

**General Goals and Objectives for the Orthopaedic Surgery Resident
Orthopaedic Trauma (JGH)**

The JGH trauma resident will be expected to manage all aspects of the trauma service, with close guidance from the supervising staff, using knowledge, skills, and attitudes appropriate to the resident's level of training. Learning objectives are specified in the detailed goals and objectives of this rotation, and will involve all aspects of patient management and trauma care. There will be a strong emphasis on geriatric trauma care and surgical preparation including pre-operative planning. Ultimately, the trainee should strive to inspire confidence in patients and staff.

Sample Weekly Schedule:

DAY	SCHEDULE
MONDAY	Trauma room at either LaSalle or JGH. The trauma resident will choose where he/she will attend according to the cases planned that week. It is the responsibility of the trauma resident to inform the chief resident at the JGH, with sufficient notice, where he/she will attend to ensure adequate coverage at the other site.
TUESDAY	Trauma Clinic. Trauma Rounds at 4 p.m.
WEDNESDAY	JGH Trauma Room. (Optional MGH Trauma Rounds at 4 p.m. if time permits)
THURSDAY	Academic teaching in the morning. Should the academic teaching take place in the afternoon, the trainee is expected to attend trauma clinic in the morning. In the afternoon, the resident is expected to take part in self-directed learning (ie. reading) or resident research projects. Arthroplasty Rounds at 4 p.m.
FRIDAY	JGH Trauma Room

Goals and Objectives for the Orthopaedic Surgery Resident Orthopaedic Trauma (JGH)

This document is intended to augment but not replace the “Objectives of Training and Specialty Training Requirements in Orthopaedic Surgery” and the “Specific Standards of Accreditation for Residency Program in Orthopaedic Surgery”. A copy of these documents is supplied in your residency handbook and is also available on the Royal College website. The resident is expected to be able to describe the rotation specific objectives prior to or at the commencement of the rotation.

Medical Expert:

The trainee is expected to demonstrate diagnostic and therapeutic skills for ethical and effective patient care. Provide patient access and apply relevant information and therapeutic options to clinical practice. The trainee will demonstrate effective consultation services with respect to patient care. Most importantly, the trainee is expected to recognize personal limits of expertise.

Clinical Knowledge:

- a) **Medical Imaging Tests:** Requests appropriate imaging investigations. Will demonstrate accurate interpretation of basic x-rays, CT and MRI.
- b) **Clinical Diagnosis and Decision Making:** Able to accurately diagnose bony and soft tissue injuries and propose a rational treatment plan.
- c) **Pre-operative Planning:** Expected to have a detailed pre-operative plan for every surgery in which the trainee participates.
- d) **Intra-operative Decision Making:** Arrive at correct and timely operative decisions for routine and complex procedures.
- e) **Postoperative Care:** Able to plan appropriate pain management, mobilization, prevention of infection and DVT prophylaxis. The trainee is expected to discuss the postoperative plan with the supervising surgeon prior to leaving the operating room for each surgery.
- f) **Emergency Management and Recognition:** Able to identify and respond appropriately to urgent medical and surgical problems. Efficiently provide appropriate therapy.
- g) **Management of Complications:** Able to manage intra and postoperative complications to achieve the best patient outcome.

Surgical Knowledge:

- a) **Surgical Approaches:** Appropriate knowledge of surgical approaches and can perform these safely.
- b) **Use of Implants:** able to use surgical implants appropriately and plan implant requirements pre-operatively effectively.

Communicator:

Able to establish and maintain therapeutic relationship, trust and confidentiality.
Demonstrates empathy and sensitivity. Listens effectively and responds appropriately to concerns.

Verbal Communication

- a) Communicates effectively with patients, their families, primary care physicians and other health care professionals
- b) Obtains and synthesizes relevant history from patients and families.
- c) Considers influence of patient's ethnic, cultural, and spiritual values, and age, gender, and socioeconomic background on illness and proposed intervention.

Written Communication

- a) Able to maintain clear, accurate and appropriate written records. Written orders and progress notes are well organized and legible.
- b) Discharge summaries are concise and completed promptly.
- c) Clinic notes are well organized and provide clear direction to the referring physician.

Collaborator:

- a) Consults and collaborates effectively with other physicians.
- b) Functions effectively within a multidisciplinary team and ward staff to provide optimal patient.
- c) Collaboration with orthopaedic hospitalists (GP Ortho) including daily sign-in and sign-out.
- d) Collaborates with operating room staff, surgical head nurse and the anaesthesiology team to effectively plan and coordinate trauma operating rooms.
- e) Collaborates with other orthopaedic residents on the arthroplasty and foot & ankle services regarding consults and medical issues of admitted trauma patients to ensure safe and effective transition of patient care.

Manager:

- a) Manages his/her time effectively to balance patient care, learning needs, and outside activities
- b) Utilizes operating room resources appropriately
- c) Allocates finite health care resources wisely

- d) Able to triage cases to maximize patient care.

Health Advocate:

- a) Advocates for the patient
- b) Able to identify the psychosocial, economic, environmental and biological factors that influence the health of patients and society.
- c) Able to identify and promote available resources: social services, addictions services, intimate partner abuse and osteoporosis follow-up.

Scholar:

- a) Critically appraise sources of medical information and undertake steps towards life-long learning (Reading JBJS and JAAOS).
- b) Participate in teaching of other residents, medical students and other health care professionals. This involves appropriate sharing of surgical cases according to level of proficiency and personal limits of expertise.
- c) Undertake self-directed learning: reads around cases and attends all teaching rounds at the JGH (including foot & ankle and arthroplasty).

Health Professional:

- a) **Discipline-based:** Delivers the highest quality care with integrity, honesty and compassion. Sensitive to gender, cultural, racial and societal issues.
- b) **Personal and Professional Boundary:** Exhibits appropriate personal and interpersonal professional behaviors. Recognizes conflicts and seeks help to resolve them when required.
- c) **Ethics and Professional Bodies:** Understands and adheres to legal and ethical codes of practice, including confidentiality and informed consent.
- d) **Ethical Conduct:** Reflects the highest standards of excellence in clinical care and ethical conduct. Practices medicine ethically consistent with the obligations of a physician.
- e) **Insight and Self-assessment:** Demonstrates insight into his/her limitations. Responsive to constructive feedback.

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