

Resident Experience Report

Program ID: 2633313070 Program Name: UMDNJ-New Jersey Medical School Program

Glen C. Jacob

For All Patient Types

Table 1	Incision	Excision	Intro or Removal	Repair/ Revision/ Reconstruction	Fracture and/or Dislocation	Manipulation	Arthrodesis	Amputation	Arthroscopy	Other	Row Total
Shoulder	1	1	0	2	0	1	0	0	2	0	7
Humerus/ Elbow	6	3	1	17	8	0	0	0	2	0	37
Forearm/ Wrist	15	6	2	42	57	1	3	0	11	1	138
Hand/ Fingers	33	9	1	68	58	1	12	12	N/A	6	200
Pelvis/ Hip	0	0	0	0	0	0	0	0	N/A	0	0
Femur/ Knee	0	0	0	0	0	0	0	0	0	0	0
Leg/ Ankle	0	0	0	1	0	0	0	0	0	0	1
Foot/ Toes	0	0	0	0	0	0	0	0	N/A	0	0
Other Musculoskel	1	1	25	0	0	0	0	0	0	9	36
Column Total	56	20	29	130	123	3	15	12	15	16	419

Table 2	Excision	Osteotomy	Fracture and/or Dislocation	Decompression	Arthrodesis Anterior	Arthrodesis Posterior	Arthrodesis/ Deformity	Exploration-	Instrumentation	Other	Spine Total
Spine	0	0	0	0	0	0	0	0	0	0	0

Table 3	Incision/ Excision	Repair (Closure)	Skin Grafts	Flaps	Other	Integument Total	Table 5	Misc.
Integumentary System	37	2	17	14	0	70	Misc.	6

Table 4	Neuroplasty	Transection or Avulsion	Incision/ Excision	Neurolysis	Other	Carpal Tunnel	Nerve Total
Nervous System	24	0	5	39	0	32	100

Oncology Patients: 7

Procedures Involving Microsurgery: 81

Total Tables: 595
(1, 2, 3, 4, & 5)

Signature of Resident:

Signature of Program Director:

Date: _____

Date: _____

NOTE: The Program Director is responsible for validating the accuracy of the data in this record. Records signed by both the resident and Program Director must be kept on file in the Program Office. Records sent to the Residency Review Committee Office MUST be signed by the Program Director.