



 **Duke** Orthopaedic Surgery

Physician Assistant Residency Program



Duke Orthopaedic Surgery
Duke University School of Medicine

Orthopaedic Physician Assistant Residency Program

Student Handbook

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Orthopaedic Physician Assistant Residency Program

Program Introduction

Welcome to the Duke Orthopaedics PA Surgical Residency Program. The Department of Orthopaedic Surgery at Duke University Medical Center is one of the nation's leaders in the delivery of Orthopaedic care and resident education. We are the birthplace of the Physician Assistant profession created by Dr. Eugene Stead in the 1960s. Physician Assistants have become more and more involved in the healthcare system in the many years since the first graduating class at Duke. Today we see Physician Assistants providing care in all specialties of medicine. Orthopaedics permits for a varied and rewarding career for a physician assistant, and there are many opportunities that exist in this specialty.

With the understanding that Physician Assistants require more specialized training in Orthopaedics to make an impact in future employment, the Department of Orthopaedic Surgery at Duke University Medical Center has developed a postgraduate residency training program for Physician Assistants interested in a career in Orthopaedic surgery. Duke Orthopaedics is taking the initiative to become one of the leaders in the training of Physician Assistants in Orthopaedics.

The Orthopaedic PA residency was created through the department in October 2011 with the first class beginning September 2012. The vision of extending PA residency education into Orthopaedics at Duke University was developed by Ashley Grimsley, MHS, PA-C and Raymond Malaguti, MPAS, PA-C. James Nunley, MD, MS was appointed the first medical director of the residency program. The first class consists of one civilian certified Physician Assistant and one active duty Air Force certified Physician Assistant.

We are excited to offer this program as a 12 month residency that will provide both didactic and clinical education. The resident will have first assist OR training, first call responsibility, extensive clinical training to provide sound skills to practice as a Physician Assistant in Orthopaedics. The resident will be exposed to all aspects and subspecialties within Orthopaedics. The Physician Assistant resident will develop the knowledge and skills to make an immediate impact on their postgraduate practice.



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Program Description

Department of Orthopaedics Mission Statement

On behalf of the faculty and staff in the Department of Orthopaedic Surgery at Duke, we hope that you will find answers to the many questions you must have about who we are and what we do in our efforts to support our threefold mission:

1. To provide compassionate, cost effective, and high quality patient care to all patients who enter our doors. This commitment extends to the families and loved ones of those who entrust us with the privilege of their health care.
2. To immerse Orthopaedic surgeons in training in an environment that challenges and subsequently educates them across a spectrum of disciplines including patient care, research, and academic pursuit.
3. To perform cutting edge research that translates into improved patient care at Duke and around the world.

Orthopaedic Physician Assistant Residency Mission Statement

The Duke Orthopaedic PA Residency Program is dedicated to providing an outstanding didactic and clinical experience to the PA resident challenging them to grow as individuals and as clinicians. This allows that individual to provide exceptional patient care in their career as an Orthopaedic Physician Assistant.

Didactic Curriculum

The didactic curriculum will be on continual basis throughout the 12 month program. There will be a didactic phase to each of the clinical rotations. In addition, the PA resident will attend the Basic Science Course along with the Orthopaedic MD residents. The PA resident will attend weekly specialty lectures, journal clubs, and seminars. They will be expected to attend weekly grand rounds and radiology conference.

Clinical Curriculum

The clinical curriculum allows the PA resident to function as a first year (PGY-1) physician Orthopaedic resident. The resident will be assigned duties that will include history and physical examinations, writing patient orders, making rounds and recording notes in the patient chart, examining patients in the ER, ordering diagnostic test and surgical first assisting. In addition the resident will develop

skills in fracture reduction, splinting, and casting. The resident will also have extensive exposure to the clinic to develop physical exam skills and learn how to develop a treatment plan. In addition the PA resident will be assigned first call responsibilities with appropriate supervision at all times. Night and weekend call will be assigned on a rotating basis.



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Program Goals

The goal of the Duke Orthopaedic Physician Assistant Residency is the enabling of the PA resident to obtain superior clinical and surgical skills in all areas of Orthopaedic Surgery for medical practice in either an academic or community practice. Our goal is to foster growth as both clinician and as an individual showing kindness and compassion to patients and staff alike.

Progressive responsibility is accomplished, in keeping with individual knowledge, skills and performance, always stressing safety and appropriate patient care. The faculty members provide daily and continuous supervision, which is a mainstay of the program. The faculty members' practices are all on site and rotation assignments are arranged so that residents have experience in all subspecialty areas of Orthopaedic Surgery. Our other goal of ongoing continuing medical education is assured and accomplished by teaching conferences each week, attended by faculty, residents, students and allied health personnel. The PA Orthopaedic resident has daily and continuous contact with faculty in the clinic, operating room, ward rounds, teaching conferences, and specialty conferences.

The PA resident will meet regularly with their resident advisor as well as the program directors to ensure they are on track with their education.

Goals of the residency will be to master the fundamentals of clinical science as applied to Orthopaedics including but not limited to:

- Suturing
- Fracture reduction and stabilization
- First Assisting in OR
- Evaluation of Clinic patients and Disease Process
- Surgical anatomy
- Casting/Splinting
- Metabolic process of bone healing
- Surgical pathology
- Wound healing and management
- Homeostasis
- Evaluation of the Orthopaedic Trauma Patient



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Orthopaedic Physician Assistant Residency Program

Program Faculty

PA Residency Medical Director

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Foot and Ankle Surgery
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Orthopaedic Physician Assistant Residency Program

Program Policies

❖ **Prerequisites to Beginning Surgical Year**

- Graduation from a PA Training Program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). A bachelor's degree is required and applicants must have passed the National Commission on Certification of Physician Assistants (NCCPA) Certification Examination
- A credentialing file must be completed with Duke University Medical Center
- Application process and licensure must be completed with the North Carolina Medical Board

❖ **Duty Hours**

- Eighty-Hour (80) Work Week
 - Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients and adherence to this policy. The institution is committed to the promotion of an educational environment, support of the physical and emotional well being of its graduate medical residents, and the facilitation of high quality patient care.
 - Duty hours are defined as all clinical and academic activities related to the graduate medical education program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
 - Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as

one continuous 24-hour period free from all clinical, educational, and administrative activities.

- Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

❖ **Surgical Clinics**

- Residents must attend the clinic at least once per week while rotating on any of the Orthopaedic specialty services.

❖ **Pagers**

- Pagers are issued to each resident.
- The resident is to promptly contact the program directors should there be any concern regarding pager malfunction.
- The pager must be turned on and active to the appropriate status at all times during the residency year. To enhance team communication and to coordinate patient care, each resident will have the pager status assigned to: #2 "On Page" if the resident is scheduled to be in the hospital providing patient care. The pager status may be switched to: #8 "In surgery" as appropriate. To achieve adequate intervals of rest and to avoid fatigue and resident stress the resident is to change the pager status to: #5 "Active Covering ID" whenever the resident is scheduled to be away from the hospital. The resident is to enter the covering pager number for the in house team functional pager for the clinical service to which the resident is assigned during the interval time when the resident is scheduled to be away from the hospital. At no time during the program is a resident's pager status to be changed to: "Not on page".
- The Duke paging system has the capability to change the functional status of the pager.

❖ **On-Call**

- The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and

maintain continuity of medical and surgical care (unless further limited by the relevant program requirements)

- No new patients may be accepted after 24 continuous hours on duty. A new patient is defined as any patient for whom the resident has not previously provided care (unless otherwise defined in the relevant program requirements).
- When residents are called into the hospital from home, only the hours the resident spends in-house are counted toward the 80-hour limit.

❖ **Attire**

- The purpose of the dress code is to enhance a patient's confidence in the employees, faculty, and residents of the Department of Orthopaedic Surgery as highly competent members of a healthcare team who are strongly committed to quality service. The residents will wear provided scrubs while in the OR otherwise, the program requires the resident staff to wear professional business attire and short white coats in the clinics and while walking to and from the parking deck. Male attire will include khaki, tan, or blue pants with collared shirt and tie. Female attire will include pants or skirts at or below knee level with appropriate shirts. All clothes must be pressed and clean. Shoe wear in the hospital is closed toe shoes.

❖ **Record Keeping**

- Residents are required to log their duty hours and procedures/OR cases daily. Compliance with this policy is mandatory. Failure to comply will result in disciplinary action.
 - Duty Hours: Residents are required to log in daily to record their hours. These hours are regularly reviewed to ensure compliance with the 80-hour work week. It is important that your entry accurately reflects the actual hours you are in the hospital. This will be randomly audited by the program directors to ensure compliance.
 - Procedure/OR case log: Residents are required to keep an accurate and up to date log of all procedures and OR cases. This will be reviewed by the program directors on a bimonthly basis to ensure compliance.
 - Patient Care Encounters: Residents are required to log a minimum of five (5) patient care encounters per week for all clinical rotations. This will be reviewed by the program directors on a bimonthly basis to ensure compliance.

❖ **Resident Leave**

- The Department of Orthopaedics and the PA Orthopaedic Surgical Residency Program leadership recognizes that unexpected circumstances may occur in the life of an individual resident once the program has started. Please refer to

the Duke Human Resources website which describes the various types of time away from Duke: <http://www.hr.duke.edu>

- A meeting with the Program Directors and Medical Director is mandatory, in the event that a PA resident believes that conditions exist to request leave from the program for any of the following circumstances listed on the Duke HR website: bereavement leave, jury duty, parent involvement in school, family medical leave, personal leave of absence etc. The Duke PA Orthopaedic Surgical Residency Program requires that the resident complete 12 months of clinical activity for successful completion of the program. Any resident who is unable to complete the requirement will have to reapply during the next scheduled session of candidate interviews to be considered for re-entry into the program.
- Unplanned Absence or Tardiness. If a resident is unable to make it to work or will be late, it is the resident's responsibility to notify the program director and the chief resident on their service prior to the beginning of the scheduled shift. The information must be relayed via direct conversation or text message. The program director and medical director will review each unplanned absence or event of tardiness. The event will be discussed with the individual resident involved and excessive unplanned absences or tardiness may result in Corrective Action.
- Interviewing. As graduation nears, it may be necessary for the resident to interview for positions outside of Duke. It is the responsibility of the resident to plan ahead for the scheduled interview. This planning will involve discussion with the chief resident or the administrative chief on their service as well as direct conversation with the program directors to ensure that appropriate coverage is available for the service during the time that the resident will be away.

❖ **Fatigue and Resident Stress**

- This policy is to assist the Department of Orthopaedic Surgery in its support of high quality education and safe/effective patient care. The Department of Orthopaedic Surgery is committed to meeting the requirements of patient safety and resident well-being. Excessive sleep loss, fatigue and resident stress are serious matters. In the event that any resident experiences fatigue and/or stress that is interfering with his/her ability to safely perform his/her duties, they are strongly encouraged and obligated to report this to his/her senior resident and/or supervising attending on service.
- Appropriate backup support will be provided when patient care responsibilities are especially difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.
- All attending's and residents are instructed to closely observe other residents for any signs of undue stress and/or fatigue. Faculty and other residents are to report such concerns of sleepiness, tardiness, resident absences, inattentiveness, or other indicators of possible fatigue and/or excessive stress to the supervising

Attending and/or program director. The resident will be relieved of his/her duties until the effects of fatigue and/or stress are no longer present.

- Additionally, all residents have access to the Duke Personal Assistance Service (PAS) program. The PAS provides professional counseling to Duke Faculty and staff, and their immediate family members while maintaining confidentiality. The services of the PAS are free of charge, and the office can be reached at 919-416-1727. More information is available at the PAS website:
<http://www.hr.duke.edu/pas/>

❖ **Withdrawal from the Program**

- The resident has the option to withdraw from the residency at any time without cause and for any or no reason and be excused from further obligation or liability provided that any such termination shall be upon at least thirty (30) days' prior written notification (the "Notification Period"). Failure by the resident to give at least thirty days' notification will result in an unquantifiable hardship on the Hospital and will be remedied by the resident's payment to the Hospital of liquidated damages equal to fifty percent (50%) of the monthly compensation at the time of the withdrawal.



Orthopaedic Physician Assistant Residency Program

Duke University Medical Center Hospital Policies

❖ **Verbal Order**

- Verbal orders should be used only to meet the care needs of the patient when the ordering practitioner is unable to write/enter the order himself/herself because he/she is not physically able to access the medical record or CPOE.
- A non-physician is in communication with a physician by telephone or in other circumstances in which the Doctors' Orders sheet is not accessible to the physician. The physician orally gives specific orders for a specific patient to be carried out before a physician countersigns the orders. The non-physician confirms that the order was heard correctly by immediately repeating the name of the patient and the order back to the physician (except during a Code 5) using a 'read back' system of communication. The 'read back' system is where the non-physician writes the order as heard and reads back to the physician the order as written. For sound alike medications, the name is spelled back to the physician. The physician then verifies the accuracy of the read back order. The non-physician writes the orders and next to them the notation, "V.O. [verbal order] for Dr. xxxxxxxx." Under this the non-physician signs his/her own name, title, and pager ID# and the orders are then carried out. For the purpose of interpretation, the resident functions as an agent of the supervising physician or back up supervising physician.
- Verbal orders must be signed by the prescribing practitioner as soon as possible and reflective of the earlier of the following: The next time the prescribing practitioner provides care to the patient, assesses the patient or documents information in the patients medical record, or within 48 hours of when the order was given. The signature must be dated and timed. If the prescribing practitioner is not available to authenticate the verbal order, a covering physician may cosign the order. The signature indicates that the covering physician assumes responsibility for the order as being complete, accurate and final. A physician's assistant or nurse practitioner may not authenticate a verbal order given by a physician. In this procedure, the non-physician serves only as a scribe for the physician. This procedure may not be used unless the physician specified the name of the patient and the full and exact content of the order written. The physician will state the order directly to the writer, not indirectly through another non-physician intermediary.
- Verbal orders may not be given for:
 - Cancer chemotherapeutic agents
 - Investigational drugs

- Systemic thrombolytic agents. NOTE: Verbal orders may be given for alteplase (tPA) for the purpose of declotting a catheter.
- Initial dose of insulin.
- Verbal orders are limited to the attending physician for: Limiting cardiopulmonary resuscitation as witnessed by another physician and a registered nurse. (See Doctor's Orders to Limit Cardiopulmonary Resuscitation [DNR] Procedure for details.)

❖ **Physician-Extender Orders**

- Under the provisions of the job description of the non-physician, the non-physician exercises some discretion in determining which specific orders to write for a particular patient. Under such orders, the non-physician signs his/her own name and title and states the name of the supervising physician as follows: "(signature of writer), title, for Dr. xxxxxxx." Such orders are carried out when written and thus before the specific orders come to the attention of any physician.
- Orders written by nurse practitioners (NP), certified nurse midwives (CNM) and physician assistants (PA) who have been credentialed at Duke University Hospital for less than six months: During the first six months as a credentialed member of the Health Professional Affiliate Staff, the extender will indicate the title on orders using the extension '-RS' for 'Requires Signature' (e.g. NP-RS, PA-RS, CNM-RS). Such orders are countersigned by the supervising physician or back-up supervising physician within seven calendar days indicating date of cosignature, name, title and pager ID. The purpose of the countersignature is to document medical supervision of the nonphysician.
- Orders written by nurse practitioners (NP), certified nurse midwives (CNM) and physician assistants (PA) who have been credentialed at Duke University Hospital six months or more: Such orders do not require a cosignature. The orders are signed with the individual's name, title (NP, PA, CNM) and pager ID. Supervision of the extender will be demonstrated through ongoing review by the supervising physician in accordance with state regulations and in a manner defined by the supervising physician.

❖ **DEA Number**

- All prescriptions written in North Carolina require the prescriber's DEA number. Resident will be given a temporary DEA (Drug Enforcement Administration) number for use while in training at Duke. These numbers are issued by the Department of Pharmacy and are unique to each prescriber. These DEA numbers are valid only at authorized Duke practice sites.

- Ordering Narcotics. The resident is only allowed to prescribe a legitimate thirty day supply of a controlled substance in accordance with NC Physician Assistant Regulation 21 NCAC 32S .0212 (available on the NCMB website)

❖ **Patient Confidentiality/HIPAA**

- Residents are required to follow all HIPAA guidelines. Please refer to the DUMC employee handbook for further information.

❖ **Pyxis**

- This is the unit that holds all the medical supplies needed on the floor (i.e. Gauze, tape, staple removers, needles, etc.) Every floor has a Pyxis, some floors more than one. Resident will receive training and a password to access it.

❖ **Scrubs**

- Duke University Medical Center will provide scrubs to residents. A Scrub Card will be assigned. This card will be credited with three pairs of scrubs. Once the three pairs are checked out, they must be returned to gain credit toward a clean pair.

❖ **Moonlighting**

- Residents are not permitted to moonlight during the residency program.

❖ **BLS and ACLS**

- Current BLS and ACLS certification must be maintained at all times throughout the duration of the program. Copies of current BLS and ACLS certificates are to be provided to the program coordinator.



Orthopaedic Physician Assistant Residency Program

Performance Evaluation

❖ **Performance Evaluation of PA Orthopaedic Residents**

- At the end of each rotation, attending surgeons, chief residents, junior and senior residents, and physician assistants of their choice will evaluate the residents. The residents will be required to submit their names, via email, to the program coordinator at the end of each rotation. Attached is the resident evaluation form. Required evaluation is completed by the attending surgeon and if appropriate, the physician assistant/resident on the service. Meetings with the program directors and medical director will occur monthly to review evaluations and performance, as outlined by the NC Medical Board's policy on Physician Assistant supervision. The resident is required to bring the signed evaluations with them to the meeting. Failure to do so will cause rescheduling of the meeting.

❖ **Corrective Action**

- If a resident consistently performs below expectations as evidenced by poor performance on evaluation(s), verbal complaints by faculty or staff, or violations of items as set forth in the resident handbook a written warning will be issued and a meeting will be held with the resident to discuss the issue. This resident coaching session will be used to formulate a plan to correct the matter. If the resident's performance does not improve, further disciplinary action may then be pursued on an individual basis. Disciplinary action may result in probation with required remediation and/or termination of employment. Resident insubordination may also result in termination of employment. For more information, please refer to:
http://www.hr.duke.edu/policies/staff_handbook.pdf



Orthopaedic Physician Assistant Residency Program

Completion and Graduation Requirements

Completion of the Duke Orthopaedic Physician Assistant Residency Program is a proud achievement. It will open many avenues for job opportunities.

❖ **Requirements for graduation**

The PA Resident functions as an integral part of a surgical team principally caring for patients in the ward setting; leading rounds with tempo and precision. The resident should demonstrate substantial achievement of the following attributes and goals before graduating from the program:

➤ Patient Care

- Performs appropriate focused history and physical examination with identification of pertinent physical findings
- Effectively manage ward/post-operative patients
- Prioritize patient acuity
- Manage ward emergencies
- Prioritize clinical responsibilities
- Plan discharge
- Reliable clerical responsibilities (daily notes, discharge summaries, post-op checks, etc)
- Responds in a timely fashion for floor rounds, has most recent data available, and presents rounds in a focused, coherent manner.

➤ Operating Room

- Sterile Technique
- Draping
- One and two-handed knots with silk
- Common instrument terminology
- Timely operative notes, procedure notes, and postoperative orders

➤ Medical Knowledge

- Reads basic surgical texts cover to cover
- Acquires adequate knowledge of clinical science
- Understands indications and is able to interpret relevant radiologic studies.
- Prepares for each surgical case through readings and practice of skills.

- Practice Based Learning and Improvement
 - Ability to review published literature in critically acclaimed journals at texts.
 - Apply clinical trials data to patient management
 - Attends conferences
- Interpersonal and Communication Skills
 - Recognizes and follows role as part of the Care Team
 - Integrates physician assistant and medical students into the Team
 - Interacts appropriately with patients, family members, nursing staff, and other members of the care team.
- Professionalism
 - Receptive to feedback on performance
 - Attentive to ethical issues
 - Demonstrates leadership
- Systems Based Practice
 - Aware of cost-effective care issues
 - Sensitive to medical-legal issues
 - Incorporates technology/computer resources to patient care

❖ **Methods of Evaluation**

- Resident Evaluations:
 - PA Resident performance is evaluated after each month of clinical service by a combination of MD residents, staff Physician Assistants, and Attendings. Evaluation criteria include the resident's performance as a technical surgeon, the management of pre-and-postoperative care issues, and their ability to work with faculty and staff.
- Faculty/Service Evaluations:
 - Residents are asked to anonymously evaluate the surgical faculty after each assignment. The results are reviewed every three months.

❖ **Graduation Criteria**

- Incremental increase in clinical competence including performing applicable procedures
- Appropriate increase in fund of knowledge; ability to teach others; Clinical judgment
- Necessary technical skills

- Humanistic skills; interpersonal communication
- Professionalism: Attendance, punctuality, availability and enthusiasm;
- Adherence to institutional standards of conduct, rules, regulations, including program standards and hospital/clinic rules with respect to infection control policies, scheduling, charting, record-keeping, and delegation to medical staff
- Conference attendance – residents will be expected to attend 80% of required conferences
- Record keeping – timely dictations of operative notes and patient discharge summaries
- Compliance with the hospital policies – maintenance of ACLS, BCLS, HIPAA compliance, current medical licensure, yearly TB testing, etc.
- Personal Record keeping – up-to-date maintenance of surgical case logs and Duty hours

❖ **Closure of program**

At the end of the residency year, the resident is required to return the following items:

- ID Badge
- Pager
- Scrubs
- Parking pass
- Unused script pads



Duke Orthopaedic Surgery
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Orthopaedic Physician Assistant Residency Program

Supervision Policy

Purpose:

The training of Postgraduate Physician Assistant Surgical Residents is a core mission of Duke Hospital and the Department of Orthopaedic Surgery. PA Residents must be supervised by teaching staff to ensure that trainees assume progressively increasing levels of responsibility according to their education, ability, and experience. This document describes the principles and general guidelines for the supervision of trainees in the Duke University Health System. Individual PA Residency programs may require additional supervision, and the guidelines for supervision in such programs will be described in their separate program documents.

The education of PA Residents requires a partnership of the Instructional faculty, the hospital, and educational organizations. The following policies provide a framework that integrate 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.

Instructional Faculty: Individuals providing instruction or supervision during the program, regardless of length of time of instruction or professional background of the instructor.

Preceptor: Medical professional serving to supervise the patient care activities of the PA Resident.

PA Orthopaedic Resident: Graduate Physician Assistants who are NCCPA-eligible or who hold a current NCCPA certification enrolled in a clinical postgraduate PA program.

❖ **Attending Physician Responsibilities:**

- The Instructional faculty has a defined process for supervision of each participant in the program while carrying out patient care responsibilities. Such supervision will be provided by an attending physician with appropriate clinical privileges, with the expectation that the PA Resident will develop into a practitioner who has the knowledge, skills, experience and abilities to provide care to the patients with the disease states applicable to his/her training program.
- The instructional faculty 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 PA Residents) is the responsibility of an attending physician with appropriate clinical privileges. Therefore, the physician assures that a member of the medical staff who has been granted clinical privileges through the credentialing process supervises each participant in a postgraduate PA program in his/her patient care responsibilities.
- The medical director/program director is responsible for providing written descriptions of the role, responsibilities, and patient care activities of participants in the postgraduate PA program 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 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 the program director required for trainee assessment and evaluation.
 - Participate in the educational activities of the training programs.
 - Review and co-sign the history and physical within 24 hours,

- Review and co-sign inpatient orders during the first 6 months of employment per hospital policy.
 - 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 physician may authorize the supervision of a PA Resident 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 non-teaching 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;
- 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 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, and 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.

❖ **Physician Assistant Resident Responsibilities:**

- Each PA Resident must be certified to practice as a physician assistant by the NCCPA and must be licensed by the North Carolina Medical Board. Privileges must be granted by Duke University Medical Center prior to participating in patient care activities.
- PA Residents 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.
 - Fulfill all institutional requirements; such as maintaining BLS/ACLS certification, completing required instructional exercises, as detailed in their Agreement of Appointment.

I acknowledge that I have read the supervision policy as required:

PA Resident Name/Signature Date



Orthopaedic Physician Assistant Residency Program

Technical Standards

❖ Introduction

- All candidates for the PA Surgical Residency program must meet the criteria necessary to successfully complete the program. To achieve the optimal educational experience and to maintain patient safety, residents are required to participate in all phases of the training program. The study of surgery and its specialties and subspecialties is not a pure intellectual exercise. Rather a specific minimum set of observation, communication, motor, intellectual/conceptual, integrative and quantitative abilities, behavioral and social attributes and ethical and legal standards are needed to be a successful PA resident. To be successful, one must progress with increasing independence throughout the program and by the time of program completion must be capable of competent practice as a surgical PA. Essential abilities and characteristics required for the completion of the training program consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to complete the entire training program. Trainees must possess all of the requirements defined as technical standards listed in the six categories below. Although these standards serve to delineate the necessary physical and mental abilities of all candidates, they are not intended to deter any candidate for whom reasonable accommodation will allow the fulfillment of the complete training program.

❖ Technical Standards

- Observation:
 - Observe materials presented in the learning environment including, but not limited to, audiovisual presentations, written documents, tissues and gross organs in the normal and pathologic state and diagnostic images
 - Accurately and completely observe patients both at a distance and directly and assess findings.
 - Obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.
- Communication:

- Communicate effectively, efficiently, accurately, respectfully and sensitively with patients, their families and members of the health care team.
- Perceive non-verbal communications, including facial expression, body language and affect.
- Respond appropriately to emotions communicated verbally and none verbally.
- Synthesize accurately and quickly large volumes of medical information from different types of written forms and formats, electronic medical records, both typed and hand written, that constitutes medical history.
- Record information accurately and clearly and communicate effectively in English with other health care professionals in a variety of patient settings including a variety of hand written and computerized record systems.

➤ Motor Function

- Elicit information from patients and perform physical examinations and diagnostic maneuvers, at a minimum via palpitation, auscultation, and percussion.
- Carry out diagnostic maneuvers required (e.g. positioning patients, coordinating gross and fine motor movements).
- Respond to emergency situations in a timely manner and provide general and emergency care necessitating the coordination of gross and fine motor movements, equilibrium and sensation.
- Adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.
- Manipulate equipment and instruments to perform basic laboratory tests and procedures as required to attain residency goals

➤ Intellectual/Conceptual, Integrative, & Quantitative Abilities

- Perform calculations necessary to solve quantitative problems as required by patient care and testing needs.
- Collect, organize, prioritize, analyze, synthesize and assimilate large amounts of technically detailed and complex information in a timely fashion and with progressive independence. This information will be presented in a variety of educational and clinical settings including lectures, small group discussions and individual clinical settings.
- Analyze, integrate, and apply this information for problem solving and decision-making in an appropriate and timely manner for the clinical situation.

- Comprehend and learn factual knowledge from readings and didactic presentations.
- Apply knowledge and reasoning to solve problems as outlined by the curriculum.
- Recognize, comprehend and draw conclusions about three dimensional spatial relationships and logical, sequential relationships among events.
- Formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical modalities.
- Develop habits for life long learning.

➤ Behavioral and Social Attributes

- Possess and demonstrate the maturity and emotional stability required for full use of intellectual skill, exercise good judgment, and have the ability to complete all responsibilities attendant to the diagnosis and care of patients.
- Develop a mature, sensitive and effective relationship with patients and colleagues.
- Tolerate work hours consistent with ACGME duty standards, function effectively under stress, and display flexibility and adaptability to changing environments during training and patient care including call, sustained work up to 30 hours at a stretch and up to 80 hours/week of clinical work or the specialty-specific duty hours.
- Function in the face of uncertainty and ambiguity in rapidly changing circumstances.
- Behave in an ethical and moral manner consistent with professional values and standards.
- Exhibit sufficient interpersonal skills, knowledge, and attitudes to interact positively and sensitively with people from all parts of society, racial and ethnic backgrounds, and belief systems.
- Cooperate with others and work collaboratively as a team member.
- Demonstrate insight into personal strengths and weaknesses.
- Seek the advice of others when appropriate.
- Be punctual, present at all assignments when expected or notify superiors.
- Complete work including documentation and dictations in a timely manner.
- Acknowledge conflicts of interest, mistakes and adverse outcomes and cooperate in their resolution.
- Remain awake and alert for assigned duty periods and teaching activities within duty hours and abide by rules and policies.

➤ Ethical and Legal Standards

- Candidates must meet the legal standards to be licensed to practice as a Physician Assistant in the State of North Carolina. As such, candidates for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them.
- Should the PA Resident be convicted of any felony offense, or any offense that puts medical licensure at risk, while in the Program, he/she agrees to immediately notify the Program Director as to the nature of the conviction.
- Failure to disclose prior or new offenses can lead to disciplinary action that may include dismissal.

➤ Process

- Program directors recognize their responsibilities to verify that at program completion, trainees are capable of competent practice as a Physician Assistant. To do so, trainees will have to have demonstrated competencies that include knowledge, attitudes, and skills that equip them to function in a broad variety of clinical situations.
- The PA Orthopaedic Surgical Residency Program has a commitment to provide equal opportunities for qualified Physician Assistants with disabilities who apply for admission. The program has a strong commitment to full compliance with state and federal laws and regulations (including the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.)
- A “qualified person with a disability” is an individual with a disability who meets the academic and technical standards requisite to admission or participation in the residency program, with or without reasonable accommodations.
- Admitted candidates with disabilities are reviewed individually, on a case-by-case basis, with a complete and careful consideration of all the skills, attitudes and attributes of each candidate to determine whether they can satisfy the standards with or without any reasonable accommodations.
- An accommodation is not reasonable if it poses a direct threat to the health or safety of patients, self and/or others, if making it requires a substantial modification in an essential element of the program, if it lowers program standards, or possesses an undue administrative or financial burden. As noted above, except in rare circumstances, the use by the candidate of a third party (e.g., an intermediary) to perform any of the functions described in the Technical Standards set forth above would constitute an unacceptable substantial modification.

- Admission to the program is conditional on the candidate's having the willingness and ability to satisfy the technical standards, with or without reasonable accommodation.
- Admitted candidates who have a disability and need accommodations should initiate discussions with the Program Director as soon as the offer of admission is received and accepted. It is the responsibility of a candidate with a disability to provide sufficiently current information documenting the general nature and extent of his/her disability, and the functional limitations proposed to be accommodated. The program reserves the right to request new or additional information.

JOB DESCRIPTION / SCOPE OF PRACTICE
Physician Assistant Resident
Duke University Medical Center
Department of Orthopaedic Surgery

I. Scope of Practice

The PA will perform medical acts, tasks or functions with physician(s) supervision in the following capacities:

A. Outpatient Setting

1. perform patient history and physical exams
2. formulate a working diagnosis
3. order diagnostic studies, including radiographs, MRI, CT, and bone scans, routine lab tests, EKG, and fluoroscopy
4. develop and implement a treatment plan
5. order therapeutic and other medical services, including physical and occupational therapy
6. prescribe and apply braces, splints, casts, supports, crutches, orthoses and other orthopaedic surgical and medical devices
7. educate patients regarding diagnosis, treatment plan, operative procedure, diet, activity, and the use of prescribed medications and equipment
8. perform minor office surgery (e.g. wound suturing, foreign body removal, incision, drainage, and/or debridement of superficial lesions)
9. document patient histories and physicals, progress notes for medical chart
10. provide basic life support and emergency care when physician not present
11. prescribe and document medications as allowed by Section .0009, Subchapter 21, NC Administrative Code 320, "Physician Assistant Regulations" including schedule II-V narcotic and non-narcotics with the exception of chemotherapy agents and thalidomide

B. Inpatient Setting

1. perform admission and consult histories and physical examinations
2. write admission orders, for physician co-signature in 24 hours
3. assist in surgery (first or second)
4. write post-operative orders and brief operative note
5. make pre and post-operative rounds as needed

6. record progress notes in patient chart
7. apply casts, splints, dressings, braces, traction, and other devices used in the management of orthopaedic patients
8. dictate discharge summaries

The PA will perform teaching, research and administrative functions in the following capacities:

1. precept second year PA students
2. supervise undergraduate clinical observers
3. coordinate clinical research conducted by the supervising physician(s); collect and analyze data; prepare and present research reports
4. attend and present clinical seminars, workshops, teaching rounds and other academic or educational programs pertinent to the PA's clinical practice

II. Delegation of Medical Tasks

The following specific tasks and procedures may be performed as instructed and delegated by the supervising physician(s):

- A. inject intravenous, intramuscular or subcutaneous medications and anesthetics
- B. aspirate and inject joints, bursae, and tendon sheaths
- C. apply and remove casts, splints, braces and other orthopaedic devices
- D. reduce simple fractures and dislocations
- E. perform phlebotomy
- F. start intravenous lines
- G. perform fluoroscopy examinations in the outpatient setting
- H. other procedures as delegated by the supervising physician(s)

III. Relationship and Access to Supervising Physician(s)

The physician assistant's supervising physician(s) will be available for direct consultation and assistance at the above listed practice sites, or for telephone consultation at all times except when he is out of town. If out of town, consultation will be available from one or more approved back-up supervising physicians.