

FOOT AND ANKLE

ROTATION SPECIFIC GUIDELINES

Specific to the site we offer these areas of focus for the resident.

1. Perform a thorough history, physical and order investigations on patients with foot and ankle pathology
2. Gain knowledge in the interpretation of common imaging modalities in a foot and ankle practice
3. Know the treatment options for common foot and ankle pathology (ankle OA, subtalar OA, posterior tibialis tendon dysfunction, talus AVN)
4. Efficiently evaluate, investigate, and create a treatment plan for foot and ankle pathology
5. Understand the utility of differential diagnostic injections in the foot and be able to perform these procedures
6. Be able to evaluate and investigate dynamic foot pathology (tendon instability, flexible pes planus)

Following the Goals and Objective is an outline of teaching available/ caseload in those areas for the junior and senior resident.

The resident, upon orientation will review the Resident specific and College specific goals with his/her preceptor to ensure adequate focus throughout the rotation.

I. MEDICAL EXPERT

Junior/Senior

Upon completion of the foot and ankle rotation the resident will be able to:

- Demonstrate appropriate core knowledge based on their level of training
- Understand the spectrum of the foot and ankle orthopedic practice
- Appreciate the structure of health care in the setting including
 - Access to tertiary care, stabilization, and investigation of patients for transfer
 - Resource allocation and health care infrastructure
 - Practice Management – Group and Solo
 - Life Balance

TECHNICAL KNOWLEDGE

Junior

The junior resident will be expected to;

- Know and perform the common approaches to the foot and ankle
- Understand appropriate soft tissue handling in foot and ankle cases
- Be able to do basic joint decortication and bone graft in foot and ankle fusions
- Perform simple ORIF of ankle fractures, forefoot fractures, Lisfranc injuries.
- Be able to perform forefoot reconstruction including an approach to hallux valgus
- Be able to perform basic tendon and ligament stabilization procedures in the foot and ankle including lateral and deltoid ligament repairs.

Senior

The medical expert role will be based on the volumes of clinical cases.

- Be able to efficiently access every bone and joint in the foot with appropriate soft tissue handling
- Be able to fuse every joint in the foot
- Be able to obtain bone graft from multiple sites (anterior and posterior pelvis, core holes in tibia and calcaneus)
- Become proficient at tendon and ligament stabilization procedures in the foot and ankle including an understanding of realignment osteotomies
- Be able to describe thoroughly tendon transfer, lengthening procedures
- Be able to perform basic diagnostic ankle arthroscopy.

II COMMUNICATOR

The resident will be expected to ESTABLISH and maintain therapeutic relationships with both patients and their families. Communication will be assessed in both written and verbal areas. A PATIENT ENCOUNTER FORM will be given to an undisclosed patient(s) to assess the patient's perception of the encounter. (Document 2)

Areas of evaluation include;

1. The ability to take a focused history (observed H&P)
2. listening skills
3. information delivery to patients/family, e.g., informed consents
4. Information delivery to colleagues, progress notes, orders etc.
(Random assessment of documentation)

The foot and ankle rotation will emphasize a patient centered approach in which the resident will be allowed to develop competency in learning to modify and explain information in a way that meets the needs of the individual patient. For assessment purposes the preceptor may require an

arena of predetermined specific learning cases e.g. end of life discussion, changing level of care in the ICU patient, or dealing with a physician as patient for example.

Junior

- effective listening to patients and families
- appropriate respect for patient confidentiality and privacy
- accurate documentation of patient encounters

Senior

- effective delivery of information to patients to allow / encourage discussion and informed decision making.
- Deal with challenging communication issues/ e.g., angry family, miscommunication, poor prognosis, breaking bad news etc.

III COLLABORATOR

The resident will be required to demonstrate an ability to interact with all other health care professionals including family, nursing, and other physicians. Respect for the roles of other professionals will be an important component of this area.

This area will be assessed through;

1. feedback from nursing staff
2. information from other multidisciplinary team members
3. Other physician input
4. 360Deg Evaluation

Assessment of the resident in this area may be best objectified through specific minor projects. e.g.

1. Collaborate with physio to design a post op protocol
2. Collaborate with nursing regarding a patient safety issue
e.g. design a common wait list strategy for partners in a community setting

IV LEADER

The expectation of the resident is to utilize resources to balance patient care and to allocate finite resources wisely. The resident will also be assessed in the ability to balance personal and professional activities and use their time to optimize patient care and CME.

Office administration, practice management and billing will be reviewed.

Assessment

- 1, Ability to utilize resources wisely
2. Ability to time manage time correctly; promptness, prioritizing etc.
3. Administrative ability.

The foot and ankle rotation provides an excellent arena to teach and discuss practice management along with other managerial skills. Topics for review in this arena include;

1. Negotiation skills

2. Committee responsibilities e.g., role of the chair, Roberts rules, perhaps have the resident attend a meeting and discuss the interactions
3. How to get and give references
4. Practice efficiency; Hospital, house, and office
5. Managing length of stay and waitlist.

V SCHOLAR

The resident will demonstrate the abilities to ASSESS, APPRAISE, ACQUIRE and CONTRIBUTE to lifelong learning. Scholarship relates to the self-discipline of evaluating, reporting, and incorporating new evidence into practice.

This will be assessed through.

1. The ability of the resident to incorporate self directed as well as preceptor directed specific learning goals throughout the rotation.
2. The ability of the resident to teach other health professionals to enhance patient care.
3. The resident's ability to integrate new research into practices.
4. The residents' ability to critically appraise their knowledge base, and procedural techniques.

Evaluating of this area is once again difficult. The resident perhaps could be required to search out an evidence-based change which could be incorporated into the practice where he/ she is located.

VI HEALTH ADVOCATE

The resident is expected to consistently advocate for the health and care of the patient. This includes an ability to identify the important determinants of health care for the patient, both orthopedic and non-orthopedic. The resident should develop an understanding for the role of the surgeon in the health care system. This includes the role of the physician in recognizing and describing the health needs of the population.

This will be assessing though.

1. the resident interaction with the patient requiring concurrent care issues
2. The resident's ability to negotiate for limited resources in patient prioritizing

It is imperative that the resident understands the need for advocacy of the patient as a group as well as an individual. Individual advocacy is usually well established in the early medical career, but group advocacy integrates much later in practice.

In this arena evaluation is difficult; perhaps exposure to such areas as, speaking to the hospital foundation, administration, or the media could be covered.

VII PROFESSIONAL

The resident will be expected in this rotation to adhere to a high standard of honesty, integrity, commitment, compassion, effectiveness, competence, and altruism.

Other areas of professional behavior to be assessed are manners, presentation skills, personal appearance, utilization of feedback and other evaluation tools.

Self-regulation in these areas is imperative. The resident will be expected to be accountable for all behaviors and recognize the boundaries between professional and personal realms.

Professionalism also includes self- directed learning and evaluation.
This may be assessed through;

1. Personal learning projects
2. Creation of learning objective for the rotation
3. Self-assessment skills and simulation.

Reviewed and Approved by RPC
November 23, 2021

FOOT AND ANKLE APPENDIX 1

RESIDENT FOOT AND ANKLE ROTATION

NAME _____

PGY LEVEL _____

SUPERVISOR _____

Rotation Goals and Objectives

- See attached

___ Reviewed by resident

SPECIFIC GOALS / Resident discussion

___ Reviewed by resident

Expected responsibilities

- Call
- OR Coverage
- Clinic Coverage
- In-Patient care

Mid Rotation Evaluation

Final Evaluation

BEGINNING OF ROTATION

Signature (Resident)

Signature (Attending)

END OF ROTATION

Signature (Resident)

Signature (Attending)

Signature (CTU)

Foot and Ankle Rotation

Cases which the resident would be expected to master during the rotation

Junior:

1. Perform a thorough history, physical and order investigations on patients with foot and ankle pathology
2. Gain knowledge in the interpretation of common imaging modalities in a foot and ankle practice
3. Know the treatment options for common foot and ankle pathology (ankle OA, subtalar OA, posterior tibialis tendon dysfunction, talus AVN, hallux valgus, acute Achilles tendon rupture, Charcot arthropathy))

Surgical objectives:

1. Know and perform the common approaches to the foot and ankle
2. Understand appropriate soft tissue handling in foot and ankle cases
3. Be able to do basic joint decortication and bone graft in foot and ankle fusions
4. Perform simple ORIF of ankle fractures, forefoot fractures, lisfranc injuries.
5. Be able to perform forefoot reconstruction including an approach to hallux valgus
6. Be able to perform basic tendon and ligament stabilization procedures in the foot and ankle including lateral and deltoid ligament repairs.

Senior:

1. Efficiently evaluate, investigate, and created a treatment plan for foot and ankle pathology
2. Understand the utility of differential diagnostic injections in the foot and be able to perform these procedures
3. Be able to evaluate and investigate dynamic foot pathology (tendon instability, flexible pes planus)
4. Be able to evaluate and investigate advanced foot and ankle pathologies including chronic Achilles ruptures, Rheumatoid foot, Calcaneus fractures and malunions.

Surgical objectives:

1. Be able to efficiently access every bone and joint in the foot with appropriate soft tissue handling
2. Be able to fuse every joint in the foot
3. Be able to obtain bone graft from multiple sites (anterior and posterior pelvis, core holes in tibia and calcaneus)
4. Become proficient at tendon and ligament stabilization procedures in the foot and ankle including an understanding of realignment osteotomies
5. Be able to describe thoroughly tendon transfer, lengthening procedures.
6. Be able to perform basic diagnostic ankle arthroscopy.
7. Become proficient at approaching ORIF of talus, calcaneus and pilon fractures.

Reviewed and Approved by RPC on November 23, 2021