

Updated 2/8/10

Columbia/NYOH Department of Orthopaedics
Shoulder, Elbow, and Sports Medicine Service Competency Requirements

Patient Care

Faculty will evaluate the resident's ability to obtain History, perform physical exam, and interpret imaging and diagnostic testing, make a diagnosis and assessment, and finally formulate a treatment plan for outpatients and inpatient new patients, follow-up patients, and postop patients..

In the operating room, the faculty will evaluate the resident's familiarity with the patient, the indications for surgery, the preoperative plan, ability to execute the operative plan, understanding of the post-operative treatment plan, ability to anticipate and avoid intraoperative and postoperative complications

Residents will be evaluated by mid rotation and end of rotation faculty feedback, on-the-fly faculty feedback, case presentations, operative case log, 360 degree surveys, and self assessment.

PGY-2, 3 Resident Goals & Objectives:	PGY 4,5 Resident Goals and Objectives
<p>The resident will:</p> <ol style="list-style-type: none">1. Be able to effectively evaluate, via a thorough H&P, the following conditions:<ol style="list-style-type: none">a. Shoulder instabilityb. Rotator cuff tearsc. Shoulder osteoarthritisd. Frozen shouldere. Adhesive capsulitisf. Proximal humerus fracturesg. AC Separationsh. SLAP tearsi. Cubital tunnel syndromej. Radial nerve palsyk. Stiff elbowl. Medial and lateral epicondylitism. Elbow instabilityn. Distal biceps tearo. Hip Labral tearp. Femoral stress fractureq. Med meniscus tear	<p>The resident will:</p> <ol style="list-style-type: none">1. Demonstrate mastery of all PGY 2,3 level goals and objectives2. Demonstrate understanding of the anatomy and surgical plan for:<ol style="list-style-type: none">a. Revision Shoulder, elbow and knee surgery<ol style="list-style-type: none">i. Pre-operative planningii. Implant choiceb. Lower extremity osteotomies for deformityc. Fracture reduction and fixation3. Demonstrate knowledge of the surgical approach and anatomy for all operative procedures including elective and emergent cases.

- r. Lat meniscus tear
- s. Chondromalacia patella
- t. ACL tear
- u. PCL tear
- v. MCL/LCL tear
- w. Quad and patellar tendon tears
- x. ITB Syndrome
- y. Ankle instability
- z. Achilles tendon ruptures/tendonitis
- aa. Plantar fasciitis
- bb. Compartment syndrome

2. Effectively demonstrate that he/she can competently:

- a. Obtain a comprehensive **history**
- b. Perform any relevant condition-specific **physical examination**
- c. Identify appropriate radiographic **imaging studies**
- d. Formulate a differential diagnosis and make an accurate final **diagnosis**
- e. Outline the **etiology**, or possible etiologies of the specific condition
- f. Outline the **natural history** of the specific condition with and without surgical treatment
- g. Describe appropriate **non-operative treatment options** (if they exist)
- h. Describe appropriate **operative treatment options** (if they exist)
- i. Describe possible **complications** of non-operative and operative treatment
- j. Outline the **rehabilitation program** involved in non-operative and operative treatment
- k. Outline the **prognosis** of non-operative and operative treatment in order to evaluate the following specific conditions:
 - a. Shoulder instability
 - b. Multidirectional instability
 - c. Rotator cuff tears
 - d. Shoulder arthritis
 - e. Elbow arthritis
 - f. Elbow instability
 - g. Elbow tendinopathies

<ul style="list-style-type: none">h. ACL tearsi. PCL tearsj. MCL/LCL tearsk. Posterolateral corner injuriesl. Meniscal injuriesm. Patellofermoral disordersn. Hip labral tearso. Achilles tearsp. Ankle instabilityq. Metatarsal fractures <p>3. Be able to perform simple invasive procedures including:</p> <ul style="list-style-type: none">a. Shoulder joint aspiration/injectionb. Elbow joint aspiration/injectionc. Wrist joint aspiration/injectiond. Knee joint aspiration/injectione. Subacromial injection <p>4. Demonstrate competence in the operating room to:</p> <ul style="list-style-type: none">a. Position patients for shoulder proceduresb. Position patients for elbow proceduresc. Position patients for knee proceduresd. Position patients for ankle procedurese. Position patients for hip proceduresf. Prep and drape of the operative fieldg. Perform initial surgical dissectionh. Diagnostic shoulder and knee arthroscopyi. Close the surgical woundj. Apply post-operative dressing <p>5. Demonstrate understanding of anatomy and surgical plan for:</p> <ul style="list-style-type: none">a. ACL reconstructionb. Percutaneous fixation of fracturesc. Open reduction of fractures of the shoulder, elbow and kneed. Arthroscopic procedures of the shoulder, elbow and knee	
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Medical Knowledge

Faculty will evaluate the resident’s knowledge on an ongoing basis in the clinic and operating room.

Residents will be evaluated by mid-rotation and end of rotation faculty feedback, on-the-fly faculty feedback, Indications conference performance, case presentations, journal club, OITE scores, 360 degree surveys, self assessment.

PGY 2,3 Resident Goals and Objectives:	PGY 4-5 Resident Goals and Objectives:
The resident will: <ol style="list-style-type: none">1. Demonstrate knowledge of the indications for surgical procedures such as rotator cuff repairs, instability surgery, arthroscopy of the upper limb, TSA, RSA, TEA...2. Demonstrate understanding of the relevant surgical anatomy of the upper extremity3. Demonstrate an understanding of simple invasive procedures for patients such as injection/aspiration, abscess drainage, closed reduction of simple fractures4. Demonstrate an understanding of the classic and contemporary literature pertaining to lower extremity reconstruction through self-guided study and participation in Journal club	In addition to obtaining competency in the PGY 2,3 goals and objectives, the resident will: <ol style="list-style-type: none">1. Possess knowledge and demonstrate expertise in the discussion of the natural history of the systemic and specific conditions listed above2. Demonstrate proficiency in the application of all splints and casts3. Demonstrate an advanced understanding of pathology, surgical anatomy and operative exposures4. Assume a leadership role in planning patient care and teaching conferences

Practice Based Learning and Improvement

Residents will be evaluated based upon awareness of background and recent advances in common treatments, surgical indications, and surgical principles through participation in weekly Indications conference, morning trauma rounds, subspecialty conference, monthly M&M conference, and Journal club.

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, on-the-fly faculty feedback, Indications conference performance, case presentations, journal club, M&M assessments, 360 degree surveys, self assessment.

PGY 2,3 Resident Goals & Objectives:	PGY 4,5 Resident Goals & Objectives:
<p>The resident will:</p> <ol style="list-style-type: none"> 1. Demonstrate familiarity and understanding of reading materials describing the systemic and specific conditions listed above including those assigned from: <ol style="list-style-type: none"> a. OKU Shoulder and Elbow b. Levine, Ahmad and Blaine – Minimally Invasive Shoulder and Elbow Arthroscopy c. Iannotti Shoulder Disorders d. Morreys The Elbow e. AAOS OKO online shoulder and elbow topics f. Arthrex online shoulder arthroscopy technique videos 2. Accurately locate, appraise and assimilate evidence from scientific studies relating to the patient’s orthopaedic condition. This requires knowledge of the pertinent recent literature as may be obtained in: <ol style="list-style-type: none"> a. American and British JBJS b. Journal of Shoulder and Elbow Surgery c. American Journal of Sports Medicine d. Journal of the AAOS 3. Prepare and organize the weekly pre-operative conference for shoulder, elbow, hand, and wrist 	<p>In addition to obtaining competency in the PGY 2,3 goals and objectives, the resident will:</p> <ol style="list-style-type: none"> 1. Apply critical thinking in the appraisal of clinical studies read in the peer reviewed literature as well as in the treatment of patients 2. Direct the education for the more junior residents on the service 3. Prepare and organize the weekly Indications conference for shoulder, elbow and sports medicine

Interpersonal & Communication Skills

See common program competencies

Professionalism

See common program competencies

Systems-based Practice

See common program competencies