

PEDIATRIC ORTHOPAEDIC ROTATION EVALUATION

PLEASE COMPLETE THE ROTATION EVALUATION FORM FOR YOUR ORTHOPAEDIC SURGERY PEDIATRIC ORTHOPAEDIC ROTATION. THE OBJECTIVES OF THIS ROTATION ARE: Become proficient in the Orthopaedic examination of the child, including the upper extremity, the spine, the lower extremity, the infant hip, the evaluation of gait, and evaluation of the multiply injured child. Learn how to evaluate the spine for scoliosis and understand the nonoperative and operative treatment of this condition. Appreciate the complexities of juvenile athletic injuries and the arthritic conditions of childhood. Learn the developmental milestones of infancy, childhood, and adolescence. Learn to evaluate and differentiate the common Orthopaedic syndromes of children. Be familiar with the hallmarks of child abuse and the multi-disciplinary care of this problem. Understand the indications and principles of nonoperative and operative care for each. Learn how to utilize various imaging techniques in the pre- and postoperative care of children. Know how to interact effectively with the pediatric team, which includes the parents, the pediatrician, the nurses, the therapists, and the social workers.

References: Tachdjian's Pediatric Orthopaedics, Lovell and Winter's Pediatric Orthopaedics, the Pediatric volumes of Skeletal Trauma and Rockwood and Green, the Journal of Pediatric Orthopaedics, and the Pediatric OKU.

WITH THESE OBJECTIVES IN MIND, COMPLETE THE EVALUATION BELOW. DATE: _____

1. LOCATION OF ROTATION: SB UNIV. HOSP. _____ NUMC _____ START DATE: _____
 VAMC _____ WINTHROP _____

2. ARE YOU PROFICIENT AT TAKING A PEDIATRIC ORTHOPAEDIC HISTORY FROM THE PATIENT AND THE FAMILY AND COMMUNICATE EFFECTIVELY WITH THEM? YES ___ NO ___
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

3. ARE YOU ABLE TO DO A PEDIATRIC ORTHOPAEDIC EXAM? YES ___ NO ___
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

4. HAVE YOU LEARNED HOW TO EVALUATE A PATIENT WITH SCOLIOSIS? YES ___ NO ___
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

5. DO YOU UNDERSTAND THE DEVELOPMENTAL MILESTONES OF INFANCY AND CHILDHOOD?
 YES ___ NO ___
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

6. HAVE YOU HAD EXPOSURE TO THE COMMON ORTHOPAEDIC PROBLEMS AFFECTING THE PEDIATRIC AGE GROUP? YES ___ NO ___
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

7. DO YOU HAVE AN APPRECIATION OF JUVENILE TRAUMA, ATHLETIC INJURIES AND THE ARTHRITIC CONDITIONS AFFECTING CHILDREN? YES ___ NO ___
 IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

8. DO YOU KNOW HOW TO APPLY MODERN PRE-OPERATIVE IMAGING TECHNIQUES TO CHILDREN?
 YES ___ NO ___

9. HAVE YOU HAD EXPOSURE TO SURGICAL TECHNIQUES COMMONLY USED FOR PEDIATRIC PROBLEMS?
 YES ___ NO ___
 IF YES PUT AN "X" IN THE APPROPRIATE BOX.

01-	02-	03-	04-	05-	06-	07-	08-	09-	10-	11-	12-
MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

10. CAN YOU MANAGE THE PEDIATRIC PATIENT POST-OPERATIVELY? YES ___ NO ___
11. DO YOU UNDERSTAND THE PAIN SCALE AND THE NEWER APPROACHES TO PAIN MANAGEMENT AS THEY APPLY TO CHILDREN? YES ___ NO ___
12. ARE YOU COMFORTABLE WITH PEDIATRIC MEDICATIONS AND DOSES? YES ___ NO ___
13. ARE YOU ABLE TO IDENTIFY THE HALLMARKS OF CHILD ABUSE? YES ___ NO ___
14. WHAT OPERATIVE AND POST-OPERATIVE COMPLICATIONS HAVE YOU SEEN IN CHILDREN?
 1.
 2.
 3.
- 14A. HAVE YOU LEARNED TO MANAGE THESE COMPLICATIONS? YES ___ NO ___
15. HAVE YOU USED THE RECOMMENDED REFERENCES? YES ___ NO ___
- 15A. WERE THEY HELPFUL? YES ___ NO ___
- 15B. DO YOU RECOMMEND ANY DIFFERENT REFERENCES? YES ___ NO ___
- IF YES, TITLE: _____
16. DID YOU GET TO CLINIC/OFFICE HOURS WHILE ON THE ROTATION? YES ___ NO ___
17. DID YOU GET TO CONFERENCES WHILE ON THE SERVICE? YES ___ NO ___
18. DID YOU ASSIST WITH THE ELECTIVE CASES WHILE ON THE SERVICE? YES ___ NO ___

COMMENTS: _____

FACULTY ASSESSMENT

1. RATE THE TEACHING FACULTY'S OVERALL PERFORMANCE WHILE ON THE PEDIATRIC ROTATION.
 PLACE CHECK IN THE BOX WITH THE APPROPRIATE NUMBER.

01	02	03	04	05	06	07	08	09	10	11	12
MARGINAL		POOR		AVERAGE		GOOD		EXCELLENT		SUPERIOR	

2. RATE THE FACULTY'S ABILITY AND MOTIVATION TO TEACH THE PRINCIPLES OF ORTHOPAEDIC SURGERY.
 PLACE CHECK IN THE BOX WITH THE APPROPRIATE NUMBER.

01	02	03	04	05	06	07	08	09	10	11	12
MARGINAL		POOR		AVERAGE		GOOD		EXCELLENT		SUPERIOR	

3. RATE THE WILLINGNESS AND AVAILABILITY OF THE FACULTY TO DISCUSS ISSUES OF CLINICAL CARE.
 PLACE CHECK IN THE BOX WITH THE APPROPRIATE NUMBER.

01	02	03	04	05	06	07	08	09	10	11	12
MARGINAL		POOR		AVERAGE		GOOD		EXCELLENT		SUPERIOR	

4. DID THIS ATTENDING INCREASE THE RESIDENT'S LEVEL OF CLINICAL RESPONSIBILITY AS THE ROTATION PROGRESSED? YES ___ NO ___
5. DID THE FACULTY PARTICIPATE IN ACADEMIC FUNCTIONS AND/OR RESEARCH WORK OF THE RESIDENTS? YES ___ NO ___
6. PLEASE NOTE YOUR PGY LEVEL: _____