

Foot & Ankle
Rotation Specific Evaluation (PGY4 & 5)
Orthopaedic Surgery Residency Training Program
College of Medicine, University of Saskatchewan

| CanMEDS Roles / Competencies | Expectations | | | | | |
|---|------------------------------|---|------------------------------------|--------------------------------------|---|-----|
| Name: _____ PGY _____ Rotation Dates: _____ Attending Staff: _____ | 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 | |
| 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 Understanding of normal and abnormal gait | | | | | | |
| 2 Understanding and assessment of deformities of the forefoot, midfoot, hindfoot and ankle | | | | | | |
| 3 Understanding and recognition of feet at high risk for ulceration, and the presence of ulcers | | | | | | |
| 4 Understand appropriate use of diagnostic imaging and tests for assessment of foot and ankle pain and deformity | | | | | | |
| 5 Understand non-operative management of common foot and ankle pathology | | | | | | |
| 6 Understand the assessment and diagnosis of soft tissue and bony injuries to the foot and ankle | | | | | | |
| 7 Understand, assess, provide a differential diagnosis and management of common foot and ankle pathologies | | | | | | |
| 8 Understand and prescribe appropriate rehabilitation and non-operative management of common foot and ankle pathologies | | | | | | |
| 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 - Demonstrate proficiency in: | | | | | | |
| 1 Performance of local anesthetic blocks for foot and ankle surgery | | | | | | |
| 2 Describe common surgical approaches for hindfoot, midfoot, forefoot and ankle | | | | | | |
| 3 Perform diagnostic and therapeutic injections of foot and ankle joints | | | | | | |
| 4 Initial management of diabetic/Charcot foot | | | | | | |
| 5 Initial management of ischemic/gangrenous foot | | | | | | |
| 6 Performance of: | | | | | | |
| • Simple forefoot reconstruction | | | | | | |
| • Simple foot and ankle fractures | | | | | | |
| 7 The understanding, assessment and treatment of arthritis involving ankle, subtalar, midfoot and forefoot joints | | | | | | |
| 8 The understanding, assessment and treatment of: | | | | | | |
| • Foot and ankle tendinopathies | | | | | | |
| • Complex foot and ankle fractures | | | | | | |
| • Complex forefoot reconstruction | | | | | | |
| • Diagnostic and operative ankle arthroscopy | | | | | | |
| • Complications of foot and ankle surgery | | | | | | |
| • Definitive management of ischemic/gangrenous foot | | | | | | |
| • Definitive management of diabetic/Charcot foot | | | | | | |

| 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. COMMUNICATOR | | | | | | |
| 1 The ability to manage and communicate with non-compliant and difficult patients | | | | | | |
| 2 To effectively and compassionately convey bad news to patients | | | | | | |
| 3 The ability to obtain an appropriate informed consent for patients undergoing interventions | | | | | | |
| C. COLLABORATOR | | | | | | |
| 1 Consult effectively with other physicians and health care professionals | | | | | | |
| 2 Contribute effectively to other interdisciplinary team activities | | | | | | |
| 3 Share knowledge effectively to formulate a health care plan | | | | | | |
| D. MANAGER | | | | | | |
| 1 Coordinating the use of medical devices such as, orthotics and braces, in a fiscally responsible manner | | | | | | |
| E. HEATH ADVOCATE | | | | | | |
| 1 Identify risk factors that can lead to nonunion, foot ulceration, amputation, and Charcot foot, and advise patients on lifestyle modifications to improve outcomes | | | | | | |
| 2 Outline community resources available to patients/families dealing with orthopedic foot/ankle disease and injury: <ul style="list-style-type: none"> • Social work • Physiotherapy • Occupational Therapy • Dietary/nutritional services • Prosthetic support services • Chiropodists, podiatrists • Pain management services | | | | | | |
| F. SCHOLAR | | | | | | |
| 1 To formulate a clinically relevant learning question, conduct a literature search, and present findings | | | | | | |
| G. PROFESSIONAL | | | | | | |
| 1 Deliver the highest quality care with integrity, honesty and compassion respecting confidentiality | | | | | | |
| 2 Understand that professionalism requires ongoing Continuing Professional Development | | | | | | |
| 3 Sympathize with the needs of the patient even when they conflict with medical advise | | | | | | |
| 4 Respond to conflict constructively and with compassion | | | | | | |

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: _____