar nerve paralysis, treatment of the rheumatoid hand, including thumb MP arthrodesis and MCP interposition arthroplasty, basic wrist arthroscopy, ulnar-sided

<p>CMC, MCP, and PIP joints, static carpal instability, trigger finger, and cubital tunnel syndrome.</p> <p>Competent in developing initial management plan for patients with hand-related injuries and/or other complaints.</p> <p>Demonstrates knowledge and application of knowledge of nonoperative treatment, which includes anti-inflammatories, hand therapy, applications of heat and cold as well as basics of splinting.</p> <p>Able to perform simple invasive procedures for patients with hand-related complaints such as injections of trigger-finger, carpal tunnel, and base of thumb arthritis at the CMC joint.</p> <p>Demonstrates the ability to perform commonly-encountered surgical procedures in hand surgery such as carpal tunnel release, trigger finger release, release of first dorsal compartment for DeQuervain's tenosynovitis and excision of dorsal/volar carpal ganglion.</p>	<p>wrist pain and instability and radial tunnel syndrome.</p>
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HAND/UPPER EXTREMITY SERVICE

MEDICAL KNOWLEDGE

PGY-2/PGY-3 RESIDENT

Possesses and understanding of the scientific basis of the diagnosis and treatment of commonly-encountered hand conditions.

Demonstrates knowledge of the indications for basic surgical procedures in hand surgery such as carpal tunnel release, trigger finger release, release of the first dorsal compartment, and excision of dorsal and volar ganglion.

Demonstrates knowledge of nonoperative treatment, hand therapy, application of heat and cold as well as the basics of splinting.

Demonstrates familiarity and understanding of reading materials described in diagnosis and treatment of carpal tunnel, trigger finger, tendinopathies, and thumb base arthritis.

Has successfully completed and mastered the concepts outlined in the OKU Subspecialty Series: Hand Surgery.

Has successfully completed the OKU Subspecialty Series Self Assessment Examination: Hand Surgery.

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Has successfully completed and mastered the concepts outlined in the OKU Subspecialty Series: Hand Surgery.

Has successfully completed the OKU Subspecialty Series Self Assessment Examination: Hand Surgery.

<p>Has successfully read and understand the principles and concepts outlined in the Hand/Upper Extremity Reading Reference List.</p>	<p>Has successfully read and understand the principles and concepts outlined in the Hand/Upper Extremity Reading Reference List.</p>
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HAND/UPPER EXTREMITY SERVICE

PRACTICE BASED LEARNING AND DEVELOPMENT

PGY-2/PGY-3 RESIDENT

Prepares for and attends the weekly Hand/Upper Extremity conference.

Prepares for and attends the Hand Journal Clubs.

Demonstrates proficiency in using on-line search engines to locate and assess appropriate educational materials and peer-review reference articles relevant to individual patient care.

Able to locate, appraise, and assimilate evidence for past and ongoing scientific studies related to specific patient health issues.

Able to use information technology and manage information access on-line medical information to support his/her education.

Able to obtain and use information about his/her patient population and the larger population from which patients are drawn.

Able to apply knowledge of study designs and statistical methods to the appraisal of clinical studies.

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GOALS AND OBJECTIVES

HAND/UPPER EXTREMITY SERVICE

INTERPERSONAL COMMUNICATION SKILLS

PGY-2/PGY-3 RESIDENT

Demonstrates communication skills that result in effective information exchange with patients, their families, and caregivers, and other physicians and members of the health care team.

Creates and sustains a therapeutic and ethically sound relationship with patients and their families.

Able to effectively use listening skills in communication with all parties involved in inpatient care.

Able to effectively provide information via various methodologies and technologies.

Able to work effectively with other members of the team, specifically medical assistants, fellow residents, and hand therapists.

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GOALS AND OBJECTIVES

HAND/UPPER EXTREMITY SERVICE

PROFESSIONALISM

PGY-2/PGY-3 RESIDENT

Demonstrates a commitment to carry out professional responsibilities, and adherence to ethical principles and standards and a sensitivity to diverse patient populations.

Demonstrates professionalism and a responsiveness to patient's sensitivity to age, culture, gender, and disabilities.

Understands and demonstrates the ability to obtain an informed consent from a patient, which includes presentation of the natural history of both surgical and nonsurgical care of the patient's condition.

Demonstrates an understanding of the value and importance of patient confidentiality.

Demonstrates appropriate conduct in the timely completion of dictated operative notes, chart operative summaries and discharge summaries, as well as clinic notes.

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GOALS AND OBJECTIVES

HAND/UPPER EXTREMITY SERVICE

SYSTEM BASED PRACTICE

PGY-2/PGY-3 RESIDENT

Demonstrates competency in coordinating all aspects of perioperative and postoperative rehabilitation and physical therapy.

Has an understanding of various health funding systems including private insurance, Medicare, Medicaid, Workers Compensation, and Vocational Rehabilitation.

Demonstrates an understanding of how patient care and other professional practices affect other health care professionals, health care organizations, and the large society and how these elements or systems affect one's own practice.

Practices cost-effective health care and resource allocation that does not compromise quality of care.

Has the opportunity to practice medicine in various health care systems, include an academic teaching hospital, Veterans Administration Hospital, community hospital, pediatric orthopaedic hospital, and community health department.

Demonstrates understanding of the impact of correct coding during patient office visits and surgery.

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Has the opportunity to practice medicine in various health care systems, include an academic teaching hospital, Veterans Administration Hospital, community hospital, pediatric orthopaedic hospital, and community health department.

Demonstrates understanding of the impact of correct coding during patient office visits and surgery.

Effectively partners with health care managers and health care providers to assess, coordinate, and improve health care, and know how these activities can affect system performance.

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DUKE ORTHOPAEDIC SURGERY
DELINEATED LINES OF RESPONSIBILITY
HAND/UPPER EXTREMITY SERVICE

OUTPATIENT

PGY-2/PGY-3 RESIDENT

The PGY-2/PGY-3 resident will see patients with attendings in the Hand/Upper Extremity Clinic. Duties will include pre and postoperative evaluation of patients, preoperative work-up of patients, follow-up evaluation of operative patients and management of nonoperative hand and upper extremity problems.

CHIEF RESIDENT (PGY-5)

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DELINEATED LINES OF RESPONSIBILITY
HAND/UPPER EXTREMITY SERVICE

INPATIENT

PGY-2/PGY-3 RESIDENT

PGY-2/PGY-3 Resident's responsibilities include floor rounds twice daily on patients admitted through the Hand and Upper Extremity Service. The activities of the PGY-2/PGY-3 resident are supervised by the Chief Resident and/or the Attending Orthopaedic Surgeon

CHIEF RESIDENT (PGY-5)

The Chief Resident will assist the PGY-2/PGY-3 Resident with inpatient rounds and report in coordination with the PGY-3 Resident to the Attending Orthopaedic Surgeon as appropriate.

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DELINEATED LINES OF RESPONSIBILITY
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OPERATIVE

PGY-2/PGY-3 RESIDENT

In the operating room, the PGY-2/PGY-3 Resident is responsible for assisting the attending orthopaedic surgeon. The resident will perform appropriate portions of the surgical procedure as directed by the attending orthopaedic surgeon and under the direct supervision of the attending orthopaedic surgeon.

CHIEF RESIDENT (PGY-5)

The Chief Resident responsibilities in the operating room include assisting the attending orthopaedic surgeon in all aspects of orthopaedic care. The actual performance of all or part of the operative procedure will be accomplished under the direct supervision or semi-independently in those situations deemed appropriate by the attending orthopaedic surgeon.