

ORTHOPAEDIC SURGERY SPINE ROTATION EVALUATION

PLEASE COMPLETE THE ROTATION EVALUATION FORM FOR YOUR ORTHOPAEDIC SPINE ROTATION. THE OBJECTIVES OF THIS ROTATION ARE: Understanding the physical diagnosis of the nervous system as it applies to Orthopaedics and spine surgery. Apply this knowledge to the outpatient, inpatient, and emergency patient with spinal problems. Study the acute care of the patient with spinal cord injury. Learn the chronic problems encountered by the patient with spinal cord injury. Study the rehabilitation of this complex group of injuries. Learn the management of injury and surgical complications in the spine patient. Review operative and nonoperative alternatives of care, including spinal bracing. Understand the Worker's Compensation system involvement with this group of patients. Study the imaging tools needed for their evaluation.

References: Bridwell and DeWald's Spine, Rothman and Simeone's The Spine, and OKU: Spine.

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 SPINE ORTHOPAEDIC HISTORY? YES ___ NO ___

IF YES PUT AN "X" IN 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 THE SPINE AND NEUROLOGICAL EXAMINATION IN OUTPATIENTS, INPATIENTS AND EMERGENCY PATIENTS WITH A SPINAL PROBLEM? 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 REVIEWED THE ACUTE AND CHRONIC SPINAL CORD INJURY LITERATURE? YES ___ NO ___

5. ARE YOU ABLE TO ORDER APPROPRIATE PRE-OPERATIVE IMAGING EVALUATION OF PATIENTS WITH SPINE AND SPINAL CORD INJURIES? 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 ADEQUATE EXPOSURE TO THE SURGICAL AND NON-SURGICAL TECHNIQUES FOR TREATING SPINAL PROBLEMS? YES ___ NO ___

7. 6A: CAN YOU APPLY SKELETAL CERVICAL TRACTION AND A HALO: YES ___ NO ___
 DO YOU UNDERSTAND SPINAL BRACING? YES ___ NO ___

8. CAN YOU MANAGE THE SPINE PATIENT POST-OPERATIVELY? 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			

9. DO YOU UNDERSTAND THE REHABILITATION OF THE SPINAL CORD INJURY PATIENT? 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			

10. DO YOU UNDERSTAND THE PAIN SCALE AND THE NEWER APPROACHES TO PAIN MANAGEMENT IN INPATIENTS AND OUTPATIENTS WITH SPINE PROBLEMS? YES ___ NO ___

11. HAVE YOU STUDIED THE WORKERS' COMPENSATION AND NO FAULT INSURANCE SYSTEMS AS THEY PERTAIN TO PATIENTS WITH SPINAL PROBLEMS AND OTHER ORTHOPAEDIC PROBLEMS? YES ___ NO ___

12. WHAT CAST, OPERATIVE, AND POST-OPERATIVE COMPLICATIONS HAVE YOU SEEN?
 1.
 2.
 3.

12A. HAVE YOU LEARNED TO MANAGE THESE COMPLICATIONS? YES ___ NO ___

13. HAVE YOU USED THE RECOMMENDED REFERENCES? YES ___ NO ___
- 14A. WERE THEY HELPFUL? YES ___ NO ___
- 14B. DO YOU RECOMMEND ANY DIFFERENT REFERENCES? YES ___ NO ___
IF YES, TITLE: _____
14. DID YOU GET TO CLINIC/OFFICE HOURS WHILE ON THE ROTATION? YES ___ NO ___
15. DID YOU GET TO CONFERENCES WHILE ON THE SERVICE? YES ___ NO ___
16. 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 SPINE 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 STATE YOUR PGY LEVEL: _____