

The University of Virginia
Department of Orthopaedic Surgery
Foot & Ankle Fellowship Handbook

2017 – 2018

Foot & Ankle

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Foot & Ankle

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Introduction and Welcome



Message from the Chair

You have chosen the University of Virginia for your Orthopaedic Surgery Foot and Ankle Fellowship and we are delighted to have you. Our faculty is committed to ensuring that your training will be challenging yet rewarding and that you will gain the experiences needed to be an outstanding orthopaedic foot and ankle surgeon. Furthermore, the opportunities which will be available to you should prepare you well for any setting, private or academic. My expectation is that all interactions, whether between colleagues, faculty, staff or patients, be based on mutual respect and cooperation. Ideally, your education will be an active and interactive process of professional exchanges including information gathering and implementation of care pathways with increasing levels of responsibility. With that in mind, please recognize that we will be working **together** to achieve excellence in patient care, orthopaedic education and research.

Our Mission

Our mission is to attain a national and international reputation as a leader in academic orthopaedics in the areas of patient care, orthopaedic education, and musculoskeletal research.

In the area of patient care, we strive to provide state-of-the-art, comprehensive but cost-effective care for all musculoskeletal disorders; Provide prompt treatment by responsive and compassionate physicians in quality facilities; Achieve the best outcome for every patient and treat patients while being sensitive to their ability to pay for their services.

Our education goals include providing quality graduate orthopaedic education through a structured innovative teaching and evaluation process. Our program strives to train and nurture the next generation of orthopaedic physicians, who will utilize medical care decision making techniques based on outcomes-based evidence, when considering diagnostic and therapeutic options of care.

Our research endeavor will continue to make significant advances in musculoskeletal scientific knowledge and clinical practice through collaborative basic science, translational, and clinical research.

Our Vision

Our vision is to be an academic leader in orthopaedic clinical care and innovative resident education. In addition, we aspire to be a national leader in musculoskeletal research. To achieve our vision, we will adhere to the following values to promote ethical, respectful and collaborative relationships:

- We will be sensitive to our patients' social, cultural and financial challenges
- We will endeavor to provide our patients with practical and ethical solutions that lead to their receiving quality care and superior outcomes, yet in a cost-effective manner

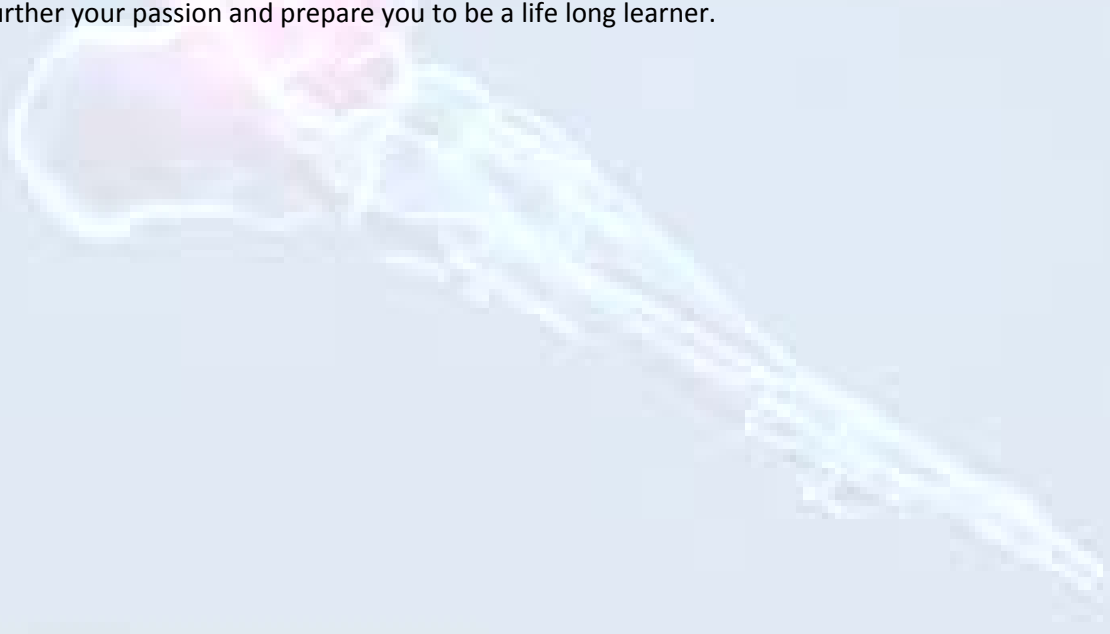
- We will be honest in our opinions and advice which will be based on rigorous scientifically sound outcomes-based research
- We will support a greater diversity of ideas and communities and promote mutual respect
- We will respect and promote teamwork and collaboration as the best model for success
- We will recruit, nurture, reward and retain quality faculty and staff while being fiscally responsible
- We will embrace creativity, seek new knowledge, and foster high achievement and excellence in all aspects of our mission.



Message from the Fellowship Director

Welcome to the University of Virginia Orthopaedic Foot and Ankle Fellowship. We are certainly pleased to have you join our program. We hope that you will find this year to be one of the most academically stimulating of your training, and also one of the most enjoyable.

Our goal is to further prepare you for a career in orthopaedic surgery focusing on care of the foot and ankle. Most importantly we hope that you will be able to further your passion and prepare you to be a life long learner.



Foot & Ankle

Our Division and Program



University of Virginia - Orthopaedic Surgery

FOOT AND ANKLE

The University of Virginia Department of Orthopaedic Surgery is one of only a few centers in the United States with three Foot and Ankle Fellowship trained Orthopaedic Surgeons on faculty. As Orthopaedic Surgeons, we utilize our extensive training and understanding of the entire musculoskeletal system to provide integrated, comprehensive care for a wide spectrum of disorders of the lower extremity. Since arthritis, ligamentous instability, and mal-alignment of the Foot and Ankle can have a significant effect on other joints (knee, hip, and spine), the impact on the entire lower extremity must be considered. Whether the problem is relatively simple or extremely complex, it can have a profoundly negative effect on the patient's desired level of activity and quality of life.

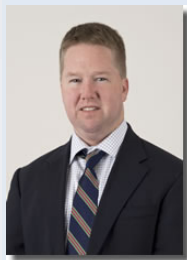
Given this unique perspective, our team strives to utilize techniques that provide durable, literature-proven correction of Foot and Ankle pathology.

Our Team specializes in the treatment of sports injuries, arthritis, tendon dysfunction/ruptures, flatfoot deformity, adolescent/congenital deformity, fractures/dislocations, diabetic/Charcot deformity, and symptomatic forefoot deformity. By working closely with physical therapists, trainers, and UVA's Prosthetics and Orthotics department, we are able to offer the most effective non-operative management for these disorders. When surgical intervention is necessary, we utilize advanced techniques including ankle arthroplasty, complex arthrodesis, arthroscopic surgery, allograft ligament/tendon reconstruction and bone marrow/stem cell augmentation.

As the Orthopaedic Foot and Ankle Surgical Consultants to both the University of Virginia and James Madison University Athletic Departments, our Division is uniquely qualified to treat Foot and Ankle injuries in elite level athletes. This same level of expertise and attention to detail is also used in treating patients of all ages and activity levels.

We are able to provide a multi-disciplinary approach to the care of patients with complex Foot and Ankle pathology due to our close collaborations with the Plastic Surgery, Vascular, Medicine, Infectious Diseases, Prosthetics and Orthotics, Anesthesia, Physical Medicine and Rehabilitation, and Musculoskeletal Radiology Departments at UVA. Our mission is to restore function and improve quality of life through this coordinated approach to the treatment of Foot and Ankle disorders.

Meet Our Faculty



M. Truitt Cooper, MD

Fellowship Director

Medical School: University of Virginia
Residency (Orthopaedic Surgery): Ohio State University
Fellowship (Foot & Ankle): Boise, Idaho

Dr. Cooper is the fellowship director. After graduating from medical school at the University of Virginia, he completed his orthopaedic surgery residency at the Ohio State University. There, while training under Greg Berlet, Thomas Lee and Terry Philbin, his interest in foot and ankle surgery was piqued. He completed a fellowship in Boise, Idaho under Dr. Michael Coughlin. Following this he joined a private practice in Richmond, Virginia, where he practiced for 5 years before returning to the University of Virginia. One of the primary goals of this transition was to start the fellowship. His practice focuses on the entire spectrum of foot and ankle pathology, and he has a specific interest in total ankle arthroplasty. Ongoing research projects involve ankle instability, association of thyroid disorders with foot and ankle pathology, as well as treatment for plantar fasciitis.

Outside of orthopaedics, he enjoys time with his wife, Carrie and their 3 children – Laine (10), Noble (8) and Rory (3). He enjoys running, hiking, and cycling.



Joseph Park, MD

Division Head

Medical School: University of Virginia
Residency (Orthopaedic Surgery): NYU Hospital for Joint Diseases
Fellowship (Foot & Ankle): Union Memorial Hospital

Dr. Park graduated Magna Cum Laude from the University of Pennsylvania and received his medical degree from the University of Virginia, where he was a member of the Alpha Omega Alpha honor society. Dr. Park completed his Orthopaedic Surgery residency training at NYU Hospital for Joint Diseases. Dr. Park then completed a fellowship in Foot and Ankle Surgery at Union Memorial Hospital in Baltimore, Maryland. He joined the faculty at UVA in 2010, and is an Associate Professor and Division Head of the Foot and Ankle Service. His clinical expertise includes treatment of

sports related injuries to the foot and ankle, complex reconstruction for posterior tibialis tendon dysfunction, operative management of forefoot deformities, Achilles tendon reconstruction, ankle arthroplasty, and hindfoot arthrodesis. Dr. Park is Board Certified by the American Board of Orthopaedic Surgery (ABOS), and is a member of the American Academy of Orthopaedic Surgeons (AAOS), the American Orthopaedic Foot and Ankle Society (AOFAS) and the Virginia Orthopaedic Society (VOS).



Venkat Perumal, MD
Assistant Professor

Fellowship (Foot & Ankle): University of Virginia

Dr. Venkat Perumal joined the UVA Foot and Ankle Division as an Assistant Professor in the Department of Orthopaedic Surgery in 2013. Dr. Perumal completed his fellowship training in Orthopaedic Foot and Ankle Surgery at the University of Virginia. His expertise includes sports medicine, foot and ankle trauma, total ankle joint replacement, Charcot foot deformities, foot arthritis and various tendon problems. Dr. Perumal is a member of the American Orthopaedic Foot and Ankle Society (AOFAS) and the American Academy of Orthopaedic Surgeons (AAOS).

Other Members of Our Team



James Shorten, ATC, PA-C

PA School: Methodist, North Carolina

Jim's Schedule

Monday – am: with Dr. Perumal, or assisting in surgery
Tuesday – am: his own clinic; pm: his own clinic or with Dr. Park
Wednesday – at Zions Crossroads with Drs. Cooper and Perumal, or assisting Dr. Park in surgery
Thursday – am: his own clinic (2nd Thursday in surgery with Dr. Perumal); pm: with Dr. Park
Friday – with Dr. Cooper



Andrea White, ATC-R, PA-C

PA School: Red Rocks, Colorado

Andrea's Schedule

Monday – with Dr. Perumal
Tuesday – with Dr. Park
Wednesday – With Drs. Cooper and Perumal at Zions Crossroads, occasionally assisting in surgery with Dr. Park
Thursday – am: her own clinic; pm: with Dr. Park
Friday – am: her own clinic or with Dr. Cooper; pm: her own clinic

Our busy PAs' schedules change weekly, with some surgery on days not listed based on schedules and coverage by trainees. Disability forms, and phones are split between the PAs. Pre-operative clearances are normally done by Andrea White.

Your Schedule, Responsibilities, and Curriculum

Schedule

Schedule A – Dr. Cooper's Service (August – September, December – January, April – May)

	AM	PM
Monday	OR OPSC	OR OPSC
Tuesday	OR OPSC or Main (OR w/Perumal)	OR OPSC or Main (OR w/Perumal)
Wednesday	Clinic w/Perumal or Academic	Clinic w/Cooper
Thursday	OR or Academic	OR or Academic
Friday	Clinic w/Cooper	Clinic w/Cooper

* Parenthesis indicates alternative activity

Schedule B – Dr. Park's Service (October – November, February – March, June – July)

	AM	PM
Monday	OR OPSC (Academic)	OR OPSC (Academic)
Tuesday	Clinic w/Park	Clinic w/Park
Wednesday	OR OPSC w/Park	OR OPSC w/Park
Thursday	Clinic w/Park	Clinic w/Park
Friday	OR w/Park (OR w/Perumal)	OR w/Park (OR w/Perumal)

* Parenthesis indicates alternative activity

Responsibilities

Clinical responsibilities involve assisting with all aspects of patient care, including in the clinic, hospital, and operating room. Responsibilities for teaching include mentoring residents and instructing medical students as they come on the service.

Curriculum

Patient Care and Procedural Skills

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:

- The prudent use of diagnostic laboratory tests
- The interpretation of the radiographic examination of the musculoskeletal system, particularly the foot and ankle, with an understanding of the risk, and information expected of these procedures
- The development of a treatment plan to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, neurologic, and rheumatologic disorders

- The timing of orthopaedic procedures in the overall context of foot and ankle injuries
- The methods of prevention and treatment for the management of bony and soft-tissue injuries of the foot and ankle, including the indications for various types of internal and external fixation devices and their applications to foot and ankle trauma
- The recognition and management of complications of treatment
- The assessment of the efficacy of treatment methods
- Recuperative and rehabilitation techniques, including the use of physical and occupational therapy designed to return the patient to normal activities and work

Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the practice. Fellows must demonstrate:

- The ability to perform skillfully the procedures, required for practice of foot and ankle orthopaedics
- Competence in operative skills in reconstructive orthopaedics, such as soft-tissue procedures, osteotomies, bone grafting, excisional arthroplasty, arthrodesis, and prosthetic arthroplasty.

The fellow will have exposure to the following procedures as laid out by the American Orthopaedic Foot & Ankle Society (AOFAS):

Trauma: ORIF

- Pilon
- Ankle Malleolar
- Talus
- Calcaneus (open, minimally invasive)
- Cuboid/Navicular
- Lisfranc injuries
- 5th metatarsal (open, percutaneous)
- Other metatarsal
- Phalanges

Ankle/Hindfoot

- Ankle Replacement (including revision techniques)
- Ankle Fusion (open and arthroscopic)
- Ankle Arthroscopy
- Anterior (OCD, impingement, other)
- Posterior (Os Trigonum, FHL, other)
- Ankle Instability
 - Brostrom / Modified Brostrum
 - Anatomic Repair
 - Non-Anatomic Repair
- Open Osteochondral procedures (Malleolar osteotomy, OATS, others)
- Peroneal Tendon
 - Repair, Debridement, SPR Reconstruction, Instability treatment

- Excision/Repair/Tenodesis
- Tarsal Tunnel Release
- Adult Acquired Flatfoot Procedures
 - PTT Repair / Debridement
 - FDL Transfer / Spring Ligament Repair/Reconstruction
 - Calcaneal Osteotomies
 - Adjunctive procedures
- Achilles
 - Tendon Repair (open, mini open, percutaneous)
 - Delayed Achilles Tendon Reconstruction (FHL transfers, V-Y lengthening, etc.)
 - Achilles Tendinosis: Calcaneal Exostectomy, Debridement +/- Tendon Transfer
 - Achilles Contracture
 - Strayer / Gastrocnemius Lengthening
 - Achilles Lengthening (Percutaneous / Open)
- Posterior Tibial Tendon Transfer for Foot Drop
- Anterior Tibial Tendon Transfer for Cavovarus
- SupraMalleolar Osteotomies (Varus / Valgus) TTC Fusion via IM Nail or Plate
- Cavus Foot
 - Valgus producing calcaneal osteotomy
 - 1st Metatarsal dorsiflexion osteotomy
 - Tendon transfer procedures
 - Other adjunctive procedures
- Anterior Tibial Tendon Tear: Repair/EHL Transfer
- Plantar Fasciitis: Release/Baxter's nerve release
- Subtalar Joint Arthrodesis
- Subtalar Arthroscopy
- Triple Arthrodesis and its component parts
- Tarsal coalition excision

Midfoot

- ORIF & bone grafting Navicular Stress Fractures
- Excision and reconstruction tibialis posterior for accessory navicular
- Midfoot Arthrodesis
- "Cotton" Osteotomy

Forefoot

- Hallux Valgus
- Phalanx osteotomy
- Metatarsal osteotomy (distal and proximal)
- Lapidus
- Soft Tissue procedures
- Hallux Varus Repair / Reconstruction
- Hallux Rigidus
- Cheilectomy and other joint sparing procedures
- Hallux MTP fusion



Foot & Ankle

- Metatarsus adductus wedge osteotomies
- Jones procedure
- Hallux IP fusion
- Sesamoid excision / grafting
- Claw Toe deformity procedures
- Hammer toe / Cross over toe deformity procedures
- Freiberg's infraction 2nd metatarsal head rotation osteotomy
- Rheumatoid forefoot reconstruction
- Bunionette deformity correction
- Interdigital neuroma resection (Primary and Revision)

General

- Bone graft harvest: iliac crest, tibial, calcaneal, local
- Resection of major somatic nerve (neuroma) with re-direction to muscle/bone
- Diabetic infection: soft tissue, and with osteomyelitis
- Soft Tissue Management: Z Plasty, STSG, local flaps
- Hardware Removal: deep/superficial
- External Fixation techniques: Standard and Ring fixators
- Lower extremity amputations (Ray, Transmet, BKS, others)

Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate competence in their knowledge of:

- The indications, risks, and limitations of the commonly-performed procedures in foot and ankle orthopaedics
- The basic sciences related to foot and ankle orthopaedics
- The natural history of disease and disorders of the foot and ankle, including an understanding of the deformed, injured, or diseased pediatric foot
- The dysvascular and neurologically impaired foot, including the neuropathic foot, and the indications for various amputation procedures of the foot and ankle
- Prosthetics and orthotics pertaining to disorders of the foot, gait, and amputation

The fellow must demonstrate sufficient familiarity with current research methods to enable the fellow to critically analyze research reports and to design and implement clinical or basic research in the field of foot and ankle orthopaedics

The following curriculum as laid out by the AOFAS for medical knowledge will be covered throughout the year:

Hindfoot/Ankle

- Arthritis
 - Ankle Arthritis and Treatment
 - Hindfoot Arthritis (subtalar, triple-joint)

- Talus Osteochondral Lesions
- Impingement Syndromes of the Anterior Ankle
- Tendon Injury, Degeneration and Repair (ATT, PTT, Peroneals, others)
- Achilles Tendon Ruptures (Acute and Delayed)
- Achilles Tendinosis (insertional and non-insertional)
- Ankle Instability (Acute and Chronic)
- Posterior Ankle Impingement (FHL, Os Trigonum)
- Post Stroke or Neurologic Contractures (cavovarus, equinus)
- Adult Acquired Flatfoot
- Tarsal Coalition



Midfoot

- Mueller-Weiss Syndrome
- Painful accessory navicular syndrome
- Avulsion fractures about Chopart's joint (TN + CC; anterior process of Calc; dorsal navicular)
- Os Peroneum
- Midfoot arthritis
- 5th Metatarsal fractures (Jones, Pseudo-Jones, Stress, etc.)

Forefoot

- Hallux Valgus
- Hallux Varus
- Hallux Rigidus
- Metatarsus adductus
- Claw deformity of the hallux
- Hammer toe / Claw toe deformity and Cross-over toe
- Freiberg's infraction
- Bunionette deformity
- Interdigital neuroma

General

- Trauma of foot and Ankle
- Fractures
- Soft tissue injury
- Stress Fractures of the Foot and Ankle
- Nerve Entrapment Syndromes about the Foot and Ankle
 - Tarsal Tunnel and distal branches
 - Common Peroneal
 - Deep Peroneal
 - Others
- Orthopaedic Tumors (Benign & Malignant) of the Foot and Ankle
- Congenital Flatfoot
- The Cavus foot / CMT
- Clubfoot
- Late sequela (Adolescent/Adult)

- Diabetes (principles)
- Pathophysiology of neuropathy and neuropathic arthropathy
- Pathophysiology of impaired healing
- Treatment strategies and medications
- Charcot
 - Anatomic areas
 - Diagnostic challenges
 - Stages
 - Treatment principles
- Inflammatory arthritides
 - General
 - Rheumatoid arthritis
 - Gout
- Pathophysiology of joint and tendon problems
- Medications and their implications
- Treatment strategies
- Collagen diseases
- Vitamin D deficiency diseases
 - Vitamin D physiology
 - Effects on bone and bone healing
 - Surveillance and Treatments
- Grafting and Biologics:
 - Role of Demineralized bone matrix and other graft substitutes
 - Role of BMPs
 - Risks and benefits of autograft
 - Risks and benefits of allograft (tendon, bone, other)
 - Emerging technologies
- Pedorthics
 - Orthotics history
 - Evidence-based support for orthotics
 - Basic prosthetics
 - Orthotic principles

Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems



Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. This must include the development of teaching skills, lecture techniques, and instructional materials in foot and ankle orthopaedics

Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Systems-based Practice

The fellow must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

The program provides sufficiently advanced education to allow the fellow to acquire special expertise in foot and ankle orthopaedics. This education consists of academic and technical components. The academic component emphasizes a scholarly approach to clinical problem-solving, self-directed study, teaching, development of analytic skills and surgical judgment and research.

Didactic Components

The educational curriculum includes the study of anatomy, physiology, biomechanics and gait, pathology, microbiology, pharmacology, and immunology as they related to foot and ankle orthopaedics. To this end, the program has regularly-held and regularly attended subspecialty conferences, including a monthly Quality Assurance conference and journal club that covers appropriate topics in foot and ankle surgery. The didactic activities include the evaluation of practices that ensure and improve patient safety, as well as instruction in established patient safety measures.

Conference schedule is as follows:

Monday 6:15	fracture conference
Tuesday 6:15	didactic lecture – participation expected when topic involves foot and ankle
Wednesday 7:00	departmental grand rounds (QA conference, visiting professor lectures mandatory)
Thursday 6:15	Division conference
Friday 6:15	didactic lecture – participation expected when topic involves foot and ankle

Inpatient care will take place at the University of Virginia Medical Center, with outpatient surgery performed in the OPSC of the Battle Building across the street.

Clinical Components

The foot and ankle outpatient clinic is primarily based out of the 545 Building at the Fontaine Research Park. The Department of Orthopaedic Surgery administrative offices are located on the 3rd floor of the 400 Building.



The clinical experience includes opportunities to observe and manage patients with a variety of problems involving orthopaedic repair of the foot and ankle on both an inpatient and outpatient basis. The breadth of patient experience includes the evaluation and care of individuals through a wide range of ages and both sexes, involving acute, subacute, and chronic conditions.

The fellow will be provided with experience in the orthopaedic management and appropriate referral for the care of related disorders (e.g., rheumatoid arthritis, neuromuscular disorders, genetic abnormalities, and diabetes), as well as those disorders of the leg that may directly or indirectly affect the foot and ankle (e.g., compartment syndrome, neuromuscular disease, malalignment of the leg, bone instability). We emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues of the foot and ankle. The pathogenesis of these disorders, the treatment modalities available, and the results and complications of such treatment are also taught.

The fellow will assume a major role in the continuing care of patients, and will have progressive responsibility for patient assessment, decisions regarding treatment, preoperative evaluation, operative experience, non-operative management, postoperative management, rehabilitation, long-term following, and other outpatient care.

The fellow will be presented the opportunity to provide consultation with faculty supervision, and will have educational responsibilities for residents, medical students and allied health personnel who rotate onto the Foot and Ankle service. The fellow will be responsible for ensuring teaching experiences correlate with basic biomedical knowledge along with the clinical aspects of foot and ankle orthopaedics.

Case logs will be kept by the fellow for each case where the fellow is surgeon or first assistant.

Foot & Ankle Faculty and Clinic Contact Information

Joe Park, MD	(cell) 917-721-3763	(pager) 3947
Truitt Cooper, MD	(cell) 804-690-5546	(pager) 2747
Venkat Perumal, MD	(cell) 502-262-1438	(pager) 3984
Jim Shorten, PA-C	(cell) 434-989-6525	(pager) 3502
Andrea White, PA-C	(cell) 434-987-4560	(pager) 7000

The Office



The Orthopaedic Offices are located on the third floor of the 400 Building. You will be coming here quite often for conferences and meetings. All of the attending offices are here, along with their administrative assistants.

Dr. Cooper's Administrative Assistant is Vickie Blackwell 243-0067
Dr. Park's and Dr. Perumal's Administrative Assistant is Debbie Handy 243-0245

Mindy Franke is your fellowship coordinator
434-924-8711 (o) ; 540-246-5773 (c)
Fax 434-243-0242
Mindy@virginia.edu

Orthopaedics Business Office

Michael Boblitz, MBA, CMPE, Chief Operating Officer 434-243-0225
Mary-Leigh Thacker, MBA, Director of Finance 434-243-0226
Laura Simmons, Grants Administrator 434-243-5647

Claude Moore Health Sciences Library

The main medical library is staffed with experienced people and is well stocked with current orthopaedic textbooks and journals. A vast array of journals, textbooks, computers, and databases are available from 7:00am to 12:00am in the library. Additional computers are available to the fellows in the resident call room, ER, inpatient floor, and departmental offices. Additionally, the faculty members have personal textbooks in their offices that are available to "check out" upon discussion with the particular faculty member. These textbooks are available to the fellow 24 hours a day including weekends and holidays.

Housekeeping

Evaluations

Our fellow is evaluated throughout the year, and formally twice a year. These evaluations will include applicable milestones and will focus on the fellow's progress towards independent practice in the subspecialty of Foot and Ankle Orthopaedic Surgery. Evaluations will be collected by multiple sources (faculty, physician assistants, residents, medical students, nursing staff, patients, and self). They are completed within the New Innovations Software system. The faculty evaluation of the fellow should be discussed directly with the fellow prior to submission to the Fellowship Coordinator for filing in the fellow's records. Fellow evaluations of the faculty are kept confidential, are blinded and randomized before comments are shared with the faculty during their annual review. Rotation evaluations are blinded and randomized and are reviewed annually by the PEC for fellowship education improvement.

Foot & Ankle

Orthopaedic Surgery Escalation of Care Policy

Alert Attending Physician of:

1. All new admissions and consultations
2. Worsening of medical condition requiring transfer to a higher level unit of care
3. MET code or Code 12 called for a patient
4. Death of a patient
5. A family or patient is requesting patient representative to make a formal complaint
6. Chief or Fellow concerned about the medical/surgical condition of a floor patient

Please see Appendix C for the University's "Level of Supervision for Graduate Medical Trainees" policy document.

Operating Room Schedules

Surgery is to be scheduled through each service's surgery schedulers. The Fellows and Chief Resident are responsible for the appropriate equipment and positioning. The information required includes a realistic appraisal of the amount of time necessary to complete the procedures, use of the intensive care unit and estimated blood loss.

First cases at the main OR are the residents, who need to arrive by 7:00am

Emergent cases should Anesthesia Department have been completed. detailed.



Outpatient Surgery Center or the responsibility of the fellow or be in the OR and changed into OR (9:10am on Wednesdays).

be booked with the OR Staff and the only after all pertinent workups The information provided should be

Posting Cases

Fellows should be familiar with the logistics of posting cases for the main operating room for both elective and emergent cases. It is the fellow's responsibility to notify the Attending on call when a patient is "sent for" as well when the patient enters the operating room.

Main OR and Outpatient Surgery Scheduling

Add-ons:

- For Outpatient Surgery Scheduling at the Battle Building: If a case is an add on (case posted within 3 business days of the DOS) you must send the posting slip by fax to 244-9446 or scan to CL Scheduling All sites
- For Main: For an add on or late post for the Main OR, call the scheduler for the individual surgeon by calling 982-0651 If a case is a late post (added on or after noon the day before the DOS) it must be faxed (2-3972) or be turned into the Control Desk. The Fellow must then call 2-

0655 and speak to the Anesthesia resident. All add-ons for the day of surgery must go through the Control Desk

Change in DOS:

- For Outpatient: If a case that has already been posted is rescheduled, the fellow must notify the scheduling office by email of the new DOS. Please don't send another posting slip.
- For Main: If a case that has already been posted is rescheduled, the fellow must notify the scheduling office either by email or in person. If the fellow chooses to notify the scheduling office by phone or in person, a follow-up email will be required to confirm. The fellow will be notified if a new posting slip is needed.

Change in Procedure / Other Information:

- For Outpatient: If a case that is already posted is changed, i.e., different or additional procedure/CPT code, the fellow must notify the scheduling office by email. Please do not send another posting slip.
- For Main: If a case that is already posted is changed, i.e., different or additional procedure/CPT code, the fellow must notify the scheduling office either by phone or in person, a follow-up email will be required to confirm. The fellow will be notified if a new posting slip is needed.

Goldbook:

- Please make sure if you use Goldbook that it is kept as up to date as possible. If a case is rescheduled, but not moved to the proper date in Goldbook it becomes very confusing.
- Please make sure you use the proper room numbers (i.e., don't use Outpatient rooms for the Main OR and vice versa).
- Please do not put posting slips in Goldbook without a procedure, including CPT codes for the Outpatient. The Outpatient Surgery Center cannot post a case without a CPT code.

Holding Time / 3rd Discretionary Time:

- For outpatient: Please remember if you hold time at the Outpatient Surgery Center, that the hold only lasts five business days starting the day after the Outpatient is notified. After that point in time, if posting slips have not been submitted, the time will be released to the general public.
- For Main: Holds may be put on the 3rd discretionary room or open time by emailing CL Scheduling – Main OR and they don't expire, but should be patient-specific and followed up by posting slips as soon as possible.

Documentation Completion Standards

Medical Documentation

A complete, legible medical record is the permanent way to document a patient's condition, plan of care and response to treatment. Patient safety depends on clear communication, both verbal and written.

Please remember the following:

- Include time and date on all medical record documentation
- Sign every note in legible format with your credentials (MD, DO, etc)
- Always include your PIC number to further clarify the author of the note
- At each contact point make sure the medications "match up." This is medication reconciliation. Medication list must be complete and do not use the phrase "resume home meds," The complete list of medications should be in the discharge summary with name, dose, route and duration if it is limited.

NEVER use these abbreviations:

- U, write out units
- IU, write out international units
- QD, write out daily
- QOD, write out every other day
- MS or MSO₄, write out morphine sulfate
- Don't use a trailing zero. 1.0 can be mistaken for 10

ALWAYS

- Use a leading zero if the amount is less than one, e.g., 0.25 mg of Digoxin. Even better would be 250 micrograms
- Indicate your plan of care in the admission or clinic note.

General Documentation Guidelines

- Include the patient name, medical record number, service, and date of service
- Hand-written documentation must be legible
- All medical records are legal documents
- Sign, date, and write PIC# on all documents
- If not documented, it is as though it did not happen

Record Completion

Timely completion of medical records is needed for continuity of patient care; JCAHO, HCFA, and PRO compliance; third party payment; and legal protection for the patient, physician, and hospital.

Discharge Summary

- Dictation delinquency: 5 days post discharge

- Signature deficiency: 14 days post discharge
- Responsibility: Attending Physician

Note: “Transfers” of patients between inpatient units and Psychiatric Medicine, Physical Medicine and Rehabilitation or the Children’s Hospital are treated as discharges and re-admissions. A final Discharge Summary must be dictated when a patient is discharged from the current unit. Contact the Admissions Office (4-2264) for assistance with questions.

Operative Reports

- Dictation delinquency: 24 hours after surgery
- A hand-written op note is required to be present in the medical records immediately post-op
- Signature deficiency: 14 days post surgery
- Responsibility: Attending Physician

History and Physical

Completion time frame: performed no more than 7 days prior to admission or within 24 hours of admission

Verbal Orders

Completion time frame is within 24 hours of the order

Documenting an Orthopaedic Consultation in EPIC: A Guideline

This is a guideline and not a template. You need to ask the specific attendings what their preference is ; i.e., how they want the note organized and what to include.

- Getting started: all consults should be entered into EPIC as either typed or dictated records with the name of the attending of record and, if known, the name of the faculty orthopaedist who will take care of the patient on a follow-up appointment. Specifically state the attending on call and the follow-up attending in the dictation
- All consults begin after figuring out who the consulting team is and what they want to know or what they want you to do. This usually means a phone call. All documentations should begin with “I was consulted by Dr. {insert name} of the {name of service}” to evaluate and treat”
- Pertinent positives and negatives in both history and physical findings. Not a complete head-to-toe review of systems and exam. But focus your questions and exam to the injured or diseased systems and body parts.
- If the patient needs surgery or an invasive procedure, be certain to mention that the attending was informed and agreed with this plan.
- Formulating a plan: these are suggestions and you are to be as specific as you can about who will be following up on these suggestions. If there is urgency to anything be sure to document that you made that fact clear to a named person on the consulting team. Do not provide treatment suggestions if you were asked to make a diagnosis only.
- For outpatient follow-up for ED and inpatient consults always give a narrow range of possible return dates and communicate this to the receiving service in as many ways as possible,

particularly if the problem has urgency – that is, needs to be seen in 1-2 days. If you've discussed the situation with the ultimate receiving service, it is acceptable to say that the patient may be contacted with a follow-up appointment by someone designated by the attending to make appointments for that service.

- If you are being asked to accept the patient and have Orthopaedics be the responsible service, be certain to speak with the accepting attending or his resident and document that. Always mention that the attending is aware of what is happening, In the event that the faculty orthopaedist does his or her own evaluation, try to make the evaluation and treatment plan you dictate coincide with that of the attending.
- The dictated consultation should include: why you were consulted, who the patient was, what the problem was you were asked to solve, who helped you solve the problem, what you believed the situation was (diagnosis), what needed to be done, how your suggestions were to be implemented, and when the service was or can be improved.

Professionalism, Personal Responsibilities and Patient Safety

Fellows are responsible for demonstrating a knowledge concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

The fellow is integrated and actively participates in interdisciplinary clinical quality improvement and patient safety programs as part of their research projects for the year.

Fellows must demonstrate an understanding and acceptance of their personal role in the:

1. assurance of the safety and welfare of patients entrusted to their care
2. provision of patient-and family-centered care
3. assurance of their fitness for duty
4. management of their time before, during, and after clinical assignments
5. recognition of impairment, including illness and fatigue, in themselves and in their peers
6. attention to lifelong learning
7. monitoring of their patient care performance improvement indicators
8. honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All fellows must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Transitions of Care

Orthopaedic Surgery Escalation of Care Policy

As Fellow, You will be alerted by the Resident for (when covering first call):

1. All new admissions and consultations
2. Sudden decline in mental status
3. Sudden worsening of neurologic function in extremity(ies)
4. Sudden drop in SaO₂ > 8% from baseline
5. Worsening of medical condition requiring urgent consultation to another service (Medicine, Cardiology, Respiratory, Neurology, etc.) or transfer to a higher level unit of care
6. MET code or Code 12 called for a patient
7. Death of a patient
8. Pain out of proportion to expected level based on procedure/injury; not controlled by narcotics; worrisome for compartment syndrome
9. Concern for post-op wound infection – increased wound drainage, redness, etc.
10. A family or patient is requesting patient representative to make a formal complaint

Alert Attending Physician for:

1. All new admissions and consultations
2. Worsening of medical condition requiring transfer to a higher level unit of care
3. MET code or Code 12 called for a patient
4. Death of a patient
5. A family or patient is requesting patient representative to make a formal complaint
6. Senior or Chief concerned about the medical/surgical condition of a floor patient

Please see Appendix C for the University's "Level of Supervision for Graduate Medical Trainees" policy document.

Leaves of Absence and Travel

Moonlighting

No moonlighting is allowed in the Department of Orthopaedic Surgery.

Foot & Ankle

Vacation

Fellows will have the following vacation allowance during an academic year (August 1 – July 31):

1. Two weeks of personal time off (14 days – including 10 business days and two weekends)
2. One week of conference time (5 business days) with conference pre-approved by the fellowship director
3. One week of professional time for meeting presentations, job/fellowship interviews, other conferences, relocation, etc (5 business days) with pre-approval of UVA fellowship director ONLY
4. Five days off during the Holiday Season of Christmas-New Year's for each fellow, not to be the same week.

The two weeks dedicated to conference and interview/meeting presentation time may NOT be used as personal vacation time. Vacation may not be longer than seven days (5 business days and one weekend), without prior written “exception” approval by the UVA Fellowship Director. All vacations must be scheduled and pre-approved by the Fellowship Program Director (with copies to the Coordinator) six weeks in advance. Emergencies and special occasions are excluded from this advance notice. Efforts should be made to coordinate vacation when faculty members on your service are out of town, if possible.

Travel Policy

Fellows are allotted \$2000 per year towards travel and registration to an educational course. Fellows traveling to conference on educational funds should consult with the Director and Coordinator for pre-approval submission guidelines. A pre-travel authorization workbook will need to be completed as early as possible that includes flight, mileage, hotel, registration fees, parking, and per diem for the destination location. No travel outside of the continental US is supported. Exceptions may be made in the case of research presentations at international conference, where the fellow is the primary podium presenter, and should be discussed with the Director.

Trainees are responsible for keeping all travel receipts and should submit said receipts to Mindy within seven (7) days of return. Receipts include credit card statements showing charges for registration, air fare, and hotel. An itemized receipt must be obtained from the hotel. Items not reimbursed include entertainment, some room service, and bar/courtesy charges. Receipts for parking, taxis/shuttles, luggage fees, and boarding passes must be submitted. Failure to keep boarding passes or other required receipts may result in the resident's travel reimbursement being reduced or rejected.

The fellow is responsible for coordinating coverage of his service during any absence in advance. In the unlikely event that a fellow is absent for more than twenty (20) working days without approval or extenuating circumstances, he risks being denied completion certification. Time spent presenting a paper or poster at a national meeting is included in the four weeks leave time.

Review courses will be at the trainee's own expense, and must be taken as vacation time included in the four weeks leave time allotted.

Accurate expense accounts and receipts of activities must be returned by the fellow to Mindy Franke within 7 days of travel to comply with IRS and University regulations.

Funding for other meeting presentations are to be provided by the PI of the study. Supplemental funding by the Department will be considered on a case by case basis. Funding for these meetings is in addition to each fellow's individual allotment, and **MUST** be done in advance to ensure reimbursement. Receipts need to be turned in within 5 working days and need to be submitted to the Business Office within 10 working days. All questions regarding travel funding should be directed to the Department's Business Office.

Scholarly Activity

The fellow will be responsible for participating in basic and/or clinical hypothesis-based research; learning to design, implement, and interpret research studies under the supervision of the faculty. The fellow will have scheduled and protected time and facilities for research activity throughout the year. The fellow will be expected to produce at least one peer-reviewed article submission before graduation.

Duty Hours

Duty Hours must be logged for the month of November 2017 in the New Innovations system, even though our program is not accredited. Please see Appendix B for instruction on how to log your Duty Hours for the month of November, 2017.