1	Bare-Bones: Lessons from Life, Orthopaedics (and the Movies)
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2	"Bare-Bones"Only what is necessaryThe most essential componentsThe irreducible minimum
3	Doctor-Patient Communications and Approach to Patient
4	"Every doctor becomes a patient somewhere down the line." - Dr. Jack MacKee The Doctor, 1991
5	Loss of Identity: Depersonalization • Use appropriate patient titles • Provide simple, basic courtesy when greeting • Instruct staff to do same
6	Patients Are Impatient: No One Likes to Wait! •Plan a manageable schedule •Stay on time in clinic and in OR •Train your staff to be punctual
7	Remembering Instructions May Be Difficult • Written instructions are helpful • Use PA, NP, patient portal to educate patients • Follow-up phone call to confirm plan is executed
8	Loss of Control Paternalism vs Shared Decision-Making • Paternalism – Physician-directed treatment • Shared decision – Patient included in process • Surgeon must make recommendations clear • Should not relinquish decision-making to patient • Some patients need guidance, persuasion • Some should not be offered elective procedures

	Patient selection is key to good outcomes
9	 Approach to the Patient Take a genuine interest in each patient Allow sufficient time, sit down, make eye contact Not simple exercise in making correct diagnosis Convey competence and confidence to patient Consider necessity of defensive interventions Patient education on diagnosis, treatment options Informed consent is a process, not a document Thorough discussion of potential complications
10	"People don't care how much you know until they know how much you care."
	- Theodore Roosevelt
11 🔲	Surgical Complications and Approach to Practice
12	"A man's got to know his limitations." - Harry Callahan <i>Magnum Forc</i> e, 1973
13	How do you know what you don't know?
14	Illustrative Case: Problematic CTR
	 • 39 yowf RHD homemaker, morbidly obese • Progressive right hand median numbness • Positive Durkan's sign, Phalen's test • Static 2PD prolonged > 15 mm median distribution • Prolonged median distal motor latency, 8 ms • Open CTR, patient-requested general anesthesia • Symptomatic relief, but 2PD > 15 mm M-R interval • Median nerve was partially lacerated during CTR • Turn-back of lacerated fascicle was required
15	 Progressive right hand median numbness Positive Durkan's sign, Phalen's test Static 2PD prolonged > 15 mm median distribution Prolonged median distal motor latency, 8 ms Open CTR, patient-requested general anesthesia Symptomatic relief, but 2PD > 15 mm M-R interval Median nerve was partially lacerated during CTR

- To call for help is NOT a sign of weakness
- Encourage patients to seek second opinions
- Operate within your area of expertise
- Use physician extenders to best advantage
- Examine surgical outcomes critically

17 Approach to Complications

- Accept complications as inevitable part of practice
- Minimize occurrence by patient selection
- Learning opportunities to improve performance
- Study complications, establish mandatory read file
- Good management is key to practice success

18 Managing Complications

- Comprehensive preoperative informed consent
- Full, prompt disclosure complication, implications
- Explain how it happened, express regret
- Formulate remediation plan, include partners
- Follow-up more frequently, spend more time
- Include family, referring physician in discussion
- Notify malpractice insurance carrier
- 19 (A mistake that makes you humble is better than an achievement that makes you arrogant."
 - Mudii
- 20 Doctor-Staff Communications and Approach to Teamwork
- 21 Misconception: You can control every aspect of patient care in every setting and in every scenario

Reality: You can't

22 The World is NOT Perfect

- Patient scheduled wrong date / time
- Outside MRI disk lost in radiology
- · Patient not held NPO, case cancelled
- Dull drill bits not replaced in AO set
- Screw sizes / lengths missing from set
- Requested implant set not available
- Wrong implant / disposable opened

	• Dropped instrument needs autoclaving
23	"There's no crying in baseball!" - Jimmy Dugan <i>A League of Their Own,</i> 1992
24	"Where do you train your nurses, Dauchau!?" - Dr. Herbert Bock The Hospital, 1971
25	 Approach to Orthopaedic Team There's no crying in orthopaedics! Be nice to everyone, particularly to subordinates Physicians are held to higher standard of behavior "I'm sorry, that will never happen again!" Surgeon is captain of the orthopaedic team Lead during time outs, freely share what you know
26	 Via Christi Code of Conduct on Disruptive Behavior Derogatory, insulting or obscene language Verbal or physical attacks on medical staff Impertinent / inappropriate comments in record Non-constructive criticism intended to intimidate Refusal to accept Medical Staff assignments Deliberate destruction of Medical Center property
27	Service to Others and the Power of Prayer
28	"We're on a mission from God." - Elwood Blues The Blues Brothers, 1980
29	 What's Really Important? Faith Family Friends Legacy of Service
30	 Approach to Medicine: A Life of Service Respect for patients and their autonomy Non-maleficence – First, do not harm Beneficence – Act in patient's best interest

	 Maintain patient confidentiality Justice – Fairness and equality providing service
31	Via Christi: "in the way of Christ"
32	 How to Pray Thanksgiving Adoration Repentance Petition Specificity
33	Mark 11:24 Therefore I tell you, whatever you ask for in prayer, believe that you have received it, and it will be yours.
34	Matthew 15:28 Then Jesus answered and said to her, "O woman, great is your faith! Let it be to you as you desire." And her daughter was healed that very hour.
35	Jeremiah 17:14 Heal me, O Lord, and I shall be healed; save me, and I shall be saved
36	"Lord, make me an instrument of Your will on earth."
37	 Take Home Points Treat your patients as you wish to be treated Know your own limitations in clinic, operating room Embrace your role as an orthopaedic team leader Understand the implications of your vocation Pray daily for His grace and His guidance
38	Thank You for Your Prayers!