

UPPER EXTREMITY SERVICE-LEVEL SPECIFIC OBJECTIVES

Off service residents

- 1) Medical expert:
- Knowledge
- (a) knows the primary care assessment of fractures,
- (b) dislocations, and soft tissue injuries of the upper extremity
- (c) knows the assessment and primary care management of hand lacerations and amputations
- (d) knows the assessment and conservative management of arthritic conditions of the upper extremity
- (e) knows the assessment and conservative treatment of instability and rotator cuff problems of the shoulder
- (f) knows the assessment and management of tendonitis of the upper extremity
- (g) knows the indications for special imaging and other diagnostic tools
- (h) knows the role of hand therapy and the treatment of upper extremity problems
- (i) knows the assessment and treatment of overuse syndromes of the upper and lower extremity
- (j) knows the assessment and treatment of internal derangements of the knee
- Skills
- (a) able to examine the upper and lower extremity for instability, internal derangement, and tendonitis
- (b) (b)able to carry out regional and local anaesthesia for treatment of lesions of the extremities in the office or clinic
- (c) able to reduce distal radius fractures and fractures and dislocations of the digits
- (d) able to explore, debride, and repair open wounds
- (e) able to cast and splint the extremities
- (f) able to aspirate superficial joints and ganglions
- (g) able to inject cortisone for treatment of the lesions of the upper and lower extremities
- 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:
- (b) 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 the mechanisms, patterns, assessment, management,
 - (b) healing, and complications of common fractures, dislocations, and soft tissue injuries of the upper and lower extremity
 - (c) knows the basic science, clinical science, and management for arthritic conditions, tendonitis, and instability of the upper and lower extremity, Dupuytren's disease, rotator cuff problems of the shoulder, and internal derangements of the knee
 - (d) knows the assessment and treatment for tumours and infectious diseases of the hand
 - (e) knows the assessment and treatment of common congenital upper extremity problems
 - Skills
 - (a) able to repair flexor tendon lacerations
 - (b) able to excise simple Dupuytren's contractures
 - (c) able to perform a total wrist fusion for arthritis
 - (d) able to carry out releases for carpal tunnel, trigger finger, and cubital tunnel syndromes
- 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 the mechanisms, patterns, assessment, management,.
 - (b) and complications of complex fractures, dislocations, and soft injuries of the upper extremity
 - (c) knows the assessment and treatment of complex hand lacerations, amputations, and brachial plexus injuries
 - (d) knows the basic science, clinical science, and management for complex arthritic conditions of the upper extremity
 - (e) knows the assessment and treatment of complex congenital problems of the upper extremity
 - Skills
 - (a) able to perform the physical examination specific to the upper extremity including the injured hand, carpal instability, and brachial plexus injury
 - (b) able to carry out the surgical management of distal radius
 - (c) fractures
 - (d) able to carry out the surgical management of fractures and



- dislocations of the digits
- (e) able to diagnosis and treat compartment syndrome, nerve and vascular injury of the upper extremity
- (f) able to carry out early and delayed repair or reconstruction of flexor tendon injuries including tenografts
- (g) able to excise complex Dupuytren's contractures
- (h) able to carry out a partial wrist fusion for arthritis
- (i) able to reconstruct the rheumatoid wrist and hand
- (j) able to carry out a peripheral nerve repair
- (k) able to carry out ligamentous reconstruction and meniscal repairs in the knee
- (l) shows awareness of safety in the workplace and applies this information



- 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

PGY5

- 1) Medical expert:
 - Knowledge
 - (a) knows the basic and clinical science of upper extremity
 - (b) fractures, dislocations, ligamentous instability, arthritis, infections, tumors, vascular disorders, tendon injuries, amputations, vascular injuries, and congenital abnormalities
 - (c) knows the options for reconstruction of non union and
 - (d) malunion of fractures involving the upper extremity
 - (e) knows the principles of microsurgical reconstruction for tumor, trauma, AVN, and infection
 - (f) knows the principles of soft tissue coverage, including skin grafts and local flaps
 - (g) knows the basic and clinical science of chronically painful conditions such as tendonitis, neuritis, sympathetic and non-
 - (h) sympathetically maintained pain syndromes
 - (i) knows principles of reconstruction for arthritis of the upper extremity
 - (j) knows the basic and clinical science of Dupuytren's contracture
 - (k) knows the basic and clinical science of internal derangement of the knee and ligamentous deficiency of the knee and ankle
 - Skills
 - (a) able to treat tendon, nerve, and microvascular injuries and entrapments of the upper extremity
 - (b) able to treat acute fractures and dislocations applying appropriate operative and closed techniques, including use of local anaesthesia and
 - (c) regional block techniques
 - (d) able to carry out reconstruction of arthritis, congenital abnormalities, Dupuytren's contractures, rotator cuff tears, shoulder instability, and tendonitis involving the upper extremity
 - (e) able to perform reconstruction of carpal instability and fracture non union and malunion
 - (f) able to carry out diagnostic and therapeutic arthroscopy of the wrist, elbow, and shoulder
 - (g) able to provide soft tissue coverage with skin grafts and flaps
 - (h) able to treat internal derangement of the knee and ligamentous deficiency of the ankle and knee by appropriate surgically and non operative means
- 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
- (c) able to make clear the role of surgery in the treatment plan to the other members of the health care team
- 3) Collaborator:
- (a) understand the role of physiotherapy, medical treatment, and chronic pain management in dealing with the patient with a lesion of the upper or lower extremity



- 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