

PEDIATRIC SERVICE-LEVEL SPECIFIC OBJECTIVES

Off service residents

- 1) Medical expert:
 - Knowledge
 - (a) knows the normal musculoskeletal anatomy, growth, and development in the child including common angular and torsional variants
 - (b) knows the anatomy and pathologic basis of the disorders leading a limp in a child
 - Skills
 - (a) able to assess and manage simple fractures
 - (b) able to assess the limping child and come to a diagnosis
 - (c) able to assess congenital and developmental muskuloskeletal disorders and decide if a referral is appropriate
 - (d) able to interpret imaging and other diagnostic tools in the paediatric population
 - (e) able to apply and remove simple casts
 - (f) able to examine the hips of infants and children including Barlow and Ortolani maneuvers
 - (g) able to aspirate superficial joints
 - (h) able to reduce simple fractures
- 2) Communicator:
- (a) recognizes the role of communication in fostering patient satisfaction and compliance
- (b) demonstrates the ability to establish patient relationships characterized by trust, respect, empathy, and confidentiality
- (c) elicits psychosocial information pertinent to the health of the patient
- (d) understands the current consent legislation and the Canada Health Act
- 3) Collaborator:
- (a) identifies and describes the role of all members of the health care team
- 4) Leader:
- (a) demonstrates ability to access health care resources efficaciously
- 5) Advocate:
- (a) recognizes and understands all of the psychological, social, and physical determinants of patient health
- 6) Scholar:
- (a) demonstrates ability for self directed learning
- (b) demonstrates ability for critical thinking
- 7) Professional
- (a) writes organized and legible notes and orders
- (b) maintains organized, clear, and accurate records
- (c) demonstrates responsible patient referrals

PGY3

- 1) Medical expert:
- Knowledge
 - (a) knows mechanisms, patterns, assessment, management, and
 - (b) potential complications related to common paediatric fractures and



- dislocations
- (c) knows the anatomy, pathology, and microbiology associated with the causes of bone pain in the child
- Skills
 - (a) able to assess the child with bone pain and come to a diagnosis
 - (b) able to perform radiologic measurements including the Cobb angle acetabular parameters
 - (c) able to perform percutaneous pinning of fractures
 - (d) able to apply skin and skeletal traction
 - (e) able to aspirate the hip and perform an arthrogram
- 2) Communicator:
- (a) obtains informed consent using medical knowledge and awareness of current consent legislation and the Canada Health Act
- 3) Collaborator:
- (a) develops patient care plan with other health care providers
- 4) Advocate:
- (a) utilizes psychosocial support network for the patient
- 5) Professional:
- (a) stays up to date on complete and concise discharge summaries



PGY4

- 1) Medical expert:
- Knowledge
- (a) knows mechanisms, patterns, assessment, management, and
- (b) potential complications related to complex paediatric fractures and dislocations
- (c) knows the anatomy, pathology, assessment, and management complex hip disorders
- Skills
- (a) able to assess and manage patients with complex neuromuscular disease
- (b) able to manage and assess infants with congenital musculoskeletal deformities
- (c) able to assess and manage children with spinal deformites
- (d) able to surgically manage elbow fractures and dislocations
- (e) able to carry out operative and non operative treatment of children's clubfoot
- (f) able to carry out surgical reconstruction of hip dysplasia in normal and neuromuscular patients
- (g) able to carry out a spinal fusion including harvesting of autogenous bone graft
- (h) shows awareness of safety in the workplace and applies this information
- 2) Communicator:
- (a) dictate well organized clinic letters offering clear direction to the referring physician
- 3) Collaborator:
- (a) participate as an active member in the health care team to deliver seamless comprehensive care

PGY5

- 1) Medical expert:
- Knowledge
- (a) know the anatomy, surgical approaches, physeal structure and
- (b) function, biomechanics of bone and other supporting structures, and normal growth and development in the paediatric population
- Skills
- (a) able to recognize and manage paediatric fractures, physeal injuries, non-accidental trauma, compound fractures, and multiple trauma
- (b) able to manage complications of injury such as growth arrest, deformity, compartment syndrome, and neurovascular compromise
- 2) Communicator:
 - (a) demonstrates the ability to put patient at ease and inspire confidence in the treatment plan
 - (b) provides efficient, authoritative consultation to the referring source
 - (c) able to make clear the role of surgery in the treatment plan to the other members of the health care team
- 2) Collaborator:
- (a) understand the role of physiotherapy and medical treatment in the



care of paediatric patients with musculoskeletal disease

- 4) Leader:
- (a) understand the structure, financing, and operation of the health care system and function effectively within it
- (b) make clinical decisions and judgements based on sound evidence for the benefit of the individual and the population served
- 5) Advocate:
- (a) participate in public awareness of the resources necessary for maintaining the health and well being of the population
- 6) Scholar:
- (a) demonstrate the ability to carry out lifelong learning
- 7) Professional:
- (a) functions within their limitations
- (b) continuously evaluates their knowledge, skills, and abilities
- (c) knows and practices the legal and ethical codes to which physicians are bound