Physical Medicine and Rehabilitation at University of Washington, PGY-3

Description of Rotation
The University of Washington Medical Centers include University of Washington Hospital, Roosevelt Clinic, and Harborview Medical Center. The PM&R rotation for University of Hawaii Orthopedic Residents includes outpatient clinics in musculoskeletal medicine, spinal cord injury, amputation management, (possibly traumatic brain injury), and operative management of patients with amputations.

Weekly Schedule:
Mon AM: MSK clinic with Karen Barr, MD, University of Washington Hospital
Mon PM: SCI clinic with Rina Reyes, MD, University of Washington Hospital
Tues AM: and Tues PM: Limb viability clinic with Janna Friedly, MD and Doug Smith, MD, Harborview Medical Center
Wed AM: and Wed PM: OR at Harborview Medical Center with Doug Smith, MD; if Dr. Smith does not have OR time on some Wednesdays, then Wed AM: TBI clinic with Jenn Zumsteg, Harborview Medical Center; Wed PM: SCI clinic with Barry Goldstein, Harborview Medical Center
Thurs AM: and Thurs PM: MSK and sports medicine with Brian Krabak, MD, Roosevelt Bone and Joint Clinic
Fri AM: MSK/sports clinic with Marla Kaufman, Roosevelt Bone and Joint Clinic
Fri PM: MSK/sports clinic with Nelson Hager, Roosevelt Bone and Joint Clinic

Length: 1 month of PGY-3 year
Primary Supervisor: Teresa (Terry) Massagli, MD, Program Director
Contact: Karen Ennes, 2066850936; klr@uw.edu

Credentialing, travel and housing arrangements are completed by the Program administrative staff. All expenses incurred by residents must be pre-approved. Travel and subsequent lodging, etc. fall under the purview of HRP Travel regulations.

Institutional Training Coordinator: Teresa Massagli, M.D.

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 problems and the promotion of health. Residents must be able to perform a comprehensive physiatric evaluation for inpatients and outpatients.

Rotation Objectives: PM&R Clinics for Orthopaedic Residents:

Acute and chronic musculoskeletal syndromes, including sports and occupational injuries
1. Examine spine, pelvis, SI joints, shoulder, hip, knee, elbow, wrist, and hand,
using appropriate provocative diagnostic techniques
2. Identify the appropriate anatomy of the affected area
3. Differentiate common disorders of acute and chronic spine conditions
4. Differentiate common disorders of acute and chronic peripheral joint conditions
5. Incorporate (as indicated) medications and interventional/injection procedures into the rehabilitation treatment plan

Amputation
1. Perform a comprehensive orthopedic evaluation and physical exam on patients faced with limb amputation due to vascular, post-traumatic, and neoplastic pathology. Perform peripheral vascular exam, recognize evidence of infections, nerve injuries, and tumors.
2. Formulate a medical and surgical problem list delineating goals to be achieved, and complications to be avoided when amputation surgery is performed.
3. Learn to prevent intra-operative technical complications during amputation surgery.
4. Integrate preoperative vascular studies into decision making process for level of lower extremity amputation.
5. Learn to prescribe in hospital and outpatient PT, OT. Effectively proscribe prostheses for common levels of lower extremity amputations (above and below knee).
6. Effectively counsel patients and families and caregivers about the plan of care and post amputation course.
7. Identify weight bearing precautions for therapists
8. Formulate a rehabilitation treatment plan for post-operative management of patients with amputations
9. Perform gait evaluation
10. Prescribe wheelchairs and ambulatory devices
11. Prescribe basic components of upper and lower extremity prostheses
12. Describe common post-amputation pain syndromes
13. Describe treatment principles for chronic pain and phantom limb pain and formulate a plan for management of pain after amputation

Traumatic Brain Injury
1. Name predictors of prognosis
2. Assess cognitive deficits using mental status exam or review of neuropsychological exam
3. Treat complications including spasticity, aspiration, agitation, cognitive deficits, and common psychological conditions

SCI
1. Differentiate clinical syndromes and classify neurologic status using ASIA standards
2. Predict level of independence with mobility and ADLs based on level of injury
3. Differentiate sources of pain for patients with SCI
4. Prescribe preventative and/or treatment measures for bowel, bladder, respiratory, syrinx, spasticity, skin breakdown, autonomic dysreflexia, thromboembolic
disease, heterotopic ossification, erectile dysfunction and pain
5. Prescribe appropriate assistive devices for mobility, for ADLs and for communication and computer interfaces
6. Cite possible effects of SCI on sexual response and fertility

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

Objectives:
1. Generate a differential diagnosis for medical or PM&R problems
2. Integrate and apply knowledge to manage complex medical and PM&R problems
3. Understand indications for lower limb amputations for PVD, fulminant and chronic infections and tumors.
4. Know how to optimize the nutritional status, and surgical technique for all patients undergoing amputations.
5. Understand principles of rigid dressings and early postoperative prosthetic fitting techniques.
6. Know techniques used to preserve the knee joint.
7. Promptly identify common postoperative complications and discuss their prevention.
8. Learn skin incisions and flap design for lower limb amputations.
9. Review laboratory data and imaging data and identify normal and abnormal findings
10. Appropriately evaluate orthopaedic literature and present this literature in case presentations.
11. Cite levels of evidence in the orthopedic case-driven medical literature.
12. Understand and apply the basic biomedical statistics in evaluation of the medical literature.
13. Demonstrate the ability to select treatment based on evidence from literature.

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
2. Modify self-directed learning appropriately including feedback provided from the OITE results.
3. Appraise and assimilate evidence from scientific studies to enhance patient care, especially as it relates to pediatric orthopaedic 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 (DVDs, etc)
6. Contribute to discussions concerning patient care with other health care professionals, attendings, and consultants
7. Attend and participate in didactics and teaching rounds
8. Produce a pre-rotation list of specific goals and objectives for the rotation; share these goals with the Program Director and faculty preceptors; track progress towards achieving these goals and objectives; and report on the accomplishments.

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. Assess how one’s own actions affect others, especially in the pediatric setting
3. Integrate the care of pediatric patients in inpatient settings
4. Use diagnostic and therapeutic procedures appropriately and judiciously
5. Evaluate risks, benefits, limitations, and costs of patient care
6. Provide data for conferences to positively affect patient care
7. Participate in clinical pathways designed to improve patient outcomes
8. Serve as patient advocates in dealing with system complexities
9. Serve as patient advocates for quality patient care
10. Work effectively with other services, health care agencies, and case managers
11. Work to improve the system of medical care at the Kapiolani Medical Center for Women and Children

Professionalism

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

Objectives
1. Exemplify and display an observable respect and compassion toward patients
2. Exemplify reliability, punctuality, integrity, and honesty
3. Accept responsibility for one’s own actions and decisions
4. 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 or disability agencies
5. Consider the effects of personal, social, and cultural factors in the disease process and patient management
6. Demonstrate non-judgmental sensitivity and responsiveness to the age, culture, disability status, and gender of patients, families, and colleagues
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 Institutional Site Coordinator)
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. Utilize effective listening skills
6. Communicate and interact with staff/team in respectful, responsive manner
7. Promote teamwork, and coordinate the work up of orthopedic trauma patients

Teaching Methods
PGY-3 residents on the PM & R Amputation Surgery service function with a 1:1 faculty/resident ratio. The program’s residents are the only residents outside of the PM&R program that rotate through this service at the institution. Teaching is by case-method and preceptorship 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 in the third year rotation.

Assessment Method (Residents and Rotation)
Resident performance will be subject to daily formative evaluation in the operating room, and the clinic; the attending staff and senior residents (via Dr Massagli and Karen Ennes) will evaluate each resident at the end of each rotation. Semi-annual evaluation meetings will provide summative evaluation by the JABSOM Orthopedic Surgery Residency Program Director. Resident evaluations of the rotation in conjunction with input from the Institutional Site Coordinator are used to adapt and adjust the rotation experience to the Orthopaedic resident.