

Good Samaritan Hospital Rotation

1. Rotation Goals and Objectives by Core Competency

General Goals & Objectives PGY – 2 Year

A. Patient Care

- 1) Learn essentials of problem-focused History & Physical Examination.
- 2) Learn principles of interpreting plain radiographs of spine and lower extremities.
- 3) Recognize differential diagnosis of lower extremity pain: spine vs. hip and knee origin
- 4) Demonstrate non-operative skills:
 - a. Splint and brace prescription
 - b. Cast application
 - c. Joint aspiration / injection
 - d. Dislocated total hip reduction
- 5) Demonstrate basic operating skills:
 - a. Patient positioning for total joint replacement
 - b. Preparation & draping of patient
 - c. Assisting with retractors, lights, and maintaining blood-free field
 - d. Layered closure
 - e. Placement of suction drains
 - f. Placement of arthroscopic portals
 - g. Surgical technique for core decompression
 - h. Exposure techniques of primary total joint replacement
- 6) Demonstrate post-operative care:
 - a. Wound care
 - b. Antibiotic prophylaxis
 - c. Anticoagulation management
 - d. Pain management
 - e. Discharge planning
- 7) Consistently mark patients with initials prior to surgery and drape initials into the surgical field.
- 8) Consistently perform surgical time-out prior to incision.

- 9) Report medical errors to attending surgeon when recognized.
- 10) Notify attending in a timely way of all deviations from standard expected post-operative course.
- 11) Organize and supervise medical students and paramedical staff in daily care of service patients.
- 12) Effectively triage patients seen in emergency department.

B. Interpersonal and Communication Skills

- 1) Listen to patients' concerns and express sensitivity and empathy for their medical problems.
- 2) Understand risks and goals of surgery.
- 3) Establish an effective patient/doctor relationship: attire, grooming, manner of speech, concern, commitment.
- 4) Establish appropriate level of communication and relationship with ancillary staff:

Refrain from abusive behavior.

Be courteous.

Report staff who are disrespectful and do their duties in a less than satisfactory manner.
- 5) Demonstrate legible handwriting, and print name under all signatures.
- 6) Date and mark time on all notes.
- 7) Dictate discharge summaries on day of discharge.
- 8) Dictate operative reports on day of surgery.
- 9) Answer patient telephone calls on same day they are received.

C. Professionalism

- 1) Demonstrate sensitivity and responsiveness to differences in culture, gender, age, and impairments of both patients and staff.
- 2) Demonstrate sensitivity to the needs of older patients in terms of support for their specific and multiple needs.

- 3) Demonstrate reliability in performance of responsibilities.
- 4) Demonstrate respect toward opinions of other healthcare professionals.
- 5) Demonstrate ability to express opinions in a manner sensitive to others.

D. Medical Knowledge

- 1) Working knowledge of anatomy of hip, knee, shoulder, and spine.
- 2) Working knowledge of biomechanics & kinematics of hip, knee, shoulder, and spine.
- 3) Introduction to factors associated with treatment of osteonecrosis.
- 4) Differential diagnosis for painful lower extremity joint.
- 5) Recognize emergencies and communicate problem to appropriate personnel:
Compartment Syndrome

Post-Op Hip Dislocation

Post-Op Bleeding, Hematoma

Post-Op Nerve Palsy

Post-Op DVT

Post-Op Respiratory Depression

Acute Infections

Chronic Infections

E. Practice-Based Learning and Improvement

- 1) Analyze the effectiveness of 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:
Utilize appropriate diagnostic tests.

Appropriate use of antibiotics.

- 2) Utilize health care system to provide optimal patient care outside hospital system.
- 3) Able to fully utilize chain of command in both supervision of subordinates and interaction with seniors.
- 4) Recognize emergencies and communicate problem to appropriate personnel.

General Goals & Objectives PGY – 3 Year

A. Patient Care

- 1) All skill sets for PGY 2, plus:
- 2) Be able to:

Complete History & Physical Examination Form.

Interpret Imaging Studies.

Formulate Differential Diagnosis of any patient with a spine or lower extremity complaint including, but not limited to:

Osteoarthritis

Rheumatoid Arthritis

Osteonecrosis

Sequelae of Perthes Disease

Hip Dysplasia

SCFE

Late Sequelae of Trauma

RSD

- 3) Demonstrate technical competence in operating skills:

Perform arthroscopic debridement/meniscectomy with supervision

Perform bipolar hemi-arthroplasty independently with supervision

Perform primary total knee replacement with supervision

Perform femoral head resurfacing for osteonecrosis with supervision

Perform diagnostic arthroscopy of the shoulder with supervision.

4) Demonstrate post-operative care:

Wound Care

Antibiotic Prophylaxis

Anticoagulation Management

Pain Management

Discharge Planning

- 5) Consistently mark patients with initials prior to surgery and drape initials into the surgical field.
- 6) Consistently perform surgical time-out prior to incision.
- 7) Report Medical Errors to attending surgeon when recognized.
- 8) Organize and supervise PG-2, medical students and paramedical staff in daily care of service patients.
- 9) Organize and run patient service as the chief resident in the absence of the PG-4 resident.

B. Interpersonal and Communication Skills

- 1) All skill sets for PGY 2, plus:
- 2) Effectively communicate with and manage consultations with other specialists in complex or complicated cases.
- 3) Communicate with patient's family concerning follow-up care or complications of surgical procedures.
- 4) Institute or order appropriate diagnostic tests or consultations in post-op patients.

C. Professionalism

- 1) All skill sets for PGY – 2.

D. Medical Knowledge

- 1) All skill sets for PGY 2, plus:
- 2) Surgical approaches for revision total joint replacement.
- 3) Complete technical knowledge of all prosthetic systems used by the different surgeons in the division.
- 4) Complete understanding of pathophysiology and treatment of osteonecrosis.
- 5) Complete understanding of consequences of malalignment in total knee replacement.
- 6) Understanding of differential diagnosis for painful total joint replacement.
- 7) Understanding of treatment of common fractures and orthopaedic injuries.

E. Practice-Based Learning and Improvement

- 1) All skill sets for PGY – 2.

F. Systems-Based Practice

- 1) All skill sets for PGY – 2.

General Goals & Objectives PGY – 4 Year

A. Patient Care

- 1) All skill sets for PGY 2, and 3, plus:
- 2) Organize pre-op, intra-op, and post-op care for all patients on the service.
- 3) Assure patient care coverage for all attendings in division.
- 4) Demonstrate technical competence in operating skills:

Perform complex primary and revision total joint replacements with supervision.

Supervise junior resident in performance of uncomplicated trauma surgery

inter-trochanteric fracture ankle fracture.
- 5) Consistently mark patients with initials prior to surgery and drape initials into the surgical field.

- 6) Consistently perform surgical time-out prior to incision.
- 7) Report medical errors to attending surgeon when recognized.
- 8) Prepare and template operative cases for following week in absence of the fellow.
- 9) Verify equipment needs for following week's surgeries in absence of the fellow.
- 10) Organize and supervise pg-2, 3 residents, sub-interns, medical students and paramedical staff in daily care of service patients.

B. Interpersonal and Communication Skills

- 1) All skill sets for PGY 2, and 3, plus:
- 2) Communicate effectively with attending staff, nursing, pa staff and OR staff to assure continuity of patient care and operative service.

C. Professionalism

- 1) All skill sets for PGY 2 and 3

D. Medical Knowledge

- 1) All skill sets for PGY 2, and 3, plus:
- 2) Working knowledge of electronic medical record.
- 3) Working knowledge of advanced exposure techniques for complex joint replacements including:

Ilioinguinal approach to pelvis

Extended trochanteric slide

Intercalary femoral osteotomy

Extended direct lateral approach

Exposure of acetabulum for anterior and/or posterior column plating

Quadriceps turn-down

Quad snip

Tibial tubercle osteotomy

E. Practice-Based Learning and Improvement

- 1) All skill sets for PGY 2 and 3

F. Systems-Based Practice

- 1) All skill sets for PGY 2 and 3

General Goals & Objectives – Sports Rotation

A. Patient Care

- 1) Perform a competent knee , shoulder, and elbow arthroscopy with the ability to understand all portals and having the ability to navigate effectively to visualize pathology.
- 2) Understand open techniques and when applicable. Understand the difference of several techniques for treatment.
- 3) Perform a capable diagnosis and treatment.
- 4) Perform a thorough and comprehensive sports patient evaluation including patient interview, physical examination, radiographic interpretation and development of a treatment plan.
- 5) Understand the principles and know the key steps in performing an partial menisectomy, an ACL reconstruction surgery, and performing a diagnostic and therapeutic arthroscopy. Also, learn about multiligamentous injuries and dislocations of the knee.
- 6) Understand the principles and know the key steps in performing a rotator cuff repair and labral pathology by using both arthroscopic and open methods. These include:

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2. Resident Supervision (Good Samaritan Hospital)

The residents on the Good Samaritan Service care for patients in the office, the hospital (Inpatient Ward and Emergency Department), and the operating rooms.

- A. The residents are supervised by the Johns Hopkins Orthopaedics at Good Samaritan Hospital Attending staff: Drs. Hungerford, Khanna, Kulik, Lemma, Peterson, Peroutka, Valaik, and Zikria.
- B. The Senior Resident (PGY-4) is responsible for manpower allocation. This is coordinated with the arthroplasty fellows.
- C. All patients evaluated by the residents will be discussed with and examined by the attending surgeon as well. This provides the opportunity for immediate feedback.
- D. Residents make daily rounds with the floor PA on the orthopaedic inpatient ward.

- E. During the week, the attending of record also sees his/her patients, and the house staff reports any issues to the attending. If an attending is out of town on a weekday, his/her patients are signed out to the attending on call. Consultants, including the pulmonary group and hospitalists, are also resources to use in the care of any patient with medical problems.
- F. All patients and consults will be reviewed by an attending physician at least once every 24-hour period. Junior residents are welcome to initiate care with proper input from the senior most residents. A treatment plan needs to be reviewed with an attending physician within the 24-hour period. Non-urgent consults must be seen by an attending within 24 hours.
- G. Surgical procedures are performed under the direct supervision of an attending physician at all times. The surgical attending determines when a resident should perform appropriate portions of procedures. Residents may also be involved in teaching students.
- H. The resident reports directly to the attending surgeon. The attending surgeon, at a minimum, is immediately available by telephone or pager or, when on call, within 30 minutes by request on site.
- I. For inpatient and emergency department consults, the attending “on call” that day should be contacted and will be responsible for treatment plan, staffing any operative intervention, following the patient during admission and any outpatient follow-up. For questions regarding inpatients or established patients, the attending surgeon for that patient should be contacted. On weekends the attending on call will round on all the patients and can be a resource for all patient questions. If no one is available, contact Mesfin Lemma, M.D. or any other available attending.

Contact information:

Mesfin Lemma, M.D. 443-444-4786 office
 410-434-1171 pager
 443-610-7620 cell

A. Jay Khanna, M.D. 443-444-4538 office
 410-283-8115 pager
 410-961-7451 cell

Steve Kulik, M.D. 443-444-4230 office
 410-283-0852 pager

Steve Petersen, M.D. 410-847-3517 office
 410-283-3232 pager
 248-259-2223 cell

Robert Peroutka, M.D. 410-828-9768 office
 410-207-1229 cell

Dan Valaik, M.D. 443-444-4739 office

Bashir Zikria, M.D. 410-847-3643 office
 410-434-3549 pager

3. Clinical Activities

- A. Demonstrate a basic understanding of total joint, spine and sports anatomy, biomechanics and kinesiology.
- B. Perform a related detailed history and physical exam.
- C. Learn to read and interpret routine radiographic images, including MRIs, CAT scans and bone scans. Recognize pathology and note anatomical location.
- D. Develop ability to determine what supplemental testing should be obtained based on findings on the history, physical and radiographic testing.

4. Required Reading

Sub-Specialty	Required Reading	Suggested Reading
<i>Basic Science</i>	Einhorn T., O'Keefe R., Buckwalter J. <u>Orthopaedic Basic Science Foundations of Clinical Practice 3rd Edition</u> , Selected Chapters Basic Science Chapter, <u>Miller Review of Orthopaedics</u> Tutorials/handouts/review CD and questions	
<i>Foot & Ankle</i>	Richardson E. <u>OKU: Foot and Ankle 3</u>	
<i>Hand</i>	Trumble T. <u>Principles of Hand Surgery and Therapy</u> , Selected Chapters Galatz L. <u>OKU: Shoulder and Elbow 3</u>	
<i>Joint Arthroplasty</i>	Barrack R, Booth R. <u>OKU: Hip and Knee Reconstruction 3</u>	
<i>Oncology</i>	McCarthy E, Frassica F., <u>The Pathology of Bone and Joint Disorders</u> Tutorials/handouts/review CD and questions	
<i>Pediatrics</i>	Morrissy R., Weinstein S. <u>Lovell & Winter's Pediatric Orthopaedics</u> , Selected Chapters Abel M. <u>OKU: Pediatrics3</u>	
<i>Spine</i>	Bono C, Garfin S. <u>Spine: Orthopaedic Surgery Essentials</u> .	Spivak J, Connolly P. <u>OKU: Spine 3</u> (Required for those going into Spine)
<i>Sports</i>	Garrick J. <u>OKU: Sports Medicine 3</u> Online Sports Curriculum: http://www.netorthodoc.org/html/sports.html (Password Protected...please request from GRN)	Miller, Cole, Cosgarea & Sekiya: <u>Operative Techniques: Sports Knee Surgery</u> . Jesse DeLee , David Drez , Mark D. Miller , Mark D. Miller . <u>DeLee & Drez's Orthopaedic Sports Medicine: Principles and Practice</u> , 2-Volume Set.
<i>Trauma</i>	Baumgaertner M, Tornetta P. <u>OKU: Trauma 3</u> Wiss D. <u>Master Techniques in Orthopaedic Surgery: Fractures</u> (read before each trauma case)	Orthopaedic Trauma Association Basic Fracture Course. (http://www.hwb.org/ota/bfc/)

5. Didactic Activities

Weekly conferences are held every other Tuesday morning, 6:30 – 7:30 AM, alternating with every other Friday morning 7:30 – 8:30 AM. The syllabus used is based on readings from OKU 9.

Hip

Week One

Chapter 30: Surgical approaches

Chapter 31: Biomechanics of the hip

Week Two

Chapter 32: Bearing surfaces

Chapter 33: Hip designs

Week Three

Chapter 34: Difficult primary THA

Chapter 35: Posttraumatic management of the hip

Week Four

Chapter 37: Resurfacing

Chapter 42: THA complication

Week Five

Chapter 41: Hip revision

Knee

Week Six

Chapter 1: Surgical exposure in TKA

Chapter 3: Total knee implant design

Week Seven

Chapter 4: Osteotomy

Chapter 5: Alternative to TKA

Chapter 6: Unicompartmental knee arthroplasty

Week Eight

Chapter 9: Primary TKA outcome

Chapter 10: TKA in outliers

Week Nine

Chapter 11: Revision TKA

Chapter 15: The infected TKA

Week Ten

Chapter 13: Osteonecrosis of the knee

Chapter 44: Osteonecrosis of the hip

Sports

Wednesday evenings are the time for the Didactic sessions. Weekly lecture on sports topics from OKU Sports 4th edition.

6. Schedule

Residents are matched with attending and will work with them, per their schedule on the following page.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>MESFIN LEMMA, MD</i>	Surgery @ Good Samaritan Bayview (1 Monday/Month)	Office Hours White Marsh	Office Hours Clinical Assoc./GSH	Surgery @ Good Samaritan	Office Hours Good Samaritan Every other Friday Bayview (1 Friday/Month)
<i>STEVE HARRIS, PA-C</i> <i>for Mesfin Lemma, MD</i>				Office Hours White Marsh p.m.	Office Hours Good Samaritan Every other Friday
<i>A. JAY KHANNA, MD</i>	Office Hours Good Samaritan	Surgery @ Good Samaritan	Surgery @ Good Samaritan	Office Hours White Marsh	Patient Research Bayview (1 Friday/Month)
<i>JOHN WOODS, PA-C</i> <i>for A. Jay Khanna, MD</i>					Office Hours Alternating White Marsh or Good Samaritan
<i>ROBERT PEROUTKA, MD</i>	Surgery @ Good Samaritan	Office Hours York Road	Surgery @ GBMC or Good Samaritan Office Hours @ Good Sam p.m.	Office Hours York Road	Surgery @ Good Sam Office Hours @ American Radiology
<i>KRISTA FREEMAN, PA-C</i> <i>for Robert Peroutka, MD</i>					Office Hours York Road
<i>STEVE PETERSEN, MD</i> <i>Amy White, PA-C</i>	Office Hours Alternating White Marsh or Green Spring Station	Surgery @ Good Samaritan	Patient Research	Surgery @ Good Samaritan	Office Hours Green Spring Station
<i>DANIEL VALAIK, MD</i>	Office Hours Good Samaritan	Surgery @ Good Samaritan	Office Hours Good Samaritan	Surgery @ Good Samaritan	Office Hours Green Spring Station am.
<i>BASHIR ZIKRIA, MD</i>	Office Hours White Marsh	Surgery @ JHOC	Office Hours White Marsh a.m.	Office Hours Green Spring Station a.m. Good Samaritan p.m.	Surgery @ Good Samaritan
<i>KRISTIAN KUNICKY, PA-C</i> <i>for Bashir Zikria, MD</i>			Office Hours White Marsh p.m.	Office Hours Green Spring Station p.m.	
<i>STEVEN KULIK, MD</i>	ASC??	Office Hours Good Samaritan	Office Hours White Marsh	Surgery @ Good Samaritan	Office Hours/Surgery??