

**The University of New Mexico Department of
Orthopaedics and Rehabilitation**

Hand Fellowship Program



**Handbook
Of
Goals and Objectives**

Orthopaedics Mission Statement - Hand

The mission of the orthopaedic hand and upper extremity fellowship program is to provide the foundation for a lifetime of learning and practice of the orthopaedic hand and upper extremity surgery, and to produce graduates who exemplify the highest ideals of our profession. It is our purpose to excel in clinical service, education, and research while maintaining the highest ethical standards, providing compassionate healthcare services, and contributing toward improvement of the healthcare delivery system.

Orthopaedic Department Mission, Vision and Core Values

Mission

The mission of our department is to achieve excellence in health care provider education and musculoskeletal research.

Vision

It is our goal to provide our patients with the most advanced general and subspecialty orthopaedic care available through the partnership of education and research.

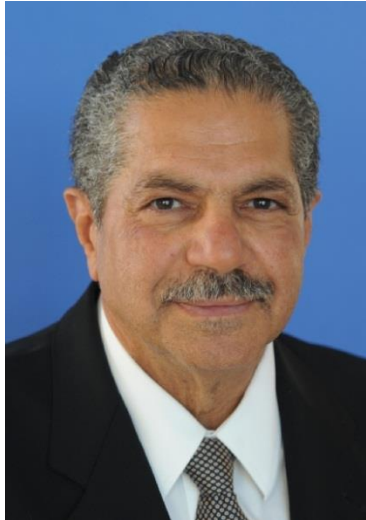
Core Values

Our core values are to:

1. Provide and improve patient care in the treatment of injuries, diseases, tumors, and musculoskeletal developmental problems;
2. Enhance and strengthen undergraduate and postgraduate medical education for medical students, residents, fellows, physical therapists, plaster-brace technicians, emergency care medical technicians, and other allied health personnel; and
3. Conduct and report research activities in the investigation of medical, surgical, and physical problems involving musculoskeletal, neuromuscular, muscular-tendon, and associated structures.

Program Description

Message from the Hand Fellowship Program Director



Thank you for taking an interest in the Hand Fellowship Program. We have two twelve-month, RRC-accredited fellowship positions available every August 1. The next available fellowship is in August of 2015. Completion of an approved orthopaedic, plastic or general surgery residency program is required.

The program is well-balanced between congenital problems, arthritis, trauma, and microsurgery. We have a large volume of peripheral nerve injuries presenting both acute and late. The replantation service is moderately busy with about two to three cases a month. A pediatric upper extremity clinic is held weekly at Carrie Tingley Hospital. There is a microsurgery research laboratory with a full-time technician and three microscopes available at all times during the week for practice, teaching and research. Free flaps are also covered during the fellowship. The orthopaedic service does its own flaps. In addition, we have an active biomechanics research laboratory.

Moheb S. Moneim, MD

Goals & Objectives:

1. Overall goals and objectives of the program are best accomplished by recruiting the most qualified candidates for fellowship training and providing an atmosphere conducive to learning.
- **Basic Sciences:** Basic science of orthopaedic hand is part of the curriculum as follows:
 - 1) Fellow participates in the resident lecture series. The first of 9 blocks is devoted to basic science, of which trauma is a large component. This includes biomechanics of fracture and fracture fixation, biology of fracture healing and anatomy.
 - 2) Fellow specific lectures also include a basic science section for each clinical topic including specific anatomical consideration. See lecture titles in the Scholarly Activity section of the manual.
- **Clinical Topics:** The curriculum will cover all areas of clinical orthopaedics pertaining to the hand and also include primary care topics relevant to trauma. Conferences will be attended by faculty members of the Orthopaedic Department. Clinical topics will be covered in the fellow curriculum and fellow participation in the resident curriculum Wednesday morning and evenings.
- **Lifelong Learning:** An environment of inquiry will be supported through all levels of the training program. The concepts of practice-based learning and improvement, including Evidence Based Medicine, will be taught and emphasized across the spectrum from learning through patient care in an effort to facilitate development of an attitude of perpetual learning. This involves critical review of literature and application to practice.
- **Research:** Fellows will be introduced to research methodology early in the year. Fellows will be expected to participate in meaningful research projects during the year. Protected time for research is provided to all fellows during their weekly schedule. Prior to graduation, each fellow is expected to complete a research project. Faculty will provide guidance and support. Sources of funding for research support are available for projects of sufficient scope.
- **Patient Care:** The fellows work with a PG4 and PG2 on the Hand Service as team leader. This requires close communication with the residents and excellent availability to help out both in the ER, OR, clinic and on the floor. The fellows round on the inpatients on the hand service daily and write a progress note. The fellows need to be familiar with the inpatients on the hand service.

- **Interpersonal and Communication Skills:** Fellows will be exposed to a curriculum and environment that teaches and stimulates the effective exchange of information among health care professionals as a functional team and during the interaction between the physician and the patient, family, and other health professionals.
- **Professionalism & Ethics:** Faculty and fellows will maintain an environment of professionalism including behavior expected of professionals and adherence to ethical principles and sensitivity to a diverse patient population including Native Americans.
- **Systems-Based Practice:** Faculty and fellows will encourage an environment of learning and patient care that considers the overall context of health care delivery in the greater societal paradigm that is of optimal value. Care is based in a Level 1 Trauma center with a wide ranging referral base.
- **Working Environment:** Fellows will work in an environment that emphasizes an appropriate balance between the demands of patient care, the value of hands-on learning, and the potential risk of medical errors. Fellows will be expected to work within the guidelines of the 80 hour work week. Fellows and faculty will be expected to understand and practice the principles of an effective work environment.
- **Evaluative Process:** Faculty and fellows will work within an educational framework that facilitates multiple and frequent modes of evaluation and utilizes the evaluative process in an effort to continually improve the educational and patient care processes.

Competency-Based Goals and Objectives

2. Appendix I contains, in table format, the six core competencies as defined by the ACGME as well as the required skills for each competency, example components, teaching and evaluation methods which will be used by the program.

Hand Specific Goals and Objectives

1. Goals:
 - a. To learn the discipline of hand at the expected level of a hand specialist
 - b. To know the surgical anatomy of the discipline
 - c. To develop advanced differential diagnostic skills
 - d. To learn advanced radiologic interpretive techniques
 - e. To develop proficiency in open, closed and percutaneous technique in the treatment of hand injuries and conditions

2. Objectives

a. Patient Care:

- i. Delivery of patient care that is compassionate and respectful, particularly in the context of hand trauma as well as congenital and acquired deformity.
 - ii. Development of interview skills that are accurate, complete, and include relevant issues such as hand dominance, occupation, and mechanism of injury.
 - iii. Develop and carry out patient care management plans that include other medical disciplines.
- b. Be able to counsel and educate patients and families, and be familiar with available resources to assist this process, with regard to the common hand problems, therapy, and prosthetic and orthotic referrals.
 - c. Be able to work cooperatively with the multidisciplinary team framework that is essential to the management of patients with congenital deformities.
 - d. Patient care is evaluated through the use of faculty observation, graduated level of responsibility, and a mid-year written examination.

3. Medical Knowledge:

- a. Be able to integrate knowledge of the basic science of neoplasms of the hand (including molecular biology, genetics, embryology, pharmacology) with clinical care.
- b. Apply the knowledge of hand anatomy to various hand problems as well as surgical dissection

4. Practice Based Learning and Improvement:

- a. Apply the principles of Evidence Based Medicine to the evaluation, treatment, and prognosis of patients with hand disorders.
- b. Organize and lead the Hand session of Journal Club.
- c. Actively participate in the process of educating patients and their families about issues relating to hand disorders.

5. Interpersonal and Communication Skills:

- a. Demonstrate ability to communicate effectively with patients and their families, including the use of effective listening skills, across the spectrum of age, diagnosis, and degrees of complexity unique to hand surgery.

6. Professionalism:

- a. Demonstrate professional behavior that is respectful, altruistic, ethically sound, and sensitive to patient dignity.

7. Systems-Based Practice:

- a. Understand the role of hand surgery, and orthopaedic surgery in general, in the context of the larger system.
- b. Demonstrate a working knowledge of the medical delivery system.
- c. Practice cost effective care. Be able to demonstrate an appropriate cost effective work-up of a patient with a new hand problem.
- d. Advocate for patients within the healthcare system.

Policies and Procedures

Most of our policies and procedures are located in the Policies and Procedures section of this manual. Policies governed by Graduate Medical Education can be found in the Houseofficers Handbook, which is also available online at http://hsc.unm.edu/som/gme/handbook/intro_houseoffcrs.shtml

On-Call Activities

Fellows will not have any in-house call. Except the two days specified in the checklist.

Call Schedule:

This call schedule is turned into the Medical Residency Coordinator the month prior to call. One fellow, designated as the microvascular back-up fellow, must be present at all times in the Albuquerque area and available to come in and help with difficult cases. The two fellows must work together when scheduling leave, both educational and vacation, to assure that one will always be present to provide coverage.

Policies Regarding Clinical Responsibilities, Graduated Levels of Supervision, and Criteria for Promotion

Curriculum Guidelines for the fellowship are provided as a separate document. It is the fellow's responsibility to occasionally review these and insure that the stated objectives are being met. A *general* guideline follows:

Dress Code

Fellows are expected to dress in business attire when working in the clinic and with patients. This means a suit and tie for those who identify themselves as male-gendered, and the equivalent for those who self-identify as female. Polo shirts and short sleeves are not to be worn in the clinical setting.

Fellow Clinical Responsibilities:

The primary responsibility of the Hand fellow is the efficient and effective operation of the orthopaedic hand service at University of New Mexico Hospital. In order to accomplish these responsibilities, a fellow has the following job description:

- The fellow must coordinate clinical coverage with the resident team on the Hand rotation. They should ensure adequate balance of exposure to evaluating and treating patients in the clinic as well as providing surgical treatment in the operating room. On average, fellows will spend 4 half-days a week in the clinic and 5 half-days a week in the operating room. Time amounting to one half day a week is reserved for scholarly activities.

- When there is an attending out on leave, the fellow will work with another attending in the clinic or the OR unless other arrangements have been made.
- The fellow helps run the Hand OR add on room Wednesdays (when not in lecture) and assists on other days as allowed by the duties.
- Fellow participants in the hand component of the residency curriculum including Wednesday morning and evening. The 3 hour Wednesday will typically have the fellow presenting a 1 hour lecture and discussing the 2 hour topics.
- The fellow is expected to attend the weekly Wednesday morning conference and to have read the articles related to the topic of discussion for that week.
- The fellow will attend the monthly journal club in conjunction with the fellowship program. The fellow will be asked to assist in the didactic teaching of residents, medical students and allied health professionals in areas of trauma. This may include lectures, anatomy dissections, motor skills labs, etc. The fellows give one grand rounds during the fellowship year.
- The fellow should communicate daily with the hand faculty. The fellow is responsible to know of upcoming surgical cases and should assist the residents in pre-op planning and executing a treatment plan.
- The fellow should establish a spirit of cooperation and mutual support among the residents, and be willing to support their problems in discussion with the faculty.
- The fellow has the opportunity to attend and help teach the annual SWOTA PGY2 conference.

Criteria for Completion:

The fellow should evidence maturity in judgment in the approach to solving orthopaedic hand problems and recommendations for treatment. Sound decisions should be based on well-grounded principles. The ability to act singly or in conjunction with others should be demonstrated in the performance of his/her duties. A well-rounded background in the orthopaedic literature should have been accumulated at the time of the annual review by the staff. The fellow should perform within the Department of Orthopaedics standards. The fellow should possess all of the necessary attributes that would qualify him/her for successful completion of the American Board of Orthopaedic Surgeons certification examination.

Appendix II

SCHEDULE

WEDNESDAY MORNINGS

6:30 – 7:30 A.M.	DIDACTICS
7:30 – 8:30 A.M. (1 st Wednesday)	MORBIDITY AND MORTALITY
7:30 – 8:30 A.M.	GRAND ROUNDS
8:30 – 9:30 A.M.	CASE CONFERENCE
8:30 – 9:30 A.M. (4 th Wednesday)	JOURNAL CLUB
9:00 – 12:00 P.M.	Resident DIDACTIC SESSION <i>(The Hand Fellow participates when hand topics are presented)</i>

Fellows are required to attend Grand Rounds every Wednesday morning at 7:30 a.m. and Indications Conference every Friday morning at 7:15 a.m. The fellows and hand attendings are scheduled periodically to provide hand lectures during the Wednesday resident lectures between 9:00 a.m. and noon. The lecture schedule is available from the Medical Residency Coordinator. The fellows should determine who is going to be responsible for which lectures at the beginning of the year. The fellow student should work with the attending in preparing these lectures. Fellows are required to attend and participate in resident education lectures on Wednesday morning when the topic is hand surgery. There are a total of three hand blocks throughout the year with three talks in each block.

Appendix V

Hand Conference Schedule

Faculty: Moheb Moneim, MD
Elizabeth Mikola, MD
Deana Mercer, MD
Tahseen Cheema, MD

Conference Schedule:

- M&M 1st Wednesday of every month, 7:30 – 8:30
- Grand Rounds 2,3,4,5, Wednesday, 7:30 – 8:30
- Tuesday, 7:00 – 8:00 a.m. – Conferences in Omer Library in The Department of Orthopaedics
- Wednesday 9:00 – 12:00 – lectures in Omer Library in The Department of Orthopaedics
- Monthly (3rd Wednesday of month, 7:00 p.m.) Journal Club
- Wednesday 12:30 – 1:30 p.m. – Fellow Tutorial Appendix II