

Elective In Orthopaedics



S. No.	Name of the Elective	Principles of Fracture fixation
1	Block	2
2	Department/ Area	Orthopaedic surgery
3	Name of Mentor/ Supervisor/ In charge	Dr. Javed Jameel, Professor & Head, Department of Orthopaedic surgery, HIMSR.
4	Co-Supervisor	Dr. Aabid A. Rather, Assistant Professor, Department of Orthopaedic surgery, HIMSR
5	Number of students intake	02-05
6	Method of Selection	Interview to determine a candidate's core understanding and interests in the field of Orthopaedic surgery.
7	Objectives	1. To help trainees acquire basic knowledge about fracture fixation modalities and develop a positive attitude towards it. 2. To help a trainee gain competencies in fracture fixation.
8	Expected outcomes	1. To obtain relevant history in a patient with fracture and conduct a thorough clinical examination. 2. Ability to prescribe the appropriate investigations in casualty of a patient with fracture (radiographs, special views, CT Scan). 3. Ability to counsel a patient with fracture in casualty to avoid situations like unsatisfied or angry patients. 4. To describe various methods used for fracture fixation in orthopaedic trauma patients. 5. Ability to identify patients requiring external fixation of fractures on urgent basis. 6. To be able to judge which mode of fixation is appropriate in different fracture region and types as per AO trauma recommendations. 7. To be able to understand basic techniques of external fixation, tension band wiring, plating and nailing in fractures. 8. To be able to manage a patient with fracture in casualty. 9. To write a prescription and medical records of a fracture patient. 10. To be able to assist an fracture fixation surgery in Operation theatre.
9	Assessment	1. Attendance 2. Day to day participation in patient management during the routine training hours. 3. Performance of assigned tasks and presentation of worked up case in the department. 4. Assessment exam on the last day of elective.
10	Log book	Regular log book entry of daily activities. See Appendix 1 for log book details.

Annexure 1

S. No.	Name of Competency	Procedure	Date of Procedure	Trainee's feedback	Trainee's initials	Trainer's initials with date
1	History taking of fracture patients					
2	Clinical examination of fracture patients					
3	To advise investigation in fracture patients					
4	Pre operative planning in fracture fixation					
5	assist in external fixation in fractures					
6	Assist in tension band wiring					
7	assist in plating of fractures					
8	assist in nailing of fractures					
9	To assist in closed reduction of fractures					
10	Assessing polytrauma patient in casualty					
11	Assessment of pelvis Fracture patient in casualty					



Prof. (Dr.) Javed Jameel

**HOD Orthopaedics
Dr. JAVED JAMEEL
Professor & Head
Department of Orthopaedics
HIMSR & HAHC Hospital**

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HAND AND WRIST INJURY MODULE



S. No.	Name of the Elective	Hand and Wrist Injury Module
1	Block	2
2	Department/ Area	Orthopaedics
3	Name of Mentor/ Supervisor/ In charge	Dr. Owais Ahmed Qureshi, Professor, Department of Orthopaedics, HIMS
4	Co-Supervisor	Dr Mudassir, Assistant Professor, Department of Orthopaedics, HIMS
5	Number of students intake	04
6	Method of Selection (if applicable)	Self-selection and interview to determine interest in Orthopedic Surgery
7	Objectives	1. To help students acquire basic knowledge about common hand a wrist injuries. 2. To help the students learn the principles and management modalities in those injuries
8	Expected outcomes	1. To describe most common hand and wrist injuries including distal radius, scaphoid, metacarpal and phalangeal fractures. 2. To be able to take proper history and perform relevant local examination to asses deformities, neurovascular status etc. 3. To be able to diagnose and describe properly the injuries using relevant radiographs. 4. To be able to prescribe relevant radiographs based on local examination of the injury. 5. To understand and be able to prescribe various modes of management for these injuries. 6. To understand surgical versus non surgical modalities of treatment and know when to advise either. 7. To be able to assist in closed reduction techniques and casts/slab/splints for these injuries. 8. To know the acceptability criteria for these fractures for conservative treatment. 9. To know the basics of surgical management of these injuries and when surgery is preferred. 10. To be able to communicate with the patient the injury, it's management options and potential complications and encourgae a shared decision making between the physician and the patient. 11. To be able to able to carry out follow up visits with relevant examination and radiographs, when required.
9	Assessment	1. Attendance 2. Day to day participation in orthopaedic clinic during the routine training hours. 3. Perform or assist in assigned task and presentation of worked up case to the mentor.
10	Log book	Regular log book entry of daily activities. See below for log book details.

Annexure 1: Log book

S. No.	Name of Competency	Assesment by:	Date of assessment	Trainee's feedback and initials	Trainer's feedback	Trainer's initials with date
1	Describe most common hand and wrist injuries including distal radius, scaphoid, metacarpal and phalangeal fractures.	Viva				
2	Take proper history and perform relevant local examination to asses deformities, neurovascular status etc.	Observation				
3	Diagnose and describe properly the injuries using relevant radiographs	Observation				
4	Prescribe relevant radiographs based on local examination of the injury. Supervised	Observation				
5	Understand and prescribe various modes of management for these injuries. Supervised	Viva/observation				
6	Understand surgical versus non-surgical modalities of treatment and know when to advise either.	Viva				
7	Assist in closed reduction techniques and casts/slab/splints for these injuries.	Observation				
8	Know the acceptability criteria for these	Viva/Observation				

	fractures for conservative treatment.					
9	Know the basics of surgical management of these injuries and when surgery is preferred.	Viva				
10	Communicate with the patient the injury, it's management options and potential complications and encourage a shared decision making between the physician and the patient. Supervised	Observation				
11	Carry out follow up visits with relevant examination and radiographs, when required. Supervised	Observation				



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