

**ADULT ORTHOPAEDIC ROTATION EVALUATION**

PLEASE COMPLETE THE ROTATION EVALUATION FORM FOR YOUR ADULT ORTHOPAEDIC SURGERY ROTATION. THE OBJECTIVES OF THIS ROTATION ARE: Become proficient in the Orthopaedic examination of the adult with chronic joint pain, including variations gait. Learn to differentiate the forms of arthritis from neuromuscular disease both chronic and acute. Learn surgical techniques of the adult reconstructive surgery. Learn the principles of pre-and post-operative care including pre-op skills templating for THR and TKR. Post-op management skills include pain control and DVT prevention. You will learn, recognize, and treat complications. Become familiar with the adult reconstructive orthopaedic literature.

References: Journal of Bone and Joint Surgery, Clinical Orthopaedics and Related Research, Journal of Arthroplasty and OKU: Hip and Knee Recon 1&2.

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 ADULT ORTHOPAEDIC HISTORY? 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 ADULT ORTHOPAEDIC EXAMS FOR ALL EXTREMITY JOINTS? 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 MAJOR TYPES OF ARTHRITIS AFFECTING ADULTS? 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 SURGICAL TECHNIQUES FOR ADULT ORTHOPAEDIC TREATMENTS? 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. ARE YOU COMFORTABLE WITH THE PRE-OP EVALUATION OF ADULTS? 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. CAN YOU DO TEMPLATING FOR A THR AND A TKR? 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. CAN YOU MANAGE THE ADULT 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 PAIN SCALE AND THE NEWER APPROACHES TO PAIN MANAGEMENT?  
 YES \_\_\_ NO \_\_\_

10. DESCRIBE THREE DVT PREVENTION OPTIONS FOR ADULT PATIENTS

- 1.
- 2.
- 3.

11. WHAT OPERATIVE AND POST-OPERATIVE COMPLICATIONS HAVE YOU SEEN?

- 1.
- 2.
- 3.

11A HAVE YOU LEARNED TO MANAGE THESE COMPLICATIONS? YES \_\_\_ NO \_\_\_

12. HAVE YOU USED THE RECOMMENDED REFERENCES? YES \_\_\_ NO \_\_\_

12A WERE THEY HELPFUL? YES \_\_\_ NO \_\_\_

12B DO YOU RECOMMEND ANY DIFFERENT REFERENCES? YES \_\_\_ NO \_\_\_

IF YES, TITLE: \_\_\_\_\_

13. DID YOU GET TO CLINIC/OFFICE HOURS WHILE ON THE ROTATION? YES \_\_\_ NO \_\_\_

14. DID YOU GET TO CONFERENCES WHILE ON THE SERVICE? YES \_\_\_ NO \_\_\_

15. DID YOU ASSIST WITH ELECTIVE CASES WHILE ON THE SERVICE? YES \_\_\_ NO \_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FACULTY ASSESSMENT

1. RATE THE TEACHING FACULTY'S OVERALL PERFORMANCE WHILE ON THE 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 ADULT  
 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 ADULT  
 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 STAFF 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: \_\_\_\_\_