

Sports Medicine
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 Understand the anatomy and pathophysiology of acute and chronic soft tissue injury:						
• Rotator cuff and elbow tendinopathy						
• Low back pain						
• 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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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: _____