

University of Maryland Department of Orthopaedics Upper Extremity Service Competency Requirements

Patient Care

Faculty will evaluate the resident's ability to obtain an H&P and appropriate radiographs and formulate a treatment plan for outpatients and inpatient 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, on-the-fly faculty feedback, case presentation evaluation forms, operative case log, 360 degree surveys, and self assessment.

PGY-II Resident Goals & Objectives:	PGY-V Resident Goals and Objectives
<p>The resident will:</p> <ol style="list-style-type: none"> 1. Effectively able to evaluate the following conditions affecting the upper limb via a thorough H&P: <ol style="list-style-type: none"> a. Osteoarthritis b. Rheumatoid Arthritis c. Rotator Cuff Pathology d. Shoulder Instability e. Tendinopathies f. Adhesive capsulitis, stiff shoulder g. Failed shoulder/elbow surgery h. Stiff elbow i. Unstable elbow j. Nerve compression Syndromes k. Fractures l. Ligament Injuries m. Common Masses 2. Effectively demonstrate that he/she can competently: <ol style="list-style-type: none"> a. Obtain a comprehensive history b. Perform any relevant condition-specific physical examination c. Identify appropriate radiographic imaging studies 	<p>The resident will:</p> <ol style="list-style-type: none"> 1. Demonstrate mastery of all PGY-II level goals and objectives 2. Outline the prognosis of non-operative and operative treatment in order to evaluate the following specific conditions affecting the upper limb <ol style="list-style-type: none"> 1. Osteoarthritis of the shoulder 2. Acromioclavicular joint arthritis 3. Rotator Cuff tears 4. Rotator cuff tear arthropathy 5. Adhesive capsulitis and the stiff shoulder 6. Labral/capsular injuries 7. Shoulder dislocations 8. Proximal/distal biceps lesions

- 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 affecting the upper limb
 - 1. Radial/ulnar shaft fractures
 - 2. Distal radius fractures
 - 3. Ulnar impaction syndrome
 - 4. Acute TFCC tears
 - 5. Osteoarthritis of the wrist
 - 6. Intercarpal ligament injuries
 - 7. Ganglion cysts
 - 8. DeQuervain's tenovaginitis
 - 9. Intersection syndrome
 - 10. Trigger fingers
 - 11. Carpal Tunnel Syndrome
 - 12. Carpal fractures
 - 13. Ulnar tunnel syndrome
 - 14. Wartenberg's syndrome
 - 15. Cerebral Palsy
 - 16. TBI/stroke
 - 17. Tendon laceration
 - 18. Nerve laceration
 - 19. Basal joint arthritis
 - 20. Metacarpal/phalangeal fractures
 - 21. Mallet finger

- 9. Acromioclavicular joint separations
 - 10. Proximal humerus fractures
 - 11. Humeral shaft fractures
 - 12. Distal Humeral Fractures
 - 13. Coronoid fractures
 - 14. Radial head fractures
 - 15. Olecranon fractures
 - 16. Osteoarthritis of the elbow
 - 17. Elbow collateral ligament injuries
 - 18. Elbow contractures
 - 19. Elbow dislocations
 - 20. Lateral/medial epicondylitis
 - 21. Cubital tunnel syndrome
3. Demonstrate understanding of the anatomy and surgical plan for:
- a. Revision total shoulder arthroplasty
 - b. Shoulder fusion
 - c. Resection arthroplasty
 - d. Elbow fusion
 - e. Elbow interposition
 - f. Reverse shoulder arthroplasty
 - g. Resurfacing shoulder replacement
 - h. Complex arthroscopic rotator cuff repair
 - i. Arthroscopic pancapsular shoulder stabilization
 - j. Arthroscopic shoulder capsular release
 - k. Arthroscopic SLAP repair
 - l. Total elbow arthroplasty
 - m. Elbow ligament reconstruction
 - n. Arthroscopic elbow osteocapsular arthroplasty
 - o. Vascularized free fibula grafting
 - p. Microsurgical techniques

<p>22. Boutoniere deformity 23. Swan neck deformity 24. Dupuytren's contracture 25. Syndactyly 26. Polydactyly</p> <p>3. Be able to perform simple invasive procedures including:</p> <ol style="list-style-type: none"> a. Shoulder joint aspiration/injection b. Elbow joint aspiration/injection c. Wrist joint aspiration/injection d. Basal Joint injection e. Subacromial injection f. Carpal tunnel injection g. Trigger finger injection h. DeQuervain's injection i. Hematoma block <p>4. Demonstrate competence in the operating room to:</p> <ol style="list-style-type: none"> a. Position patients for shoulder procedures b. Position patients for elbow procedures c. Set up a hand table d. Prep and drape of the operative field e. Perform initial surgical dissection f. Diagnostic shoulder arthroscopy g. Close the surgical wound h. Apply post-operative dressing <p>5. Demonstrate understanding of anatomy and surgical plan for:</p> <ol style="list-style-type: none"> a. Total shoulder arthroplasty b. Arthroscopic/open rotator cuff repair c. Arthroscopic/open shoulder stabilization d. Arthroscopic shoulder capsular release e. Arthroscopic/open elbow release f. Elbow ligament repair/reconstruction g. Tennis elbow surgery h. Distal biceps repair i. Biceps tenodesis j. Arthroscopic acromioplasty/distal clavicle resection 	<ol style="list-style-type: none"> q. Advanced fracture fixation methods r. Pediatric upper limb reconstruction s. Upper limb tendon transfers <p>4. Demonstrate knowledge of the surgical approach and anatomy for all operative procedures including elective and emergent cases.</p>
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<ul style="list-style-type: none"> k. Radial head replacement l. Proximal humeral fracture fixation m. Humeral shaft fracture fixation n. Distal humeral fracture fixation o. Radial head fracture fixation p. Olecranon fracture fixation q. Coronoid fracture fixation r. Radial/ulnar shaft fracture fixation s. Distal radial fracture fixation t. Scaphoid fracture fixation u. Percutaneous pinning of metacarpal and phalangeal fractures v. Carpal tunnel release w. Cubital tunnel release x. DeQuervain's release y. Trigger finger release z. Thumb collateral ligament repair/reconstruction aa. Scapholunate ligament repair/reconstruction bb. TFCC debridement/repair 	
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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, on-the-fly faculty feedback, pre-op conference assessments, case presentation evaluation forms, journal club evaluation forms, OITE scores, 360 degree surveys, self assessment.

PGY II Resident Goals and Objectives:	PGY V Resident Goals and Objectives:
<p>The resident will:</p> <ul style="list-style-type: none"> 1. Demonstrate knowledge of the indications for surgical procedures such as rotator cuff repairs, instability surgery, arthroscopy of the upper limb, TSA, RSA, TEA... 	<p>In addition to obtaining competency in the PGY-II goals and objectives, the resident will:</p> <ul style="list-style-type: none"> 1. Possess knowledge and demonstrate expertise in the discussion of the natural history of the systemic and specific

<ol style="list-style-type: none"> 2. Demonstrate understanding of the relevant surgical anatomy of the upper extremity 3. Demonstrate an understanding of simple invasive procedures for patients such as injection/aspiration, abscess drainage, closed reduction of simple fractures 4. Demonstrate an understanding of the classic and contemporary literature pertaining to lower extremity reconstruction through self-guided study and participation in Journal club 	<p>conditions listed above</p> <ol style="list-style-type: none"> 2. Demonstrate proficiency in the application of all splints and casts 3. Demonstrate an advanced understanding of pathology, surgical anatomy and operative exposures 4. Assume a leadership role in planning patient care and teaching conferences
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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, Chairman’s conference, monthly M&M conference, and Journal club.

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, on-the-fly faculty feedback, pre-op conference assessments, case presentation evaluation forms, journal club evaluation forms, M&M assessments, 360 degree surveys, self assessment.

<p>PGY II Resident Goals & Objectives:</p>	<p>PGY V Resident Goals & Objectives:</p>
<p>The resident will:</p> <ol style="list-style-type: none"> 1. Demonstrate familiarity and understanding of reading materials describing the systemic and specific conditions listed above including those assigned from: <ol style="list-style-type: none"> a. Hand Surgery Update 3 b. Green’s Operative hand Surgery c. OKU Shoulder and Elbow d. Iannotti Shoulder Disorders e. Morreys The Elbow f. Burkhart The Cowboy’s Guide to shoulder arthroscopy g. AAOS OKO online shoulder and elbow topics h. Arthrex online shoulder arthroscopy technique videos 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: <ol style="list-style-type: none"> a. American and British JBJS b. Journal of Shoulder and Elbow Surgery 	<p>In addition to obtaining competency in the PGY-II goals and objectives, the resident will:</p> <ol style="list-style-type: none"> 1. Apply critical thinking in the appraisal of clinical studies read in the peer reviewed literature as well as in the treatment of patients 2. Direct the education for the more junior residents on the service 3. Prepare and organize the weekly pre-operative conference for shoulder and elbow

<ul style="list-style-type: none">c. Journal of Hand Surgeryd. Journal of the AAOS <p>3. Prepare and organize the weekly pre-operative conference for shoulder, elbow, hand, and wrist</p>	
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Interpersonal & Communication Skills

See common program competencies

Professionalism

See common program competencies

Systems-based Practice

See common program competencies