

Assistant Lecturer Program

Vision

Become No 1 ranked orthopedic department in Egypt, Middle East and Africa and a target for regional and international students

Goals

Publications – International with impact factor

Knowledge

Skills

Funding

Objectives

KNOWLEDGE

1 -well defined sources (comprehensive and relevant)

A. Basic sources

1. AAOS comprehensive orthopaedic review
2. Miller, review of orthopaedics 5th edition. Mark D. Miller
3. Campbell Orthopedics
4. Clinical orthopaedics examination. Ronald Mc Ree
5. Stanley and Hoppenfield in surgical exposure
6. Orthobullet website

B. Journals (Last 3 years)

1. J.AAOS
2. J BJS (Current concept review/ instructive course lectures)
3. J. Current orthopaedic and trauma

C. Ongoing Researches and all presentation topics of research meetings

- 2 -well defined schedule for teaching and studying
- 3 -Internal system of continuous assessment

SKILLS

- 1 -Well defined schedule of required skills specified for each AL level.

2 -clinical, surgical and experimental skills definition.

3 -continuous assessment system for skills acquisition.

Publications

- Revision of research plan guided by a- utmost updates in each field
b- current and expected resources
- Continuous open assessment and tracking of the progress of ongoing researches (Meeting every 3 months **(July-Octo-Jan-April)** for : 1- Protocol submission to department council
2- Yearly assessment of ongoing researches
3- Assessment of R1 residents in July/January
- Financial support for presentations and papers accepted for international conferences or journals

MOTIVATION AND PUNISHMENT

- Yearly or half yearly fully funded 2 weeks clinical attachment in one of the joint universities
- Financial support in conferences if speakers
- Well declared punishment list with full comprehensive illustration which can reach residency termination

FUNDING INSTITUTES

Unifying the pharmaceutical companies talks with only one person directly linked to the department head

VALUES

- Discipline
- Decent looking with **(ID card)**
- Honesty
- Orthopedic scientific language
- Loyalty to department (yearly photo for whole department in formal costumes)

Details

Assistant Lecturer (AL) Period Structure

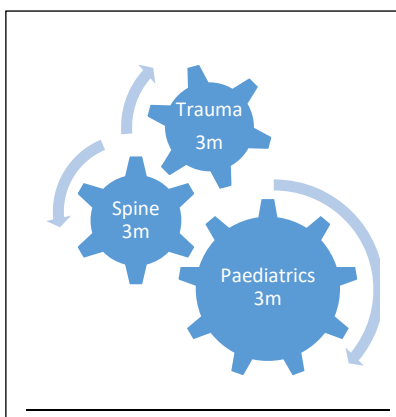
60 months. (27 months in the preplanned schedule + rest in the group and unit of the assigned research)

Preplanned schedule:

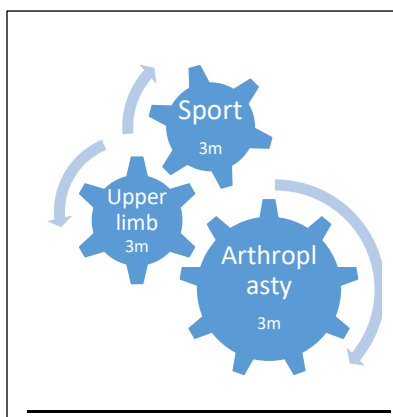
Objectives

- Capturing the basic skills of all the specialized units 8+1 trauma (Diagnostic-Decision making-Surgical-FU and rehabilitation).
- Committing to the assigned teaching program with the residents and fellows

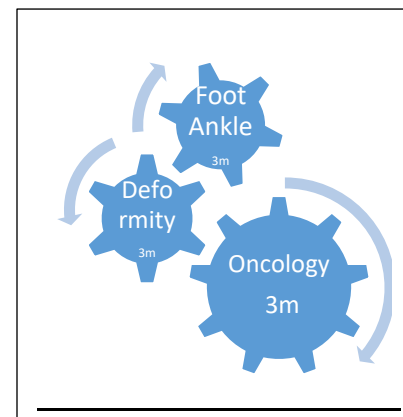
Details



Group B 9 months



Group A 9 months



Group C 9 months

They will be under full responsibility of one assigned lecturer in each unit who will be responsible of following the fulfillment of the acquired requirements in each unit (Teaching-Diagnosing Skills-Hand-on Skills)

In each unit, AL is obliged to:

- Attend all the OPCs, OR lists and the unit Grand Round (Even if the unit is divided within more than one group)
- Preparation of three presentations (Reviews) of three topics assigned to him by the unit head.
- Sharing in the ongoing unit researches
- Fulfillment of the required basic surgical skills of each unit (Illustrated later)
- Responsible for the fresh residents during their Brain Switching Period.
- Starting and finishing ONE trauma research in emergency hospital under guidance of one of the staff members. (Head of department makes a list of the staff willing to share in the trauma research series)
- Attending the general clinic, general list and the emergency shifts of the Group to which the unit is affiliated.

- All the previous data are logged in the logbook signed by the head of the unit.

Non-fulfillment of the requirements will be discussed personally with the candidate and the unit head. In case of candidate fault, he will repeat the period again in the unit and his progress will be suspended for 3 months. In case of unit fault, the candidate will be allowed to complete his hand-on skills acquisition with the upcoming rotation in line with his own ongoing rotation.

Rest of the period:

AL will be permanently assigned in the group to which his thesis is affiliated. At that stage, he will be obliged to:

- Attend all the OPCs, OR lists and the unit Grand Round of his group (of his own thesis)
- Finishing his own thesis.
- Sharing in the ongoing unit researches
- Fulfillment of the required surgical skills of his own unit
- Attending the general clinic, general list and the emergency shifts of his own Group
- All the previous data are logged in the logbook signed by the head of the unit.

Continuous evaluation and assessment systems

(scientific evaluation/skill evaluation/conduct evaluation)

Each AL receives a logbook which is classified into:

Scientific: (Logbook)

Lectures/meetings/clinics/conferences/grand rounds enlisted and signed by high staff

Skills : (Logbook)

Skills are enlisted according to the required basic skill acquisition of each unit (enlisted later)

Conduct: (One approved staff member in each group will be assigned in the department council for residents' conduct tracking)

- At the end of every unit period, a sheet form for each AL is to be filled by the staff member assigned for conduct tracking in each unit , then handled to the responsible secretary to keep it safe
- This form has specific values graded from 0 to 5
- Commitment/Obedience/communication skills/trouble making/activity/patient sympathy and counselling/Honesty/**Dress code commitment???**
- Any specific incident is individually writtenly reported by extra sheet to the secretary responsible on the next day to be added to the residents file >>>>> whether good or bad
- Good... like extra ordinary care or commitment

- Bad Like abstaining from grand round meeting or major trouble making
- All these reports are delivered to the head of department to give his rank for each trainee

Each resident is ranked depending on (scientific/skills/values) evaluation to detect who deserved the clinical attachment reward

Sources for financial support

- 1- Main source especially in the primary period: Pharmaceutical companies.
The head of department assigns only one person to be in contact with all companies
The resources are directed to the department scientific activities, facilities supply and scientific rewards rather than food and drinks

Any member deals with a company IN MUH or EMERGENCY HOSPITAL outside the department council permission and vision is reported and punished

- 2- Fellowships revenues (Long term source starting five years from implementation of the program)
- 3- NGOs (Non-Governmental Organizations) Depending on proposals

Funding Targets

- 1- Open access to highest impact factor journals of each specialty specified by the professor of each specialty
- 2- Facilities and logistics (Open free wi fi/Research desks for students in specified places)
- 3- Scientific rewards by clinical fellowships
- 4- Support for residents and AL with accepted talks or papers in international conferences or journals.

Pillars of the Education Program

1) AL core curriculum

The most important teaching activity for residents, the course has a six semester's curriculum.

Teaching program of the assistant lecturers will be separated from the residents' curriculum.

It will be unit based, presentation based.

A day of structured lecture course for each unit will be held every 3 months.

2) Grand rounds

Held weekly for each group, the faculty presents grand rounds in cooperation with the house staff.

3) Journal club

Weekly discussion of one paper after the grand round as illustrated before.

4) Research seminar

Continuous open assessment and tracking of the progress of ongoing researches (Meeting every 3 months **July-Octo-Jan-April**) for :

- 1- Protocol submission to department council in front of the whole department
- 2- Yearly assessment of ongoing researches
- 3- Assessment of R1 residents in July/January (As will be illustrated later)

REQUIRED SKILLS FOR EACH SPECIALIZED UNIT

Trauma

Before month 24th, he must have finished UNDER SUPERVISION:

- All difficult forms of fractures after the level of R7 residents except for the upcoming fractures.
- Talus fracture (without malleolar osteotomy)
- Calcaneal plating
- Type 6 tibial plateau
- All forms of ilizarov in trauma patients

After month 24th, he must finish UNDER SUPERVISION:

- Talar fracture with malleolar osteotomy (**only 1 case**)
- Fracture scaphoid ORIF (**only 2 cases**)
- Lumbar spine fracture (pedicular screws insertion) (**only 4 cases**)
- 4 part proximal humerus ORIF
- Soft tissue coverage (Gastrocnemius and soleus rotational flap) (**only 2 cases**)
- Posterior wall acetabular fracture (**only 2 cases**)

Spine (within 3 months)

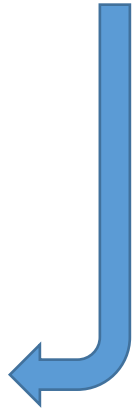
- Lumbar discectomy (**One case under supervision**)
- Lumbar Pedicular screws insertion (**One case under supervision**)

Paediatrics (within 3 months)

- Percutaneous tenotomy (**four cases under supervision**)
- CTEV posteromedial release (**two case under supervision**)
- DDH open reduction only (**One case under supervision**)
- Genu varum osteotomy (**two case under supervision**)

Knee and sports (within 3 months)

- Diagnostic knee arthroscopy at the start of the case (**four cases under supervision**)
- Partial menisectomy (**two cases under supervision**)
- ACL graft preparation (**Six cases under supervision**)
- Diagnostic shoulder arthroscopy at the start of the case (**One case under supervision**)



Upper limb (within 3 months)

- 2 stage tendon graft (*one case under supervision*)
- Diagnostic shoulder arthroscopy at the start of the case (*two cases under supervision*)
- Tendon transfer wrist drop (*one case under supervision*)
- De Quervan release (*four cases under supervision*)
- Carpal tunnel release (*four cases under supervision*)

Arthroplasty (within 3 months)

- Primary Total Knee Replacement (*One case under supervision*)
- Primary Total Hip Replacement (*One case under supervision*)

Foot and ankle (within 3 months)

- Diagnostic ankle arthroscopy at the start of the operation (*two cases under supervision*)
- Hindfoot fusion (*One case under supervision*)
- Ankle fusion (*One case under supervision*)
- Calcaneal osteotomy (*One case under supervision*)

Oncology (within 3 months)

- Osteochondroma excision (*Two cases under supervision*)
- Open biopsy taking (*Two cases under supervision*)
- Benign tumor curettage and bone graft or substitute (*One case under supervision*)

Deformity (within 3 months)

- Coronal malalignment osteotomy and plating (*One case under supervision*)
- Ilizarov lengthening tibia (*One case under supervision*)
- Infection nonunion management by Masquet technique (*One case under supervision*)
- Tendon transfer foot drop (*One case under supervision*)

Dress code policy

Each AL is committed to wear decent classic cloths.

Disciplinary action policy

A committee is constituted by the head of department (under his presidency) and is called for decision making in: (Disciplinary action committee *الجنة الانضباط*)

- 1- Periodic review of the Logbook and Evaluation sheets prior to MCQ exam entry decision and progression to the following residency year (twice a year)
- 2- Any extreme behavioral misconduct to take a crucial decision

Incidents requiring disciplinary action policy:

Academic Deficiency: The AL is not meeting one or more of the Residency program Core Competencies, as revised from time to time.

Examples of academic deficiencies, include, but are not limited to:

- Issues involving knowledge, skills, job performance or scholarship;
- Failure to achieve acceptable exam scores within the time limits identified by the training program;
- Unprofessional conduct;
- Professional incompetence including conduct that could prove detrimental to Mansoura University Hospital patients, employees, staff, volunteers, visitors or operations.

Misconduct:

Conduct by AL that violates workplace rules or policies, applicable law, or widely accepted societal norms.

Examples of misconduct include, but are not limited to:

- Unethical conduct, such as falsification of records;
- Illegal conduct (regardless of filing of criminal charges or criminal conviction);
- Sexual misconduct or sexual harassment;
- Workplace violence;
- Unauthorized use or disclosure of patient information; *فيسبوك*
- Scientific misconduct.

Types of Disciplinary Actions:

- **Non-Promotion to the Next Level:** A lack of promotion of the AL to the next level of training unless or until AL's performance improves to the required level.
- **Suspension:** A period of time in which the resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted towards the completion of program requirements. During the suspension the AL will be placed on administrative leave with, or without, or with pro-rated pay as appropriate depending on the circumstances. تعليق كل شيء .. التدريب و الدراسة.

This can be legally achieved by reporting him invalid for the semester exam.

- **Probation:** A temporary modification of an AL's participation in or responsibilities within the training program; these modifications are designed to facilitate the AL's accomplishment of program requirements.

Generally, the AL will continue to fulfill training program requirements while on probation, subject to the specific terms of the probation. The Program Director shall have the authority to place the AL on probation (and shall identify the AL status as "on probation") pursuant to this policy and have wide discretion based on his professional judgment to determine the terms of probation.

Probation may include, but is not limited to, special requirements or alterations in scheduling a AL responsibilities, a reduction or limitation in clinical responsibilities, or enhanced supervision of a AL activities.