

## HAND/ELBOW ROTATION EVALUATION

PLEASE COMPLETE THE ROTATION EVALUATION FORM FOR YOUR HAND/ELBOW ROTATION. THE OBJECTIVES OF THIS ROTATION ARE: Learn the anatomy of the elbow, forearm, wrist, and hand. Become familiar with the common clinical problems of this anatomic area that present to the practicing Orthopaedist. Learn the appropriate techniques for evaluating these patients both pre-and postoperatively. Apply these skills in both the outpatient and inpatient settings. Participate in surgeries in the hospital as well as in the ambulatory surgery center. Learn all aspects of a comprehensive hand, wrist, and elbow examination. Appreciate the application of the skills of a trained hand therapist in the treatment of hand and elbow problems. Understand the findings and techniques of advanced imaging studies as they apply to hand/wrist/elbow pathology and trauma. Learn how to diagnose hand, wrist, and elbow problems and effectively treat them surgically. Diagnose and treat complications. Be introduced to the use of magnification in surgery. Use surgical loupes and the operative microscope.

References: Green et al Operative Hand Surgery, Peimer's Surgery of the Hand and Upper Extremity, Blair's Techniques in Hand Surgery, Gelberman's The Wrist: Master Techniques in Orthopaedic Surgery, Trumble's Hand Surgery OKU-Hand, and Morrey's The Elbow and Its Disorders.

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 HISTORY IN THE PATIENT WITH HAND, WRIST AND ELBOW COMPLAINTS? 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 COMPREHENSIVE HAND, WRIST AND ELBOW EXAMINATIONS? 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 ORTHOPAEDIC PROBLEMS SEEN IN THE HAND, WRIST AND ELBOW IN ADULTS AND 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			

5. ARE YOU COMFORTABLE WITH THE PRE-OPERATIVE EVALUATION OF THIS UNIQUE GROUP OF PATIENTS? 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 TECHNIQUES USED TO TREAT HAND, WRIST AND ELBOW PROBLEMS? 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 UNDERSTAND THE USE OF MANIFICATIONS IN ORTHOPAEDICS? YES \_\_\_ NO \_\_\_  
 8A. HAVE YOU USED LOUPES? YES \_\_\_ NO \_\_\_ /OPERATIVE MICROSCOPE YES \_\_\_ NO \_\_\_

8. CAN YOU MANAGE HAND PATIENTS POST-OPERATIVELY? YES \_\_\_ NO \_\_\_

IF YES PUT AN "X" IN THE BOX WITH THE APPROPRIATE NUMBER

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MINIMAL KNOWLEDGE				AVERAGE KNOWLEDGE				VERY KNOWLEDGEABLE			

9. CAN YOU MANAGE THE REPLANT PATIENT POST-OPERATIVELY? YES \_\_\_ NO \_\_\_

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

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 THE ELECTIVE CASES WHILE ON THE SERVICE? YES \_\_\_ NO \_\_\_

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

### FACULTY ASSESSMENT

1. RATE THE TEACHING FACULTY'S OVERALL PERFORMANCE WHILE ON THE HAND/ELBOW 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 HAND 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: \_\_\_\_\_