



THE UNIVERSITY *of* TEXAS

HEALTH SCIENCE CENTER AT HOUSTON
MEDICAL SCHOOL

Department of Orthopaedic Surgery

**2009- 2010
RESIDENCY MANUAL**

Walter R. Lowe, MD
Chairman

William C. McGarvey, MD
Associate Professor and Program Director

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RESIDENCY MANUAL

INTRODUCTION

The University of Texas Medical School at Houston Orthopaedic Residency Program provides five years of accredited graduate medical education fulfilling the educational requirements of the American Board of Orthopaedic Surgery. This document provides an organizational framework for the residency-training program. It contains information concerning the educational program, patient care responsibilities, and policies regarding research, conferences, journal club, meetings, and vacation. It also contains a set of goals, a five-year curriculum, and a suggested reading list.

MISSION STATEMENT

The Department of Orthopaedics will strive for excellence as a model orthopaedic training ground for physicians of the 21st century.

This pursuit encompasses:

Education - We will provide the best possible educational experience for both students and faculty as we empower them to effectively apply their increasing fund of orthopaedic knowledge. We will instill the commitment to a lifetime of learning.

Research - We will stimulate and foster scholarly research in both basic and applied medical science as we continue to create and evaluate new knowledge, particularly as it relates to the cause, prevention and treatment of musculoskeletal conditions.

Patient Care - We will provide compassionate, contemporary medical care in a professional, effective and cost conscious manner as we encourage a multi- disciplinary team approach to address the needs of the patient as a whole person.

Community Service - We will engage our students and faculty in providing both medical care and health education to members of our community who might otherwise remain unattended.

Personal Development - We will seek to develop in our students, faculty and staff those qualities that will be critical to leadership as we meet the challenges of health care in the 21st century - integrity, professionalism, scholarship, collegiality, creativity and compassion.

EDUCATIONAL OBJECTIVES

In order to accomplish its mission, the Department of Orthopaedics has defined its educational objectives as an orthopaedic residency-training program. These specifically revolve around the ACGME's six general competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice.

PROFESSIONAL CONDUCT

The practice of orthopaedic surgery is a serious responsibility that requires the orthopaedic resident to act professionally at all times with colleagues, nurses, orthopaedic and nonorthopaedic attendings, and the

administrative and clinical staff in the Department of Orthopaedic Surgery (Department) and at affiliated institutions. Any breach of this professional code of conduct will be considered a major impediment to the resident in becoming an effective orthopaedic surgeon. By the same token, the Program Director will insist that all other members of the Department act in a professional and ethical manner. As part of this behavioral code, it is expected that the resident will always be punctual, courteous, and truthful. It is also expected that the resident will avoid all confrontations with other medical personnel and consult with either the Orthopaedic Attending or the Program Director so that the proper steps can be taken to alleviate conflict situations. Each resident is a representative of the Department, and any negative or inappropriate behavior is a reflection on us all. In order to maintain this level of professionalism, it is important that the resident dress appropriately at all times. With these principles in mind, the resident can develop the level of professionalism expected of orthopaedic physicians, and specifically of those graduating from this program.

RESIDENT EVALUATION PROCESS

Resident performance on each rotation will be evaluated by the Attendings and Chief Medical Resident (CMR) with whom they work. The Rotation Chief at the mid-point of the rotation will give an interim evaluation verbally. At the completion of each residency year, the resident will review his or her file and confirm. Formal evaluations will be made at the end of the rotation by the Rotation Chief, other Attendings who have worked with the resident, and the CMR during that rotation. Residents should review these evaluations and discuss them with the Rotation Chief. The evaluation should then be signed and dated and forwarded to the Residency Office for incorporation into the permanent record. Each resident will also evaluate each rotation. All evaluations are kept on file in the Residency Coordinator's office.

The evaluations from the attending staff, the Director's observations, and results of the Orthopaedic In-Training Examination will be used to monitor each resident's performance. The Director will meet with each resident annually to discuss his or her OITE scores and overall evaluation. Additional meetings between the Director and resident will be held as necessary. This communication process will lead to early identification of problem areas. Failure to rectify problems so identified will lead to a formal sequence of disciplinary actions, which can extend from probation to dismissal. Disciplinary action will be administered according to the guidelines stipulated by The University of Texas System Medical Foundation Graduate Medical Education Handbook.

The Director will determine if each resident's continued professional growth and performance have been satisfactory enough to allow the Director to recommend the resident for promotion each year and as an eligible candidate for the certifying examination of the American Board of Orthopaedic Surgery.

CORRECTIVE AND/OR ADVERSE ACTIONS

Summary Actions when the Resident Physician poses a threat to Patient Safety

Under any circumstances in which the Program Director or the clinical department's Education Committee determines that the unsatisfactory performance, conduct, or behavior of the Resident Physician may constitute an immediate threat to patient safety, the Program Director may reassign or suspend the Resident Physician pending a determination by the Program Director regarding the ability of the Resident Physician to continue in the Program. In such cases, the Resident Physician's right to a hearing shall follow the process set forth in Academic Actions, Section II.P.2.

Academic Actions

In the event a Resident Physician encounters difficulty meeting and/or maintaining performance standards as

they pertain to the ACGME Competencies, as well as professional behavior standards (“academic difficulty”), the Resident Physician should seek out the advice and guidance of the Program Director. Likewise, if the clinical department’s education or clinical competence committee and/or the Program Director know that a Resident Physician’s performance is unsatisfactory, the Program Director must contact the Resident Physician and provide adequate verbal and/or written notice and guidance to the Resident Physician about his or her performance and possible corrective action (consistent with section II.M.).

If the Program Director has notified the Resident Physician about his or her unsatisfactory performance, including professional behavior, offered advice and guidance, and, if appropriate, taken corrective action, and the Resident Physician’s performance continues to be less than satisfactory, the Program Director, at his or her discretion, may take appropriate academic corrective and/or adverse action. Corrective/adverse actions include, but are not limited to remedial assignments, letters of warning, probation, suspension, non-promotion, non-reappointment, or dismissal from the Program.

Procedural Guidelines for Academic Actions

In cases where a Resident Physician has been notified of non-promotion, non-reappointment, suspension, or dismissal and believes that such action was levied without the appropriate notice and guidance that would have enabled the Resident Physician to improve his or her performance prior to the corrective/adverse action, the Resident Physician may request that a subcommittee of the GMEC be established to review such action. The Resident Physician must make a written request for review of this decision to the DIO within 14 days of the date that the academic corrective/adverse action in question was levied against the Resident Physician.

The subcommittee review will generally be scheduled within 30 days of the resident’s request for a hearing. The hearing panel will consist of at least three members of the GMEC. The DIO will determine the date of the hearing in consultation with the resident and program leadership. The hearing will be presided over by the chairperson selected by the subcommittee. The conduct of the hearing is at the discretion of the chairperson.

The review by the GMEC subcommittee is restricted solely to the determination of whether the requisite notice and guidance was provided by the Program Director to the Resident Physician.

A final decision will be made by a vote of the subcommittee and will be communicated to the resident within 10 working days after the hearing. Within 10 days after the parties have been notified of the decision, either party may give written notice of appeal to the Dean of the Medical School. The Committee’s decision will be reviewed by the Dean, who may accept or reject the Committee’s decision or may require that the original hearing be reopened. The action of the Dean shall be communicated in writing to the Resident Physician and Program Director as soon as reasonably possible. The decision of the Dean is final.

Non-Academic Actions

In the event allegations of unethical conduct, scholastic dishonesty, theft, or any conduct prohibited by UTHSC-H, The University of Texas System, federal, state, or local law are levied against a Resident Physician, the Program Director or the Foundation may take corrective/adverse action against the Resident, including, but not limited to termination of the appointment of the Resident Physician prior to the end of the appointment term.

If allegations are levied against the Resident Physician that (if confirmed) may subject the Resident Physician to corrective/adverse action, the Program Director will conduct an investigation into the allegations in cooperation with the GME Office or other appropriate office(s). If the investigation substantiates the allegations, notice of the allegations will be delivered by the Program Director to the Resident Physician *via* hand delivery or certified mail

with a copy to the GME office.

Upon receipt of a notice of allegations from a Program Director, the GME office will promptly provide a copy of the following procedures to the Resident Physician.

Procedural Guidelines for Non-Academic Actions

If the Resident Physician does not dispute the allegations, he or she will be asked to sign a Waiver of Hearing and a disciplinary penalty may be assessed by the Program Director or Department Chairperson. If the Resident Physician disputes the allegations, or if the Resident Physician admits the allegations but contests the penalty to be assessed, he or she may request a hearing before a Discipline Committee appointed by the DIO.

The Discipline Committee will consist of three members, one of whom will be a Resident Physician member from a Residency Training Program. The Committee will select its presiding chairperson. The Resident Physician will be given at least 10 days notice of the date, time, and place for such hearing, and names of the members of the Committee. The notice will include a written statement of the allegations and a summary statement of evidence alleged to support such allegations. The notice shall be delivered in person or by certified mail and regular U.S. mail to the Resident Physician at the address appearing in the Program records.

The Resident Physician may challenge the impartiality of any member(s) of the Committee up to three working days prior to the hearing. The challenged member(s) of the Committee shall be the sole judge of whether he or she can serve with fairness and objectivity. In the event a member disqualifies himself or herself, a substitute will be chosen.

At a hearing on the allegations, the Program representative has the burden of going forward with the evidence and the burden of proving the allegations by the greater weight of the credible evidence. The following shall apply:

1. Each party will provide to the GME office a complete list of all witnesses, a brief summary of the testimony to be given by each, and a copy of all documents to be introduced at the hearing. Each party will be provided copies of the above by the GME office prior to the hearing. Deadlines concerning the submission of materials will be set and communicated by the GME office.
2. Each party will have the right to appear and present evidence in person. The Resident Physician may have legal counsel present outside of the hearing room; however, no attorneys will actually appear as an advocate for either party.
3. Each party will have the right to examine witnesses on relevant matters.
4. The hearing will be recorded. If either party wishes to appeal the findings, the record will be transcribed and both parties will be allowed to purchase a copy of the transcript.

The Committee will render and send to both parties a written decision, and at its discretion may impose a penalty or penalties.

Either party may appeal an action taken by the Committee in accordance with the following procedures:

Within 14 days after the parties have been notified of the decision, either party may give written notice of appeal to the Dean of the Medical School. If the decision is sent by mail, the date the decision is mailed initiates the 14-

day period. The Committee's decision will be reviewed by the Dean solely on the basis of the transcript and evidence, if any, considered at the hearing. In order for the appeal to be considered, all necessary documentation, including written argument, must be filed by the appealing party with the Dean within 14 days after notice of appeal is given and the transcript is available. The Dean may approve, reject, or modify the Committee's decision or may require that the original hearing be reopened for the presentation of additional evidence and reconsideration of the decision. The action of the Dean shall be communicated in writing to the Resident Physician and Program Director no more than 30 days after the appeal and related documents have been received. The decision of the Dean is final.

CONDITIONS OF SEPARATION

1. **Resignation** - A Resident Physician may resign from a Program by providing 30 days written notice of his or her intent to resign. The Resident Physician's resignation must be submitted to the Program Director and/or department chairperson. All conditions of appointment will terminate on the effective date of the resignation. At the discretion of the Program Director, a resignation may be accepted effective immediately, notwithstanding the proposed effective date provided by the Resident Physician.
2. **Separation** - Separation may occur at the end of an appointment term under any circumstances in which reappointment does not occur, including successful graduation from the program.
3. **Termination**- A Resident Physician's appointment may be terminated prior to the end of the appointment term as described in section II.P.1., II.P.2., or II.P.3. A Resident Physician so terminated will continue to be compensated for 90 days from the earlier of the date of termination or the end of the appointment term.

ANNUAL AWARDS

The following award will be given annually to the residents:

Scholarship

Given to the residents scoring greater than the 90th percentile on the Orthopaedic- In-Training Examination.

Arthur T. Jansa Courage to Lead Award?

RESIDENT RESPONSIBILITIES

Patient Care Responsibilities

By assuming responsibility for patient care, the resident will develop the skills necessary to practice orthopaedic surgery. Recognizing this, an attempt has been made to delegate as much responsibility for patient care as possible to residents. It must be understood that discretion and tact should be used at all times in discussing patient care with the patient and family.

Under the overall supervision of the attending staff, the resident will be responsible for carrying out the appropriate clinical plan for each patient. It is the responsibility of the resident to sign out to the on-call resident any patient who is medically unstable or requires special attention.

All residents are responsible for prevention or early recognition of problems associated with bed rest, cast, application (e.g. pressure sores, friction burns, nerve palsies, thromboembolic problems, urinary retention,

infection, pneumonia). Appropriate documentation should be made in the chart for all diagnostic and therapeutic management. The patient's attending Physician, not just the attending on call, should be notified of any significant change in the patient. All residents are expected to see the patients on their respective services. Residents should be familiar with the patient's progress each morning, prior to formal rounds, and upon entering the operating room.

Residents are responsible for timely response to requests for assistance from the wards and emergency room. Resident pages will be issued through the Residency Coordinator. It is expected that the resident will call the Memorial Hermann page operator during times when he/she will be unavailable for specific and important reasons. In this way, the Memorial Hermann page operator will be able to instruct the person issuing a page that the resident is unavailable. This will prevent any confusion that might arise when someone attempts to page a resident that is unavailable. If the resident has not signed off page, it will be assumed that he/she is available and it is expected that the resident respond to the page within 10 minutes. Repeated violation of this time constraint will result in disciplinary action.

Consultations

All hospital consultations will be managed by the CMR on the service for later presentation to the appropriate attending physician. The CMR should insure that the consult is registered with the Department before proceeding. The CMR may delegate the consultation to a junior resident, if necessary, to expedite the process; however, definitive treatment recommendations should be determined by the CMR in consultation with the attending physician. Consultations should be carried out as quickly as possible and staffed within 24 hours.

Surgery

No patient will go to surgery without the knowledge and approval of a member of the attending faculty. The residents should confirm that a consent form has been signed and placed on the chart prior to a patient going to surgery. A preoperative note should appear on the chart confirming that surgery is indicated and that the reasons for surgery have been explained, risks associated with the surgery have been discussed, all questions posed by the patient have been answered, and the results of surgery have in no way been assured.

The resident is responsible for entering into the medical record a preoperative checklist to insure that all necessary tests and preparations have been completed.

The responsible resident is expected to be in the operating room at least 15 minutes prior to start of the operation and before the induction of anesthesia unless there is a mandatory conference or Departmental educational activity that prevents this.

The resident is responsible for x-rays and other equipment necessary to perform the operation. The resident is expected to supervise the positioning, prepping, and draping of the patient. Residents will help transfer the patient from the OR table and a resident will remain with the patient until the patient reaches the recovery room. A brief operative note will be entered into the chart specifying the type of anesthesia, surgeon, assistants, procedure done, drain placement, tourniquet time, and condition of the patient at the end of the procedure. When indicated by the attending, the resident will dictate the operative report **on the day of surgery** in addition to writing postoperative orders for the patient.

Every effort should be made to identify as early as possible the patients whom the resident will participate in their surgery. Residents should be prepared to do the surgery. No resident should come to surgery expecting the staff to lead him or her through the procedure. All residents should have reviewed the anatomy and the surgical

technique, know the purpose of the surgery, the risks involved, and the necessary postoperative care. If the responsible resident has questions about the details of the procedure, the attending should be asked prior to the day of surgery or called at home the night before. With the attending surgeon's approval, the resident should meet the patient before surgery and perform a history and physical examination. Demonstrated knowledge of the patient, their diagnosis, treatment options, and the specific operative procedure will be an integral part of the evaluation of the resident's performance on a rotation.

In an effort to reduce the possibility of postoperative infection, it is imperative that surgical scrubs not be worn outside of the operating room. The only exceptions are the on-call resident, if the resident is between surgical cases, and during trauma clinic. The resident will change scrub suits prior to returning to the operative suite.

CALL SCHEDULE

Memorial Hermann Hospital (MHH)

ER Day Call will be from 7:00 AM until 7:00 PM. The day call responsibilities will include coverage of the Emergency Room and the floor units. The resident responsible for assisting in the surgery will perform patient history and physical examinations.

Night Call will be shared by all residents as determined by a schedule prepared by the responsible CMR. The resident will be on call weekdays from 7:00 PM to 7:00 AM and weekends from 7:00 AM to 7:00 pm the next day.

The MHH PGY-2 & PGY-3 residents will share first call at MHH. This call is approximately every fourth night and the resident will remain in-house. The fourth year and the fifth year residents will share second call. Second call may be taken out of the hospital.

First call responsibilities will be coverage of the Emergency Room and in-house orthopaedic patients. If the first call resident is required to take a patient to the operating room and another patient requires attention in the emergency room or on the ward, the second call resident is to be contacted to come in to the hospital.

Second call responsibilities will be to ensure that appropriate care is provided in conjunction with the first call resident.

LBJ Hospital

ER Day Call will consist of coverage by the first and second year LBJ residents from 7:00 AM to 7:00 PM.

Night Call will be shared by all residents as determined by a schedule prepared by the responsible CMR. A resident will be on call from 7:00 PM to 7:00 AM, seven days a week. The resident may take home call from 9:00 PM to 6:00 AM. The PGY 5's will share second call.

On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
3. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
4. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - a. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - c. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

PROGRAM POLICY GOVERNING RESIDENT DUTY HOURS AND ON-CALL SCHEDULES

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Supervision of Residents

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
3. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Duty Hours

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

Duty Hours Exception

An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. The University of Texas Medical School at Houston (UTMS-H) Graduate Medical Education Committee (GMEC) Policy for Review of Requests from Programs for Extension of the 80-Hour per Week Limit on Resident Duty Hours specifies how programs in this institution may apply for such an extension.

Moonlighting

Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program. The primary responsibility of Residents is their assigned academic and clinical duties. Moonlighting will be permitted after Residents demonstrate clinical and academic competency. To be permitted to moonlight without the approval of the Program Director the following criterion must be met:

1. The Residents must attain a score greater than 80 percentile on their OITE.
2. The Residents must be on target to complete their research project by the end of their PGY V, and this will be determined by Dr. Catherine Ambrose.
3. PGY III who has already taken their OITE will be evaluated on an individual basis.
4. The resident must be in good standing with the program

Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

Any Resident that cannot meet the above criterion may present their request for permission to moonlight to the OEC and they will be evaluated by the committee and may be granted permission to moonlight despite failing to meet the above criterion.

Oversight

1. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment.
2. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
3. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

Hospital: _____
 Rotation: _____
 PGY Level: _____

Service Chief Name: _____
 Service Chief Signature: _____
 Date: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	DUTY HOURS	
WEEK 1	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/>		
Day Off: <input type="checkbox"/>	WEEK 1 _____								
WEEK 2	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	WEEK 2 _____	
WEEK 3	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	WEEK 3 _____
WEEK 4	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	Start Time _____ :_____ Stop Time _____ :_____ On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	WEEK 4 _____

	<u> </u> On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	<u> </u> On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	<u> </u> On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	<u> </u> On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	<u> </u> On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	<u> </u> On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	<u> </u> On Call: <input type="checkbox"/> Day Off: <input type="checkbox"/>	
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Call Schedule Changes

Changes in the call schedule must be approved in advance by the respective CMR. Notify the Residency Office so that an "official" call schedule can be accurately maintained (required for accreditation purposes). The call schedule is to be determined and given to the Residency Coordinator by the 15th of the month prior. Failure to comply with this will result in disciplinary action and/or the Program Director determining the call schedule.

ANNUAL LEAVE

All requests for leave must be arranged in advance (four month lead time) with the respective CMR and approved by the attending for the rotation during which you plan to leave. A Request for Leave form must be filled out and signed by all parties as noted below. Leave will be granted only after signatures are obtained, in order, from the following:

1. CMR
2. Attending
3. Residency Coordinator
4. Program Director or Chairman
5. Cross - covering resident (s)

Details concerning the different types of leave are described below.

VACATION

Residents classified as PG1 are permitted the equivalent of two (2) calendar weeks of vacation each year.

Residents classified as PG2 and above are permitted the equivalent of three (3) calendar weeks of vacation each year.

This must all be used during the current academic year; there is no carry forward or borrowing of vacation days. No more or less than seven (7) days of vacation may be taken at any one time except as noted below for interviews. Vacation that is not taken by June 15 of the academic year will be lost.

A maximum of five (5) days off will be allotted for interviews for fellowship or post-residency positions during the Junior and Senior years. This must be cleared with the Program Director and will require a letter of invitation from the program/group you are visiting. This time will be charged as vacation time and a Request for Leave must be turned in.

The Request for Leave form is due in the Residency Office four weeks before the beginning of your current rotation for vacation to be taken in the next or any subsequent rotation. Vacation begins on Saturday at 7:00 AM and runs through the following Saturday at 7:00 AM.

Copies of the Request for Leave form are available in the Residency and CMR offices at the Medical School.

Approval of Vacation

Vacation approval will be granted only after signatures are obtained, in order, from the following:

1. CMR
2. Attending
3. Residency Coordinator
4. Director
5. Cross - covering resident (s)

Guidelines for Vacation

Vacations may not be taken during:

1. The last two weeks of June or the first two weeks in July.
2. The first or last week of a rotation.
3. Christmas week.
4. The week before or during the AAOS Meeting.
5. Exception: presentation at a national orthopaedic meeting

The signed Request for Leave must be in the Residency Office four (4) weeks prior to the beginning of the rotation.

Violations or abuses of this policy will result in a reduction of the resident's allotted vacation time.

SICK LEAVE Sick leave accrual is eight (8) hours per month and accumulates to a maximum of thirty (30) days. Sick leave carries forward from year to year and is lost when you leave the program.

EDUCATIONAL LEAVE The Program Director may authorize a Resident to take a leave of absence to attend an educational meeting each academic year. Such leave is limited to one (1) week each year and will not be considered part of the Resident's vacation. The following meetings are currently recommended.

1. American Academy of Orthopaedic Surgeons (AAOS) Annual Meeting (PG4 or PG5)
2. Dallas Short Course: Orthotics & Prosthetics (PG2 or PG3) or other Pediatric course
3. Tachdjian Course (PG3 or PG4)
4. AO/ASIF Orthopaedic Residents Basic Course or OTA Residents' Basic Fracture Course (PG1, PG2, PG3)
5. Southwestern Orthopaedic Surgery Board Review (PG1 - PG5)
6. Chicago or Colorado Board Review Course (PG4, PG5)
7. Other courses at the discretion of the Director

In order to use education leave, the Department must pay the airfare and the UT Travel Agency must issue the ticket. No direct outside sources of financing (e.g. orthopaedic companies) is allowed. If an outside vendor wishes to pay for your travel expenses, the money must be donated to the Department's Edward Smith Fund for Resident Education. The money will be "earmarked" for your travel to the respective meeting. Any money not used will revert to the Fund for use in other resident expenses. The Chairman must approve any arrangements other than this.

DEPOSITIONS, INSURANCE, AND MEDICAL/LEGAL PROBLEMS Residents should not communicate with attorneys, give depositions, or sign documents of a medical/legal nature until such matters have been discussed with the Director and the involved attending staff.

SUMMARY OF CHIEF RESIDENT RESPONSIBILITIES The CMRs at MHH and LBJ will be responsible for administering the numerous resident functions and will assist in providing organizational and administrative

leadership for the residency program. His/her responsibilities include.

Call Schedule - The preparation of the residents' day and night call schedules for MHH and LBJ. This should ensure adequate coverage at all times for the various hospitals. The monthly schedule is due in the office of the Residency Coordinator by the **15th** of the preceding month.

OR Assignments - Residents are to be assigned to cases the **day prior** to surgery or sooner, if possible. Attendings that will go unassisted will be notified the day before when possible.

Consults - Ensure that all consults are seen on the same day that they are placed. A note is to be made in the progress note section and a consult sheet completed. The CMR should see the consults personally or assign the responsibility to the appropriate resident. The appropriate attending should be contacted immediately so the case can be staffed within 24 hours.

Journal Club - Arrange and administrate Journal Club including assignment of journal articles and distribution of information concerning Journal Club to the appropriate parties.

Grand Rounds - Planning all aspects of Grand Rounds including audio/visual in conjunction with the Program Director. The list of speakers for the following month should be given to the Residency Coordinator no later than the 15th of the preceding month. No speaker is to be contacted without prior approval by the Chairman.

Trauma Conference - Planning of monthly schedule for Trauma Conference for a resident and staff moderator in conjunction with the orthopaedic trauma attending designated for this conference.

CONFERENCES

Didactic Conference – 7:00 - 8:00 AM, Each Tuesday, in MSB B.625 (basement), covering *Sports, Spine, Foot & Ankle, Trauma Cases & Practice Management*. This conference is a didactic experience. Each of the sub-specialties will have a two-year cycle and rotate through the major topics for their sub-specialty. The Chief attending of each sub-specialty will be responsible for the topics and presenters.

Core Knowledge Lecture/OITE Review - 7:00 - 8:00 AM, Each Wednesday, in MSB B.625. Basic Science sessions termed "Orthopaedic Knowledge Sessions" are conducted for a total of forty-eight sessions per year. Topics have been selected based upon recommendations of the ACGME and various preferred orthopaedic review texts in order to provide an overall review of orthopaedic basic science, total joints, hand, and labs over a two-year program. Each session comes under the direct supervision of a full- or part-time faculty member. All residents in the program are required to attend (with the exception of the Shrine resident). The Department provides a review textbook for each resident. Specific Basic Science lecture series are conducted in the basic medical sciences, pathology, and biomechanics as well as OITE review questions.

Sub Specialty Conference - 7:00 - 8:00 AM, Each Thursday of the month, in MSB 2.135, covering *Hand, Trauma, Spine, Sports Medicine, and Research*. Appropriate service faculty moderates these conferences. The attending and the CMR assign the topics to various residents. These will include a didactic presentation on a specific topic each week to allow coverage of all pertinent topics in a two-year period. Case presentations then follow and open up discussion by all residents and faculty in attendance. All residents and faculty attend this conference.

Grand Rounds - 8:00 - 9:00 AM; the first Thursday of the month, in MSB Room 2.103. The topics and

presenters are chosen by the Program Director and the CMR. The topics are generally those of clinical rather than research interest. The presenters are noted experts from the medical school, or other medical institutions within the Texas Medical Center, or outside institutions. The speaker provides instructional course level lectures to the faculty and residents, and highlights current approaches to musculoskeletal problems, new medical treatments, and surgical techniques. Included in this conference are lectures on medical liability, ethics in medicine, billing and collections issues, and other socioeconomic topics pertinent to the practice of medicine. Health care workers, medical students, all residents, faculty, and private physicians from the local community attend this conference. This is a CME accredited lecture. 6:00 – 7:00 PM, the first Monday of the month, Sports Medicine Grand Rounds at the Texas Orthopedic Hospital, 3rd Floor.

Shrine Pedi Conference - 8:30 - 9:30 AM, Each Friday at Shriners Hospital. This conference is the primary pediatric teaching conference for the residents and faculty. All residents other than those at LBJ Hospital attend. The Chief of Staff at Shriners Hospital chooses the topics and presenters. The topics are generally those of clinical rather than research interest. The presenters are noted experts from the medical school, or other medical institutions within the Texas Medical Center, or outside institutions. The speaker provides instructional course level lectures to the faculty and residents. They highlight current approaches to pediatric problems, new medical treatments, and surgical techniques. Included in this conference are lectures on medical liability, ethics in medicine, billing and collections issues, and other socioeconomic topics pertinent to the practice of medicine. Health care workers, medical students, all residents, faculty, and private physicians from the local community attend this conference.

Journal Club - 6:30 -7:30 PM; Second Wednesday of the Month. Topics rotate between Adult Reconstructive, Foot & Ankle, Spine, Hand, Pediatric Trauma, Sports Medicine and Oncology.

Outline for Presentation of Articles at Journal Club

1. Emphasize discussion rather than presentation
2. Assume everyone has read the article
3. Briefly summarize the pertinent aspects of the article in 2-3 minutes maximum
4. Avoid reading the text, i.e. summarize from memory
5. Critically evaluate the article
 - a. Is it well organized, written and understandable?
 - b. If an experiment is presented, is it soundly devised and can you accept their basic premises?
 - c. Are there flaws in the materials or methods of the experiment?
 - d. Are the conclusions warranted from the experimental data?
 - e. Are the conclusions or findings significant?
 - f. Does the article contribute anything to your personal knowledge?
 - g. Is the information presented applicable to our current practice?
 - h. Is anything new presented? How does it relate to current standard of practice?
 - i. Do you know the authors, their reputation, integrity, etc?
 - j. The resident should have looked up and become familiar with any key references in the bibliography.
 - k. What was your overall impression?

Journals for Journal Club

Primary Journals

Journal of Bone and Joint Surgery

Journal of The American Academy of Orthopaedic Surgeons

Anatomy Conference - 5:00 - 6:00 PM, meets six times a year, every other month. They include didactic and slide presentations or cadaveric dissections (depending upon the availability of materials). These sessions are under the direction of the CMR and an invited attending physician with specialty interest in the anatomical region. Various anatomic regions are covered in a regular rotation throughout the year. Surgical skills sessions using sawbones models, and/or cadaveric specimens may be substituted during the year for formal didactic lectures or dissections.

Research Conference - Once per year, usually on the third Friday in June, the department will hold Research Day. All residents PGY2-PGY5, and the fellows will present their research projects at this conference. This conference serves as a forum in which the organization and progress of the individual research projects are reviewed by the appropriate faculty. The conference is under the direct supervision of Dr. Catherine Ambrose, Director of Orthopaedic Research and Dr. William McGarvey, Program Director. This conference also serves to promote a spirit of inquiry and scholarship. Instruction will be given in experimental design, hypothesis testing, statistical methodology, and current research design as part of the didactic core conferences periodically throughout the year.

Interesting Cases Conference - 8:00 - 9:00 AM; Last Thursday each month. This serves the peer review requirements for Memorial Hermann Hospital and LBJ Hospital along with the Department. All complications are reviewed under the supervision of the Chairman of the Department. Recommendations for avoiding problems in the future are made by the faculty. This conference is mandatory for all residents and faculty.

Format for Conference Presentation **The resident responsible** for the conference should record a list of case types and descriptions presented at each conference. This will ultimately be kept on file with the Director. Didactic conferences presented by residents should have an accompanying outline and bibliography, which are circulated to the attendees at the beginning of the conference. A copy of this handout will be kept on file with the Residency Coordinator.

The format of presentation can vary with the purpose.

1. Presentation for therapeutic consideration should be complete, containing vital (but not extraneous) information of the work-up adequate for diagnosis plus the psychological and social factors necessary for determination of therapy. In general, present the history and lab work first, show pertinent examination features, and then show x-rays. The resident should read about the case ahead of time. The resident should be ready to discuss all aspects used in the decision-making process and the available alternatives to therapy. The resident should have formulated a diagnosis and a complete plan of therapy and be ready to defend each.
2. Presentation for diagnosis should contain a complete basic work-up. You should have your own suggestions for further work-up as well as soliciting suggestions from the conference. Again, the resident should read ahead of time and have a differential diagnosis. The resident should also be prepared to extend the discussion into therapy.
3. Interesting cases should be presented concisely, getting to the "interesting part" as quickly as possible.
4. Discussion of complications should also be concise. Deal with information, which bears directly upon the complication. The resident should be prepared to explain the complication and have recommendations for future prevention. When presenting a case in the Interesting Cases conference, the resident who presents the case should have a complete knowledge of the facts of that case.

LECTURESHIPS

The principal event of the academic year is the *Edward T. Smith Orthopaedic Lectureship*. The lectureship was established in 1956 to honor the founder of our orthopaedic program. Each year, a symposium on a specific topic is held with current leaders in that field. Residents are freed from all but emergency requirements for this event. Residents are also free from their usual clinical responsibilities when possible to attend other significant orthopaedic lectureships that are conducted annually in the city of Houston. These include:

Shrine Lectureship, St. Luke's Symposium, MD Anderson Orthopaedic Oncology Review, Others as designated by Department Chairman (e.g. Houston Orthopaedic Society meeting)

PRESENTATION OF PAPERS AND/OR POSTER EXHIBITS

As a means of encouraging resident participation in the process of continuing education and scholarly activity, the Department provides time off from clinical duties and money for travel expenses when the resident is presenting a paper at a national orthopaedic meeting.

Prior to submission, any abstract or paper must be reviewed and approved by an Attending, the Director of Research and the Program Director. Submission of papers should be targeted to the AAOS and specialty societies.

The following guidelines apply to expenses and presentation at such meetings:

A paper presented at the Annual Meeting of the AAOS or the annual meeting of affiliated organizations held with the AAOS meeting will entitle the resident to tourist class round trip airfare, conference site hotel, and meals.

Presentation of papers at any other national orthopaedic meeting must be approved in advance by the Director before travel expenses will be reimbursed.

Expenses will be reimbursed according to UT policy, which requires that receipts are furnished prior to reimbursement. Cab fare is not generally reimbursable, but transportation to and from an airport to the host hotel is reimbursable.

Coverage of expenses and time off only include a period extending from the day prior to the first presentation and including the day after the last presentation. Extension of this time period will be considered vacation time and cannot be reimbursed.

The policy concerning all other meeting invitations will be discussed on an individual basis with the Director.

For all meetings, a Request for Leave form must be filled out and the procedures followed as explained in the section on *Annual Leave*. The CMR must be notified well in advance of the preparation of schedules. All residents making trips to meetings shall be prepared to summarize the meeting for other residents and staff at the next Thursday morning lecture.

EDUCATIONAL FUND Through the generosity of the Edward T. Smith Fund, up to \$1500 per year will be awarded to each resident in the PG2 - PG5 years for the purposes of attending approved courses and meetings and/or purchase of textbooks or other approved educational materials (e.g. CD ROM). Funds from one year may not be carried over to another year. It is important that these funds be managed in an appropriate manner to maximize the number of meetings that can be attended. Reimbursement for

expenses incurred in this way will be provided according to UT policy as described above.

TAYLOR K. SMITH LIBRARY All residents are encouraged to make use of the Departmental Library. No books may be taken out of the library without signing for them and no bound journals or reference books may be checked out. The Departmental Library's purpose is to provide a ready reference for all residents and this cannot be accomplished if books are missing from the library. Please sign books out with the Residency Coordinator so that their location is known at all times.

Resident Research Requirement

Milestone Description This is a description of the milestones that each resident will complete along the way to completing their research project. This is in conjunction with a two year (6 lecture) series on study design, data management, research ethics, presenting research, manuscript preparation etc. that will be presented by the research faculty to the residents as part of their didactic conference schedule. This will coincide with the two-year cycle on clinical and basic science topics. Written below is a short description of each milestone.

Preliminary Project Approval Form: Midway through their second year, each resident will identify their research project. Many kinds of projects and subjects are acceptable as research project. One goal of this requirement is to have a manuscript submitted and accepted for publication by the completion of the residency training. Each resident project will identify both a primary clinical and primary research faculty advisor. With this form, they will submit an idea and a preliminary bibliography/literature search that supports the importance and novelty of their study. This form will indicate that the resident and their primary faculty advisors believe this project will be successful.

Present Protocol (at Research Day): A 15-minute formal protocol presentation will be made to residents, fellows and faculty at Research Day (usually the 3rd Friday in June) at the end of the second year. As part of the presentation, the resident will provide: a) a summary of the background for their study, b) A study motivation statement (ie: why is this an important project?), c) the specific research question or questions that will be answered, d) the methods that will be used to answer the research questions (sample size estimates, incl/excl criteria, type of study, outcome variables (primary and secondary), confounding variables etc, e) an expected results section showing how the results will be analyzed and presented, and f) a conclusion statement reiterating the importance of the study.

Turn in: Preliminary drafts of a few sections of the manuscript will also be submitted at this time, a) Introduction, b) Methods, and c) Bibliography. While the drafts of the manuscript are expected to change somewhat over the course of the study, writing down the details early in the study requires a thorough evaluation of the feasibility and strength of a study. A Final Project Approval Form will also be submitted.

Present Research Progress: A 15-minute formal progress presentation will be made to residents, fellows and faculty at Research Day at the end of both the third and fourth year. As part of the presentation, the resident will provide: a) all the same information from the protocol presentation updated as relevant for the current status and methods of their study, b) a description of the progress to date, c) full data analysis and results on at least half of the data to be collected.

Turn in: Revised drafts of a few sections of the manuscript will also be submitted at this time, a) Introduction, b) Methods, c) Bibliography, and d) Preliminary Results.

Present Final Report: A 15-minute formal final presentation will be made to residents, fellows and faculty at

Research Day at the end of the 5th year.. As part of the presentation, the resident will provide: a) all the same information from the progress presentation, b) full data analysis and results presented, c) complete conclusions and discussion.

******At the time of the Final Presentation the manuscript must be submitted to the target journal and Research Committee******

A panel consisting of faculty and research staff will act as referees for the defense of the project.

Due to the large number of ongoing research projects within the Department, each resident is strongly encouraged to become involved in a project during their first year in residency. As projects are completed, the resident should become involved in other research in order to foster continued scholarly achievement.

Resident Research Requirement Milestones

Name: _____

Research Project Title: _____

Post Graduate Year	Requirement	Date/Initials
December – 2 nd Year	Preliminary Project Approval Form	_____
June – 2 nd Year	Present Protocol (at Research Day) Turn in: Introduction Methods Bibliography Final Project Approval Form	_____
June – 3 rd Year	Present Progress (at Research Day) Turn in: Revised Introduction Revised Methods Revised Bibliography Preliminary Results	_____
June – 4 th Year	Present Progress Report (at Research Day) Turn in: Revised Introduction Revised Methods Revised Bibliography Preliminary Results	_____
June – 5 th Year	Present Final Report (at Research Day) *Submit Manuscript to Journal and Research Committee	_____ _____

This form will be stored in each resident's research file by the Research Secretary. Entries will be initialed and dated as materials are turned in. The files will be regularly reviewed by the Departmental Research Committee.

Resident Research Requirement

Preliminary Project Approval Form

Name: _____ Date: _____

Clinical Faculty Advisor: _____

Research Faculty Advisor: _____

Title: _____

Short description of research questions, significance, and approach to answer research questions:

Funding agency to which application will be submitted: _____

Date submitted: _____

Approval: _____

Clinical Faculty Advisor: _____ Date: _____

Research Faculty Advisor: _____ Date: _____

Departmental Research Committee: _____ Date: _____

Attach relevant bibliography to support your project. Turn this completed form into the Department Research Secretary.

Resident Research Requirement

Final Project Approval Form

Name: _____ Date: _____

Clinical Faculty Advisor: _____

Research Faculty Advisor: _____

Title: _____

Short description of research questions, significance, and approach to answer research questions:

Approval:

Clinical Faculty Advisor: _____ Date: _____

Research Faculty Advisor: _____ Date: _____

Research Committee: _____ Date: _____

Attach: Manuscript introduction, methods, and bibliography. Turn in to Research Secretary.

READING SCHEDULE

Medical Student

SALTER- Musculoskeletal System

PGY-1

CAMPBELL - Operative Orthopaedics
HOPPENFELD- Examination of the Spine and Musculoskeletal Injuries
MILLER-Review of Orthopaedics
BROWNER- Skeletal Trauma
GREEN-Skeletal Trauma in Children
SIMON - Orthopaedic Basic Science

PGY-2

BROWNER-Skeletal Trauma
SCHATZKER/TILE-Rationale for Operative Fracture Care
AO Manual
SIMON - Orthopaedic Basic Science

PGY-3

LISTER- Hand Surgery
DAHLIN- Musculoskeletal Tumors
LOVELLWINTER- Pediatric Orthopaedics
SIMON - Orthopaedic Basic Science

PGY-4

PETTY or MORREY & OKU-Hip & Knee Joint Replacement
DELEE/DREZ- Sports Medicine
ROTHMAN/SIMEONE- Spine
MANN /COUGHLIN- Foot & Ankle
SUBSPECIALITY OKU
SIMON - Orthopaedic Basic Science

PGY-5

OKU 1-9
JBJS
ICL - at least two years
Subspecialty OKU
SIMON - Orthopaedic Basic Science

All OKU's should be used throughout residency training but should be used as a supplement and not the primary source.

Suggested Reading

1. Musculoskeletal Disorders. Regional Examination and Differential Diagnosis. R D'Ambrosia. JB Lippincott, 1977
2. Surgery of the Musculoskeletal System, Vols 1-5. DM Evarts et al. Churchill Livingstone, 1990.
3. Campbell's Operative Orthopaedics (11e), Vols 1-4. Canale & Beaty. CV Mosby, 1987.
4. Manual of Internal Fixation. ME Mueller et al. Springer-Verlag, 1979.
5. Fractures in Children, Browner :Skeletal Trauma.
6. Children's Fractures. M Rang, JB Lippincott, 2005.
7. Pediatric Orthopaedics, Vols 1-3. MO Tachdjian. WB Saunders,
8. Musculoskeletal Tumor Surgery, Vols 1-2. WF Enneking. Churchill Livingstone, 1983.
9. Operative Hand Surgery, Vols 1-3. DP Green. Churchill Livingstone, 2005.
10. Anatomy for Surgeons- Back and Limbs, Vol 3. VVH Hollinshead. Harper, 1969.
11. Extensile Exposure (2e). AK Henry. Churchill Livingstone, 1973.
12. Basic Mechanics of the Skeletal System. VH Frankel & M Nordin. Lea and Febiger, 2001.
13. Handbook of Traction: Casting and Splinting Techniques. RC Lewis. JB Lippincott, 1977.
14. Tumors of Bone and Cartilage. HJ Spjut et al. AFIP, 1971.
15. Anthology of Orthopaedics. M Rang. E. & S. Livingston Ltd, 1975.
16. Roentgen Diagnosis of Diseases of Bone , Vols 1-2. J Edeiken. Williams and Wilkins, 1981.
17. Bone Tumors, Dahlin, 2008.
18. Surgery of the Foot and Ankle (6th ed). RA Mann. & M. Coughlin CV Mosby, 2007.
19. Orthopaedics- Principles and Their Application (3e). Turek. JB Lippincott, 2005.
20. Fractures of the Acetabulum. E Letournel & R Judet. Springer-Verlag, 1993.
21. Instructional Course Lectures. CV Mosbv. published yearly.
22. An Atlas of Anatomy
23. Closed Treatment of Common Fractures (3e). J Charnley. Churchill Livingstone, 2004.
24. Bone Dysplasia - An Atlas of Constitutional Disorders of Skeletal Development. Spranger et al. WB

Saunders, 2002.

25. Pediatric Orthopaedics. Lovell & Winter. JB Lippincott,
26. Operative Orthopaedics, Vols 1-3. MW Chapman. JB Lippincott,
27. The Spine, Vol 11. Rothman & Simeone. WB Saunders, 2006.
28. Rehabilitation Medicine: Principle and Practice. Delisa & Joel. JB Lippincott, 1988.
29. The Science and Practice of Intramedullary Nailing. Browner & Edwards. Lea and Febiger, 1987.
30. Spinal Fusion- Science and Technique. JM Cotler & HB Cotler. Springer-Verlag, 1990.
31. Skeletal Trauma. Browner, et al. WB Saunders.

GUIDELINES FOR LYNDON B. JOHNSON GENERAL HOSPITAL (LBJ) ROTATIONS

LBJGH (Harris County Hospital District) is a member institution of the UT Department of Orthopaedics Residency Training Program. With 332 beds, LBJ provides medical and surgical care to the disadvantaged residents of Harris County without regard to their ability to pay. The resident will gain an increasing level of responsibility in patient management while remaining under the supervision of a full time faculty. An in-depth experience in adult reconstructive orthopaedics, basic orthopaedics trauma, and pediatric orthopaedics is available. Most orthopaedic sub-specialties are represented, and consulting sub-specialty attending faculty is always available.

Rotations consist of the following: PGY 5 = Chief Resident; PGY 4 = Senior Resident; PGY 2 = Junior Resident; PGY 1 = Intern. PGY 1 and 2 residents are directly responsible for in-patient care. Rounds will be conducted at least once a day. Both Senior and Chief residents will be kept constantly informed of the condition of the service in general, and each patient specifically. To satisfy RRC (Residency Review Committee) educational requirements, the resident will review the condition of each hospitalized patient with the Chief of Service every Monday at the 0630 weekly conference. All residents and the Chief of Service will attend. Every preoperative patient scheduled for surgery for that coming week will be presented, as will every patient who has had surgery, or had X-rays with treatment by the orthopaedic service in the emergency department for the prior week.

The Senior Resident is responsible for notifying the OR in writing of the cases scheduled for surgery, by 12 noon the day preceding the intended surgery. The CMR will review that list before **3 PM** and the appropriate order of cases determined and appropriately notated. Every effort should be made to avoid changes after an OR has already been opened for a scheduled case. Any special equipment that is unavailable in the OR and must be ordered from outside will be handled by Operative Services.

The outpatient clinic patient volume will be managed in a way that allows good patient care and completion of the clinic in time for the residents to attend teaching conferences.

From time to time, patients become very difficult for a variety of reasons common to inner city hospitals. It is recommended that when such problems occur, the nurse manager from the floor or the hospital administrator on call, be immediately called into the situation to participate with and record the events and the recommended management of the patient.

GUIDELINES FOR SHRINERS HOSPITALS FOR CHILDREN, HOUSTON

Orthopedic Surgery Residents from UTHSC & Scott and White spend a total of four months at the Shriners Hospitals for Children in Houston. Baylor Residents have ten-week rotations.

Shriners is actively involved in all types of pediatric orthopaedic care. The hospital has a large group of children with orthopaedic problems that the Shriners organization has allowed us the opportunity to treat. The entire staff cherishes this privilege, and it is expected that the residents rotating at the hospital will respect that privilege and the opportunity that Shriners has given them.

Residency Staff Residents from three institutions are present at the Shriners Hospitals for Children, Houston, with rotations of different lengths. Because of this time variance a Chief Resident system is in place. Currently the Chief Resident is the most senior resident on at the Shriners Hospital. If the rotation lengths are modified for any reason, the Chief of Staff will make the Chief Resident assignment taking into consideration seniority at Shriners, orthopaedic training and past performance. The Chief Resident is responsible for coordinating all resident responsibilities of patient care and education. All resident requests

are routed through the Chief Resident.

EDUCATIONAL SCHEDULE:

1. Monday, 7:00- 7:30 am; CHIEF OF STAFF ROUNDS.
2. Monday, 4:00 – 5:30 pm PRE-OP CONFERENCE
3. Tuesday, 7:00 - 8:30 am; JOURNAL CLUB, PEDIATRIC BASIC SCIENCE, OR PEDIATRIC ORTHOPAEDIC CONFERENCES - 5th FLOOR AUDITORIUM.
4. Wednesday, 7:00 - 8:00 am; BAYLOR SUB-SPECIALTY LECTURE
5. Thursday, 7:00 – 8:00am; UT SUB-SPECIALTY LECTURE 8:00 – 9:00am; UT GRAND ROUNDS (1ST Thurs.; Indication 2nd-3rd Thurs.)
6. Friday, 7:00 – 8:00 am; BAYLOR GRAND ROUNDS 8:30- 9:30am, SHRINE GRAND ROUNDS

Chief of Staff Rounds: All residents not in the operating room will round with the Chief of Staff or designee on all patients. Residents not in the operating room will be responsible for knowing and presenting all patients. Appropriate X-rays will be available for presentation. These rounds will emphasize plans & goals.

Journal Club, Pediatric Basic Science, OITE or Pediatric Orthopaedic Conference: All residents will prepare to present at this conference. Journal Club articles will be prepared by all, addressing methods & materials & results only. The resident will deduct conclusions from the material. Basic Science topics will be reviewed by all and presented by residents selected at the time with faculty assistance. OITE questions will be reviewed, and addressed considering all answers. References used in presenting each answer will be discussed. Pediatric Orthopaedic Conferences will be patient- & subject-based. Appropriate references will be presented & discussed.

The Houston Pediatric Orthopaedic Conference is a formal conference with presentations being made by the assigned resident in coordination with his/her assigned staff. It is anticipated that the presentation will utilize slides and appropriate materials. The format for each conference differs according to the desires of the assigned resident and staff. The subjects are assigned, as is the attending staff. The audience consists of local pediatric orthopaedists, other staff orthopaedists, as well as the five residents on pediatric orthopaedic rotations here.

Grand Rounds occur on the wards and involve allied health care & nursing staff, as well as the medical staff. Patient evaluation, plans, and goals are again emphasized. Since some of our patients are hospitalized for a lengthy post-operative period, ongoing evaluation is an important consideration. Appropriate X-rays are selected prior to rounds and presented with the patient.

ALCOHOL AND DRUG ABUSE POLICY: Shriners Hospitals for Children will not tolerate any drug or alcohol use, which imperils the health and well being of its patients and employees or threatens the effectiveness of delivery of our patient care services. The use of illegal drugs and abuse of other controlled substances, on or off duty tends to be less productive, less reliable, and prone to greater absenteeism. The result is the potential for increased cost in this charity's philanthropic operations and, even more important, increased risk in our patient care services. The potential risk to patients is manifestly and completely unacceptable. Shriners Hospitals for Children is a "**ZERO TOLERANCE**" institution for Alcohol and Drug Abuse. Shriners Hospitals for Children has an Alcohol and Drug Abuse Policy applicable to all members of the Medical, Scientific and Resident Staffs. A substance abuse test will be scheduled. through the Medical Staff Office upon arrival of the residents for the Shriners rotation.

CLINICAL AND SURGICAL RESPONSIBILITIES: The Shriners Hospital-Houston has clinics occurring each day, morning and afternoon. Each resident is assigned to the clinic when not present in the operating

room. Two surgical operating rooms run Monday, Tuesday, Wednesday with one Thursday and Friday. It is expected for residents involved a surgical case to see the patient pre-operatively in the clinic and present the patient at the Pre & Post Operative Conference. The attending physician for that patient in the clinic will be the attending physician at surgery. Most clinics begin at 8:00 am and run until noon, with the afternoon clinics beginning at either 12:30 or 1:00 pm. It is mandatory that each resident will appear in the clinic in a punctual manner, and participate for the entire duration of the clinic. The experience at the Shriners Hospital in Houston, involves all areas of pediatric orthopaedics resulting in many sub specialty clinics that are staffed by area experts in the field. The only exceptions to punctual clinic attendance involve the Baylor College of Medicine Orthopaedic Resident, who when assigned to the Wednesday Clinic, is expected to be present by

8:15 am, and the UNIVERSITY OF TEXAS RESIDENTS, WHO WHEN ASSIGNED TO THE THURSDAY CLINIC, ARE EXPECTED TO BE PRESENT BY 9:15 AM.

These exceptions are based on the Grand Rounds at the respective institutions. Each resident will be involved in a broad range of clinics, to ensure that each resident has a similar experience.

The Chief of Staff or his designee must clear any requests for absences because of conferences involving other aspects of the residents' training program. These requests should be from the Director of the Residency Program and not from the respective resident. When residents are scheduled for afternoon teaching conferences at their home programs it is expected that they will have completed the clinic patient assignments before leaving for the conference.

FIELD CLINICS: (Outreach Clinic) Each month a field clinic is held in Amarillo, El Paso, and Rio Grande Valley. Two residents will be attending the El Paso, Amarillo and Rio Grande Valley clinics.

The El Paso Clinic is a one-day obligation, with the entire group leaving Hobby Airport early in the morning, and returning in the late afternoon. The Amarillo and Valley Clinics involve leaving Hobby Airport Thursday afternoon, and returning in the early evening. The Amarillo Clinic group leaves from either Intercontinental or Hobby Airports, Thursday afternoon with a return early Friday evening. For the Valley Clinic, the group leaves from Hobby Airport Thursday afternoon, and returns to Houston late Friday afternoon. Each of these clinics presents a different aspect of pediatric orthopaedics, and is a unique pediatric orthopaedic experience. Many patients are seen in each clinic, with a significant number of resultant surgical experiences. These clinics represent unique aspects of pediatric orthopaedic health care, allowing us to see patients that might not otherwise avail themselves to pediatric orthopaedic care.

During each of these clinics, the residents see a large number of patients, and arrange for appropriate care and consultation with the attending orthopaedist at each clinic.

IN-PATIENT RESPONSIBILITIES: During the rotation at the Shriners Hospital in Houston, 24-hour inpatient resident coverage is necessary. The following is the call coverage policy:

There will be 24-hour on call resident coverage at the Houston Unit, 7 days a week. There will be no exceptions to this policy. From Monday at 6:30 a.m. until Saturday at 6:30 a.m. there will be an Orthopaedic Resident in the hospital at all times. There will be no exceptions for meals, conference attendance, Medical Center Library usage, or off site exercise regimens. The resident call schedule will take into account necessities for conference attendance so that no conflict arises.

From Saturday at 6:30 a.m. until Monday at 6:30 a.m. the on-call Resident may leave the hospital for activities in the Medical Center such as meals, library usage or exercise. These absences may be for no

more than 90 minutes duration, and the Resident must be able to return to the hospital on the ward within 10 minutes of being notified of the need for his/her presence. The exception to this rule will be if patients are in the Step Down Unit. While patients are in the Step Down Unit, it is necessary for the Resident to be in the hospital at all times. Prior to leaving the hospital it is mandatory for the Resident to check with the Charge Nurse on duty at that time. The resident must also notify the Charge Nurse upon return to the hospital.

Residents may not be on call at another facility while on call at Shriners Hospital. Residents who fail to respond or are not readily available can anticipate dismissal from the Shriners Resident Rotation.

1. Weekend call will be shared equally by all residents, including the Chief Resident.
2. Meal tickets will be given according to how many nights the resident is on call. One ticket will be provided for dinner Friday and two for each Sunday that the resident is on call. Breakfast on Saturday and Sunday will be provided and taken to the Inpatient Unit at 8:00 am.
3. The Chief Resident will be the back up for the Resident on call. If the Resident on call has a problem and needs assistance, the Chief Resident should be contacted first unless the Chief Resident has made prior arrangements for someone else to serve as backup. In House Staff will always be willing to help the Resident on call and may be reached by either pager or direct call to home or mobile phone.

DINING ROOM FACILITIES: A meal ticket will be given to each resident for lunch each weekday. The Dining room is located on the floor accessible through the rear of the elevator. Dining room hours are: Breakfast 7:00 a.m. - 10:30 a.m., Lunch 11:00 a.m. -2:00 p.m. and Dinner 5:00 p.m. -6:30 p.m.

LIBRARY FACILITIES: A complete Pediatric Orthopaedic Library is available, with a librarian present three days a week. The librarian will help each resident with literature searches, and preparation of presentations, as well as literature searches involving ongoing research projects. Access to other material not present in our library is available through our librarian.

RESEARCH PROJECTS: Each resident is encouraged to complete a pediatric orthopaedic research project suitable for publication in a refereed journal. The clinical research data coordinator and the librarian are available for these efforts. Orthopaedic staff is available for support for each resident project. The resident completing a Shrine research project, which has this project accepted for presentation at an approved meeting, would have his/her trip and presentation funded by the Shriners Hospital-Houston. The project may be presented to the American Academy of Orthopaedics, as well as required meetings. If the project is accepted for presentation at multiple meetings, the resident's participation will be funded by the Shriners Hospital at each meeting. All resident research projects will be hypothesis-based with an appropriate protocol necessary before funding is assigned.

ANNUAL PEDIATRIC ORTHOPAEDIC SYMPOSIUM: The Shriners Hospital-Houston has held a pediatric orthopaedic symposium for 27 years each spring. This is a two-day symposium involving a guest professor of national prominence. The first day of the symposium on Thursday consists of resident presentations of patients to the guest professor, followed by a presentation of the guest professor of a resident-oriented topic. Dinner occurs that evening with the guest professor. The following morning, on Friday, is the formal symposium, with formal presentations by the guest professor, and one or more of the Senior University of Texas residents involving their ongoing research project.

VACATIONS: No resident may be on vacation for more than one week of each rotation. Baylor residents as a group are permitted two weeks annually from the Shriners experience and one of the two weeks the resident schedules will be arranged and agreed upon by July 15th of each academic year, notifying the

Medical Staff Affairs office by no later than July 15th. A resident may be absent from the rotation for other professional purposes, which include presentations at approved meetings. Approved meetings include major sub-specialty organizations and the American Academy of Orthopaedic Surgeons. Ski and similar meetings would be considered to be a portion of the resident's vacation time.

All requests for vacation and presentations must be made by the Friday of the first week of each resident's rotation, with the added Baylor requirement. No further requests for vacation time or meeting presentations will be accepted. All anticipated absences for any other reason must be presented for consideration by the first Friday, the first week of each rotation. The Chief must approve all requests.

Specific requirements are: 1. No more than one resident may be on vacation during any specific week. 2. Resident vacation will not be approved during the week of field clinics (outreach clinics). 3. Coverage of resident obligations: Other resident coverage must be documented and approved by the Chief Resident before submission to the Chief of Staff for consideration. 4. Vacations will not be granted during the last week of a rotation.

Requests for scheduling vacation prior to the beginning of the rotation will be accepted. These however, must be forwarded through the scheduled Chief Resident for his/her review and approval before they will be considered.

SCOTT & WHITE

ROTATION LEAVE: The Shriners Hospitals for Children-Houston is the last rotation that the Scott & White Resident has in Houston. This requires him/her to move his/her apartment furnishings back to Temple, Texas. Therefore, at the end of this resident's rotation, he will be allowed two (2) moving days. These two days will be exclusive of holidays and weekends. Example: If the rotation ends on Saturday or Sunday, the resident will be allowed the previous Thursday & Friday to move. These two moving days, do not count against vacation time.

WRITTEN EVALUATION: At the end of each rotation, a formal written evaluation will be discussed with each resident who has completed his rotation, which will in turn be submitted to the Program Chairman of the resident's home program. In addition, each resident is required to present a formal written evaluation of the rotation to the Chief of Staff, and discuss it with him. Written evaluation of the rotation by the resident should address the educational aspects of the rotation, including didactic conferences, the available patient experiences, both operative and non-operative; and the availability, support, and teaching of both the voluntary and the full-time staff.

PARKING: Parking is available for each resident on levels 3 and 4. The speed limit in the parking garage is 10 miles per hour. Anyone who speeds in the garage will get one warning and if they speed again, privileges for parking in the garage will be taken away.