

**Hip and Knee Reconstruction  
Rotation Specific Evaluation (PGY1,2,3)  
Orthopaedic Surgery Residency Training Program  
College of Medicine, University of Saskatchewan**

CanMEDS Roles / Competencies	Expectations					
Name: _____ PGY_____	Much Below Average	Somewhat Below Average	Average	Somewhat Above Average	Much Above Average	N/A
Rotation Dates: _____						
Attending Staff: _____	Rarely Meets Expectations	Inconsistently Meets Expectations	Generally Meets Expectations	Sometimes Exceeds Expectations	Consistently Exceeds Expectations	
<b>A. MEDICAL EXPERT:</b> At the conclusion of residency, the resident should meet all of the following objectives in spite of variations in rotation durations and resident exposure						
<b>1. Cognitive and Diagnostic</b>						
1 Be able to advise patients regarding the non-operative management of hip and knee arthritis; including indications, complications and effectiveness of such treatment						
2 Understand the indications, results and complications of surgery for hip and knee arthritis with respect to age, gender and activity level						
3 Understand the principles of hip and knee reconstructive surgery for arthritis including osteotomy, arthrodesis and joint replacement						
4 Understand the recovery and rehabilitation following hip and knee replacement						
5 Understand the unique medical problems of the geriatric population						
<b>A. MEDICAL EXPERT:</b> At the conclusion of residency, the resident should meet all of the following objectives in spite of variations in rotation durations and resident exposure						
<b>2. Technical - Demonstrate proficiency in:</b>						
1 Perform arthrotomies and aspirations of the hip and knee						
2 Pre-operatively plan and perform simple primary hip and knee arthroplasty with guidance						
3 Recognize and manage common post-operative complications in hip and knee reconstruction surgery						
<b>B. COMMUNICATOR</b>						
1 Listen effectively and obtain an appropriate history from patients and their families						
2 Gather information not only about the specific problem but also about the patient's beliefs, expectations and concerns about their illness						
3 Provide information to the patient in a humane manner with language that they can understand so that they may be involved in the decision making process regarding their care						
4 Provide appropriate information to others involved in the care of the patient						
5 The ability to obtain an appropriate informed consent for patients undergoing interventions						

CanMEDS Roles / Competencies	Expectations					
	Much Below Average	Somewhat Below Average	Average	Somewhat Above Average	Much Above Average	N/A
	Rarely Meets Expectations	Inconsistently Meets Expectations	Generally Meets Expectations	Sometimes Exceeds Expectations	Consistently Exceeds Expectations	
<b>C. COLLABORATOR</b>						
1 Consult with other health care professionals as appropriate						
2 Describe the multidisciplinary approach to the arthritis patient and the role of each of the health care providers						
<b>D. MANAGER</b>						
1 Understand the importance of the allocation of health care resources and how that effects wait list management						
2 Learn to apply evidence and management processes for cost-appropriate care						
<b>E. HEALTH ADVOCATE</b>						
1 Understand the determinants of health of population, including barriers to access to care and resources						
<b>F. SCHOLAR</b>						
1 Understand how to integrate new learning into practice						
2 Understand critical appraisal and the methods of doing a literature search						
<b>G. PROFESSIONAL</b>						
1 Describe how to recognize unprofessional behaviour in others and how to respond to it						
2 Understand the professional, legal and ethical codes of practice including physician's relationship with industry						
3 Understand the appropriate doctor patient relationship						

**Comment on Performance:**

**1. Areas that need improvement**

**2. Areas that exceed expectations**

**3. Any additional comments?**

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Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_