The Department of Orthopaedic Surgery subscribes to the philosophy that the most effective learning environment for post graduate medical trainees is one that allows sufficient freedom for house staff to share responsibilities for decision making in patient care and provides adequate faculty supervision involvement in order to provide feedback to the trainees and to ensure quality and safety of care rendered to the patient. All house staff in the Department of Orthopaedic Surgery are individuals with an M.D. degree who have met the qualifications for graduate education training in the specialty of Orthopaedic Surgery. The general philosophy of the department is:

1. House staff are regarded as primary care providers for all patients admitted to teaching inpatient services, emergency rooms, and clinics that they participate in and are responsible for writing orders, maintenance of records and execution of diagnostic therapy and discharge plans.
2. It is appropriate and essential that junior house staff be supervised by more senior house staff in accordance with the complexity of clinical problem.
3. Faculty supervisor for the patient will have ultimate authority for final decision-making.
4. There will be a graduated level of responsibility. It is expected that, in general, all residents will be supervised until they have done at least 5 reductions of fractures and dislocations in the ER setting before they will be allowed to perform the reduction in an unsupervised fashion. The graduated level of responsibility will be documented.
5. It is impossible to delineate each procedure that each resident may do and in general the level of responsibility and supervision required can be given the following grades:
   a. Level 1: the resident may perform the procedure only under supervision with a Level 2 or above supervisor being directly present with the resident for both guidance, consultation and support. Thus, the reduction and cast placement will be performed under direct supervision, and this experience will be documented with the name of patient, procedure, date, signature of Level 2 or above direct supervisor and attending that reviewed the thinking process, quality and the outcome at the next opportunity. Five successful reduction and immobilizations for a given anatomic site and injury must be documented before the Level 2 is reached for the resident.
   b. Level 2: the resident may perform the procedure without direct supervision, but a qualified practitioner is present onsite and immediately available for guidance, consultation and support.
c. Level 3: the resident may perform procedures without direct supervision and act as a teaching assistant to other less experienced residents, but qualified attendings are on call and immediately available to the phone to the resident for guidance and consultation or able to be present in 20 minutes in person for guidance, consultation and support. Level 3 requires the breadth of the training and grasp of general concepts and is a requirement for entering the PGY4 level.

6. If one has had documented experience with a given procedure of sufficient quantity, one may proceed from Level 1 to Level 2 for fracture, wound and dislocation cases in the ER.

**PGY1**

The resident at this level is expected to acquire fundamental skills and diagnosis of orthopaedic diseases and establish therapeutic plans. He/she will perform admission history and physical exams. He/she will develop the capacity to diagnosis orthopaedic illnesses and formulate a diagnostic and therapeutic management plan. He/she is expected to insert IV. Perform suturing and knot tying and performance of minor surgical procedures such as closing wounds, debridement, incision and drainage. Any surgical procedure, closed reduction of all fractures and dislocations, applications of cast unless documentation exist, he or she will be assumed to be at Level 1. Progress and develop will be monitored by senior residents and by the faculty. There will be routine evaluations in the area of competence and resident discussions will be held on each PGY1 quarterly basis with the program director.

**PGY2**

In order to move from Level 1 to Level 2 on a given procedure, the resident must have signed documentation both by himself, the name of the patient as well as supervisor to go to Level 2 on any procedure he or she performs. Thus he/she will be expected at the beginning of the year to be still at Level 1 in most reductions and on surgical care. He/she will continue to do the majority of history and physical exams. His/her goal is to develop capabilities in terms of surgical diagnosis and planning of care. He/she is to develop competency in instrument tying and is frequently allowed perform at a Level 1 arthroscopy, and later level 2 with I&D and debridement of wounds. By the end of the PGY2 year, he or she will have documented ability to accomplish Level 2 in a majority of Orthopaedic care. Each resident’s accomplishments will be discussed by the faculty as per the rules and guidelines of the department and all faculty discussions must conclude that the resident has demonstrated satisfactory competence to be in a Level 2.

**PGY3**
The PGY3 resident is expected to develop capabilities of appropriate diagnostic and therapeutic strategies. They will begin to demonstrate capabilities of independent caregiver. He/she is expected at this level to gain confidence in planning and caring out routine surgical procedures such as bunionectomy, arthroscopy, and supervise at a Level 2, all care in the ER by the PGY1 and PGY2. In the operating room, a supervising attending will still be present. The resident will be evaluated by the Chief Resident and surgical faculty and a consensus evaluation will demonstrate competence before progressing to the PGY4 year.

**PGY4**

PGY4 residents are expected to function independently diagnosing surgical disease and develop diagnostic therapeutic strategies being fully independent in management in terms of diagnosis and patient management. At this level he/she will be predominantly in the Level 3 responsibility. At the end of this year he/she should be able to perform many surgical operations with minimal assistance and guidance. He/she will document in the operative log the frequency and complexity of his/her surgical experience. The attendings and PGY5 are responsible for evaluating his/her ability to participate at Level 3.

**PGY5**

The Chief Resident year is where he/she should demonstrate the capability of independent action. Although faculty supervision will exist, he/she should be able to independently develop diagnostic strategies, meet all challenges of postoperative care and function essentially at Level 3. He/she should demonstrate knowledge base competence in patient care that would be required to completion of American Board of Orthopaedic Surgery. He/she will be evaluated by the standard evaluation forms with discussion as per the rules and regulations of the department. A decision will be made in April of the final year with a decision based on whether he/she has satisfactorily completed the performance and educational skills of the Department.

Resident’s signature: ___________________________________________ Date: __________________