

FRACTURE/TRAUMA AND FACULTY ASSESSMENT ROTATION EVALUATION

PLEASE COMPLETE THE ROTATION EVALUATION FORM FOR YOUR ORTHOPAEDIC SURGERY FRACTURE/TRAUMA ROTATION. THE OBJECTIVES OF THIS ROTATION ARE: Become proficient in the acute care and management of extremity trauma, including application of splints and casts. Understand the fundamentals of closed treatment of fractures, including traction, and apply that knowledge to patient care. Understand the theory of operative treatment of fractures and apply that knowledge to patient care. Utilize instrumentation systems for fixation of fractures. Learn and use the open fracture classification. Become familiar with common fracture classification and their implications for treatment. Understand complications of fractures and extremity trauma, including compartment syndrome and infection. Understand the Workers' Compensation and No-Fault insurance systems. Work with the General Surgery Trauma team as well as other consulting services to provide coordinated care to the patient with multi-systems injuries.

References: Rockwood and Green's Fractures in Adults and Children, Broner et al Skeletal Trauma, Manual of Internal Fixation, Letrounel's Pelvic and Ace Tabular Injury and Fractures, Journal of Trauma, and the Journal of Orthopaedic Trauma.

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 ORTHOPAEDIC TRAUMA HISTORIES? 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 AN EMERGENCY ORTHOPAEDIC TRAUMA 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 REVIEWED THE COMMON ADULT EXTREMITY FRACTURES? 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. HAVE YOU HAD ADEQUATE EXPOSURE TO THE CLOSED MANAGEMENT OF ADULT FRACTURES?
 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 MANAGEMENT OF ADULT FRACTURES?
 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. ARE YOU COMFORTABLE WITH THE PRE-OP EVALUATION OF TRAUMA PATIENTS? YES ___ NO ___

8. HAVE YOU LEARNED HOW TO COORDINATE THE ORTHOPAEDIC CARE OF THE TRAUMA PATIENT WITH THE GENERAL SURGERY TRAUMA TEAM? YES ___ NO ___

9. CAN YOU MANAGE THE TRAUMA PATIENTS 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			

10. DO YOU UNDERSTAND THE PAIN SCALE AND THE NEWER APPROACHES TO PAIN MANAGEMENT?
 YES ___ NO ___

11. HAVE YOU LEARNED THE CLASSIFICATION OF OPEN FRACTURES AND THE IMPLICATION OF THE CLASSIFICATION TO TREATMENT? 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			

12. HAVE YOU BEEN EXPOSED TO THE CLASSIFICATION SYSTEMS OF THE MAJOR FRACTURE TYPES? 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			

13. DO YOU KNOW HOW TO USE THE ICD:9 AND CPT CODING SYSTEMS AS THEY RELATE TO FRACTURE CARE DOCUMENTATION? 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			

14. WHAT CAST, OPERATIVE, AND POST-OPERATIVE COMPLICATIONS HAVE YOU SEEN?

- 1.
- 2.
- 3.

- 14A. HAVE YOU LEARNED TO MANAGE THESE COMPLICATIONS? YES ___ NO ___

15. HAVE YOU USED THE RECOMMENDED REFERENCES? YES ___ NO ___
IF YES, TITLE: _____

- 15A. WERE THEY HELPFUL? YES ___ NO ___

- 15B. DO YOU RECOMMEND ANY DIFFERENT REFERENCES? YES ___ NO ___

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 FRACTURE/TRAUMA 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: _____

