Foot & Ankle

Rotation Specific Evaluation (PGY1,2,3) Orthopaedic Surgery Residency Training Program College of Medicine, University of Saskatchewan

CanMEDS Roles / Competencies	Expectations					
Name: PGY				Somewhat		
Rotation Dates:	Much Below Average	Somewhat Below Average	Average	Above Average	Much Above Average	N/A
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 rotation durations and resident exposure	resident sho	uld meet all of	the following	objectives in s	pite of variation	ns in
1. Cognitive and Diagnostic						
Understanding of normal and abnormal gait						
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						
 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: 						ns in
Performance of local anesthetic blocks for foot and						
ankle surgery						
Describe common surgical approaches for hindfoot, midfoot, forefoot and ankle						
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						
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					L	
C. COLLABORATOR						
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]				I	l

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	
D. MANAGER						
Coordinating the use of medical devices such as, orthotics and braces, in a fiscally responsible manner						
E. HEATH ADVOCATE						
Identify risk factors that can lead to nonunion, foot ulceration, amputation, and Charcot foot, and advise patients on lifestyle modifications to improve outcomes						
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						
To formulate a clinically relevant learning question, conduct a literature search, and present findings						
G. PROFESSIONAL						
Deliver the highest quality care with integrity, honesty and compassion respecting confidentiality						
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 recomm	nended - please provide specific suggestions)
3 <u>Comments:</u>	
Evaluator Signature <u>:</u>	Date:
Resident Signature:	Date:
Program Director:	Date: