### Sports Medicine
**Rotation Specific Evaluation (PGY4 & 5)**
**Orthopaedic Surgery Residency Training Program**
**College of Medicine, University of Saskatchewan**

<table>
<thead>
<tr>
<th>CanMEDS Roles / Competencies</th>
<th>Expectations</th>
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<tbody>
<tr>
<td>Name: ______________________ PGY____</td>
<td>Much Below Average</td>
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<tr>
<td>Rotation Dates: ______________________________</td>
<td>Rarely Meets Expectations</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. Understand the anatomy and pathophysiology of acute and chronic soft tissue injury:
   - Rotator cuff and elbow tendinopathy
   - Groin injury (tendinopathy)
   - Isolated knee ligaments
   - Meniscal injuries of the knee
   - Patellofemoral disorders
   - Ankle sprain
   - Achilles tendon

2. Understand the anatomy, pathophysiology and assessment of:
   - Articular cartilage injury
   - Upper and lower extremity joint instability

3. Understand the anatomy, pathophysiology, assessment and management of acute and chronic soft tissue injury and instability:
   - Complex/revision knee ligaments
   - Lower extremity malalignment
   - Multidirectional shoulder instability
   - Failed shoulder reconstruction
   - Chronic instability of the elbow
   - Chronic ankle instability

4. Understand the management of Articular Cartilage Injury including osteochondritis

5. Understand the principles of rehabilitation including return to sports and non-operative management including gender related issues

**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 - Performance of:

1. Appropriate upper and lower extremity physical examinations
2. Diagnostic and therapeutic joint injections
3. Diagnostic arthroscopy of the knee and shoulder
4. Repair of simple tendon rupture
5. Diagnostic and operative shoulder, knee and ankle arthroscopy
6. ACL reconstruction
7. Ankle ligament reconstruction
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<td>Inconsistently Meets Expectations</td>
<td>Generally Meets Expectations</td>
<td>Sometimes Exceeds Expectations</td>
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**8 Patella realignment**

**9 Lower extremity realignment**

**10 Shoulder reconstruction for instability**

**11 Surgical management of rotator cuff pathology**

**12 Repair of complex tendon rupture**

**B. COMMUNICATOR**

1 Ability to communicate to patients in clear and straightforward manner

2 The ability to obtain an appropriate informed consent for patients undergoing interventions

**C. COLLABORATOR**

1 Be able to interact with the medical team efficiently and to consult effectively

2 Delegate effectively to other members of the healthcare team

3 Communication with allied health professionals (physiotherapists, nurses, trainers)

4 Ability to communicate in writing appropriate rehabilitation prescriptions

**D. MANAGER**

1 Cost effective use of investigative tools and therapeutic modalities including complimentary and alternative therapies and procedures

2 Effective time management for patient care and lifestyle balance

**E. HEALTH ADVOCATE**

1 Identify and advise on risk factors for prevention of injury including issues specific for gender, age and return to activity

2 Counsel athletes on the risks and side effects of performance enhancing drugs and substance abuse

**F. SCHOLAR**

1 Ability to teach and supervise patients, students, colleagues and other healthcare professionals

**G. PROFESSIONAL**

1 Sensitivity and respect for diversity of age, gender, religion, culture and the elite athlete

2 Understand the principles of:
   - Ethics in sports
   - Substance abuse
   - Performance enhancing drugs
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: _______________________

3 of 3