

DUKE ORTHOPAEDIC SURGERY

GOALS AND OBJECTIVES

SPORTS MEDICINE SERVICE

PATIENT CARE+

PGY-2, PGY-3 , PGY-4 RESIDENT	CHIEF RESIDENT
<p>Able to effectively develop the initial workup and clinical skills to facilitate adequate evaluation of common shoulder, elbow, knee, and ankle problems seen in the athletic patient population.</p> <p>Participate in preparticipation sports medicine physical examinations for high school, NC Central University, and Duke University mens and womens athletes.</p> <p>Develop clinical skills that include physical examination of the hip, knee, shoulder, elbow, and ankle.</p> <p>Develop physical examination skills to identify the typical findings of sports medicine injury to these joints including:</p> <ol style="list-style-type: none">1) Knee: Ligamentous instability and meniscal pathology.2) Shoulder: Conditions of impingement, rotator cuff arthropathy, glenohumeral instability, labral injury, and AC joint separation.3) Elbow: Conditions of the medial and lateral epicondylitis and ulnar neuritis.4) Ankle: Ankle sprains, Achilles tendon rupture, stress fractures to the navicular, fractures of the base of the 5th	<p>Teach refinement in advanced patient care in both the clinic and in the operating room in the evaluation and management of sports related injuries.</p> <p>Develop skills to take a detailed history, completes appropriate and accurate sports medicine physical examination.</p> <p>Review appropriate image studies to produce an appropriate diagnosis and/or differential diagnosis and treatment plan.</p> <p>Develop refined physical examination skills with particular emphasis on subtle and complex instabilities of the knee and shoulder. These would include:</p> <ol style="list-style-type: none">1) Knee: Conditions of subtle instability pattern such as posterolateral rotatory instability.2) Shoulder: Conditions of internal impingement, subtle labral lesions, SLAP tears, biceps tendon disorders, and posterior glenohumeral instability.3) Elbow: Conditions of ulnar collateral ligament injury, valgus extension overload(s), posteromedial olecranon impingement, ulnar nerve instability/subluxation, and posterolateral rotatory instability.4) Ankle: Symptomatic os trigonum, peroneal tendon disorders, anterior tibial talar and posterior tibial talar impingement syndromes, chronic instability.

<p>metatarsal, and osteochondral lesions of the talus.</p> <p>Develop surgical skills that include portal placement for diagnostic and operative arthroscopy of the knee and shoulder, harvest of bone-patellar tendon-bone, autografts, harvest of hamstring tendons for ACL reconstruction autografts, arthroscopic acromioplasty, deltopectoral approach for anterior shoulder stabilization, open debridement of medial/lateral epicondyle of the elbow.</p>	<p>Demonstrate basic understanding of appropriate indications for nonsurgical vs surgical treatment and appropriate rehabilitation prescription for various injuries and conditions.</p> <p>Demonstrates an appropriate understanding to postoperative progression and rehabilitation of patients following common sports medicine surgical procedures including partial meniscectomy, meniscal repair, ACL reconstruction, ankle arthroscopy, shoulder stabilization, rotator cuff repair, and acromioplasty.</p> <p>Effectively and responsibly evaluate patients in various postoperative intervals and modifies rehabilitation protocols as appropriate.</p> <p>Possesses and demonstrates more advanced and refined surgical skills than the junior/senior residents, including advanced arthroscopic skills:</p> <ol style="list-style-type: none"> 1) Knee: meniscal repair techniques, ACL reconstruction including tunnel placement and graft fixation techniques as well as the principles and execution of re-do ACL reconstruction. 2) Shoulder: arthroscopic open stabilization techniques, SLAP, labral repair techniques, arthroscopic rotator cuff repair techniques, and biceps tenodesis. 3) Elbow: diagnostic arthroscopy including portal placement, ulnar nerve transposition techniques, and ulnar collateral ligament reconstruction.
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DUKE ORTHOPAEDIC SURGERY

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SPORTS MEDICINE SERVICE

MEDICAL KNOWLEDGE

PGY-2, PGY-3, PGY-4 RESIDENT

Develops basic understanding of the anatomy of the shoulder, elbow, knee, and ankle as it relates to common sports medicine injuries.

Possesses knowledge of appropriate imaging studies to properly evaluate common conditions encountered in the sports medicine practice including:

- 1) Anterior cruciate ligament injury.
- 2) Collateral ligament injury of the knee.
- 3) Shoulder instability.
- 4) Rotator cuff conditions.
- 5) Suspected meniscal pathology.
- 6) Osteochondral injuries to the knee, ankle, shoulder, and elbow.

Able to read and interpret the significance of imaging studies to evaluate the above noted conditions.

Successfully complete the OKU Specialty Series on Sports Medicine.

Successfully complete the OKU Specialty Series Self-Assessment Examination for Sports Medicine.

CHIEF RESIDENT

Develops a more advanced knowledge of the typical mechanisms of injury for common sports medicine problems.

Possesses a strong working knowledge of arthroscopic and open surgical approaches including those for the shoulder, elbow, knee, and ankle.

Possesses a strong working knowledge of arthroscopic and open surgical approaches including those of the shoulder, elbow, knee, and ankle.

Develops an understanding of various surgical options to treat common sports medicine conditions including:

- 1) Advanced arthroscopic skills including knowledge of the appropriate use of accessory portals.
- 2) Assist to advanced arthroscopic techniques such as arthroscopic shoulder stabilization, superior labral repair, and osteochondral reconstruction.

Possesses the arthroscopic skills necessary to successfully perform basic arthroscopic procedures such as diagnostic arthroscopy, arthroscopic meniscectomy, arthroscopic

<p>Successfully complete the Sports Medicine Reading Reference List.</p>	<p>subacromial depression, and arthroscopic ACL reconstruction.</p> <p>Possesses working knowledge of and skills to implement more advanced arthroscopic techniques such as arthroscopic PCL reconstruction and multiple ligament repair/reconstruction.</p>
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SPORTS MEDICINE SERVICE

PRACTICE-BASED LEARNING

PGY-2, PGY-3, PGY-4 RESIDENT

Able to locate, appraise, and assimilate evidence from scientific studies related to patient health issues in the sports medicine field.

Able to obtain and use information in various patient populations and larger populations from which patients are drawn.

Develop skills to apply knowledge of study designs and statistical methods to appraisal of clinical studies.

Able to use information technology to manage information, assess on-line medical information, and support self education.

Able to facilitate education of medical students on the sports medicine service as well as other health professionals on an informal basis in clinics, operating rooms, and in the Sports Medicine Conference/Journal Club(s).

Attends and participates in the Sports Medicine Conference and Journal Club(s).

CHIEF RESIDENT

Able to locate, appraise, and assimilate evidence from scientific studies related to patient health issues in the sports medicine field.

Able to obtain and use information in various patient populations and larger populations from which patients are drawn.

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Able to facilitate education of medical students on the sports medicine service as well as other health professionals on an informal basis in clinics, operating rooms, and in the Sports Medicine Conference/Journal Club(s).

Attends and participates in the Sports Medicine Conference and Journal Club(s).

Demonstrates leadership and responsibility for overseeing the appropriate care of patients on evidence-based medicine.

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SPORTS MEDICINE SERVICE

INTERPERSONAL AND COMMUNICATION SKILLS

PGY-2, PGY-3, PGY-4 RESIDENT

Communicates with radiology, sports medicine physical therapy, athletic trainers, and coaches on the interscholastic and intercollegiate level to coordinate patient care effectively, and specifically effectively communicating:

- 1) With radiology consultants the general requirements and necessity of imaging studies including specific questions the image study seeks to address.
- 2) Effectively communicates the basic principles of rehab protocols in procedures such as ACL reconstruction, partial meniscectomy, acromioplasty, and anterior stabilization to athletic trainers, physical therapists, and members of coaching staff(s).

Able to create and sustain therapeutic and ethically sound relationship with athletes, coaches, and families.

CHIEF RESIDENT

Communicates with radiology, sports medicine physical therapy, athletic trainers, and coaches on the interscholastic and intercollegiate level to coordinate patient care effectively, and specifically effectively communicating:

- 1) With radiology consultants the general requirements and necessity of imaging studies including specific questions the image study seeks to address.
- 2) Effectively communicates the basic principles of rehab protocols in procedures such as ACL reconstruction, partial meniscectomy, acromioplasty, and anterior stabilization to athletic trainers, physical therapists, and members of coaching staff(s).

Able to create and sustain therapeutic and ethically sound relationship with athletes, coaches, and families.

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SPORTS MEDICINE SERVICE

PROFESSIONALISM

PGY-2, PGY-3, PGY-4 RESIDENT

Maintains the strictest confidence in any and all interactions dealing with patients, especially professional athletes with some measure of local, regional, and national celebrity. Refrains from discussion of the athlete with family, friends, and colleagues.

Demonstrates respect, compassion, and integrity in response to the needs of patients and their families..

Demonstrates ethical principles pertaining to patient confidentiality issues.

Demonstrates sensitivity to culture, age, gender, and disabilities.

CHIEF RESIDENT

Maintains the strictest confidence in any and all interactions dealing with patients, especially professional athletes with some measure of local, regional, and national celebrity. Refrains from discussion of the athlete with family, friends, and colleagues.

Demonstrates respect, compassion, and integrity in response to the needs of patients and their families..

Demonstrates ethical principles pertaining to patient confidentiality issues.

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GOALS AND OBJECTIVES

SPORTS MEDICINE SERVICE

SYSTEM BASED PRACTICE

PGY-2, PGY-3, PGY-4 RESIDENT

Demonstrates knowledge and indications of their impact on cost effectiveness and efficiency of patient care.

Acts as an advocate for quality of patient care.

Able to assess, coordinate, and improve the care of patients within the current health care models with an understanding of the complex venues of the delivery of sports medicine care including the training room, physical therapy, preparticipation physicals, duties of the sideline physician.

Demonstrates the ability to practice culturally competent medicine.

Able to provide health care services aimed at preventing sports medicine injury.

Able to work with other health care physicians from various disciplines to provide excellent patient-focus care including athletic trainers, physical therapists, primary care physicians, members of coaching staff(s).

CHIEF RESIDENT

Maintains the strictest confidence in any and all interactions dealing with all patients, especially professional athletes.

Demonstrates knowledge and indications of their impact on cost effectiveness and efficiency of patient care.

Acts as an advocate for quality of patient care.

Able to assess, coordinate, and improve the care of patients within the current health care models with an understanding of the complex venues of the delivery of sports medicine care including the training room, physical therapy, preparticipation physicals, duties of the sideline physician.

Demonstrates the ability to practice culturally competent medicine.

Able to provide health care services aimed at preventing sports medicine injury.

Able to work with other health care physicians from various disciplines to provide excellent patient-focus care including

	athletic trainers, physical therapists, primary care physicians, members of coaching staff(s).
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DUKE ORTHOPAEDIC SURGERY

SPORTS MEDICINE SERVICE

DELINEATED LINES OF RESPONSIBILITY

OUTPATIENT

PGY-2, PGY-3, PGY-4 RESIDENT

PGY-2 , PGY-3, and PGY-4 Residents assist with preoperative workups in the outpatient clinics and the training room, and participate in preparticipation in physicals for high school, NC Central, and Duke athletes.

When in the outpatient clinic the PGY-2, PGY-3, and PGY-4 Residents have the responsibility of evaluating new patients and presenting the findings to the attending orthopaedic surgeon.

This requires obtaining appropriate history, performing physical examination, evaluating imaging studies, and formulating a plan.

The resident will be responsible for the dictation of his findings up to the point of the official recommendation of the plan which will be made by the attending physician.

On the sideline coverage the resident team physician will participate in the examination of all injured athletes and will assist the attending orthopaedic surgeon in formulating and executing a plan.

CHIEF RESIDENT

The PGY-5 (Chief Resident) is responsible for assisting the attending orthopaedic sports medicine physician in all aspects of outpatient care. The Chief Resident is responsible for teaching and assisting junior residents in this setting.

This requires obtaining appropriate history, performing physical examination, evaluating image studies, and formulating a plan.

The Chief Resident will also see and evaluate postoperative patients as needed to facilitate patient care in the clinic.

He/she will learn through observation the appropriate go/no go return to play criteria of players within a given sport.

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DUKE ORTHOPAEDIC SURGERY

SPORTS MEDICINE SERVICE

DELINEATED LINES OF RESPONSIBILITY

INPATIENT

PGY-2, PGY-3, PGY-4 RESIDENT

PGY-2 , PGY-3, and PGY-4 Residents are responsible for all phases of care in inpatient sports medicine patients. This includes rounding, writing appropriate progress notes, and handling overnight discharge orders for patients in the Ambulatory Surgical Unit.

The PGY-2, PGY-3, and PGY-4 Residents will report directly to the Chief Resident on service as well as the attending orthopaedic surgeon as appropriate.

CHIEF RESIDENT

The Chief Resident is responsible for conducting rounds as needed and supervising the PGY-2, PGY-3, and PGY-4 Residents and ultimately reporting to the attending orthopaedic surgeon.

The Chief Resident works closely with the junior residents to insure appropriate management of all patients.

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DELINEATED LINES OF RESPONSIBILITY

OPERATIVE

PGY-2, PGY-3, PGY-4 RESIDENT

In the operating room the PGY-2, PGY-3, and PGY-4 Residents are responsible for assisting the attending orthopaedic surgeon throughout the procedure. The residents 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

The Chief Resident responsibilities in the operating room include assisting the attending orthopaedic surgeon in all aspects of operative care.

The actual performance of all or part of the orthopaedic procedures will be done either under direct supervision or semi-independently in those situations deemed appropriate by the attending orthopaedic surgeon.

The Chief Resident is also responsible for teaching the junior resident and enabling the junior resident to increase his surgical skills in the operating room.