

Trauma
Rotation Specific Evaluation (PGY4 & 5)
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	
A. MEDICAL EXPERT: At the conclusion of residency, the resident should meet all of the following objectives in spite of variations in rotation durations and resident exposure						
1. Cognitive and Diagnostic						
1 Polytrauma patients						
• Initial ATLS management						
• Prioritization of injuries in trauma patients						
2 The principles of open fracture management						
3 Recognition of dysvascular limb and compartment syndrome						
4 Understand the importance of pelvic fractures						
5 Demonstrate knowledge of the concepts of "damage control orthopaedics" vs "early total care"						
6 Isolated limb trauma						
7 Principles of the management of:						
• Fractures, dislocations and fracture dislocation with appropriate splintage						
• Intraarticular fracture management						
• Associated soft tissue injury						
• Compartment syndrome						
• Dysvascular limb						
• Acute infection						
• Malunion, nonunion, late infection						
• Segmental bone loss						
8 An understanding of associated conditions:						
• Adult respiratory distress syndrome						
• DVT						
• Fat and pulmonary embolism						
• Multiple organ system failure						
• Chronic regional pain syndrome						
• Awareness and recognition of:						
• non-accidental trauma						
• issues related to geriatric fractures						
• pathologic fractures						
9 In addition to the junior objectives, a senior resident will be expected to integrate detailed knowledge as demonstrated by an ability to formulate a comprehensive treatment plan for the traumatized patient						
10 Insufficiency fractures						
A. MEDICAL EXPERT: At the conclusion of residency, the resident should meet all of the following objectives in spite of variations in rotation durations and resident exposure						
2. Technical						
1 Initial management of fractures and dislocations with appropriate reduction and splinting						
2 Develop competencies as a surgical assistant, knowledge of the surgical approaches, handling soft tissues and appropriate wound closures						

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	
3 Proficiency in the use of orthopaedic equipment and power instruments used in the management of the trauma patient						
4 Technical skills involved in ATLS protocol						
5 Operative management of simple fractures - ankle, wrist, hip						
6 Management of compartment syndrome and acute infection						
7 Should be competent in basic techniques of fracture fixation and soft tissue management including open fractures						
8 Develop competence in basic surgical procedures of the traumatic patient including operative management of single limb trauma and polytraumatic injuries including:						
<ul style="list-style-type: none"> Intramedullary nailing of long bone fractures 						
<ul style="list-style-type: none"> Open reduction and internal fixation of diaphyseal, metaphyseal and articular fractures using standard AO techniques 						
<ul style="list-style-type: none"> Techniques of external fixation for certain injuries including: intra-articular fractures with poor soft tissues (knee and ankle joints), pelvic fractures, distal radius fractures, knee dislocations 						
<ul style="list-style-type: none"> Open reduction of irreducible joint dislocations 						
<ul style="list-style-type: none"> Planning and surgical management of malunion, nonunion and chronic infection 						
B. COMMUNICATOR						
1 Demonstrate skills in working with patients and families who present with communication challenges such as anger, confusion, and issues related to gender, ethnicity, cultural and religious background. This would also involve communication with those with traumatic brain injury and critical injuries						
2 Deliver information including options of care, possible complications and long-term prognosis in a humane and understandable way. The resident should encourage discussion and participation in developing a treatment plan. This will lead to obtaining informed consent						
3 Demonstrate skill in communicating with other members of the trauma team and other health care personnel involved in the care of the traumatized patient						
4 Communicate effectively with appropriate consultants and synthesize their input into the care plan						
5 Clearly document the patient encounter including trauma records, progress notes, operative notes and discharge summaries						
6 The ability to obtain an appropriate informed consent for patients undergoing interventions						
7 Will demonstrate the ability to deliver bad news in a humane and compassionate manner						
8 Will be able to verbally present the findings and care plan for the patient						

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	
C. COLLABORATOR						
1 Understand the importance of the multidisciplinary trauma team and describe their roles						
2 Effectively work as a member of the trauma team both acutely and in the long term management of the trauma patient						
3 Learn to resolve interpersonal conflict						
4 Understand community resources available to aid in the management of trauma patients and communicate effectively with those individuals or groups						
D. MANAGER						
1 Understand the importance of allocation of resources for the trauma patient and prioritize care						
2 Understand provincial trauma programs						
3 Set priorities and manage time to balance patient care, educational activities and personal life						
4 Understand health care funding as it relates to trauma care and the principle of cost-appropriate care						
E. HEALTH ADVOCATE						
1 Understand the lifestyle issues and different work place environments that lead to an increased risk of trauma						
2 Describe the appropriate provincial legislation relating to decreasing trauma risk						
3 Describe a plan to decrease the risk of trauma in their community						
4 Advocate for the health of their community to include seat belt legislation, use of helmets for high risk sports and the treatment and prevention of osteoporosis						
F. SCHOLAR						
1 The resident will pose a learning question and do an appropriate literature search, they will then interpret this evidence and suggest a change in practice if necessary						
2 Present an effective lecture or presentation						
3 Understand the principles of Continuing Professional Development						
4 Understand critical appraisal and demonstrate the ability to critically review an appropriate article in the trauma literature						
5 Demonstrate effective teaching techniques						
G. PROFESSIONAL						
1 Describe informed consent and alternative consent givers						
2 Maintain patient confidentiality and describe the limits as defined by professional practice standards and law						
3 Manage any conflict of interest that arises						
4 Understand and demonstrate the importance of balancing personal and professional priorities to ensure personal health and sustainable practice						

DESCRIPTIVE RESPONSES

For any items scored 0 or 1, specific comments are critical.

1 **Strengths:**

2 **Areas for improvement:** (If remedial work is recommended - please provide specific suggestions]

3 **Comments:**

Evaluator Signature: _____

Date: _____

Resident Signature: _____

Date: _____

Program Director: _____

Date: _____