

**Upper Limb
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 Common upper limb fractures and dislocations						
2 Degenerative, overuse and traumatic tendon injuries						
3 Principles and indications for joint reconstruction of the upper limb						
4 Peripheral nerve injuries, entrapments, and chronic regional pain syndromes						
5 Infections including those specific to the hand						
6 Compartment syndromes						
7 Common vascular, inflammatory and congenital conditions						
8 Ganglions and neoplasms						
9 Splinting and rehabilitation						
10 Principles and indications for arthroscopy in the shoulder						
11 Complex upper limb fractures and dislocations						
12 Complex periarticular fractures and fracture-dislocations						
13 DRUJ and carpal instabilities						
14 Brachial plexus and tendon transfers						
15 Principles and indications for arthroscopy in the elbow and wrist						
16 Joint contractures including Dupuytren's						
17 Principles of amputations and arthrodesis						
18 Unique principles of treatment of skeletal metastases						
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 Diagnostic and therapeutic injections to the upper limb						
2 Closed and open reduction techniques for common upper limb fractures and dislocations						
3 Common surgical exposures to the upper limb						
4 Surgical management of:						
• Compartment syndromes						
• Nerve entrapment syndromes						
• Ganglions						
• Infections						
• Diagnostic arthroscopy of the shoulder						
5 Management of intra-articular and periprosthetic fractures of the upper limb						
6 Management of scaphoid non-union						
7 Corrective osteotomy of the distal radius						

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8 Tendon rupture repair and reconstruction						
• Rotator cuff and distal biceps						
• Extensor pollicis longus						
9 Joint instabilities						
10 Open/arthroscopic shoulder stabilization						
• AC instability - acute and chronic						
11 Stabilization techniques for elbow or carpal dissociations						
12 Arthroplasty						
• Primary shoulder hemiarthroplasty						
• Radial head						
• Interpositional arthroplasty - CMC, DRUJ						
• Removal of an infected prosthesis						
13 Arthroscopy of the upper limb						
14 Loose body removal						
15 Arthrodesis:						
• Shoulder						
• Wrist						
• Digits						
16 Treatment of joint contractures:						
• Adhesive capsulitis						
• Elbow						
• Dupuytren's contracture						
17 Amputations - traumatic and elective						
B. COMMUNICATOR						
1 The resident should be able to obtain an informed consent for common upper limb procedures						
2 Demonstrate skills in working with other providers and patients to overcome communication challenges including anger, confusion, sensory or cognitive impairment, socio-economic or ethno-cultural differences						
3 The ability to obtain an appropriate informed consent for patients undergoing interventions						
4 Understand the consent requirements for communication with third party agents						
5 Be capable of effective oral and written communication with third party agents such as Workers' Compensation Insurance and disability insurers						
C. COLLABORATOR						
1 Define the role and expertise of the health care professionals involved in patient care						
2 Demonstrate the ability to accept, consider and respect the opinions of all other team members, while contributing specialty-specific expertise						
3 Understand and demonstrate the importance of communication among health professionals involved in the care of an individual patient, including physician colleagues, and allied health professionals						
4 Develop skills necessary for successful coordination and implementation of a treatment plan						
5 Advocate and assist in conflict resolution with third party agents						

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D. MANAGER						
1 Utilize time and resources effectively in order to balance patient care, outside activities and personal lifestyle considerations						
2 Establish an understanding of health care resource allocation and educational resources						
3 Effectively utilize information technology to optimize patient care and for continued self-directed learning						
4 Recognize the financial impact of implementing new technologies into clinical practice						
5 Prioritize emergent and elective care based on evidence for the benefit of individual patients, populations served and resource availability						
6 Demonstrate leadership when allocating finite health care resources						
E. HEALTH ADVOCATE						
1 Identify the determininants and risk factors for upper limb injury and disease such as age, gender, occupation, education, general fitness and substance abuse						
2 Know and apply preventative measures to minimize deterioration in overall general health and to optimize results of upper limb surgery						
3 Know and apply measures to minimize complications of upper limb surgery						
4 Be able to discuss strategies of health promotion that may diminish upper limb injury and disease prevalence						
• Farm /workplace safety, ergonomics						
• Insufficiency / geriatric fractures						
5 Advocate for timely access to care						
F. SCHOLAR						
1 Demonstrate attributes of self-directed learning by:						
• Create a personal learning project						
• Utilize critical appraisal to identify possible solutions						
2 Participate in the education of patients, fellow residents, house staff, and allied health professionals						
3 Pose a research question related to a common upper limb disorder, conduct an appropriate literature search, and propose a research methodology that attempts to answer the question						
G. PROFESSIONAL						
1 Deliver the highest quality upper limb medical and surgical care with integrity, honesty and compassion						
2 Exhibit appropriate personal and interpersonal professional behaviour						
3 Practice in an ethically responsible manner that respects medical, legal and professional obligations						
4 Recognize, analyze and attempt to resolve ethical issues such as consent, conflict of interest, resource allocation, and practice ethics in medical research, etc.						

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: _____