

**The Ohio State University
Department of Orthopaedics
Orthopaedic Residency Program**

Competency Curriculum

Interpersonal and Communication Skills

Activity	Assessment Method	Evaluator(s)	When Occurs	How documented
Observation of resident in clinic, OR, rounds, etc.	Direct observation	Allied Health Professional Attending Chief Resident Peers Self	Every rotation	Ongoing, mid-rotation, and final rotations feedback from faculty to residents. Written comments/ratings on faculty evaluation of resident forms
Written evaluations done on residents	Global assessment	Allied Health Professional Nurse Peers Self	Every rotation	Comments/ratings on PCRM, self, and peer evaluation of residents forms
Objective Structured Clinical Examination	Direct Observation (via standardized patient simulations)	Attending Standardized patients	Once a year	Completion of checklists, completion of short final exam, review of outcomes with residents
Informed Consent Practice and evaluation	Standardized patient examination	Senior residents and/or allied health personnel and/or faculty	Once a year	Evaluation form completed during informed consent practice session
Various seminars	Role-play or simulations	Allied Health Professionals Program Director	Various	
On-line Education Modules	Other	On-line exam	Done at resident's own pace, but must be done in order to complete program	On-line module completion summary

Medical Knowledge

Activity	Assessment Method	Evaluator(s)	When Occurs	How documented
Comprehensive Orthopaedic Anatomy Program	Anatomic or animal models	Faculty Supervisor	Eight sessions each summer	
Observation of resident in clinic, OR, rounds, etc.	Direct observation	Allied Health Professional Attending Chief Resident Peers Self	Every rotation	Ongoing, mid-rotation, and final rotations feedback from faculty to residents. Written comments/ratings on faculty evaluation of resident forms
Objective Structured Clinical Examination	Direct Observation (via Standardized patient simulations)	Attending Standardized patients	Once a year	Completion of checklists, completion of short final exam, review of outcomes with residents
Written evaluations done on residents	Global assessment	Allied Health Professional Nurse Peers Self	Every rotation	Comments/ratings on PCRM, self, and peer evaluation of residents forms
Annual OITE Exam	In-training examination	Other	Once a Year	Scoring by AAOS, discussion of results with program director
Morbidity and Mortality	Structured case discussions	Attending Faculty Member Program Director	Monthly at Grand Rounds, approximately eight times a year	Discussion with entire faculty body

Patient Care

Activity	Assessment Method	Evaluator(s)	When Occurs?	How Documented
Observation of resident in clinic, OR, rounds, etc.	Direct observation	Allied Health Professional Attending Chief Resident Peers Self	Every rotation	Ongoing, mid-rotation, and final rotations feedback from faculty to residents. Written comments/ratings on faculty evaluation of resident forms

Objective Structured Clinical Examination	Direct Observation (via Standardized patient simulations)	Attending Standardized Patients	Once a year	Completion of checklists, completion of short final exam, review of outcomes with residents
Arthroscopy Wet Labs	Other	Attendings	Five Sessions per Year	Completion of Checklists
Written evaluations done on residents	Global assessment	Allied Health Professional Nurse Peers Self	Every rotation	Comments/ratings on PCRM, self, and peer evaluation of residents forms
Informed Consent Practice and evaluation	Standardized patient experience on "obtaining surgical informed consent"	Senior residents and/or allied health personnel and/or faculty	Once a year	Evaluation form completed during informed consent practice session
On-line Education Modules	Other	On-line exam	Done at resident's own pace, but must be done in order to complete program	On-line module completion summary

Practice-Based Learning and Improvement

Activity	Assessment Method	Evaluator (s)	When Occurs	How Documented?
Observation of resident in clinic, OR, rounds, etc.	Direct observation	Allied Health Professional Attending Chief Resident Peers Self	Every rotation	Ongoing, mid-rotation, and final rotations feedback from faculty to residents. Written comments/ratings on faculty evaluation of resident forms
Objective Structured Clinical Examination	Direct Observation (via Standardized patient simulations)	Attending Standardized Patients	Once a year	Completion of checklists, completion of short final exam, review of outcomes with residents
Arthroscopy Wet Labs	Other	Attendings	Five Sessions per Year	Completion of Checklists
Written evaluations done on residents	Global assessment	Allied Health Professional Nurse	Every rotation	Comments/ratings on PCRM, self, and peer evaluation of

		Peers Self		residents forms
Review of operative dictation/case and end of rotation	Review of case or procedure log (with attending at end of rotation)	Program Director	Ongoing	
Journal club	Structured case discussions	Attending Chief Resident Program Director	Monthly, approximately 10 times per year	
Morbidity and Mortality	Review of patient outcomes	Faculty Member Program Director	Monthly at Grand Rounds, approximately eight times a year	Discussion with entire faculty body
On-line Education Modules	Other	On-line exam	Done at resident's own pace, but must be done in order to complete program	On-line module completion summary

Professionalism

Activity	Assessment Method	Evaluator (s)	When Occurs?	How Documented?
Observation of resident in clinic, OR, rounds, etc.	Direct observation	Allied Health Professional Attending Chief Resident Peers Self	Every rotation	Ongoing, mid-rotation, and final rotations feedback from faculty to residents. Written comments/ratings on faculty evaluation of resident forms
Objective Structured Clinical Examination	Direct Observation (via Standardized patient simulations)	Attending Standardized Patients	Once a year	Completion of checklists, completion of short final exam, review of outcomes with residents
Written evaluations done on residents	Global assessment	Allied Health Professional Nurse Peers Self	Every rotation	Comments/ratings on PCRM, self, and peer evaluation of residents forms
Seminar on Professionalism in Orthopaedics	Lecture Role-play or simulations	Attending	Once a Year	
Various seminars	Role-play or	Allied Health	Various times	

(i.e. communications, diversity, etc.)	simulations	Professional Program Director	throughout the year	
On-line Education Modules	Other	On-line exam	Done at resident's own pace, but must be done in order to complete program	On-line module completion summary

Systems-Based Practice

Activity	Assessment Method	Evaluator (s)	When Occurs?	How Documented?
Observation of resident in clinic, OR, rounds, etc.	Direct observation	Allied Health Professional Attending Chief Resident Peers Self	Every rotation	Ongoing, mid-rotation, and final rotations feedback from faculty to residents. Written comments/ratings on faculty evaluation of resident forms
Written Evaluations done on residents	Global Assessment	Allied Health Professional Nurse Peers Self	Every rotation	Comments/ratings on PCRM, self, and peer evaluations of residents forms
Billing Presentation/Coding Session	Practice/billing audit	Allied Health Professional Program Director	Once a Year	Evaluation form at end of session, sign-in sheet,
On-line Education Modules	Other	On-line exam	Done at resident's own pace, but must be done in order to complete program	On-line module completion summary

Descriptions of Select Activities:

1. **OSCE – Objective Structured Clinical Examination**

Competencies: Interpersonal and Communication Skills, Patient Care, Practice-Based Learning and Improvement, Professionalism

Description of Activity: Standardized patients are trained on four clinical scenarios (UE, LE, Spine and trauma). Checklists were created for the necessary key points in the history and PE. The sessions are videotaped and sub-specialists watch the videos and grade the residents using the checklists.

The SP's evaluate the residents' communication/professionalism skills. A five question post-exam decision making quiz is given to the residents. Scores are compiled, analyzed and individually reviewed with each resident. Due to grant funding, we plan to develop more scenarios and validate our checklists. We strongly believe that patient simulation is one of the most effective ways to assess resident communication skills, patient interaction skills and PE skills. Ultimately, we plan to:

- Make the OSCE a yearly event for our residency;
- Create more clinical scenarios and rotate the scenario's every year;
- Validate our history and PE checklists;
- Continue with the decision making post-exam test;
- Continue with the SP assessment of resident communication skills;
- Sit down with each resident on an individual basis, give feedback and review their scores from each aspect of the OSCE.

2. **Informed Consent Practice and Evaluation**

Competencies: Interpersonal and Communication Skills, Patient Care,

Description of Activity: PGY1 and PGY2 residents view an "informed consent training powerpoint with audio. Chief Residents then present a case to the PGY1's and PGY2's. A checklist is used by the chiefs to evaluate performance on giving informed consent. Checklist is kept in resident's file.

3. **Comprehensive Orthopaedic Anatomy Program**

Competencies: Practice-Based Learning and Improvement, Medical Knowledge

Description of Activity: Goal is to better correlate and teach MSK anatomy and PE skills in a novel Comprehensive Orthopedic Anatomy (COA) program. Ultimately we aim to raise awareness for the importance of the "lost art" of the MSK PE and its' unique correlation to MSK anatomy. The goal of the COA program is teach MSK anatomy and PE skills with a defined set of objectives in a more intimate setting to facilitate individual participation.

Structure is as follows:

- 5 total stations = 5 residents per station;
- 4 anatomy stations/4 extremities;
- Stations will be lead by a senior resident;
- Clear objectives will be created for each station/dissection;
- This summer syllabus will be distributed ahead of time;

- Seniors will quiz juniors, giving instant feedback;
- Residents will rotate to each station and be quizzed at each;
- PE will be an interactive station with an attending reviewing a presentation on normal and abnormal PE findings.

4. **Billing Presentation/Coding Session**

Competencies: Practice-Based Learning

Description of Activity: Presentation is done once a year for all residents. Coding principles are taught. Attendance is documented for all residents.

5. **Arthroscopy Wet Labs**

Competencies: Practice-Based Learning, Patient Care

Description of Activity: Labs are conducted in Basic and advanced shoulder/basic and advanced Knee/Hip according to the following structure:

Basic Knee – for PGY2’s and PGY3’s

Advanced Knee – For PGY4’s and PGY5’s

Basic Shoulder – for PGY2’s and PGY3’s

Advanced Shoulder – for PGY4’s and PGY5’s

Hip – for PGY5’s

We have developed a manual of skills for all the residents to follow along with as they go through the lab. This manual details the skills we want the residents to demonstrate proficiency with as they move through the lab. This is developed for all labs – basic and advanced. Thus, residents have clear guidelines for expectations for lab