# CanMEDS Roles / Competencies

## Expectations

<table>
<thead>
<tr>
<th>Name: ________________________      PGY_____</th>
<th>Much Below Average</th>
<th>Somewhat Below Average</th>
<th>Average</th>
<th>Somewhat Above Average</th>
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<th>N/A</th>
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<tbody>
<tr>
<td>Rotation Dates: ________________________</td>
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<td>Attending Staff: ________________________</td>
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### 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

#### 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
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<tr>
<td></td>
<td>Much Below Average</td>
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<tr>
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<td>Rarely Meets Expectations</td>
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### 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:
   - 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 advice
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: _______________________