

## **ORTHOPAEDIC TRAUMA SERVICE**

The Accreditation Council for Graduate Medical Education requires the educational program to provide a curriculum that must contain the following educational components to its Trainees; overall educational goals for the program, competency-based goals and objectives for each assignment (at each education level), delineation of responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

As required by the ACGME, please find enclosed overall educational goals for the program, service competency-based goals and objectives, and delineated lines of responsibility.

- Goals and Objectives
  - Overall Educational Goals for the Program
    - Service Competency-based Goals and Objectives
      - Patient Care
      - Medical Knowledge
      - Practice-based Learning and Improvement
      - Interpersonal and Communication Skills
      - Professionalism
      - Systems-based Practice
- Delineated Lines of Responsibility
  - Outpatient
  - Inpatient
  - Operative
- Supervision
  - Purpose
    - Definitions
    - Attending Physician Responsibilities
    - Graduate Medical Trainee Responsibilities

## **ORTHOPAEDIC TRAUMA SERVICE**

### ***OVERALL EDUCATIONAL GOALS***

The Duke Orthopaedic Program enables the orthopaedic trainee to obtain adequate clinical and surgical skills in all areas of orthopaedic surgery for medical practice in the specialty in either an academic or community practice. This training occurs over a five-year period and is hospital based and defined by a curriculum that includes patient care on the wards, in the clinics, in the emergency department, and in the operating room. Progressive responsibility is accomplished in keeping with individual knowledge, skills and performance, always stressing safety and appropriate care of patients. Faculty members provide daily and continuous supervision, which is a mainstay of the Program. The faculty members' full time clinical practices are on site, and rotation assignments are arranged so that trainees have experience in all subspecialty areas of orthopaedic surgery. Research opportunities abound, with most of the faculty involved in laboratory and clinical research and providing guidance for project selection, completion, and adequate funding support. Ongoing and continuing medical education is assured and accomplished by at least eight hours of teaching conferences each week, attended by faculty, trainees, students and allied health personnel. The Duke orthopaedic trainee has daily and continuous contact with the faculty in the clinics, operative theater, ward rounds, teaching conferences, and individual rotation conferences.

Success is monitored by faculty observance of clinical performance, faculty evaluations on each resident every three months, weekly presentations at conferences, performance on yearly in-training examinations, success in obtaining top post-training fellowships, and performance on specialty Board examinations. Each Chief Resident must complete a written thesis on an orthopaedic topic, which is presented and judged at a symposium prior to graduation from the Program.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

**Patient Care**

*PGY-1 Resident(s):*

- Able to effectively care for outpatients in the emergency department.
- Able to round and care for inpatient trauma patients on the Trauma Service.
- Able to gather essential and accurate information about patients from detailed general history and physical examination.
- Able to work with other health care professionals from various disciplines in the emergency department and on the wards including health care professionals from internal medicine, pharmacy, trauma surgery, emergency department, neurosurgery, and plastic surgery.
- Understand the principles and practice of conscious sedation through the emergency room personnel.
- Able to recognize, diagnose, and initiate treatment for infection, compartment syndrome, and limb and life threatening conditions.
- Able to make informed decisions about diagnostic and therapeutic intervention based on patient information.
- Able to successfully perform the following procedures: vena puncture, ABG's, EKG's, skin and skeletal traction apparatus, closed reduction of dislocations, application of casts and splints, arthrocentesis of peripheral joints.
- Able to prepare patients in the emergency department for operative intervention.
- Able to carry out postoperative care of trauma patients on the orthopaedic ward and surgical intensive care unit.
- Able to manage ward emergencies including arrhythmias, hypoxia, myocardial infarction, and hemorrhagic shock.
- Able to multi-task as well as prioritize clinical responsibilities.
- Able to plan discharges.
- Able to perform ankle brachial index and assist in laceration repair and Halo placement in the Emergency Department.

*PGY-2 Resident:*

- Able to effectively care for outpatients in the emergency department.
- Able to round and care for trauma patients on the Trauma Service.
- Able to gather essential and accurate information about patients from detailed general history and physical examination.
- Able to work with other health care professionals from various disciplines in the emergency department and on the wards including health care professionals from internal medicine, pharmacy, trauma surgery, emergency department, neurosurgery, and plastic surgery.
- Understand the principles and practice of conscious sedation through the emergency room personnel.

## **ORTHOPAEDIC TRAUMA SERVICE**

### **GOALS AND OBJECTIVES**

- Able to recognize, diagnose, and initiate treatment for infection, compartment syndrome, and limb and life threatening conditions.
- Able to make informed decisions about diagnostic and therapeutic intervention based on patient information.
- Able to successfully perform the following procedures: vena puncture, ABG's, EKG's, skin and skeletal traction apparatus, closed reduction of dislocations, application of casts and splints, arthrocentesis of peripheral joints.
- Able to prepare patients in the emergency department for operative intervention.
- Able to carry out postoperative care of trauma patients on the orthopaedic ward and surgical intensive care unit.
- Able to manage ward emergencies including arrhythmias, hypoxia, myocardial infarction, and hemorrhagic shock.
- Able to multi-task as well as prioritize clinical responsibilities.
- Able to plan discharges.
- Able to perform ankle brachial index and assist in laceration repair and Halo placement in the Emergency Department.

#### *PGY-3 Resident:*

- Able to perform removal of orthopaedic implants including plates, screws, wires.
- Able to close surgical wounds.
- Able to place extremity external fixation devices and pelvic stabilization devices.
- Able to recognize, diagnose, and initiate treatment of infection, compartment syndromes, and limb lengthening conditions.
- Able to perform intramedullary nailing of long bones including femur, tibia, humerus, and plating of long bones including humerus, tibia, and femur.
- Able to work with other health care professionals from various disciplines to provide excellent patient-focus care including health care professionals from the emergency department, internal medicine, pharmacy, trauma surgery, neurosurgery, plastic surgery, anesthesiology, and operating room personnel.
- Able to round and care for trauma patients.
- Able to carry out postoperative care of trauma patients on the orthopaedic ward and surgical intensive care unit.
- Able to manage ward emergencies including arrhythmias, hypoxia, myocardial infarction, and hemorrhagic shock.
- Able to multi-task as well as prioritize clinical responsibilities.
- Able to plan discharges.
- Able to perform ankle brachial index and assist in laceration repair and Halo placement in the Emergency Department.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

*Chief Resident(s) (PGY-5):*

- Able to make informed decisions about diagnostic and therapeutic surgical interventions based on patient information and preferences.
- Able to develop and carry out patient management plans.
- Able to counsel and educate patients and their families.
- Able to recognize, diagnose, and initiate treatment for infections, compartment syndrome, limb and life threatening conditions.
- Able to successfully perform the procedures in patient care treatments as outlined for PGY-2 and PGY-3 Residents with the addition of ORIF of simple and complex intra-articular fractures including fractures of the tibial plafond, tibial plateau, elbow, wrist, and acetabulum, reconstruction of unstable fracture dislocations of the pelvis including sacroiliac joints and the symphysis pubis independently.
- Able to work with other health care professionals from various disciplines to provide excellent patient-focus care including health professionals from internal medicine, pharmacy, trauma surgery, emergency department, neurosurgery, plastic surgery, anesthesiology, and operating room personnel.
- Able to round and care for and supervise the care for trauma patients on the orthopaedic ward.
- Effectively oversee the care of consultations both in the emergency department and throughout the hospital including the intensive care units.
- Effectively oversee outpatient fracture clinic.
- Effectively serve as Chief Resident to oversee all of the in-house patients including consults as well as preparation and supervision of the operating room schedule, resident call schedule, patient clinics.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

**Medical Knowledge**

*PGY-1 Resident(s):*

- Demonstrate knowledge applicable to clinical situations including:
  - Treatment options for long bone fractures.
  - Prognosis and potential complications for long bone fractures.
  - Rehab protocols for long bone fractures.
  - Evaluation of patients with acute closed fractures.
  - Basic splinting techniques.
- Have an appreciation for the appropriate execution of pharmacologic principles with a special emphasis on narcotic management and the use of appropriate antibiotics with a basic understanding of principles of basic science as they apply to trauma including metabolism and wound healing.
- Have an appreciation and understanding for the biology of fracture healing.
- An understanding of the radiographic interpretation of fractures including classification, major long bone fractures.
- Appreciate and be able to articulate the signs and symptoms of acute, chronic, infection, and compartment syndromes.
- Be able to initiate treatment of open fractures.
- Successfully complete the OKU Specialty Series on Trauma.
- Successfully complete the OKU Specialty Series Self-Assessment Examination for Trauma.
- Successfully complete the reading syllabus for the PGY-1 Resident on the trauma service

*PGY-2 Resident:*

- Demonstrate knowledge applicable to clinical situations including:
  - Treatment options for long bone fractures.
  - Prognosis and potential complications for long bone fractures.
  - Rehab protocols for long bone fractures.
  - Evaluation of patients with acute closed fractures.
  - Basic splinting techniques.
- Have an appreciation for the appropriate execution of pharmacologic principles with a special emphasis on narcotic management and the use of appropriate antibiotics with a basic understanding of principles of basic science as they apply to trauma including metabolism and wound healing.
- Have an appreciation and understanding for the biology of fracture healing.
- An understanding of the radiographic interpretation of fractures including classification, major long bone fractures.
- Appreciate and be able to articulate the signs and symptoms of acute, chronic, infection, and compartment syndromes.
- Be able to initiate treatment of open fractures.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

- Successfully complete the OKU Specialty Series on Trauma.
- Successfully complete the OKU Specialty Series Self-Assessment Examination for Trauma.
- Successfully complete the reading syllabus for the PGY-1 Resident on the trauma service.

*PGY-3 Resident:*

- Demonstrate knowledge applicable to clinical situations including:
  - Treatment options for long bone fractures.
  - Prognosis and potential complications for long bone fractures.
  - Rehab protocols for long bone fractures.
  - Evaluation of patients with acute closed fractures.
  - Basic splinting techniques.
- Have an appreciation for the appropriate execution of pharmacologic principles with a special emphasis on narcotic management and the use of appropriate antibiotics with a basic understanding of principles of basic science as they apply to trauma including metabolism and wound healing.
- Have an appreciation and understanding for the biology of fracture healing.
- An understanding of the radiographic interpretation of fractures including classification, major long bone fractures.
- Appreciate and be able to articulate the signs and symptoms of acute, chronic, infection, and compartment syndromes.
- Be able to initiate treatment of open fractures.
- Definitive management of closed non-articular fractures.
- Management considerations for multiply injured patient.
- Successfully complete the OKU Specialty Series on Trauma.
- Successfully complete the OKU Specialty Series Self-Assessment Examination for Trauma.
- Successfully complete the reading syllabus for the PGY-1 Resident on the trauma service.

*Chief Resident(s) (PGY-5):*

- Demonstrate knowledge applicable to clinical situations including:
  - Treatment options for long bone fractures.
  - Prognosis and potential complications for long bone fractures.
  - Rehab protocols for long bone fractures.
  - Evaluation of patients with acute closed fractures.
  - Basic splinting techniques.
- Have an appreciation for the appropriate execution of pharmacologic principles with a special emphasis on narcotic management and the use of appropriate antibiotics with a basic understanding of principles of basic science as they apply to trauma including metabolism and wound healing.
- Have an appreciation and understanding for the biology of fracture healing.

## **ORTHOPAEDIC TRAUMA SERVICE**

### ***GOALS AND OBJECTIVES***

- An understanding of the radiographic interpretation of fractures including classification, major long bone fractures.
- Appreciate and be able to articulate the signs and symptoms of acute, chronic, infection, and compartment syndromes.
- Be able to initiate treatment of open fractures.
- Definitive management of closed non-articular fractures.
- Management considerations for multiply injured patient.
- Successfully complete the OKU Specialty Series on Trauma.
- Successfully complete the OKU Specialty Series Self-Assessment Examination for Trauma.
- Successfully complete the reading syllabus for the PGY-1 Resident on the trauma service.



**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

**Practice-Based Learning and Improvement**

*PGY-1 Resident(s):*

- Attend and actively participate in the Fracture Conference, Trauma Conference, Spine Trauma Conference, and the Trauma Journal Club(s).
- Able to locate, appraise, and assimilate evidence from scientific studies related to patient's health issues.
- Able to obtain and use information about his/her patient population and larger populations from which patients are drawn.
- Effectively use statistical analysis, apply knowledge of study designs and statistical methods to the appraisal of clinical studies.
- Able to use information technology to manage information, assess on-line medical information and support his/her education.

*PGY-2 Resident:*

- Attend and actively participate in the Fracture Conference, Trauma Conference, Spine Trauma Conference, and the Trauma Journal Club(s).
- Able to locate, appraise, and assimilate evidence from scientific studies related to patient's health issues.
- Able to obtain and use information about his/her patient population and larger populations from which patients are drawn.
- Effectively use statistical analysis, apply knowledge of study designs and statistical methods to the appraisal of clinical studies.
- Able to use information technology to manage information, assess on-line medical information and support his/her education

*PGY-3 Resident:*

- Attend and actively participate in the Fracture Conference, Trauma Conference, Spine Trauma Conference, and the Trauma Journal Club(s).
- Able to locate, appraise, and assimilate evidence from scientific studies related to patient's health issues.
- Able to obtain and use information about his/her patient population and larger populations from which patients are drawn.
- Effectively use statistical analysis, apply knowledge of study designs and statistical methods to the appraisal of clinical studies.
- Able to use information technology to manage information, assess on-line medical information and support his/her education

## **ORTHOPAEDIC TRAUMA SERVICE**

### **GOALS AND OBJECTIVES**

*Chief Resident(s) (PGY-5):*

- Attend and actively participate in the Fracture Conference, Trauma Conference, Spine Trauma Conference, and the Trauma Journal Club(s).
- Able to locate, appraise, and assimilate evidence from scientific studies related to patient's health issues.
- Able to obtain and use information about his/her patient population and larger populations from which patients are drawn.
- Effectively use statistical analysis, apply knowledge of study designs and statistical methods to the appraisal of clinical studies.
- Able to use information technology to manage information, assess on-line medical information and support his/her education.
- Able to facilitate the learning of students, the PGY-1, PGY-2, PGY-3 Residents as well as other health care professionals on the service.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

**Interpersonal and Communication Skills**

*PGY-1 Resident(s):*

- Able to create and sustain a therapeutic and ethically sound relationship with patients and their families.
- Able to effectively use listening skills.
- Able to effectively provide information via various methods.
- Able to work effectively with others as a leader of the health care team.

*PGY-2 Resident:*

- Able to create and sustain a therapeutic and ethically sound relationship with patients and their families.
- Able to effectively use listening skills.
- Able to effectively provide information via various methods.
- Able to work effectively with others as a leader of the health care team.

*PGY-3 Resident:*

- Able to create and sustain a therapeutic and ethically sound relationship with patients and their families.
- Able to effectively use listening skills.
- Able to effectively provide information via various methods.
- Able to work effectively with others as a leader of the health care team.

*Chief Resident(s) (PGY-5):*

- Able to create and sustain a therapeutic and ethically sound relationship with patients and their families.
- Able to effectively use listening skills.
- Able to effectively provide information via various methods.
- Able to work effectively with others as a leader of the health care team.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

**Professionalism**

*PGY-1 Resident(s):*

- Demonstrate respect, compassion, and integrity in response to the needs of patients and their families.
- Demonstrate ethical principles pertaining to patient confidentiality issues.
- Demonstrate sensitivity to the culture, age, gender, and disability of patients and fellow health care professionals.

*PGY-2 Resident:*

- Demonstrate respect, compassion, and integrity in response to the needs of patients and their families.
- Demonstrate ethical principles pertaining to patient confidentiality issues.
- Demonstrate sensitivity to the culture, age, gender, and disability of patients and fellow health care professionals.

*PGY-3 Resident:*

- Demonstrate respect, compassion, and integrity in response to the needs of patients and their families.
- Demonstrate ethical principles pertaining to patient confidentiality issues.
- Demonstrate sensitivity to the culture, age, gender, and disability of patients and fellow health care professionals.

*Chief Resident(s) (PGY-5):*

- Demonstrate respect, compassion, and integrity in response to the needs of patients and their families.
- Demonstrate ethical principles pertaining to patient confidentiality issues.
- Demonstrate sensitivity to the culture, age, gender, and disability of patients and fellow health care professionals.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

**Systems-based Practice**

*PGY-1 Resident(s):*

- Demonstrates competency in coordinating all aspects of perioperative and postoperative rehabilitation and physical therapy.
- Demonstrates an understanding of how patient care and other professional practices affect other health care professionals, health care organizations, and the largest society in how these elements of the systems affect one's own practice.
- Demonstrates knowledge of how different types of medical practice and health care delivery systems differ from one another including methods of controlling health care costs and allocating resources.
- Has the opportunity to practice medicine in various health care systems including an academic teaching hospital, veterans administration hospital, community hospital, pediatric orthopaedic hospital, and community health department.
- Has understanding of various health funding systems including private insurance, Medicare, Medicaid, Workers Compensation, and Vocational Rehabilitation.
- Practices cost-effective health care and resource allocation that does not compromise quality of care.
- Demonstrates understanding of impact of correct coding during patient office visits and surgery.
- Effectively partners with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
- Demonstrates the ability to practice culturally competent medicine.

*PGY-2 Resident:*

- Demonstrates competency in coordinating all aspects of perioperative and postoperative rehabilitation and physical therapy.
- Demonstrates an understanding of how patient care and other professional practices affect other health care professionals, health care organizations, and the largest society in how these elements of the systems affect one's own practice.
- Demonstrates knowledge of how different types of medical practice and health care delivery systems differ from one another including methods of controlling health care costs and allocating resources.
- Has the opportunity to practice medicine in various health care systems including an academic teaching hospital, veterans administration hospital, community hospital, pediatric orthopaedic hospital, and community health department.
- Has understanding of various health funding systems including private insurance, Medicare, Medicaid, Workers Compensation, and Vocational Rehabilitation.
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- Demonstrates understanding of impact of correct coding during patient office visits and surgery.

**ORTHOPAEDIC TRAUMA SERVICE**  
**GOALS AND OBJECTIVES**

- Effectively partners with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
- Demonstrates the ability to practice culturally competent medicine.

*PGY-3 Resident:*

- Demonstrates competency in coordinating all aspects of perioperative and postoperative rehabilitation and physical therapy.
- Demonstrates an understanding of how patient care and other professional practices affect other health care professionals, health care organizations, and the largest society in how these elements of the systems affect one's own practice.
- Demonstrates knowledge of how different types of medical practice and health care delivery systems differ from one another including methods of controlling health care costs and allocating resources.
- Has the opportunity to practice medicine in various health care systems including an academic teaching hospital, veterans administration hospital, community hospital, pediatric orthopaedic hospital, and community health department.
- Has understanding of various health funding systems including private insurance, Medicare, Medicaid, Workers Compensation, and Vocational Rehabilitation.
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- Demonstrates understanding of impact of correct coding during patient office visits and surgery.
- Effectively partners with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
- Demonstrates the ability to practice culturally competent medicine.

*Chief Resident(s) (PGY-5):*

- Demonstrates competency in coordinating all aspects of perioperative and postoperative rehabilitation and physical therapy.
- Demonstrates an understanding of how patient care and other professional practices affect other health care professionals, health care organizations, and the largest society in how these elements of the systems affect one's own practice.
- Demonstrates knowledge of how different types of medical practice and health care delivery systems differ from one another including methods of controlling health care costs and allocating resources.
- Has the opportunity to practice medicine in various health care systems including an academic teaching hospital, veterans administration hospital, community hospital, pediatric orthopaedic hospital, and community health department.
- Has understanding of various health funding systems including private insurance, Medicare, Medicaid, Workers Compensation, and Vocational Rehabilitation.

## **ORTHOPAEDIC TRAUMA SERVICE**

### ***GOALS AND OBJECTIVES***

- Practices cost-effective health care and resource allocation that does not compromise quality of care.
- Demonstrates understanding of impact of correct coding during patient office visits and surgery.
- Effectively partners with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
- Demonstrates the ability to practice culturally competent medicine.

**ORTHOPAEDIC TRAUMA SERVICE**  
***DELINEATED LINES OF RESPONSIBILITY***

**Outpatient**

*PGY-1 Resident(s):*

- The PGY-1 Resident will act as first responder with the Chief Resident in the evaluation of new patients in the emergency department.
- The PGY-1 Resident will present each patient to the Chief Resident.
  - This presentation will include history, examination, diagnosis, and a proposed treatment plan.
- The Chief Resident will assist the PGY-1 Resident in initial care including injections, application of casts, splinting, Halo placement, and ordering of appropriate image studies.

*PGY-2 Resident:*

- The PGY-2 Resident operates as a “night float” and serves as the first responder with the Chief Resident on-call in the evaluation of new patients in the Emergency Department.
- The PGY-2 Resident will present each patient to the Chief Resident.
  - This presentation will include history, examination, diagnosis, and a proposed treatment plan.
- The Chief Resident will assist the PGY-2 Resident in initial care including injections, application of casts, splinting, Halo placement, and ordering of appropriate image studies.

*PGY-3 Resident:*

- The PGY-3 Resident serves as a consultant to the PGY-2 Resident on call in the emergency department. However, the PGY-3 Resident primary responsibility is to assist the Chief Resident on preparation and execution of night surgery under the supervision of the orthopaedic attending on call.

*Chief Resident(s) (PGY-5):*

- Two Chief Residents are assigned to the Orthopaedic Trauma Service.
- The first Chief Resident is designated as the Administrative Chief Resident and will serve as a one-on-one consultant/teacher to the Orthopaedic PGY-1 Resident assigned to the emergency department. Chief Resident will assist the PGY-1 Orthopaedic Resident in the initial evaluation and treatment of all patients within the emergency department (daily 7 a.m. to 7 p.m.).
- The other Trauma Chief Resident will serve as the Operative Chief Resident for the service. The Chief Resident assists the two Trauma attending orthopaedic surgeons on their cases.



**ORTHOPAEDIC TRAUMA SERVICE**  
***DELINEATED LINES OF RESPONSIBILITY***

**Inpatient**

*PGY-1 Resident(s):*

- The PGY-1 Resident(s) responsible for inpatient care of orthopaedic patients will be directly supervised by the Chief Resident on the trauma service.
- The PGY-1 Resident(s) assigned to the care of the orthopaedic inpatients will be directly responsible to the Chief Resident on the trauma service.
- Basic inpatient care responsibilities will include rounding, writing progress notes, writing appropriate orders, reviewing and acting on laboratory and radiographic data, monitoring progress with postoperative inpatient rehabilitation, wound care, discharge instructions, and obtaining appropriate consultation as required.

*PGY-2 Resident:*

- The PGY-2 Resident will round with the Trauma Team following his/her “night float” on call.
- The PGY-2 Resident is then excused for the day and will return in the evening as the on-call first responder to the ER.
- The PGY-2 Resident no inpatient responsibilities other than to “back-up” the PGY-1 Resident on call for the orthopaedic ward.

*PGY-3 Resident:*

- The PGY-3 Resident is responsible for pre and postoperative rounding on all patients and will operate on these patients with the Chief Resident and attending orthopaedic surgeon on call.

*Chief Resident(s) (PGY-5):*

- The Administrative Chief Resident is responsible to the trauma attending for all activities of the Trauma Service. These include inpatient rounds twice daily, graduated surgical responsibility in the operating room, and the supervision and teaching of medical students.
- The Operative Chief Resident will assist the Administrative Chief Resident on rounds, teaching medical students, and assisting junior residents in the operating room.

**ORTHOPAEDIC TRAUMA SERVICE**  
***DELINEATED LINES OF RESPONSIBILITY***

**Operative**

*PGY-1 Resident(s):*

- In the operating room the PGY-1 Resident(s) duties will be extremely limited but may involve occasional removal of hardware, irrigation and debridement, basic amputation surgery.
- At all times the resident will be directly supervised by the Chief Resident and/or the attending orthopaedic surgeon.

*PGY-2 Resident:*

- The PGY-2 Resident has no operative responsibilities and serves as a night float in the management of orthopaedic consultations in the emergency department and throughout the hospital.

*PGY-3 Resident:*

- The PGY-3 Resident serves as the "night float" to assist the Chief Resident on-call and orthopaedic attending on all operative cases performed during the nighttime hours.

*Chief Resident(s) (PGY-5):*

- The Chief Resident will assist the trauma attending orthopaedic surgeon in all aspects of the operative care.
- The actual performance of all or part of the orthopaedic procedure 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 residents and enabling the junior resident to increase his/her surgical skills in the operating room.

## **ORTHOPAEDIC TRAUMA SERVICE**

### ***SUPERVISION***

#### Purpose

- The training of graduate medical trainee physicians is a core mission of Duke Hospital, the Duke University School of Medicine and Health System. Graduate Medical Trainees must be supervised by teaching staff in such a way that trainees assume progressively increasing responsibility according to their level of education, ability, and experience. This document describes the principles and general guidelines for the supervision of trainees in the Duke University Health System. Individual graduate medical training programs may require additional supervision, and the guidelines for supervision in such programs will be described in their separate program documents. The education of graduate medical trainees requires a partnership of teaching physicians, teaching hospitals, and educational organizations. The policies outlined here provide a framework into which are integrated the pertinent policies of the Private Diagnostic Clinic (PDC), the bylaws of Duke University Hospital, and the standards of educational accrediting agencies. In addition to providing an environment for outstanding trainee education and clinical experience, these policies are expected to support the goal of delivering high quality patient care.

#### Definitions

- **Attending Physician:** A licensed independent practitioner who holds admitting and/or attending Physician privileges consistent with the requirements delineated in the Bylaws, Rules and Regulations of the Medical Staff of Duke University Hospital or with the requirements delineated in the governing regulations of the assigned and approved off-site healthcare entity.
- **Trainee:** A physician who participates in an approved graduate medical education (GME) program. The term includes interns, residents, and fellows in GME programs approved by the Duke Institutional Committee on Graduate Medical Education. (A medical student is never considered a graduate medical trainee).

#### Attending Physician Responsibilities

- In hospitals participating in a professional graduate medical education program(s), the medical staff has a defined process for supervision of each participant in the program(s) in carrying out patient care responsibilities. Such supervision will be provided by an attending physician with appropriate clinical privileges, with the expectation that the graduate medical trainee will develop into a practitioner who has the knowledge, skills and experience and abilities to provide care to the patients with the disease states applicable to his/her training program.
- The medical staff has overall responsibility for the quality of the professional services provided by individuals with clinical responsibilities. In a hospital, the management of each patient's care (including patients under the care of participants in professional graduate medical education programs) is the responsibility of a member of the medical staff with appropriate clinical privileges. Therefore, the medical staff assures that each participant in a professional graduate medical education program is supervised in his/her patient care responsibilities by a member of the medical staff who has been granted clinical privileges through the medical staff process.
- Each Program Training Director is responsible for providing written descriptions of the role, responsibilities, and patient care activities of participants in professional graduate medical education programs to the medical staff. It is the obligation of each attending physician to be knowledgeable of these responsibilities.
- The position of attending physician entails the dual roles of providing quality patient care and effective clinical teaching. Although some of this teaching is conducted in the classroom setting, the majority of it is through direct contact, mentoring, and role modeling with trainees. All patients

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### ***SUPERVISION***

seen by the trainee will have an assigned attending physician. The attending physician is expected to:

- Exercise control over the care rendered to each patient under the care of a resident, either through direct personal care of the patient or through supervision of medical trainees and/or medical personnel.
- Document the degree of participation according to existing hospital policies.
- Effectively role model safe, effective, efficient and compassionate patient care and provide timely
- Documentation to program directors required for trainee assessment and evaluation as mandated by the program's Residency Review Committee (RRC), where applicable.
- Participate in the educational activities of the training programs, and as appropriate, participate in institutional orientation programs, educational programs, and performance improvement teams, and institutional and departmental educational committees.
- Review and co-sign the history and physical within 24 hours,
- Review progress notes, and sign procedural and operative notes and discharge summaries.
- In general, the degree of attending involvement in patient care will be commensurate with the type of care that the patient is receiving and the level of training, education and experience of any medical trainee(s) involved in the patient's care.
- The intensity of supervision required is not the same under all circumstances; it varies by specialty, level of training, the experience and competency of the individual trainee, and the acuity of the specific clinical situation. An Attending may provide less direct personal care of a patient seen for routine care when supervising a senior level trainee, and may provide more direct personal care of a patient receiving complex care when supervising a junior level trainee. An Attending physician may authorize the supervision of a junior trainee by a more senior level trainee based on the attending physician's assessment of the senior level trainee' experience and competence, unless limited by existing or future hospital policies, such as the use of lasers.
- Medical care teams frequently are involved in the management of patients and many different physicians may act as the attending physician at different times during the course of a patient's illness. However, within the medical care team, the faculty attending physician must provide personal and identifiable service to the patient and/or appropriate medical direction of the trainee and when the trainee performs the service as part of the training program experience.
- The following are specific instances in which involvement of the attending physician is required.
- For Inpatient Care:
  - Review the patient's history, the record of examinations and tests, and make appropriate reviews of the patient's progress;
  - Examine the patient within 24 hours of admission, when there is a significant change in patient condition, or as required by good medical care;
  - Confirm or revise the diagnosis and determine major changes in the course of treatment to be followed;
  - Either perform the physician's services required by the patient or supervise the treatment so as to assure that appropriate services are provided by trainees or others, and that the care meets a proper quality level;
  - Be present and ready to perform any service that would be performed by an attending physician in a nonteaching setting. For major surgical or other complex, high-risk medical procedures, the attending physician must be immediately available to assist the trainee who is under the attending physician's direction;

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- Make decision(s) to authorize or deny elective and urgent admissions, discharge from an inpatient status or release from observation or outpatient status;
  - When an in-patient is to be transferred to another service, the attending physician or a designee of the referring service shall inform the patient of the change in service as soon as possible prior to the transfer. The receiving service shall assign a new attending physician who shall accept responsibility for patient care. Confirmation of the transfer to another level of care or acceptance of patients in transfer is the responsibility of the attending physician.
  - An attending physician's decision shall be required to authorize an in-patient's discharge, or release from observation or outpatient status.
    - Issue all "No Code" or DNR orders. "No Code" or DNR orders shall be issued only by an attending physician. In extenuating circumstances the order may be issued by the attending physician verbally, by telephone, while the responsible registered nurse and trainee listen to and witness the verbal-telephone order; such verbal-telephone order shall be signed 2010 - 2011 GME Trainee Manual - 100 - February 2, 2010 within twenty-four hours of issuance by the attending physician.
    - Assure a completed history and physical and a completed, appropriately signed, and witnessed consent form is placed in the patient's record prior to the performance of an operative or invasive procedure involving substantial risk.
    - Assure appropriate documentation is made immediately in the medical record when a procedure is completed on a patient.
- For Outpatient Care:
  - The extent and duration of the attending's physical presence will be variable, depending upon the nature of the patient care situation, the type and complexity of the service. The responsibility or independence given to trainees depends on their knowledge, manual skills and experience as judged by the responsible attending physician. The attending physician supervisor must be designated and available to all sites of training in accordance with Accreditation Council for Graduate Medical Education (ACGME) institutional and program requirements and specific departmental policies.

### **Graduate Medical Trainee Responsibilities**

- Each graduate medical trainee physician must meet or may exceed the qualifications for appointment to Associate member of the Medical Staff of Duke Hospital, whether in an Accreditation Council for Graduate Medical Education (ACGME) or non-ACGME graduate medical education program.
- Graduate Medical Trainees are expected to
  - Participate in care at levels commensurate with their individual degree of advancement within the teaching program and competence, under the general supervision of appropriately privileged attending physicians.
  - Perform their duties in accordance with the established practices, procedures and policies of the institution and those of its programs, clinical departments and other institutions to which the trainee is assigned.
  - Adhere to state licensure requirements, federal and state regulations, risk management and insurance requirements, and occupational health and safety requirements.

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- Fulfill all institutional requirements, such as attending the Graduate Medical Trainee Orientation, maintaining BLS/ACLS certification, completing required instructional exercises, as detailed in their annual Agreement of Appointment.

*This policy is consistent with that of Duke's Graduate Medical Education, Associate Dean and DIO; approved by the GMEC (ICGME) and by ECMS October 21, 2002.*