

ORTHOPEDICS - AMBULATORY CURRICULUM
TEMPLE UNIVERSITY INTERNAL MEDICINE RESIDENCY

Medicine Faculty representatives: Larry Ward, MD

Orthopedics representative: Asif Ilyas, MD

Revision date: February 2008 Curriculum Committee Approval: pending

I. Educational Purpose and Goals

Degenerative joint diseases and other orthopedic conditions are a major source of disability in the US. 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 knee, shoulder, elbow, hip and hand pathology.

II. Principal Teaching Methods

- A. Supervised Direct Patient Care Activities: The resident will rotate with the assigned preceptor(s) one on one. The resident is responsible for primary evaluation of patients, and development of an initial assessment and plan that is then discussed with the faculty preceptor. The resident will complete documentation of patient encounters and follow up on any additional studies as ordered.
- B. Additional Readings: The resident is required to read the set of articles provided to them at the start of the rotation. These constitute a general review of orthopedic conditions presenting to the general internist.

III. Educational Content

- a. Mix of diseases: Clinical care will focus on pathology of the knee, shoulder, hip, elbow and hand 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 North Philadelphia area.
- c. Learning venues:
 - i. *Location*: This is an ambulatory rotation with members of Temple Orthopedics both at Temple Hospital, as well as at Jeanes Hospital and the Marlton, NJ office. Dr. Asif Ilyas will serve as the site director for the rotation.
 - ii. *Types of clinical encounters*: The resident will encounter patients being seen for initial consultation as well as follow up visits. Opportunities to follow these cases into the operating room will be offered with Dr. Thoder.
 - iii. *Longitudinal conferences*: The resident will continue to participate in all regularly scheduled conferences, including grand rounds and M&M/CPC.
 - iv. *Continuity clinic*: The resident will continue to participate in his/her weekly half-day continuity clinic at the Medicine Group Practice.

- v. *Procedures*: Arthrocentesis. Various operating room procedures may be viewed after discussion with the preceptor.
 - vi. *Ancillary services*: Residents will learn how to appropriately utilize physical therapy for patient care.
- d. Structure of rotation: The typical rotation length is two weeks, as part of the 2nd year Outpatient Block or as part of the Ambulatory Surgery block with Urology. Below is a sample schedule. Resident continuity clinic is substituted in on the appropriate afternoon for each resident.

	Monday	Tuesday	Wednesday	Thursday	Friday
Ortho Didactics 6:30 – 7:30 AM daily					
8 AM	Resnick	Wetzel	Ortho Clinic	Mooar	Kelly
Noon	Ambulatory Conf.	Medical M&M or CPC	Medical Grand Rounds		
1 PM	Michael	Vanett	Ortho Clinic	Ortho Clinic	Reading or OR time

- i. Residents will attend their regular continuity clinic session as scheduled in AMION.
- ii. Location: Temple Orthopedics at either Temple Hospital on the 5th or 6th floor of the Outpatient Building or Jeanes Hospital or the Marlton, NJ office.
- iii. First day of rotation: Patients are scheduled starting at 8 am. Residents should be present and ready to see patients by this time. Their contact for the rotation is Asif Ilyas, MD (asif.ilyas@tuhs.temple.edu or 707-8332)

IV. Principal Ancillary Educational Materials

- a. A variety of electronic resources are available to residents through the TUSM electronic library, in addition to department-provided UpToDate subscriptions. The resident is required to read the articles provided to them as an introduction to the joint exam and care of the orthopedic patient.

V. Methods of Evaluation

- a. Resident Performance
 - i. Faculty provide formative feedback on clinical performance throughout the rotation. At the end of the rotation, preceptors provide summative feedback by completing web-based electronic resident evaluation forms provided by the Internal Medicine Residency office. The evaluation is competency-based, fully assessing core competency performance. The evaluation will be

shared with the resident, is available for on-line review by the resident at their convenience, and is sent to the residency office for internal review. The evaluation will be part of the resident file and will be incorporated into the semiannual performance review for directed resident feedback.

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 Curriculum Committee will review results annually.

VI. Institutional Resources: Strengths and Limitations

- a. Strengths Faculty members are expert in their fields and they are competent and enthusiastic educators. The resident will have the opportunity to become proficient in knee arthrocentesis. Since Orthopedic residents are rarely rotating in the office, many interactions will be one-on-one with the attending to maximize learning potential.
- b. Limitations The faculty are busy and teaching time may be variable day to day.

VII. 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 (especially knee and shoulder pain). 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:
 - i. List differential diagnoses for the acute and chronic knee pain.
 - ii. Describe the risks and benefits of diagnostic and therapeutic strategies for knee pain.
 - iii. This knowledge will be demonstrated directly during patient encounters, during oral presentations to and discussions with preceptors.
- c. Interpersonal and Communication Skills. By the end of the rotation, the resident will be able to:
 - i. Provide clear, concise oral presentations to preceptors.
 - ii. Work as a productive member of the team with preceptors, nurses/medical assistants, and other office staff.
 - iii. These skills will be demonstrated directly during patient encounters, oral presentations/discussions with preceptors, and during time spent in the clinics.
- d. Professionalism Throughout the rotation, the resident will:
 - i. Be timely.

- ii. Treat all patients and their families with compassion and respect.
 - iii. Acknowledge errors when they are made and reveal them promptly to the preceptor.
 - iv. Tell the truth.
 - v. Maintain patient confidentiality.
 - vi. Demonstrate an interest in providing high quality care.
- 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.
- 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 knee pain, as demonstrated through patient care discussions with preceptors.