



MSK – Orthopedics

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 3

Description of Rotation:

This is a four-week block Orthopedics - Musculoskeletal experience with board certified orthopedic physicians. One week will focus on hand and one week on joint replacement. 2 weeks will be general orthopedics. Residents will see patients with the attendings in the office setting and assist orthopedists in outpatient and surgical settings.

Overall Goal of MSK - Orthopedics PGY3 Rotation:

During this rotation, PGY3 residents will expand their knowledge and continue to develop the skills to evaluate, diagnose and manage common sports medicine and musculoskeletal disorders.

Rotation Location(s):

NGMC – Gainesville
743 Spring St NE
Gainesville, GA 30501

NGPG – Orthopedics
1315 Jesse Jewell Pkwy SE, Ste 300
Gainesville, GA 30501

NGPG – Orthopedics
1404 River Pl
Braselton, GA 30517

Preceptor(s): Justin Barrett, MD
Shan Sharif, MD

Darrell Scales, MD
Gregory Woods, MD

Sample PGY 3 Rotation Schedule for T/F resident clinics

M	T	W	TH	F	Sat	Sun
Ortho	FMC	Ortho	Ortho	FMC	Possible FMIS cross coverage	off
Ortho	FMC	Didactic Half Day	Ortho	FMC	Possible FMIS cross coverage	off

Patient Care:	
PGY level	By the end of the rotation the resident will be able to:
3	Assess acutely ill, unstable, and injured patients in a timely fashion. (PC-2; L3)
3	Gather focused, essential, and accurate information about the patient and develop and implement appropriate plan. (PC-1; L3)
3	Perform physical examinations and procedures commonly encountered in the sports medicine and orthopedic settings – including office, OR and sideline. (PC-5; L2)

Medical Knowledge Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
3	Synthesizes knowledge to make complex decisions (MK-2; L4)
3	Demonstrates ability to appropriately order, perform and interpret advanced clinical tests and images, including ultrasound (MK-2; L2)



3	<p>Evaluate and manage common symptoms as well as common diagnoses in patients presenting emergently and urgently (MK-1; L2)</p> <ol style="list-style-type: none"> a. Trauma b. Acute compartment syndrome; Neurovascular compromise c. Spinal cord injury d. Concussions e. Arthritis: OA, RA, Crystal-induced f. Apophysitis, bursitis, tenosynovitis g. Rehabilitation; Physical fitness and exercise prescription h. Prevention: PPE, injury prevention, conditioning/training, exercise prescription, bone loss i. Surgical assistance j. Acute and Chronic Musculoskeletal Disorders
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Interpersonal and Communication Skills:	
PGY level	By the end of the rotation the resident will be able to:
3	Develop rapport and builds therapeutic relationships with patients (ICS-1)
3	Communicate effectively with patients and families. (ICS-1)
3	Communicate effectively with physician colleagues at all levels (ICS-2)
3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (ICS-3)
3	Present information concisely and clearly both verbally and in writing on patients. (ICS-3)

Systems Based Practice Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1)
3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1)
3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-2)
3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2/PROF 3)
3	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP-2)
3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-3)

Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-2)



Professionalism Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1)
3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-3)
3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-2)
3	Understand ethical concepts of confidentiality, consent, autonomy, and justice. (PROF-1)
3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1)

Additional Osteopathic Objectives and Competencies:	
By the end of the rotation/residency:	
<ul style="list-style-type: none"> • Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1) • Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2) • Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc) (MK1) • Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> ○ 1. The body is a unit; the person is a unit of body, mind, and spirit. ○ 2. The body is capable of self-regulation, self-healing, and health maintenance. ○ 3. Structure and function are reciprocally interrelated. ○ 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” (MK2) • Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3) • Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1) 	

Teaching Methods	
Clinical Teaching	Supervised Clinical Management
Case Based Teaching	Guided Research (per SM/Ortho. faculty)
Faculty Role Modeling	
Research Scholarly requirement: none	

Procedures/Skills Taught (PC5)	
Joint aspirations/injections	Simple fracture care
Local anesthesia/Digital block Ultrasound	X-Ray reading
Splinting	PPE
Dislocation reduction	Concussion Care



Supervision/Evaluation:

Resident will work one-on-one and be supervised by board certified family medicine physicians with CAQ in sports medicine and with board certified orthopedic physicians. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods:

Direct Observation	Procedure evaluation
End of Rotation Evaluation	Chart Review
Case Log	Procedure Log

EPA's

(EPA 5) Provide care that speeds recovery from illness and improves function.

(EPA 9) Diagnose and manage acute illness and injury.

(EPA 10) Perform common procedures in the outpatient setting.

(EPA 20) Coordinate care and evaluate specialty consultation as the condition of the patient requires.

Residency Outcomes

9. Perform the *procedures* most frequently needed by patients in continuity and hospital practices

11. Practice as personal physicians, to include *musculoskeletal health and sports medicine, appropriate medication use and coordination of care* by helping patients navigate a complex health system

Resources: Required Reading

Simon, R; Sherman, S; Koenigsnecht, S: **Emergency Orthopedics: The Extremities**, 2006.

American Board of Family Medicine. Sports Medicine Examination Content; 2007.
<https://www.theabfm.org/cert/SportsMedExaminationOutline.pdf>.

Schwartz D, Reisdorff E: **Emergency Radiology**, 2000

McCrary P, Meeuwisse W, Dvořák J, et al. Consensus statement on concussion in sport: the 5th international conference on concussion in sport held in Berlin, October 2016. *Br J Sports Med*. 2017; 51:838-847.

Mirabelli MH, Devine MJ, Singh J, Mendoza M. The preparticipation sports evaluation. *Am Fam Physician*. 2015;92(5):371-376. <http://www.aafp.org/afp/2015/0901/p371.html>. Accessed October 20, 2017.

University of California, San Diego (UCSD). A Practical Guide to Clinical Medicine: Musculo-Skeletal Examination; 2015. <http://meded.ucsd.edu/clinicalmed/joints.htm>.

Armstrong AD, Hubbard MC, eds. *Essentials of Musculoskeletal Care*. 5th ed. Rosemont, Ill.: American Academy of Orthopedic Surgeons; 2015.



Additional Osteopathic Curricular Elements	
Osteopathic Considerations in the Pulmonary Care	SDOFM 2nd edition <ul style="list-style-type: none">• Chapter 14 – The Surgical Patient<ul style="list-style-type: none">○ Read pgs. 143 - 150○ View PowerPoint on <i>The Surgical Patient</i>• Chapter 20 – The Patient Requiring Rehabilitation<ul style="list-style-type: none">○ Read pgs. 216 – 225
Gait impairment	ACOFM OMTeaching Video Library <ul style="list-style-type: none">• View videos under <i>Gait Impairment</i>
Lateral Epicondylitis	ACOFM OMTeaching Video Library <ul style="list-style-type: none">• View videos under <i>lateral Epicondylitis</i>
Psoas Syndrome	ACOFM OMTeaching Video Library <ul style="list-style-type: none">• View videos under Psoas Syndrome
Osteopathic Foundations in Orthopedic Care	Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none">• Review pgs. 1417-1446 (Orthopedics)• Read pgs. 1447 - 1457 (General Surgery)