

University of Maryland Department of Orthopaedics
Chesapeake Orthopaedics/BWMC PGY III Competency Requirements

Patient Care

Faculty will evaluate the resident's ability to obtain a History, perform a physical examination, order and interpret appropriate radiographs, and formulate a treatment plan for outpatients, inpatient and emergency department consults.

In the operating room, the faculty will evaluate the resident's familiarity with the patient, the indications for surgery, understanding of the surgical treatment plan, ability to execute the operative plan, and understanding of the post-operative treatment plan.

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, weekly pre-operative planning session, operative case log, 360 degree surveys, and self assessment.

PGY III Resident Goals & Objectives:

The resident will:

1. Effectively able to evaluate the following systemic conditions affecting the knee via a thorough H&P:
 - a. ACL tears
 - b. PCL tears
 - c. MCL tears
 - d. LCL/posterolateral corner tears
 - e. Meniscus tears
 - f. Osteochondral injuries
 - g. Iliotibial band syndrome
 - h. Patellofemoral disorders
 - i. Quadriceps/Patellar tendon injuries
 - j. Pes bursitis
2. Effectively able to evaluate the following conditions involving the shoulder via a thorough H&P:
 - a. Glenohumeral instability
 - b. SLAP tears
 - c. Biceps tendon injuries/instability
 - d. Rotator cuff tendonitis/impingement syndrome
 - e. Rotator cuff tears
 - f. Acromioclavicular joint injuries
 - g. Glenohumeral arthritis
 - h. Internal impingement
 - i. Paralabral cysts

3. Effectively able to evaluate the following conditions involving the elbow via a thorough H&P:
 - a. Ulnar collateral ligament tears
 - b. Posterolateral rotatory instability
 - c. Flexor/pronator tendonitis
 - d. Lateral epicondylitis
 - e. Distal biceps tendon injuries
 - f. Triceps tendon injuries
 - g. Osteochondral injuries
 - h. Elbow arthritis
4. Effectively able to evaluate the following conditions involving the leg, ankle, and foot via a thorough H&P:
 - a. Tibial stress syndrome/stress fractures
 - b. Exercise-induced compartment syndrome
 - c. Popliteal artery entrapment syndrome
 - d. Achilles tendon injuries
 - e. Peroneal tendon injuries
 - f. Lateral ankle sprains
 - g. Syndesmotic injuries
 - h. Midfoot injuries
 - i. Acute/chronic metatarsal fractures
5. Effectively demonstrate that he/she can competently:
 - a. Obtain a comprehensive history
 - b. Perform any relevant condition-specific physical examination
 - c. Identify appropriate radiographic imaging studies
 - d. Interpret radiographic studies, including MRI of the shoulder and knee
 - e. Formulate a differential diagnosis and make an accurate final diagnosis
 - f. Outline the etiology, or possible etiologies of the specific condition
 - g. Outline the natural history of the specific condition with and without surgical treatment
 - h. Describe appropriate non-operative treatment options (if they exist)
 - i. Describe appropriate operative treatment options (if they exist)
 - j. Describe possible complications of non-operative and operative treatment
 - k. Outline the rehabilitation program involved in non-operative and operative treatment of above mentioned disorders
6. Be able to perform simple invasive procedures including:
 - a. Knee joint aspiration/injection
 - b. Glenohumeral joint aspiration/injection
 - c. Subacromial space aspiration/injection

- d. Pes anserine bursa injection
- e. Leg compartment pressure monitoring
- 7. Demonstrate competence in the operating room to:
 - a. Position patients for knee, shoulder, elbow, and ankle/foot procedures
 - b. Prep and drape of the operative field
 - c. Perform a diagnostic arthroscopy of the shoulder and knee, making the correct diagnosis of associated pathology
 - d. Perform basic surgical exposure of open procedures
 - e. Close the surgical wound
 - f. Apply post-operative dressing
- 8. Demonstrate understanding of anatomy and surgical plan for:
 - a. ACL reconstruction
 - b. Meniscus repair
 - c. Partial meniscectomy
 - d. Microfracture, ACI, and other articular cartilage procedures
 - e. Lateral retinacular release
 - f. Patellar realignment procedures
 - g. Quadriceps/patellar tendon repair
 - h. Labral/SLAP repair
 - i. Rotator cuff repair
 - j. Subacromial decompression
 - k. Distal clavicle resection
 - l. Acromioclavicular joint reconstruction
 - m. Biceps tenodesis
 - n. Ulnar collateral ligament reconstruction
 - o. Distal biceps/triceps repair
 - p. Leg compartment fasciotomy
 - q. Achilles tendon repair
 - r. ORIF 5th metatarsal fractures

The resident will:

- 9. Effectively able to evaluate the following systemic conditions affecting the musculoskeletal system a thorough H&P:
 - a. Osteoporosis
 - b. Osteoarthritis
 - c. Rheumatoid Arthritis
 - d. Ankylosing Spondylitis
 - e. Gout

- f. Sickle Cell Disease
- g. HIV
- h. Paget's Disease
- i. Metastatic Disease
- j. Reflex Sympathetic Dystrophy
- k. Workman's Compensation Issues
- l. Heterotopic ossification
- m. Deep venous thrombosis

10. Effectively demonstrate that he/she can competently:

- a. Obtain a comprehensive history
- b. Perform any relevant condition-specific physical examination
- c. Identify appropriate radiographic imaging studies
- d. Formulate a differential diagnosis and make an accurate final diagnosis
- e. Outline the etiology, or possible etiologies of the specific condition
- f. Outline the natural history of the specific condition with and without surgical treatment
- g. Describe appropriate non-operative treatment options (if they exist)
- h. Describe appropriate operative treatment options (if they exist)
- i. Describe possible complications of non-operative and operative treatment
- j. Outline the rehabilitation program involved in non-operative and operative treatment
- k. Outline the prognosis of non-operative and operative treatment in order to evaluate the following specific conditions
 - 1. Osteoarthritis of the knee
 - a. Varus gonarthrosis
 - b. Valgus gonarthrosis
 - 2. Post-traumatic arthrosis of the knee
 - 3. Pes Anserine bursitis
 - 4. Meniscal tears
 - 5. Extensor mechanism disruption
 - 6. Patello-femoral syndrome
 - 7. Tibial plateau fracture
 - 8. Supracondylar femur fracture
 - 9. Patella fracture
 - 10. Compartment syndrome
 - 11. Infectious arthritis
 - 12. Osteoarthritis of the hip
 - 13. Post-traumatic arthrosis

14. Avascular necrosis of the femoral head
15. Acetabular dysplasia
16. Trochanteric bursitis
17. Femoral neck fracture
18. Intertrochanteric femur fracture
19. Simple acetabular fracture
20. Infectious arthritis of the hip
21. Distal radius fracture
22. Ankle fracture
23. Proximal humerus fracture

11. Be able to perform simple invasive procedures including:
 - a. Knee joint aspiration/injection
 - b. Shoulder joint aspiration/injection
 - c. Pes anserine bursa injection
 - d. Hematoma block
 - e. Closed reduction of ankle fracture
 - f. Closed reduction of distal radius fracture
12. Demonstrate competence in the operating room to:
 - a. Position patients for hip and knee procedures
 - b. Prep and drape of the operative field
 - c. Perform initial surgical dissection
 - d. Close the surgical wound
 - e. Apply post-operative dressing
13. Demonstrate understanding of anatomy and surgical plan for:
 - a. Total hip arthroplasty
 - b. Core decompression of the femoral head
 - c. Percutaneous pinning of a femoral neck fracture
 - d. ORIF of intertrochanteric femur fracture
 - e. Bipolar hemiarthroplasty
 - f. Arthroscopic meniscectomy
 - g. Total knee arthroplasty
 - h. Arthroscopy, washout of infected knee
 - i. Arthrotomy, washout of infected hip
 - j. ORIF of distal radius fracture
 - k. ORIF of proximal humerus fracture

Medical Knowledge

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

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, weekly pre-operative planning session, operative case log, 360 degree surveys, and self assessment.

PGY III Resident Goals and Objectives:

The resident will:

1. Demonstrate knowledge of the indications for surgical procedures such as knee and shoulder arthroscopy, ligament reconstruction versus repair, and intra-articular infection.
2. Demonstrate the ability to perform a thorough history and physical examination, and aptitude in making the correct diagnosis based on these findings
3. Demonstrate understanding of the relevant surgical anatomy of the upper and lower extremity
4. Demonstrate an understanding of simple invasive procedures for patients such as injection/aspiration, abscess drainage, compartment pressure monitoring
5. Demonstrate knowledge of the indications for surgical procedures such as ORIF of upper and lower extremity fractures, arthroscopy of the knee, TKA, THA, arthrotomy and incision and drainage
6. Demonstrate understanding of the relevant surgical anatomy of the upper and lower extremity
7. Demonstrate an understanding of simple invasive procedures for patients such as injection/aspiration, abscess drainage, closed reduction of fractures
8. Demonstrate an understanding of the classic and contemporary literature pertaining to extremity reconstruction and trauma through self-guided study

Practice Based Learning and Improvement

Residents will be evaluated based upon awareness of background and recent advances in common treatments, surgical indications, and surgical principles through participation in weekly pre-operative conference, morning trauma intake rounds.

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, pre-op conference assessments, 360 degree surveys, self assessment.

PGY III Resident Goals & Objectives:

The resident will:

1. Demonstrate familiarity and understanding of reading materials describing the systemic and specific conditions listed above including those assigned from:
 - a. OKU Sports Medicine, Vol 3
 - b. OKU Shoulder and Elbow, Vol 2

- c. Sports Medicine service reading list
- 2. Accurately locate, appraise and assimilate evidence from scientific studies relating to the patient's orthopaedic condition. This requires knowledge of the pertinent recent literature as may be obtained in:
 - a. American and British JBJS
 - b. Journal of the AAOS
 - c. American Journal of Sports Medicine
 - d. Journal of Arthroscopy
 - e. Journal of Shoulder and Elbow Surgery

The resident will:

- 3. Demonstrate familiarity and understanding of reading materials describing the systemic and specific conditions listed above including those assigned from:
 - a. OKU Hip and Knee, Vol 2
 - b. Campbell's Operative Orthopaedics
 - c. Advanced Hip Reconstruction
 - d. Skeletal Trauma
- 4. Accurately locate, appraise and assimilate evidence from scientific studies relating to the patient's orthopaedic condition. This requires knowledge of the pertinent recent literature as may be obtained in:
 - a. American and British JBJS
 - b. Journal of Arthroplasty
 - c. Journal of the AAOS
 - d. Journal of Orthopedic Trauma

Interpersonal & Communication Skills

See common program competencies

Professionalism

See common program competencies

Systems-based Practice

See common program competencies