Report of Training course of orthopaedic Surgery and Traumatology

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POST : Third Resident Orthopedic Surgery

SERVICES : ORTHOPEDIC SURGERY AND TRAUMATOLOGY

PERIOD : March 1st at April 29, 2008

PLACES : Coffeyville Regional Medical Center and Coffeyville Orthopedic, P.A.

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Chief of Orthopedic Surgery and Traumatology,CRMC

GENERAL
During the period of formation exposure to diverse fundamental problems have contributed to my training in understanding the fundamental of Orthopaedic medicine and Surgery
SPECIFIC MODULES

A) COGNITIVE MODULES
In very first place I was initiated at the sterile procedure in surgery and the care corresponding that needs for polytraumatized in the emergency like with the treatment for osteoarthritis for the Fractures and Dislocation just as with the surgical procedure. Work in any given day consisted in evaluating and treating patient in the office, in the Hospital – Emergent care in the Emergency Room, follow-up care in the floor with multiples consults have brightened my day. Often daily surgical cases with take the load of our activites. Selective cases and emergent cases in the operating Room will allow me to see orthopedy on other aspect:

In the Operating Room:
1. Brushing hands
2. Preparation of Patient
3. Total knee replacement with mini-invasive(TKA/MIS)
4. Hemiarthroplasty and Total shoulder Replacement (TSR)
5. Overview and the basic equipment to the Arthroscopy
6. Unipolar Hemiarthroplasty and Total Hip Replacement
7. The use of the orthopedic table and the (C-Arm)
8. Arthroscopy of the knee
9. Rotator Cuff Surgery
10. Carpal Tunnel Release
11. Trigger finger Surgery
12. Malleolar Fracture surgery
13. In site Screw fixation
14. The peripheral nervous block and Bierr’s Block

In the Emergency room/Office:
15. Hand injury
16. Nailed bed finger injury repair
17. Osteoarthritis
18. Coles fracture
19. Carpal Tunnel Syndrome
20. Femoral Neck Fracture
21. Humerus Frature
22. Essex Lopresti Fracture
23. Green Stick Fracture
24. Chauffeur Fracture
25. Upper extremity congenital anomaly
26. Low Back pain
27. Knee pain
28. Examination joint: Fonction muscle, innervation
30. The physical examination: the Shoulder, upper and lower limbs, the hip
31. Learn how to read an X-Ray, MRI, CT-Scan, PET-Scan
32. Physiotherapy: Ultrasond, Ionthophoresis

Certified:
33. Certification BLS(Basic Life Support) and ACLS(Advanced Cardiovascular Life support)
34. Assisted in ATLS(Advanced Trauma Life Support)

B) PSYCHOMOTOR MODULES

d) In orthopedy, I learned how to recognize and deal with the various certain problems of the musculo-skeletal system. I also learned how to use the basic surgical techniques in traumatology.

E) After having adequately followed the exam of the patient, I was initiate has to be able to start the treatment and to carry out the usual techniques of the surgical emergency and traumatologic most frequent.

F) My initiation during ATLS(Advanced Trauma Life Support) organize my Skill to the orthopedic treatment necessary to the traumatologic emergency, for example:
- installation of plaster for the fractures without displacement;
- manipulation under locale anesthesia and installation of plaster for the fractures without displacement;
- debridement of the wounds during the open fractures;
- installation of cutaneous traction which allow a reduction and an immobilization of the traumatized members.

C) MODULE OF BEHAVIOR

a) Communication
   - My trainer Dr. Coles gives to me has establishing a therapeutic relation with the patients and their family.
   - To constitute the medical files with the assistance of Patients and their family
   - To listen to comments attentively (touched interventions, people, etc).
   - To exchange relevant information with the patients, their family and other professionals of health.

b) Collaboration
   - To contribute actively to the team works.

c) Professionalism
   - My trainer Offers care of the most gauge with integrity, honesty and compassion.
   - to behave in a suitable way on the plans professional, personnel and interpersonal.

Ed) Scholarship
   - To evaluate of an eye criticizes the sources of medical information.

E) Management
   - To work with effectiveness and efficiency with the organization of the care.
   - To use the information technology to maximize the care, further education and other activities.

Place of work
During m there stay are CRMC in the various services of orthopedy, the imagery, the Rehabilitation and Physiotherapy I have devote part of m one time to the external private clinic, in the operating room, the postoperative visits of the patients operated in orthopedy or traumatology.
After an initiation with the private clinic and the orthopedic treatment of the different pathologies met, I will be able to take part gradually in the surgical operations most current.

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James Astrid JN-BAPTISTE, MD, Orthopedic Traumatology

Approval by:

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Coffeyville, April 29, 2008