

GPSTR ST1/ST2 Specialty Guide TRAUMA & ORTHOPAEDICS Royal Derby Hospital

Derby GP Specialty Training Programmes
Level 3, Education Centre
Royal Derby Hospital
Uttoxeter Road
Derby
DE22 3NE

Tel/Fax: 01332 785202

Viv Longdon, GP Training Manager
Email: Viv.Longdon@nhs.net

Sarah Hodgkinson, GP Training Administrator
Email: Sarah.Hodgkinson@nhs.net

Kathryn Cross, GP Training Administrator
Email: Kathryn.Cross1@nhs.net

Valerie Line, GP Training Administrator
Email: Valerie.Line1@nhs.net

Website: www.derbygptraining.co.uk



GPSTR Doctor:

DATE OF COMMENCEMENT	
CONSULTANT/S	
DATE OF COMPLETION	

CONTENTS	PAGE
Introduction / Training Aims	3
Assessments	4, 5
Communication Skills	5,6, 7
Clinical Management Skills	8, 9,10
Practical Skills	11
Educational responsibilities	12
Other Educational Opportunities	12, 13
Other Learning Opportunities	13
Contact details	16

NOTES

NOTES

INTRODUCTION

This log book has been written by Mr Milner and Dr Andy Lindop (PD) to facilitate your learning whilst in the Trauma & Orthopaedic post.

You may not become confident in all areas but if you keep the log book / record outstanding learning needs in your e-portfolio you can "plug gaps" later in your training.

TRAINING AIMS

The Derby GP Training Trauma & Orthopaedics ST1 post at the Royal Derby Hospital provides a job giving an ideal mix of experience for a future GP.

This guide is designed to help you identify the clinical learning opportunities within the post. The guide should be used in conjunction with the Logbook that the Trauma & Orthopaedic department will provide you with.

The Trauma & Orthopaedic teaching staff will help you define and remedy any gaps in your knowledge or experience.

They will provide you with a series of clinical assessments (see below). You are responsible for making sure these take place and that they are properly documented.

The Trauma & Orthopaedic team have kindly agreed to ensure that you will be able to attend the GP Training Half Day Release Teaching Sessions.. On some occasions this may clash with your on-call commitments. Apart from the Wednesday afternoon teaching sessions, you should make every effort to attend the departmental teaching sessions.

ASSESSMENTS

RECORDING ASSESSMENTS:

All assessments should be recorded in your E-portfolio. This is your responsibility although your Clinical Supervisor and Educational Supervisor will also have to complete assessments on your E-portfolio. The E-portfolio forms a continuous record of your progress and will be submitted to the Deanery to “sign you off” at the end of your training. If you are having technical problems with the E-portfolio please contact the e-portfolio Enquiries / Help whose number / email address is listed on the e-portfolio website.

WORKPLACE BASED ASSESSMENTS

A series of workplace based assessments are also needed. These are similar to the foundation post assessments you may have already done.

During your 4 months post you will need to do the following Assessments:

- ⇒ **2 x Mini-cex** (Clinical Examination exercises)
- ⇒ **2 x CBDs** (Case-based Discussions)
- ⇒ **1 x MSF** (Multi-source Feedback)
(From 5 Clinicians who know you)
- ⇒ **1 or 2 DOPS** (Direct Observation of Procedures)
(2 every 6 months)

Your **Consultant** will also need to complete a **Clinical Supervisor’s** Report which he/she will discuss with you before it is submitted.

Where possible to consider evidence based practice as applicable to Primary Care.

1. Inflammatory arthritis and acutely swollen joint
2. Acute injuries
3. Management of osteoarthritis
4. Post-operative complications
5. Spinal problems
6. Shoulder & elbow problems
7. Hand problems
8. Knee problems
9. Foot & ankle problems
10. Common paediatric orthopaedic problems

OTHER LEARNING OPPORTUNITIES

1. Teaching foot & ankle clinic
2. Outpatient clinic in Heanor (lots of general orthopaedic cases)
3. Wednesday lunchtime SHO teaching
4. Other consultant clinics as observer (orthopaedics, rheumatology)

EDUCATIONAL RESPONSIBILITIES

It is your responsibility to make sure you communicate with your Educational Supervisor (CS) at the appropriate points in your post

You need to ensure you arrange Work Placed Based assessments at the appropriate points in your post. Please ensure you don't leave these till the last minute

Assessments should be carried out by your Clinical Supervisor (CS) or another senior team member NOT another GP ST1/2.

If you are struggling to complete them for whatever reason please let your CS/ES know.

OTHER EDUCATIONAL OPPORTUNITIES

Weekly Tutorials

Mr Milner would anticipate the team could provide around 10 tutorials in a 4 month post, probably no more than an hour each.

Emphasis on trainee preparation beforehand in order to maximise 'broad brush' coverage of major topics that are relevant to General Practice.

**Remember: "The E-portfolio is King"
You must keep a copy of all assessments as they will be needed in the future**

HOSPITAL JOB ASSESSMENTS

You will be contacted by the Deanery (via your E-portfolio) to complete an on-line assessment of your hospital post. (Bristol on-line Survey) This is mandatory and is a requirement of training.

SKILLS

The GP Curriculum divides skills into three categories.

- ⇒ **Communication Skills**
- ⇒ **Clinical Management Skills**
- ⇒ **Practical Skills**

There is obviously considerable overlap.

COMMUNICATION SKILLS / HISTORY

Knowledge / Skills to acquire in first 6 weeks

Need to recognize when a problem is an emergency / urgent / routine and when / how to contact a senior member of your team if the problem is beyond your expertise.

As in all specialties history taking is one if not the most important skill to acquire.

Patient-centered history taking means listening to the patient carefully.

Match their use of verbal and non verbal communication whenever possible to improve rapport.

COMMUNICATION SKILLS, continued

<p>In the case of injuries</p> <p>Try and establish:</p> <ul style="list-style-type: none"> • Exactly how it occurred • What the patient felt • Immediate consequences (eg unable to weight bear / swelling) • Effects within 24 hrs (eg swelling) • Effects beyond that (eg instability, true locking) 	<p>Unsure <input type="checkbox"/></p> <p>Satisfactory <input type="checkbox"/></p> <p>Confident <input type="checkbox"/></p>
<p>In all Conditions</p> <ul style="list-style-type: none"> • <i>Elicit and understand</i> significance of: • Pain • Swelling • Warmth • Redness • Bruising • Instability or patient not able to “trust” a joint • True locking • True giving way • Systemic symptoms of fever/rigors 	<p>Unsure <input type="checkbox"/></p> <p>Satisfactory <input type="checkbox"/></p> <p>Confident <input type="checkbox"/></p>
<p><i>Establish</i> the effects on the patients’:</p> <ul style="list-style-type: none"> • Activities of daily living • Work • Home life • Recreation/sport 	<p>Unsure <input type="checkbox"/></p> <p>Satisfactory <input type="checkbox"/></p> <p>Confident <input type="checkbox"/></p>
<p><i>Understand</i> the link between musculoskeletal symptoms and occupation, with regard to:</p> <ul style="list-style-type: none"> • Possible aetiology • Capacity to work, and • Appropriate sickness certification 	<p>Unsure <input type="checkbox"/></p> <p>Satisfactory <input type="checkbox"/></p> <p>Confident <input type="checkbox"/></p>

PRACTICAL SKILLS

Physical examination of the spine, upper and lower limbs	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Aseptic injection techniques:	
Knee aspiration and/or injection	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Subacromial shoulder injection	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Ankle injection	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Carpal tunnel injection	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Trigger finger injection	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Morton’s neuroma injection	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Hip, Greater Trochanteric Bursa Injection	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Suturing of skin wound	
Aseptic technique for minor surgical procedures	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Application of temporary splintage for limb fractures	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Local anaesthetic techniques for minor surgical procedures	
Local infiltration	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Ring block for finger / toe	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

CLINICAL MANAGEMENT SKILLS continued

Have a safe working knowledge of the principles of management of:	
Inflammatory polyarthritis	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Osteoporosis (including primary and secondary prevention, especially in relation to low trauma fractures)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Chronic musculoskeletal pain including fibromyalgia and complex regional pain syndrome	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Paediatric orthopaedic conditions, eg clubfoot, hip dysplasia, Perthes' disease, slipped upper femoral epiphysis, juvenile osteochondroses	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Post-operative complications that can follow orthopaedic surgery	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Healing of soft tissue wounds, including choice of dressings and topical treatments	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

<i>Understand the role and importance of the multidisciplinary team (e.g. physiotherapists, occupational therapists, biomechanically trained podiatrists etc. in diagnosis management and rehabilitation.</i>	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
---	--

<i>Be able to explain</i> musculoskeletal disease and treatment in a way suited to individual patient's level of understanding Understand the importance of checking understanding and supplementing this verbal information with good quality written information, and know where such information is available (including internet resources)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
<i>Understand</i> the complementary roles of primary and secondary care for musculoskeletal disorders, and the indications and routes for referral between primary and secondary care.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
<i>Recognise and deal sensitively with</i> psychological symptoms, abnormal illness behaviour, somatisation and chronic pain	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
<i>Recognise</i> the psychological effects that trauma and long-term disability can have on patients, their families and carers, and their doctors.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
<i>Understand</i> the principles and legal basis of informed consent for invasive procedures	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
<i>Understand</i> how to communicate risk/benefit in a useful and unbiased way for the benefit of patients decision making	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

CLINICAL MANAGEMENT SKILLS

Be able to recognise and initiate appropriate management for the following musculoskeletal emergencies:

Cauda equina syndrome	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Suspected spinal cord compression	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Suspected septic arthritis	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Acute compartment syndrome	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Severe trauma (ATLS principles)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Isolated fracture with complication (open wound, neurovascular injury)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Infection of artificial joint	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

Be able to make an initial assessment and management plan for an orthopaedic trauma or elective patient	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Use investigations in a timely, safe and cost effective manner, including blood tests and imaging	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Understand the use of clinical management and referral guidelines to ensure optimum and consistent standards of care	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Understand the benefits and therapeutic use of exercise	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

Be aware of the principles of appropriate antibiotic prescribing for musculoskeletal prophylaxis and infection, and sources of advice.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Understand the risks, prophylaxis, diagnosis and treatment of thromboembolic disease in patients undergoing orthopaedic surgery.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

Be able to diagnose and initiate non-surgical management for following common orthopaedic problems:

Back/neck pain with or without radiculopathy	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Shoulder pain (frozen shoulder, impingement, osteoarthritis)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Elbow pain (tennis/golfer's elbow, osteoarthritis)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Wrist/hand problems (thumb base osteoarthritis, deQuervain's tenosynovitis, carpal and cubital tunnel syndromes, trigger finger, Dupuytren's disease)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Hip osteoarthritis	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Knee pain (patellofemoral dysfunction, meniscal tears, instability, osteoarthritis)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Ankle problems (osteoarthritis, instability)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Foot problems (Achilles tendon problems, heel pain, flat feet, osteoarthritis, hallux valgus, metatarsalgia, Morton's neuroma)	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Soft tissue injuries	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>