

Curriculum on Primary Care Orthopedics Danbury Hospital Primary Care Residency Program

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Please note; at the beginning of the block rotation you will meet with Dr. Tietjen. He will give you an overview with specific rotational objectives.

A. Educational Purpose and Goals

Musculoskeletal disorders are commonly encountered in the primary care setting. Residents should be well versed in assessing these problems. Knowledge of the proper physical exam techniques, thoughtful imaging, proper treatment and knowing when to refer to an Orthopedic specialist are important aspects of this experience. This 2 week block prepares PGY1 residents for this discipline.

B. Teaching Methods

1. Small group sessions/modules; Case-based evaluations of: Common Hand/Wrist Complaints; the Painful Neck/Shoulder; Hip/Knee Pain, the Ankle/ Foot, Low Back Pain encountered in Primary Care
2. Integrative medicine techniques and their role in handling patients with various musculoskeletal problems. Acupuncture, massage, yoga and non-traditional approaches will be offered as alternative treatment options as well.

C. Educational Content

1. Mix of Diseases; various primary care musculoskeletal problems that involve the back, knee, hip, elbow, wrist and shoulder will be reviewed. Topics such as degenerative joint disease, degenerative disc disease, spinal stenosis, sports injuries, tendon and ligament injuries, overuse syndromes and other topics will be discussed
2. Patient characteristics and types of clinical encounters; patients from our community will be seen in various office settings giving each trainee the opportunity to experience the work of a community-based orthopedic surgeon. Four different subspecialties will participate as described above.
3. Procedures and services; office-base examination, review of imaging and treatments will be reviewed. Both traditional and non-traditional treatment options will be discussed in our small group module discussions
4. Reading lists, other educational resources
Each trainee will receive a binder containing articles which will serve as reference material for this rotation. Residents are expected to answer and

pass a series of boards questions relevant to this venue. Other references include:

- Practical Orthopedics, Lonnie Mercier, 5th Edition
- Essentials of Musculoskeletal Care, John Sarwark , Fourth Edition
- Physical Exam of the Spine and Extremities, Stanley Hopper

D. Method of Evaluation of Resident and Faculty Competence

After each block rotation faculty will provide a review of the resident's competency based performance. This will be recorded electronically on New Innovations. In turn the resident evaluates the faculty's performance as well as the rotational experience. These evaluations are reviewed during our biannual House staff evaluation committee meetings.

Preceptors will evaluate the Resident's performance using competency based milestones. At the beginning of each rotation the preceptors will review the goals and objectives of the rotation with the resident. A meeting at the end of the rotation to review the resident's progress will also take place. It will be the resident's responsibility to schedule the final review with the MD preceptor. Formal electronic evaluations will be completed and are incorporated into the semiannual performance reviews for each trainee..

E. Rotation Specific PGY 1 Competency Objectives

The rotation specific competency objectives are provided below.

1. Patient Care

- Learn how to perform a proper focused history and exam for patients with common musculoskeletal problems.
- Learn when to pursue imaging
- Learn how to inject/aspirate various joints. (simulation)
- Learn when to refer patients to a specialist
- Learn the proper use of medications, including; narcotics, NSAIDS, muscle relaxants, epidural steroid injections
- Learn to use non-traditional modalities, including; acupuncture, Yoga and other modalities

2. Medical Knowledge

- Trainees should become well versed in generating a differential diagnosis for common causes of shoulder, knee, hip, wrist, elbow and back pain
- Trainees are expected to answer a series of boards questions with a passing score
- If the physical exam is not helpful in elucidation of the diagnosis residents should consider a process of referred pain
- Knowledge about which patients are candidates for surgery is expected

- Knowledge about which imaging techniques should be pursued and the inherent limitations

3. Interpersonal and Communication Skills

- Trainees are expected to effectively communicate a plan of action based on their assessment of the patient's condition
- Make certain patients leave with a clear understanding of the treatment plan including timely follow up in a written format

4. Professionalism

- Demonstration to be honest with respect to patient care and to uphold ethical standards are expected
- Demonstration of compassion and respect to all patients is expected
- Respect for the patient's cultural beliefs, literacy issues
- Demonstrate personal accountability and patient advocacy

5. Practice Based Learning

- Improve the quality of care of patients who present with musculoskeletal problems thru the knowledge and skills obtained during this elective block
- Identify areas that need to change in your own practice to improve patient outcomes
- Make sure you learn to generate a broad differential diagnosis and consider referred pain when the physical exam is not revealing

6. Systems Based Practice

- Learn to work effectively within the healthcare system to care for the patient, including clear consultation documentation for referrals to specialists and therapy
- Learn to coordinate care for the elderly that may need VNA services after trauma or gait assessment
- Learn to utilize the medical supply store to supply patients with the proper equipment (wrist splints, canes, walkers, etc)
- Learn to identify those at high fall risk
- Identify the forces that impact the cost of health care and practice cost-effective care