

## **DURHAM VETERANS ADMINISTRATION MEDICAL CENTER**

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
  - Emergency
- Supervision
  - Purpose
  - Definitions
  - Attending Physician Responsibilities
  - Graduate Medical Trainee Responsibilities

**DURHAM VETERANS ADMINISTRATION MEDICAL CENTER**  
**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.

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**GOALS AND OBJECTIVES**

Patient Care

*Junior Resident(s) (PGY-2/PGY-3/PGY-4):*

- Effectively evaluates new and returning patients as their primary orthopaedic surgeon under the supervision of the Chief Resident and/or attending orthopaedic surgeon.
- Effectively conducts a thorough evaluation and examination of every area of the musculoskeletal system including clinical, radiographic, and MRI examinations.
- Correctly diagnoses common musculoskeletal conditions and able to formulate a thoughtful treatment plan for patients with common orthopaedic conditions.
- Performs aspirations and injection techniques effectively.
- Possesses confidence and independent conduct of arthroscopic examination of the knee with evaluation and management of meniscal pathology and landmarks for ACL reconstruction.
- Arthroscopic examination and treatment of the shoulder including rotator cuff debridement, acromioplasty, and Mumford procedure.
- Knee arthroplasty including surgical approaches and sequencing of arthroplasty steps.
- Hip arthroplasty including surgical procedures and sequencing of arthroplasty steps.
- Shoulder arthroplasty including surgical exposures, open rotator cuff repair, and mini-repair sequence arthroplasty steps.
- Fracture reduction and internal fixation of ankle fractures, tibial plateau fractures, tibial femoral intramedullary nailing techniques, external fixation of the tibia, and intertrochanteric subtrochanteric hip fractures.
- Amputations below and above knee.
- Hand and wrist surgery including carpal and cubital tunnel surgery and wrist arthrodesis.

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

- Demonstrates ability to comprehensively assess and correctly interpret diagnostic studies and display sound decision making with regard to treatment options and treat patients within the gamut of orthopaedic conditions including:
  - Degenerative conditions of the knee, hand, and wrist
  - Shoulder, elbow, spine, foot and ankle
  - Rotator cuff disease, shoulder instability and arthrosis
  - Knee instability
  - Metastatic and metabolic bone disease
  - Geriatric fractures
- Determines indications for treatment and selection of patients for surgery.
- Possesses competency above and beyond those expected of the junior resident(s) and sufficient enough to achieve independent conduct in teaching of:
  - Arthroscopic examination and treatment of the knee
  - ACL reconstruction
- Arthroscopic examination and treatment of the shoulder, arthroscopic rotator cuff repair.

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***GOALS AND OBJECTIVES***

- Knee arthroplasty—conducts basic and difficult primary arthroplasty and correction of angulatory and flexion deformity
- Surgical management of revision total knee arthroplasty and infected arthroplasty.
- Basic and difficult primary arthroplasty and revision hip arthroplasty.
- Correction of acetabular bone loss, use of allografts and management of infected hip arthroplasty.
- Shoulder arthroplasty and hemi-arthroplasty.
- Fracture reduction internal fixation of tibial plafond fractures as well as acetabular fractures.

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Medical Knowledge

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

- Demonstrates understanding of indications and contraindications for all common elective orthopaedic conditions.
- Prepare for and participate in the four (4) dedicated conferences at the parent institution, including:
  - Attending Orthopaedic Lecture Series
  - Grand Rounds
  - Fracture Conference
  - Orthopaedic Science
- Attend and participate in as many as possible of the subspecialty conferences at the parent institution as consistent with VAMC patient care duties.
- Read and master the principles and concepts as outlined in the OKU Subspecialty Series entitled Adult Reconstruction, Shoulder and Elbow.
- Successfully complete the OKU Subspecialty Self-Assessment examinations in Adult Reconstruction, Shoulder and Elbow.
- Read and master the Principles and Concepts in AAOS: Musculoskeletal Imaging.

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

- Possesses knowledge of the following orthopaedic conditions:
  - Degenerative conditions of the knee, hand, and wrist
  - Shoulder, elbow, spine, foot, and ankle
  - Rotator cuff disease, shoulder instability, and arthrosis
  - Knee instability
  - Metastatic and metabolic bone disease
  - Geriatric fractures
- Prepare for and participate in the four (4) dedicated conferences at the parent institution, including:
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**GOALS AND OBJECTIVES**

Practice-based Learning and Improvement

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

- Prepares for and participates in Indications Conference and Surgical Planning Conference(s)
- Actively acquires new knowledge through library and electronic resources and through participation in Journal Club reviews.
- Facilitates the learning of students and other health care professionals on the service.
- Able to obtain and use information about his/her patient population and the larger population from which patients are drawn.
- Able to apply knowledge and study designs and statistical methods to the appraisal of clinical studies.
- Able to use information technology to manage information, access on-line medical information to support his/her own education.
- Prepare for and participate in the monthly Orthopaedic Complications Conference with appropriate literature review included in the subject matter.
- Prepare for and present at the General Orthopaedic Journal Club(s).

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- Actively acquires new knowledge through library and electronic resources and through participation in Journal Club reviews.
- Facilitates the learning of students and other health care professionals on the service.
- Able to obtain and use information about his/her patient population and the larger population from which patients are drawn.
- Able to apply knowledge and study designs and statistical methods to the appraisal of clinical studies.
- Able to use information technology to manage information, access on-line medical information to support his/her own education.
- Successfully assumes responsibility for conduct and supervision of general adult orthopaedic outpatient and emergency room service as the orthopaedic surgeon.
- Monitors junior level residents, physician's assistants, and medical student activity and assists in their education.
- Prepare for and participate in the monthly Orthopaedic Complications Conference with appropriate literature review included in the subject matter.
- Prepare for and present at the General Orthopaedic Journal Club(s).

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**GOALS AND OBJECTIVES**

Interpersonal and Communication Skills

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

- Able to assume leadership role to direct orthopaedic rehabilitation, able to communicate and work effectively with therapists to achieve these ends.
- Able to create and sustain a therapeutic and ethically sound relationship with patients and their families.
- Able to effectively provide information to patients via various methodologies and techniques.
- Able to work effectively with others as a leader of the health care team.

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

- Able to assume leadership role to direct orthopaedic rehabilitation, able to communicate and work effectively with therapists to achieve these ends.
- Able to create and sustain a therapeutic and ethically sound relationship with patients and their families.
- Able to effectively provide information to patients via various methodologies and techniques.
- Able to work effectively with others as a leader of the health care team.
- Effectively serves as an educator of the junior level resident(s) as well as medical students on the service.
- Effectively communicates with patients, families, ancillary staff, associated health care personnel, and medical staff in a respectful and ethical manner.

Professionalism

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

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

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**GOALS AND OBJECTIVES**

Systems-based Practice

*Junior Resident(s) (PGY-2/PGY-3/PGY-4):*

- Demonstrates understanding of the veterans administration model and health care delivery system, recognizing that this system provides comprehensive health care services over an extended region.
- Understands the role of therapists in orthopaedic rehabilitation.
- Acts as an advocate for quality patient care.
- Able to assess, coordinate, and approve the care of patients within the current health care models or systems within the program.
- Develops an understanding of the impact of social and economic realities in the care of veteran administration patients.
- Possesses an understanding of the importance of patient compliance on outcome.

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

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- Understands the role of therapists in orthopaedic rehabilitation.
- Acts as an advocate for quality patient care.
- Able to assist, coordinate, and approve the care of patients within the current health care models or systems within the program.
- Develops an understanding of the impact of social and economic realities in the care of veteran administration patients.
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**DURHAM VETERANS ADMINISTRATION MEDICAL CENTER**  
***DELINEATED LINES OF RESPONSIBILITY***

**Outpatient**

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

- Evaluate new patients, postoperative patients, and follow up patients with operative and non-operative musculoskeletal problems.
- The junior resident(s) present each patient either to the Chief Resident(s) in the clinic and/or to the attending. Presentation will include history, examination, diagnoses, and proposed treatment plan.
- The junior resident(s) is expected to perform office procedures such as injections, cast applications, fracture reduction, and fluoroscopic manipulation.
- The junior resident(s) activities are supervised by the Chief Resident(s) and the attending orthopaedic surgeon. As the junior resident(s) become more competent, the degree of supervision is reduced but not completely eliminated.
- The junior resident(s) are expected to participate in the education of medical students rotating on orthopaedics.

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

- The Chief Resident(s) functions independently in the clinic with the attending assisting the junior resident(s) in the evaluation of new patients, postoperative patients, follow up patients with operative and non-operative musculoskeletal problems.
- The Chief Resident(s) is expected to closely supervise the activities of the junior resident(s) and to participate in the education of medical students rotating in orthopaedics.

**Inpatient**

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

- Junior Resident(s) participate in morning and evening rounds with the Chief Resident(s) and the attending orthopaedic surgeon as appropriate.
- Appropriate progress note and discharge summary are made by the resident team. The junior resident(s) are directly responsible to the Chief Resident(s).

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

- The Chief Resident(s) participates in morning and evening rounds with the junior resident(s) as well as the attending orthopaedic surgeon(s) as appropriate.
- The Chief Resident(s) is directly responsible to the attending orthopaedic surgeon (s) and the Chief of Service.

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***DELINEATED LINES OF RESPONSIBILITY***

Operative

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

- In the operating room the junior resident(s) assist the Chief Resident(s) in performing surgery as deemed appropriate for his/her level of experience.
- The junior resident(s) are guided by the Chief Resident(s) and the attending orthopaedic surgeon(s) and may perform surgery appropriate to their skill level under the direct supervision of the Chief Resident(s) and/or the attending orthopaedic surgeon.

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

- In the operating room the Chief Resident(s) functions as the primary surgeon on cases deemed appropriate.
- The Chief Resident(s) is responsible for preparing for and performing surgical procedures and insuring the appropriate instruments, implants have been properly procured.
- He reports directly to the attending orthopaedic surgeon who will be present and assist as appropriate.

Emergency

*Junior Resident(s) (PGY-2/ PGY-3/ PGY-4):*

- The junior resident(s) serve emergency on-call for the wards and the emergency department.
- They will present all patients to the Chief Resident(s) and will assist the Chief Resident(s) and/or attending if emergency surgery is required prior to the next day.

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

- The Chief Resident(s) will “back up” the junior resident(s) and will be present for all admissions occurring at night.
- When emergency surgery is to be performed, the cases will be discussed with the attending orthopaedic surgeon and the Chief Resident(s), the junior resident(s), and the attendings will work as a team to accomplish the emergency surgery.

## **DURHAM VETERANS ADMINISTRATION MEDICAL CENTER**

### ***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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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.*