

# Consult Rotation

## University of Maryland Medical Center

### Description of Rotation

As the consult resident at the University of Maryland Medical Center, the PGY-2 resident is the first point of contact for **all** in-patient and emergency department consultation requests between 6 a.m. and 6 p.m. The primary responsibility of the consult resident is to perform the initial evaluation of each consult in a timely fashion, ideally within 30 minutes of the consult request.

The resident will order additional laboratory and radiologic tests as deemed necessary to optimize patient care and expedite the management of the patient's condition. All patients who will require outpatient orthopaedic follow-up must be seen by the resident. Minor injuries not requiring the attention of an orthopaedic surgeon should be reviewed on request and referred back to the patient's primary care physician. Patients with minor injuries and no family doctor should be given the name of a family physician in the area that can provide follow-up.

The management and disposition of each patient should be discussed with a senior/chief resident at the University Hospital and the plan of care then presented to the attending faculty member who is on-call or a covering faculty member.

**No patient is to be admitted to the Orthopaedic Service without contacting an attending Orthopaedic Surgeon.** When a patient is referred to the outpatient setting for follow-up, the *patient will be given the choice of physician in all instances; the request of a specific attending physician by either patient or referring physician will be honored if at all possible.*

The consult resident will be responsible for performing arthrocentesis of major joints, wound debridement, laceration closure, and fracture reduction independently based on his/her experience. Assistance must be requested from a senior/chief resident for any procedure which the consult resident has not previously performed. At all times, a senior/chief resident will be available to assist and direct care of consult patients.

After the consultation evaluation is complete and a plan of care has been created and discussed with the attending faculty member, the resident must place a written consultation note on the chart. The consultation note must include a clear plan of care, a legible signature and pager contact number, and the name of the responsible attending faculty member. All patients seen by the consult resident will be presented at morning trauma conference for faculty review.

Length:	10 weeks of PGY-2 year
Locations:	University of Maryland Medical Center
Primary Supervisors:	Dr. Daniel Gelb Dr. Stephen Ludwig Dr. Vincent D. Pellegrini, Jr. Dr. Kornelius Poelstra Dr. Robert Sterling

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## Patient Care

### Competency

Residents must be able to provide patient care that is compassionate, appropriate, patient-centered and effective for the diagnosis treatment of orthopaedic pathology, degenerative arthritis and the promotion of health. Residents are expected to:

### Objectives

1. Demonstrate caring and respectful behaviors (verbal and non-verbal) with patients and families.
2. Elicit appropriate patient medical history information using effective questioning and listening skills.
3. Perform a comprehensive orthopedic evaluation and physical exam.
4. Integrate the clinical presentation with laboratory studies and radiographic studies to formulate a comprehensive treatment plan.
5. Formulate a comprehensive treatment plan which is easily communicated to the consulting physician.
6. Make an early diagnosis and provide prompt treatment of emergent and urgent orthopaedic conditions including: open fractures, pyogenic arthritis, spinal epidural abscess, compartment syndrome, hip dislocation.
7. Effectively counsel patients and families and caregivers about the plan of care.
8. Participate on the inpatient team under the supervision of attending faculty.
9. Perform joint aspirations of the wrist, elbow, shoulder, knee, and ankle in the process of a work up for infection and obtain appropriate analysis of the aspirate..
10. Perform fracture reductions of common orthopaedic fractures including: distal radius, ankle, and finger fractures.
11. Apply well molded dressings, splints, and casts for most orthopaedic conditions..
12. Debride and suture traumatic lacerations.

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## Medical Knowledge

### Competency

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, basic science and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to be able to:

### Objectives

1. Demonstrate a thorough knowledge of basic anatomy.
2. Identify radiologic findings on imaging studies and thoroughly describe the findings at trauma conference.
3. Understand and use the classification systems for common fractures and dislocations including: distal radius, proximal humerus, femoral neck, intertrochanteric femur, tibial plateau, and ankle
4. Discuss and understand the classification of open fractures.
5. Define the physiology of compartment syndrome, relevant anatomy and operative approaches.
6. Describe the treatment principles of fracture fixation, including screw and plate biomechanics, intramedullary fixation, indications and use of locking plates
7. Describe the characteristics of various joint fluid aspirates (inflammatory, infectious, ...)
8. Understand basic bone metabolism, including disease states of renal osteodystrophy, osteoporosis, and osteomalacia.

9. Describe the physiology of fracture healing.
10. Cite levels of evidence in the orthopaedic case –driven medical literature.
11. Differentiate between patients who have emergent and non-emergent conditions.
12. Differentiate between patients who have operative and non-operative conditions

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## **Practice- Based Learning and Improvement**

### **Competency**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to:

### **Objectives**

1. Evaluate one's own knowledge, incorporating feedback from others, especially faculty.
2. Modify self-directed learning appropriately, including feedback provided from the OITE results, as it pertains to hand/upper extremity items on exam.
3. Appraise and assimilate evidence from scientific studies to enhance patient care, especially as it relates to hand surgery and reconstructive diagnoses and treatments.
4. Effectively use information technology to access and manage patient information.
5. Effectively use information technology and other resources to support one's own ongoing self-education (Pub Med, WWW, DVDs, CDs, Vumedi, etc).
6. Contribute to discussions concerning patient care with other health care professionals, attendings, including consultants.
7. Demonstrate facility in the critical reading of a manuscript through active participation in Journal Club
8. Attend and participate in teaching conferences and rounds.
9. Facilitate the learning of medical students and other health care professionals.

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## **Systems Based Practice**

### **Competency**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as be able to effectively call on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Collaborate with and maintain appropriate professional attitudes and behaviors toward other medical professionals and allied health personnel.
2. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
3. Practice cost-effective health care and resource allocation that does not compromise quality of care.
4. Assess how one's own actions affect others, especially in the hand service setting.
5. Use diagnostic and therapeutic procedures appropriately and judiciously.
6. Carefully and thoughtfully evaluate the risks, benefits, limitations, and costs of patient care.

7. Provide data for M&M conferences to positively affect patient care.
8. Participate in clinical pathways designed to improve patient outcomes.
9. Serve as patient advocates in dealing with system complexities.
10. Serve as patient advocates for quality patient care.
11. Work effectively with other services, health care agencies, and case managers.
12. Work to improve the system of medical care at University of Maryland Medical Center.
13. Provide information on systems issues that may improve patient care (this performed at department meetings).
14. Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

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## **Professionalism**

### **Competency**

Residents must demonstrate commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to:

### **Objectives**

1. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
2. Maintain professional behavior at all times including appropriate dress, language, and conduct in all clinical settings.
3. Demonstrate respect, compassion, and integrity while carrying out professional responsibilities with an adherence to ethical principles and standards, and with a sensitivity to the diverse patient population with whom he/she is exposed
4. Exemplify reliability, punctuality, integrity, and honesty.
5. Accept responsibility for one's own actions and decisions.
6. Demonstrate a responsiveness to the needs of patients and society that supersedes self-interest
7. Apply sound ethical principles in medical practice, including issues of patient confidentiality, informed consent, provision for the withholding of care, and interactions with insurance companies and disability agencies.
8. Consider the effects of personal, social, and cultural factors in the disease process and patient management.
9. Demonstrate non-judgmental sensitivity and responsiveness to the age, culture, disability status, and gender of patients and colleagues.
10. Understand and be empathetic to the patient with amputation loss.
11. Understand and demonstrate the ability to obtain an informed consent from a patient that includes the presentation of the natural history of both surgical and non-surgical treatment of the patient's condition as well as an appropriate discussion of the risks and benefits of surgery.
12. Demonstrate sensitivity to the age, gender, culture, and disabilities of fellow health care professionals
13. Demonstrate appropriate conduct in the timely completion of admission history and physicals, operative reports, and discharge summaries
14. Demonstrate a commitment to ethical principles pertaining to:
  - a. provision or withholding of clinical care

- b. confidentiality of patient information
- c. informed consent
- d. business practices

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## **Interpersonal and Communication Skills**

### **Competency**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Establish trust and maintain rapport with patients and families.
2. Complete dictations and chart notes in a timely manner (monitored by medical records department and Program Director.)
3. Discuss diagnoses, prognoses, and treatment options clearly and accurately to patients.
4. Synthesize information and present clinical and diagnostic information clearly to colleagues.
5. Effectively use listening skills in communication with all parties involved in patient care
6. Communicate and interact with staff/team in respectful, responsive manner.
7. Work effectively with other members of the team, specifically medical assistants, other residents, fellows, nurses, and therapists

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## **Teaching Methods**

The PGY-2 resident on the Consult rotation is accountable to the on-call attending as well as the University based service faculty (Gelb, Ludwig, Pellegrini, Poelstra, and Sterling).. Teaching is by case-method with didactic support in the form of basic science lectures, journal club, grand rounds, morbidity and mortality conferences. Improvement in knowledge, patient care and communication skills is expected and monitored.

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## **Assessment Method (residents)**

Resident performance will be subject to daily formative evaluation. Mid-rotation and end of rotation evaluation requests are to be made by the resident utilizing the ACGME portfolio system. All University based service faculty should have an evaluation request in addition to any other faculty with whom the resident has had significant contact. Semiannual Program Director evaluation meetings will provide summative evaluation.

