Department of Internal Medicine
Texas Tech University Health Sciences Center
Odessa, Texas

Outpatient Orthopedics/Sports Medicine Rotation Curriculum
PGY 2 and PGY 3

Revision Date: July 10, 2006
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I. **Educational Purpose and Goals:** Degenerative joint diseases and other orthopedic conditions are a major source of disability in the US. Injuries of the musculoskeletal system occur frequently in a variety of settings – home, work, and sports activities. Office Orthopedics deals with the prevention, diagnosis, and management of osteoarthritis, recreational and sports injury, and soft-tissue diseases and trauma. Many patients with these conditions present to general internists for first line evaluation and management of their conditions. The purpose of this rotation is to improve residents’ knowledge, skills and attitudes regarding the evaluation and management of joint pathology. The goal is early diagnosis and treatment of these conditions to prevent disability and death. The general internist needs to have competency in the initial diagnosis and management of acute arthritis and musculoskeletal disorders.

II. **Principal Teaching Methods:**
A. **Supervised Direct Patient Care Activities:** The resident will rotate with a clinical faculty member certified in orthopedics. The resident is responsible for primary evaluation of patients and development of an initial assessment and plans that is then discussed with the faculty member. The resident will complete documentation of patient encounters and follow up on any additional studies as ordered.

B. **Didactic Lectures:** Orthopedic lectures are part of the Core Curriculum series of the Department of Internal Medicine. Residents are required to attend Core Curriculum lectures.

C. **Self-study:** The resident is expected to read independently about patients seen in orthopedic clinic and in preparation for Core Curriculum lectures.

III. **Educational Content**
a. **Mix of diseases:** Clinical care will focus on pathology of the knee, hip, ankle and shoulder although patients with other orthopedic complaints may be seen. Acute as well as chronic conditions will be encountered.

b. **Patient characteristics:** Patients will be primarily adolescents or adults, drawn from the greater Midland and Odessa areas.

c. **Learning venues:**
   i. **Location:** This is an ambulatory rotation with clinical faculty members from the community.
   ii. **Types of clinical encounters:** The resident will encounter patients being seen for initial consultation as well as follow up visits.
   iii. **Longitudinal conferences:** The resident will continue to participate in all regularly scheduled conferences, including grand rounds and noon core conferences.
iv. **Longitudinal clinic**: The resident will continue to participate in his/her twice weekly half-day continuity clinics.

v. **Procedures**: Arthrocentesis, stabilization of simple fractures

vi. **Ancillary services**: Residents will learn how to appropriately utilize physical therapy for patient care.

vii. **Required knowledge**: The resident will learn the anatomy of the shoulder, elbow, hand, hip, knee, ankle and spine.

d. **Structure of rotation**: The typical rotation length is two weeks, although the resident may opt for four weeks.
   
i. Location: Offices of community orthopedic surgeons
   
ii. First day of rotation: Patients are scheduled starting at 8 am. Residents should be present and ready to see patients by this time.

IV. **Principal Ancillary Educational Materials**

A variety of electronic resources are available to residents through the Texas Tech library.

1. One Hundred Orthopaedic Conditions Every Doctor Should Understand 2nd edition by Roy A. Meals (Editor), Scott Mitchell (Editor), Quality Medical Publication 2006.


**Methods of Evaluation**

a. **Resident Performance**
   
i. Clinical faculty provides formative feedback on clinical performance throughout the rotation. At the end of the rotation, the clinical faculty member will provide a comprehensive written evaluation. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be reviewed with the resident in person. All evaluations are available for review by the resident with the exception of evaluations of resident colleagues. The evaluation will be part of the resident file and will be incorporated into the semiannual performance review for directed resident feedback.

   ii. Procedures: The resident will submit documentation of any procedure performed during the rotation on a hard-copy form completed by the supervising faculty member. Procedure forms include the supervisor’s evaluation of the resident’s performance.

b. **Program and Faculty Performance**
   
i. Upon completion of the rotation, the resident will be asked to complete a service evaluation form commenting on the faculty, facilities, and service experience. These evaluations will be sent to the residency office for review and the attending faculty physician will receive anonymous quarterly copies of completed evaluation forms. The Clinical Competency Committee (CCC) will review evaluations quarterly.

VI. **Rotation Specific Competency Objectives**
a. **Patient Care:** By the end of the rotation, the resident will be able to perform a problem-focused history and physical examination, and develop a management plan in accordance with national guidelines (as available) for patients presenting to ambulatory settings with orthopedic complaints. These skills will be demonstrated directly during patient encounters, oral presentations, and discussions with preceptors.

b. **Medical Knowledge:** By the end of the rotation, the resident will list the differential diagnoses for acute and chronic knee pain, acute and chronic shoulder pain, acute and chronic back pain. The resident will describe the risks and benefits of diagnostic and therapeutic strategies for joint pain. This knowledge will be demonstrated directly during patient encounters, during oral presentations to and discussions with preceptors. He/She will become familiar with common orthopedic injuries and their management.

c. **Interpersonal and Communication Skills:** By the end of the rotation, the resident will be able to provide clear, concise oral presentations to preceptors. He/she will work as a productive member of the team with clinical faculty, nurses/medical assistants, and other office staff. The resident is expected to act as a constructive and proactive member of the orthopedic team. The resident is expected to accurately and clearly document his/her findings in the medical record.

d. **Professionalism:** The resident will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest. The resident will demonstrate a commitment to excellence and continuous professional development. The resident will be punctual and prepared for office sessions. He/she is expected to show sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

e. **Practice Based Learning and Improvement:** During the course of the rotation, the resident will perform focused reading for self-improvement. This learning will be demonstrated through patient care discussions with preceptors. The resident will use the university library to critically appraise the medical literature and apply evidence to patient care. He/she will use desktop PC’s and internet electronic references to support patient care and self-education. The resident in addition will consistently seek out and analyze data on practice experience, identify areas for improvement in knowledge of patient care performance, and make appropriate adjustments.

f. **Systems Based Practice:** By the end of the rotation, the resident will describe the indications for orthopedic surgeon referral and/or physical therapy for orthopedic problems as demonstrated through patient care discussions with preceptors. The resident will be sensitive to health care costs while striving to provide quality care. He/she will coordinate care with other health professionals as required for patients’ needs. In addition he/she will consistently understand and adopt available clinical practice guidelines. The resident is expected to model cost-effective medicine.