

PGY3 Sport Medicine Orientation Handbook

2019-2020

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Fellowship Requirements

- Complete ITER for each rotation
- 24 Field notes – at least 2 per rotation
- Scholarly Project
- Attend all Academic Days
- Participate in Mock OSCE's – 2 per year
- Personal Learning Projects – 1-2 per rotation, to present one at each Academic Day
- Academic Day presentations – 20 min teaching on topic of your choice each academic day
- Present at Carleton Sport Medicine Rounds once per year
- Submit articles to Champlain LHIN once every 3 months
- Longitudinal Physiotherapy elective with one clinician – to be determined
- Help with resident teaching days with Dr. Bradley
- 50 hours of event coverage
- Apply to write CASEM exam

Fellowship Suggestions

- Physician Skills Development teaching for medical students with Dr. Kontio
- Present to Sport Medicine Interest Group at least once per year
- Self taught anatomy sessions
- Nutrition workshop with Beth Mansfield
- Event coverage shadowing – Ottawa 67's, Ottawa Fury

CANMEDS

- **The Family Physician as a Skilled Clinician**
 - **The Family Medicine Resident will become knowledgeable in the following:**
 - The assessment and management of muscles strains/contusions.
 - The assessment and management of ligament sprains.
 - The assessment and management of tendonitis/tendinosis
 - The assessment and management of common fractures.
 - The assessment and management of concussions.
 - The assessment and management of general medical problems (cardiac, respiratory, genitourinary, gastrointestinal, endocrine, etc) as they relate to physically active patients
 - The availability of rehabilitation resources, including physiotherapy and other ancillary services.
 - The role of the family physician in teaching/promoting the value of physical activity for both fitness and health.
 - **The Family Medicine Resident will become competent in performing each of the following:**
 - Examination of the musculoskeletal system including special tests.
 - Gait assessment.
 - Interpretation of common musculoskeletal imaging.

- Joint injections and aspirations.
- **The Family Medicine Resident may become competent in performing each of the following:**
 - Casting of common fractures.
 - Splinting.
 - Pre-participation, physical examinations and on-field assessments. (as available)
 - Exercise prescription
- **The Patient-Doctor Relationship is Central to the Role of the Family Physician**
 - **The Family Medicine Resident will demonstrate qualities and attitudes basic to understanding the relationship between the Patient and the Family Physician.**
 - Providing emotional support to the patient and family in the Sports Medicine clinic and in the sporting environment.
 - Working cooperatively with a multidisciplinary team (physiotherapists, pedorthists, kinesiologists, athletic therapists, coaches etc.).
 - Relating effectively to a wide variety of patients in a range of competition levels and athletic involvement.
 - Acting in the best interest of the patient's health, recognizing pressures from the patient, family, coaching staff, teammates and society (e.g. unregulated substances).
- **Family Medicine is Community-Based**
 - **The effective Family Physician is adaptable to changing social circumstances and is able to mobilize appropriate resources to address Patient needs. The Family Medicine Resident will become competent in the following:**
 - Recognizing situations where further consultation is appropriate and becoming effective in communicating the purpose of the referral.
 - Coordinating community resources.
 - Functioning within a team composed of members from various health care disciplines.
- **The Family Physician is a Resource to a Defined Practice Population**
 - **The Family Medicine Resident will become knowledgeable in the following:**
 - Appropriate and economical selection of diagnostic and screening tests.
 - Effective patient advocacy.
 - Effective strategies for lifelong learning and continuing maintenance of professional competence
 - Promotion of the benefits of exercise for the whole population and fostering this within your patient population and community

General Objectives

- To develop expertise in practicing Sports Medicine.
- Obtain a broad knowledge base of medical issues surrounding exercise and athletic competition.
- Obtain a working knowledge of various sports and the biomechanics of sport activities in relationship to injury and human performance.
- Develop skill in evaluating and treating common orthopedic injuries.
- Develop proficiency in obtaining a systematic history and physical examination on patients presenting with orthopedic pathology due to sport, athletic or fitness endeavors.
- Determine, order and accurately interpret the most appropriate diagnostic tests based on history and physical examination.
- Develop and prioritize an individualized plan of care for patients under their care.
- Determine the most appropriate and effective methods of managing the patients' diagnosis from a surgical and non-surgical perspective.
- Recognize situations where further consultation is appropriate and effectiveness in communicating the purpose of the referral.
- Obtain experience and proficiency in surgical interventions and rehabilitation considerations associated with the most common problems/diagnosis in Sports Medicine.
- Work with the physical therapists to become familiar with modalities, exercise prescription and sophisticated exercise testing.
- Obtain experience and proficiency in providing on-field injury management at various levels of sport participation.
- Participate in pre-participation physical examinations, and after-hours coverage for Varsity Sport Teams, as well as community event coverage at both the amateur and professional level.
- Become proficient in common orthopedic office procedures (injection, aspiration, joint reductions etc).
- Discuss and participate in the prescription, application and/or fitting of appropriate protective devices for the prevention of sports injuries.
- Prepare to write the C.A.S. E. M. (Canadian Academy of Sports and Exercise Medicine) O.S.C.E. Examination.
- Analyze and critically evaluate current orthopedic and sports medicine literature and apply literature to enhance patient care.
- Participate in medical student and resident musculoskeletal teaching.
- Attend and present at Sports Medicine Journal Club to develop knowledge base and improve professional presentation skills.
- Prepare and participate in sports medicine conferences.
- Help promote the philosophy of health promotion and disease prevention in the community.
- Demonstrate the role of the family physician in teaching/promoting the value of physical activity for both fitness and health.
- Work collaboratively and collegially with the multidisciplinary health care team involved in Sports Medicine concerning patients entrusted to their care (physicians, surgeons, physiotherapists, athletic trainers, kinesiologists, pedorthists, strength and conditioning coaches, nutritionists, nurses, sport psychologists, etc.).
- Observe and develop a working knowledge of office practice management.

Longitudinal Objectives for Sport Med Rotations (Exercise Prescription)

- Be able to take an appropriate exercise and health history for risk stratification of an exercise program
- Be able to screen and investigate for energy deficit (nutritional or training concerns)
- Be able to counsel patients regarding nutrition and supplements
- Be able to counsel patients on the importance, risks and benefits of physical activity
- Understand key elements of a fitness program for different populations
- Demonstrate ability to prescribe exercise in a complete and easy to understand format (ie. FITT)
- Identify the need for further fitness assessment and support
- Demonstrate ability to prescribe exercise for different populations (peds, adult, geriatric) and different chronic diseases (ie. Diabetes, COPD, OA, coronary artery disease)

CASEM Diploma of Sport and Exercise Medicine Values

A successful CASEM Diplomate is a physician who has achieved an AFC (RCPSC), CAC (CFPC) or equivalent and demonstrates additional areas of unique expertise in the following CanMEDS roles:

1. **Medical expert:**
 - a. Advanced understanding of whole person care of the elite athlete
 - b. Advanced understanding of whole person care of the adaptive athlete
 - c. Health Enhancing Physical Activity (HEPA) across specialty medicine
 - d. Advanced knowledge of Anti-Doping procedures and protocols
 - e. Advanced knowledge of preparation for optimal performance
2. **Communicator:**
 - a. Facilitates communication with peers, the public, regulatory and government agencies in the advancement of sport & exercise medicine.
 - b. Effective and appropriate communication with media on sport and exercise medicine issues
3. **Collaborator:**
 - a. Able to function effectively within integrated support teams (ISTs)
 - b. To collaborate with medical specialties for the advancement of sport & exercise medicine
4. **Leader:**
 - a. Advanced knowledge and organization of travel with teams and multi-sport events
 - b. Involvement in SEM teaching, research and CPD/KT
 - c. Advanced skills in guidelines and procedural development; eg university involvement, CASEM committee involvement, etc
 - d. Providing mentoring opportunities
5. **Health Advocate:**
 - a. Contribute at national, provincial and local levels to advocate for sport and athlete safety, injury prevention and HEPA
 - b. Involvement in CASEM for the promotion and advancement of sport and exercise medicine in Canada
 - c. Scholar

- d. Sport and Exercise Medicine diplomats will play an active role in education, demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.
6. **Professional:**
- a. Sport and Exercise Medicine diplomates are committed to the health and well-being of individuals and society through maintenance of competence, ethical practice, profession-led regulation, and high personal standards of behaviour.
 - b. SEM physicians will **demonstrate a commitment to physician health and sustainable practice**
 - c. Balance personal and professional priorities to ensure personal health and a sustainable practice
 - d. Strive to heighten personal and professional awareness and insight
 - e. Recognize other professionals in need and respond appropriately

Fellowship Committee

Post Graduate Education Director: Dr. Ed Seale

- Responsible for any issues regarding Program Director (as Program Director and Enhanced Skills Director are same)

PGY3 Enhanced Skills Director: Dr. Lindsay Bradley

- Responsible for any issues regarding Enhanced Skills program as a whole

Program Director: Dr. Lindsay Bradley

- Responsible for any issues regarding other preceptors on committee (Dr. Taylor, Dr. Curran, Dr. Braidwood) or any other issues related to the program as a whole

Education Director: Dr. Jessica Curran

- Responsible for any issues related to formal teaching, academic days, teaching of students and scholarly project

Director of Primary Care Rotations: Dr. Taryn Taylor

- Responsible for any issues related to primary care rotations

Director of Specialty Rotations: Dr. Danielle Braidwood

- Responsible for any issues related to specialty rotations

Rotations

- 8 weeks at Carleton University Sport Medicine Clinic
- 4 weeks at University of Ottawa Sport Medicine Clinic / CBI St. Laurent / Palladium Clinic
- 4 weeks at MedSport Ottawa Clinic
- 4 weeks at Ottawa Sport Medicine / PhysioSport Plus / CHEO pediatric concussion clinic
- 4 weeks at Optimize Physiotherapy
- 4 weeks of Rheumatology

- 4 weeks of Physical Medicine and Rehabilitation
- 4 weeks of Cardiac Rehab
- 4 weeks of Orthopaedic Surgery or horizontal Orthopaedic clinics
- 4 weeks of Pediatric Orthopaedic Surgery
- 2 weeks of MSK radiology
- 2 weeks of Plastic Surgery
- 4 weeks of elective
- 4 weeks of vacation
- Horizontal Rotations
 - Family Medicine half day back (1/2 day every week or full day every 2 weeks)
 - Allied health clinics – self organized during sport medicine rotations, especially Ottawa U & Ottawa Sport Med rotations
 - Athletic Therapy
 - Physiotherapy
 - Osteopathy
 - Chiropractics
 - Bracing
 - Orthotics
 - Running / gait assessment
 - BikeFit
 - Strength and conditioning
 - Nutrition
 - Sport psychology
 - Concussion therapy – occupational therapy, CBT psychology, craniosacral therapy
 - Eating disorders
 - Emergency dentistry

Carleton University

- **Location**
 - Carleton Sport Medicine Clinic - 1125 Colonel By Drive
 - Enter Ice House and turn left, down ramp and clinic is on the right hand side
- **Contact Info**
 - [**Judith Poole \(Clinic Manager\): 613-520-3510**](tel:613-520-3510)
 - [Dr. Taryn Taylor – see appendix](#)
 - [Dr. Lindsay Bradley – see appendix](#)
- **Parking**
 - Pass for P7 purchased at Parking Services
- **Logistics**
 - Uses Accuro Optimed EMR
- **Opportunities**
 - Platelet Rich Plasma – performed by Dr. Taylor, Dr. Sheridan, Dr. Curran & Dr. Bradley
 - Compartment testing for Chronic Exertional Compartment Syndrome – performed by Dr. Taylor on select Thursday mornings
 - Trigger point injection and prolotherapy performed by Dr. Sheridan on Wednesdays
 - Sonorex
 - US guided injections – Monday and Wednesdays

- **Schedule (subject to change)** – Dr. Taylor drafts schedule every month

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM (8:00-12:00)	Dr. Taylor (injections) / Dr. Curran	Dr. Taylor / Dr. Seguin / Dr. Curran / Dr. Bradley	Dr. Taylor / Dr. Bradley / Dr. Curran / Dr. Gruszczynski / Dr. Sheridan (9:30) (Injections)	Dr. Taylor / Dr. Seguin / Dr. Curran / Dr. Marshall	Dr. Bradley / Dr. Curran / Dr. Gruszczynski
PM (1:00 – 5:00)	Dr. Bradley (injections) / Dr. Taylor / Dr. Curran	Dr. Taylor / Dr. Gruszczynski / Dr. Curran /	Dr. Taylor / Dr. Curran / Dr. Gruszczynski / Dr. Sheridan / Adam Davies (Bracing)	Dr. Taylor / Dr. Seguin	Dr. Curran / Dr. Gruszczynski
Evening (5:30-7:30)	Walk-in Clinic / Fellow Clinic				

University of Ottawa / CBI St. Laurent / Palladium Sport Medicine

- **Location**
 - University of Ottawa Sports Complex - 801 King Edward Ave, 2nd Floor, N203, 613-564-3950
 - CBI Physiotherapy & Rehabilitation Centre - Ottawa East, 1400 St Laurent Blvd, 4th Floor, 613-742-6108
 - PSI Physiotherapy and Sports Injury Center - 1000 Palladium Dr, Canadian Tire Center Gate 3, 613-599-0299
- **Contact Info**
 - [Dr. David Mai – see appendix](#)
 - [Dr. MJ Klett – see appendix](#)
- **Transportation / Parking**
 - University of Ottawa: Parking located in the parking garage next to the Sports Complex at Ottawa U (\$16 per day or >\$200 per rotation) or 3 hour street parking
 - PSI: Free parking in P3 (YMCA entrance)
 - OC Transpo: <http://www.octranspo1.com>
- **Logistics**
 - University of Ottawa: Uses Practice Solutions EMR
 - PSI/CBI: Uses Accuro Optimed EMR
- **Schedule (Subject to change)**

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM (9:00-12:00)	Dr. Mai @ CBI	Dr. Klett	Dr. Greenberg (8:45) @ Ottawa U	Dr. Mai @ CBI Dr. Raynor @ uOttawa if Dr. Mai unavailable	Dr. Mai @ Palladium (8:30)
PM (1:00 – 500)	Dr. Mai @ CBI		Dr. Greenberg	Dr. Mai @ CBI Dr. Raynor if Dr. Mai unavailable	Dr. Mai @ Palladium

MedSPORT Ottawa

- **Location:**
 - MedSPORT Ottawa – 320 March Rd, Suite 300
- **Contact Info**
 - Dr. Renata Frankovich
 - 613-763-1510
 - www.medsportottawa.ca
- **Parking**
 - Free parking behind building
- **Logistics**
 - Uses Accuro Optimed EMR
- **Opportunities**
 - Physiotherapy, RMT, Dietician, IMS / dry needling, US guided injections (Prolo, PRP, nerve blocks)
- **Schedule (subject to change)**

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM (8:45-12:00)	Dr. Frankovich	Dr. Frankovich	Dr. Lynne McGregor (10-6)		Dr. Frankovich
PM (1:00 – 4:45)	Dr. Frankovich	Dr. Frankovich	Dr. Lynne McGregor (10-6)	Dr. Frankovich (12-5)	

Ottawa Sport Medicine Center / Physio Sport Plus / Active Care

Ottawa Sport Medicine Center

- **Location**
 - Ottawa Sport Medicine Center – 1370 Clyde Ave
- **Contact Info**
 - Dr. Elisabeth Hobden
- **Parking**
 - Free parking in clinic lots
 - Ottawa Sport Medicine Center - pass given by front desk staff
- **Logistics**
 - Uses Accuro Optimed EMR

PhysioSport Plus Sport Medicine

- **Location:** 1-1190 Place D'Orleans Drive Orleans, On, K1C 7K3
- **Contact Info**
 - Dr. MJ Klett
 - **PHONE** | 613.830.4806 **FAX** | 613.830.1229
 - info@physiosportsplus.ca
- **Parking:** Free parking in front of clinic
- **Logistics:** No EMR
- **Opportunities**
 - Physiotherapy with Judith Proulx-Snedden
 - Registered Massage Therapy

Pediatric Concussion Clinic

- **Location:** Children's Hospital of Eastern Ontario
- **Contact Info**
 - Dr. Kristian Goulet
- **Logistics:** uses Epic EMR

- **Schedule:** contact Dr. Klett before rotation for final schedule

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM (8:45-12:00)		Dr. Hobden	Dr. Klett	Dr. Hobden	Dr. Goulet
PM (1:00 – 4:45)		Dr. Hobden	Dr.Klett	Dr. Hobden	Dr. Goulet

- **Allied Health**
 - Some days of this block are reserved for scheduling of Allied Health horizontal elective
 - Please see Appendix for contact information of various practitioners to schedule your own days

- Please enter schedule into shared Google calendar with Program Director to ensure all days accounted for
- Contact Fellowship committee members if you have questions or are having difficulty scheduling these days
- 3-4 sessions should be reserved for working with the same Therapist (Physio, AT or osteopath) to gain a longitudinal experience with them regarding assessments, diagnosis and treatment plans.
 - Contact info for suggested practitioners in Appendix

Optimize Physiotherapy

- **Location**
 - Optimize Physiotherapy – 3771 Spratt Rd, #4
- **Contact Info**
 - Dr. Rob Gauvreau
 - Dr. Dave White
 - OptimizeOttawa.com
- **Parking**
 - Free on site
- **Logistics**
 - Uses Accuro Optimed EMR
- **Opportunities**
 - US guided procedures, PRP, physiotherapy
- **Schedule:** contact Dr. Gauvreau before rotation for schedule

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM (8:45-12:00)	Dr. Gauvreau	Dr. Gauvreau	Dr. Gauvreau	Dr. Gauvreau	Allied Health
PM (1:00 – 4:45)	Dr. Gauvreau	Dr. White	Dr. White	Dr. White	Allied Health

Rheumatology

- **Location**
 - Arthritis Center – 6th Floor Riverside Hospital – 1967 Riverside Dr.
- **Objectives**
 - To learn the pathophysiology, diagnosis, & management of rheumatologic diseases.
 - To obtain a higher level of confidence in diagnosing, managing, and communicating with patients suffering with arthritis and other rheumatologic/musculoskeletal diseases.
 - Perform proficiently a comprehensive history & physical examination tailored to rheumatology, especially the musculoskeletal system, & the appropriate request of laboratory & imaging studies.
 - Recognize the clinical manifestations of rheumatologic disorders and describe current options for diagnosis, management and therapy, including the efficacy, doses, and interactions of individual drugs.
 - The ability to formulate appropriate differential diagnoses for rheumatologic symptoms and devise a therapeutic plan.

- To be able to recognize the differences between Rheumatoid Arthritis and Osteoarthritis and to efficiently diagnose and treat these diseases.
- To obtain a greater understanding of pharmacologic and non-pharmacologic treatment modalities for arthritis and musculoskeletal problems.
- To develop the understanding of the principles, indications, contra-indications, risk, cost and expected outcome of the various treatments: non-steroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs, adrenal corticosteroids, biologic response modifiers, anti-hyperuricemic drugs, cytotoxic drugs, & antibiotic therapy for joint & soft tissue infections.
- Learn to perform and/or interpret diagnostic and therapeutic procedures common in the practice of rheumatology. This skill should include the understanding of the principles, indications, contraindications, risk, cost and expected outcome of these procedures.
- Demonstrate the ability to perform a comprehensive joint exam and do joint aspiration of knees, injection of bursa/tendons.
- Identify risk factors for and strategies to prevent rheumatologic disorders.
- To learn the pathophysiology, diagnosis, & management of rheumatologic diseases.
- Observation and hands-on encounters with new and follow-up general rheumatology and sport medicine patients.
- Exposure to patients in multidiscipline rheumatology clinics (lupus, dermatomyositis)
- Understand the clinical presentation, pathophysiology, diagnosis and treatment of common pediatric rheumatology diseases (i.e., juvenile rheumatoid arthritis, dermatomyositis, scleroderma, Kawasaki's disease and rheumatic fever).
- To obtain a higher levels of confidence in diagnosing, managing, and communicating with patients suffering with rheumatologic/musculoskeletal diseases.
- **Topics to Cover:** Septic Arthritis, Rheumatoid Arthritis, Osteoarthritis, Systemic Lupus Erythematosus, Gout, Ankylosing Spondylitis, Polymyalgia Rheumatica, Giant Cell Vasculitis, Vasculitis (Wegener's, PAN, HSP, etc.), Reactive Arthritis (Reiter's Syndrome), Regional Rheumatic Problems (LBP, Tendonitis, Bursitis), Fibromyalgia, Calcium Pyrophosphate Deposition Disease, Sjogren's Syndrome, Polymyositis, Scleroderma, Psoriatic Arthritis, Antiphospholipid Antibody Syndrome, Lyme Disease, Raynaud's Phenomenon, Entrapment Neuropathies (Carpal Tunnel Syndrome)
- **Contact Info**
 - Susan Duffield (secretary to Dr. Humphrey-Murto): sduffield@ottawahospital.on.ca
- **Parking**
 - Ottawa Hospital pass - \$91 per month purchased at any TOH location
- **Logistics**
 - Contact IT department for Oacis password (if not already done at Hospital Orientation in July) and Dragon dictation password before rotation starts
 - May dictate using Dragon or type notes directly into Oacis
- **Schedule:** provided by Susan Duffield before rotation

Physiatry

- **Location**
 - The Rehabilitation Center – 505 Smyth Rd.
- **Objectives** – *please contact Dr. Wolff if there are specific objectives you would like to accomplish during rotation*
 - Differentiate between impairment, disability and handicap when assessing persons with disability.
 - Enhance the MSK and peripheral neuro exam.
 - Develop a systematic approach to the functional inquiry in patients with a disability, and in particular athletes with disability.
 - Determine risk factors for cumulative MSK injury in general fitness, athletics and work activities.
 - Develop a systematic and comprehensive approach to managing MSK injuries in persons with disability, in particular athletes with disability.
 - Provide specific criteria for who would benefit most from an electrodiagnostic evaluation (EMG/NCS).
 - Demonstrate appropriate communication skills - active listening skills and appropriate non-verbal communication skills.
 - Demonstrate an appreciation and understanding of the advocacy skills required in persons with disability.
 - Demonstrate an ability to modify the MSK and Neuro exam accordingly in patients with disability (due to environmental accessibility issues).
 - Gain further understanding on issues unique to spinal cord injured athletes such as autonomic dysreflexia, pressure sores and spasticity.
 - Obtain feedback on consult letters.
- **Contact Info**
 - Dr. Gerald Wolff
 - [Dr. Tauyna St-Pierre](#)
- **Parking**
 - Ottawa Hospital pass - \$91 per month purchased at any TOH location
 - Must park in General Hospital lot and walk through connecting link to Rehab Center
- **Logistics**
 - Contact IT for Oacis password
- **Opportunities**
 - EMG clinic
 - Joint physiatry and plastics clinic for tendon transfers
 - Mild Traumatic Brain Injury clinic with Dr. Shawn Marshall
- **Schedule:** depends on attending staff
 - Dr. Wolff to email schedule prior to rotation
 - ** try to avoid using vacation during this block

Cardiac Rehab

- **Location**
 - Ottawa Heart Institute – 40 Ruskin St
- **Objectives** – binder given on 1st day with further objectives
 - To gain experience in cardiac exercise stress testing, exercise prescription, reading and interpreting EKGs, pulmonary function testing and performing consults on cardiac patients for cardiac rehabilitation.
 - To elicit a more specific and pertinent history and be better trained in the cardiac physical examination.
 - To participate in clinics and to understand the role of the cardiac rehabilitation specialist in counseling cardiac patients both inside and outside of the hospital.
 - To learn about progressive activity, dietary counseling, medication teaching and the prescription of an outpatient exercise program.
 - To gain an understanding of the cardiac tests available and to become familiar with the indications for exercise or pharmacologic stress exercise EKGs and stress echocardiography.
 - To address the issue of Doping Control and Doping in Sport with Dr. Pipe.
 - To observe the low, medium and high intensity cardiac rehab exercise classes at the Heart Institute.
 - To review the athletic ECG.
 - Topics to Cover:
 - Exercise Physiology
 - Cardiovascular and pulmonary response to exercise
 - Extracardiac effects of exercise
 - Physiology of cardiac ischemia
 - Indications for Testing
 - Exercise Stress Testing
 - Pharmacologic Stress Testing
 - Cardiac Rehabilitation
 - Contraindications, Risks and Safety Precautions
 - Absolute & relative contraindications
 - Risks reported in the literature
 - Indications for test termination
 - Management during the postexercise period
 - Exercise Testing and Specific Clinical Applications
 - Stress testing after MI, after surgical or catheter interventions, before and after cardiac transplantation
 - Stress testing in women
 - Stress testing and congestive heart failure
 - Stress testing for arrhythmia and pacemaker evaluation
 - Stress testing and the hypertensive patient
 - Effects of Digitalis and other drugs on stress testing
 - Organization of Cardiac Rehabilitation Services
 - Inpatient rehabilitation
 - Early post-discharge exercise testing and rehabilitation
 - Outpatient rehabilitation programs

- Risk factor modification and comprehensive cardiac rehabilitation
- Exercise in Cardiac Rehabilitation
 - Physical conditioning
 - Effects of exercise training
 - Exercise prescription: formulation and advancing
 - Risks of exercise training
 - Exercise rehabilitation as a component of comprehensive cardiac rehabilitation
 - Vocational rehabilitation
- **Contact Info**
 - Melissa Herrington – mherrington@ottawaheart.ca; 613-798-5555 Ext 18044
 - Dr. Genevieve Leroux
- **Parking**
 - Ottawa Hospital pass - \$91 per month purchased at any TOH location
 - Park in Civic Lot and walk to Heart Institute
- **Schedule:** sent by Melissa before rotation

MSK Radiology

- **Location**
 - Ottawa General - MSK Reading Room 2437 (2nd floor, third door past Module X triage)
- **Objectives**
 - Describe pertinent normal anatomy in an MSK radiograph.
 - Be familiar with the commonly used musculoskeletal radiographic projections and the purpose of each.
 - Recognize and describe, in a systematic fashion, radiographic findings in an MSK radiograph.
 - Provide an accurate description of a fracture involving either the peripheral or axial skeleton.
 - Identify, with a high level of accuracy, most types of bone fractures.
 - Describe the stages of fracture healing.
 - Discuss the imaging findings of septic arthritis, osteomyelitis, and metastatic diseases.
 - Evaluate orthopedic follow-up imaging.
 - Discuss the imaging findings of post-operative orthopedic hardware complications.
 - State the indications for CT, MRI, arthrography, and bone scans in MSK imaging.
 - List the single examination (usually radiography, CT, or MR) that provides the most information for a given disorder.
 - Discuss the advantages and limitations of the various imaging modalities used in musculoskeletal imaging, the indications and contra-indications, and complications of the following: Radiographs & fluoroscopy, MSK scintigraphy, Arthrography, DEXA, Ultrasound, MSK Biopsy, CT, MRI
 - Give safe and appropriate advice surrounding return to play criteria according to imaging results.
- **Contact Info**
 - Avril D'Silva (Medical Imaging Program Coordinator): adsilva@ottawahospital.on.ca
 - Dr. Marcos Sampaio
- **Parking**
 - Ottawa Hospital pass - \$91 per month purchased at any TOH location or \$13 per day
- **Schedule:** 2 weeks

Plastics (subject to change – pending)

- **Location**
 - Ottawa General, Ottawa Civic and CHEO
- **Objectives**
 - Become proficient in acute care & management of upper extremity trauma (application of splints, back slabs, braces, casts)
 - To be familiar with the neurovascular assessment of upper extremity injuries to recognize the degree of urgency for further assessment by specialists of common potentially limb threatening injuries.
 - Understand the fundamentals of closed treatment of fractures, including traction, and apply that knowledge to patient care.
 - Understand the theory of operative treatment of fractures and apply that knowledge to patient care.

- Participate in plaster & hand clinics; become familiar with common fracture classification and implications for treatment.
- Understand complications of fractures and extremity trauma, including compartment syndrome and infection.
- To be able to differentiate between subluxation and dislocations commonly encountered in primary care medicine.
- Learn to formulate surgical and non-surgical treatment plans.
- Learn the principles of pre-and post-operative care. Learn to recognize and treat complications.
- Understand how to make therapeutic rehab choices that will facilitate achievement of successful & functional outcomes.
- Become familiar with the intense rehabilitation that is needed to return an athlete to competitive sport.
- Describe proper techniques of joint aspiration and where appropriate understand the landmarks and be able to inject the joint (corticosteroid, hyaluronic acid derivatives).
- **Contact Info**
 - **Dr. Simon Chan**
 - **Dr. Kirsty Boyd** (Plastic Surgery Program Director)
- **Parking**
 - Ottawa Hospital pass - \$91 per month purchased at any TOH location or \$13 per day
- **Schedule:** 2 weeks, mix of clinic, OR and didactic teaching with Dr. Chan

Orthopedics

- **Objectives**

- Learn basic science concepts as they relate to orthopaedics.
- To perform a detailed musculoskeletal history and physical exam, propose initial laboratory and radiographic investigations and provide appropriate initial management of common MSK injuries and complaints.
- To be able to accurately compile a broad differential diagnosis for common MSK disorders based on an accurate history and physical examination.
- To be able to actively and concisely describe various common fracture patterns and recognize the importance of closed versus open fractures
- Assessment of acute injuries, provide appropriate initial management including basic stabilization techniques as well as be familiar with immobilization and transport techniques involved with traumatized patients with attention to protection of potential spine injuries.
- Become proficient in the acute care and management of extremity trauma, including application of splints, back slabs, braces and casts.
- To be familiar with the neurovascular assessment of extremity injuries to recognize the degree of urgency for further assessment by specialists of common potentially limb threatening injuries.
- Understand the fundamentals of closed treatment of fractures, including traction, and apply that knowledge to patient care.
- Understand the theory of operative treatment of fractures and apply that knowledge to patient care.
- Participate in plaster clinic and become familiar with common fracture classification and their implications for treatment.
- Understand complications of fractures and extremity trauma, including compartment syndrome and infection.
- To be able to differentiate between subluxation and dislocations commonly encountered in primary care medicine.
- Learn to formulate surgical and non-surgical treatment plans.
- Learn the principles of pre-and post-operative care. Learn to recognize and treat complications.
- Understand how to make therapeutic rehabilitation choices that will facilitate the achievement of successful and functional outcomes.
- Become familiar with the intense rehabilitation that is needed to return an athlete to competitive sport.
- Exposure to all aspects of the initial evaluation, workup, treatment, and follow-up care of bone and soft tissue tumours.
- To recognize the radiographic features of benign and malignant neoplasms of bone as well as being able to recognize the features of metastatic bone disease.
- Describe proper techniques of joint aspiration and where appropriate understand the landmarks and be able to inject the joint (corticosteroid, hyaluronic acid derivatives).
- Become proficient in the Orthopaedic examination of the child, including the upper extremity, the spine, the lower extremity, the infant hip and the evaluation of gait.
- To participate in the pediatric plaster clinic and to understand the fundamentals of closed treatment of fractures, including traction, and apply that knowledge to patient care.

- Be able to recognize physal injuries and have good knowledge of the Salter-Harris classification of fractures.
- Learn how to evaluate the spine for scoliosis and understand the nonoperative and operative treatment of this condition.
- Appreciate the complexities of juvenile athletic injuries and the arthritic conditions of childhood.
- Learn the developmental milestones of infancy, childhood, and adolescence.
- Be able to evaluate a child with a limp.
- Be familiar with the hallmarks of child abuse and the multi-disciplinary care of this problem.
- Know how to interact effectively with the pediatric team, which includes the parents, the pediatrician, the nurses, the therapists, and the social workers.
- Learn the surgical techniques of adult orthopaedics.
- Learn the principles of pre-and post-operative care.
- Develop surgical skills in a variety of orthopaedic procedures.
- Introduce surgical approaches and procedures, including arthroscopic procedures, as the resident serves as first assistant.
- Learn the concepts of billing as a primary care physician assisting in the OR.
- **Contact Info**
 - Orthopedics: see list of Orthopedic Surgeons at end of handbook to arrange your own block or discuss with Dr. Bradley
 - QCH: Darryl Young
 - Montfort: Dr. Marshall
 - TOH: Dr. Liew
- **Parking**
 - Ottawa Hospital pass - \$91 per month purchased at any TOH location
- **Logistics**
 - Contact Dictation Services for Dictation ID – will need to do dictation training

Pediatric Orthopedics

- **Contact Info**
 - Peds Ortho: Ken Kontio and Dr. Lou Lawton
- **Parking**
 - TOH parking pass and walk over
- **Logistics**
 - Contact Dictation Services for Dictation ID – will need to do dictation training
 - Must have Epic Training (4-6 hrs) prior to start of rotation
 - Contact Emmanuel Eikenberry at 613-737-7600 ext 1360 or eeikenberry@cheo.on.ca few weeks prior to ensure paperwork and training session arranged
- **Schedule**
 - Ken Kontio: Sport Med Ortho clinic 2nd and 4th Tuesday afternoon of each month, Plaster room Tuesday morning
 - Lou Lawton: Sport Med Ortho Clinic Monday afternoons, Plaster room Friday morning
 - Sasha Carsen: Sport Med Ortho (hips)

Elective

- **Options for elective opportunities**
 - Additional Orthopedics
 - International opportunity (to be approved by Program Director)
 - Sport Medicine in other cities (Toronto, London)
 - Event coverage
 - Pediatric Sport Medicine
 - Dr. Goulet – Ottawa
 - Dr. Erika Persson – Edmonton
 - Dr. Merrilee Zetaruk - Winnipeg
 - Dr. Laura Purcell - Hamilton
 - Pediatric Rheumatology (CHEO)
 - Emergency Medicine (Dr. Mai in Renfrew)
 - Family Medicine Selective
 - Pain Clinics

Allied Health

- To be arranged by fellow for half days during sport medicine rotations, particularly Mondays during Ottawa U rotation

Athletic Therapy / Physiotherapy

- Objectives
 - Observe sport and exercise specific injury assessments
 - Learn rehab protocols and exercise prescription for certain MSK conditions
 - Learn the indications of rehabilitation modalities and the evidence behind their use
 - Therapeutic U/S, IFC, laser, TENS, muscle stimulator
 - Learn the indications and observe the technique for acupuncture and dry needling (IMS)
 - Learn the indications and observe the technique for active release therapy and massage
- Contact Info
 - Athletic Therapy
 - Crissy McPhee @ Ottawa U
 - Bruce Marshall, [Nadine Smith](#) & Adam Davies @ Carleton
 - Physiotherapy: numerous clinics in the city, suggested practitioners below
 - Carleton: Todd Taylor, Wendy Smith, Dave Foley
 - Ottawa U: Isabelle Aube
 - Optimize Physio: Mike Gauvreau, Nick St. Louis
 - Evolution Physio: Allen Hicks, Francine Eastwood, Wendy Hoffman
 - Stittsville Sport Physio Center: Mary Foley, Monica Clarke
 - Amped: Genevieve Renaud

Osteopathy

- Objectives
 - As above in physiotherapy
 - Learn the indications and technique for manual therapy, soft tissue techniques and craniosacral therapy
 - Develop a global approach to patient injury assessment
- Contact Info
 - Richard Gregory - [contact for half day seminar in low back pain assessment as well as shadowing](#)
 - Shauna Ironside

Chiropractics

- Objectives
 - As above in Physiotherapy
 - Learn the indications and observe the technique for manipulations and mobilizations
- Contact Info
 - Troy Sturtevant - Hollistic Clinic

Strength and conditioning

- Objectives
 - Gain a better understanding of proper exercise technique
 - Observe the development of an athlete centered exercise program incorporating dynamic exercises that address the athlete's weaknesses
 - Develop an understanding of various injury prevention programs (ACL prevention, hamstring programs, scapular stabilizing)
- Contact Info
 - John Zahab - Continuum Fitness
 - Nick Westcott – Carleton University

Running / gait assessment

- Objectives
 - Gain a better understanding of biomechanics during the gait cycle – static vs walking vs running with and without footwear
 - Observe patients in various stages of running to evaluate potential contributing factors to injury
 - Learn dynamic exercises to correct these contributing factors
- Contact Info
 - Francine Eastwood
 - [Neil Rosenthal / Ryan Grant – SoleFit](#)
 - [Amy Fahlman](#)

BikeFit

- Objectives
 - Observe a BikeFit assessment in order to understand the implications of equipment and posture on injury patterns
 - Learn the basic equipment adjustment suggestions for cyclists with certain injury patterns
- Contact Info
 - Mary Paterson – Contact for March to October for best experience

Bracing

- Objectives
 - To learn about the different types of braces available and the best choice for individual patients/athletes.
 - To observe the most progressive and effective solutions in bracing for the prevention and treatment of all musculoskeletal injuries.
 - Observe consultations and specialized fittings of an extensive selection of sport injury and orthopaedic braces and supports.
 - Observe functional and comparative product testing to fit patients with the most suitable brace for their individual rehabilitative and sport requirements.
 - To learn about the specialized products available for an individual's specific rehabilitation protocol (eg. Theraband, tubing, weights, swiss balls, wobble boards, hot/cold packs, taping).
- Contact Info
 - Kinemedics: Mark Simonson, Pat Brookes
 - Carleton U: Adam Davies

Orthotics

- Objectives
 - Observe the assessment for and fitting of both custom made orthotics and off the shelf arch supports and insoles.
 - To learn about the most specialized and up-to-date care for acute, chronic, and post-surgical patients (ie. Immobilizers, walking casts, splints)
- Contact Info
 - Matthew Grasmeyer: orthoticlab@yahoo.com
 - [Amanda Pribauer at Carleton](#)
 - [SoleFit](#)
 - [Kinemedics](#)

Sport Nutrition

- Objectives
 - Attend the Power Fuel nutrition workshop (<http://www.peakperformance.on.ca/services/sportnutrition/index.php#powerfuel>)
 - Understand the complexities of nutrition guidance for athlete health and athletic performance.
 - Explain the specific roles of the major nutrients on various types of exercise.
 - Discuss the physiology of anaerobic and aerobic exercise.
 - Explain the effects of various dietary manipulation techniques on exercise performance.
 - Explain the procedures involved in dietary assessment.
 - Discuss assessment of body size and composition and demonstrate anthropometric measurements.
 - Discuss nutritional needs of athletes in various age categories.
 - Make nutritional recommendations for athletes who participate in various sports categories
 - Explain the purpose and recommendations for a pre and post-game meal.
 - Evaluate nutritional status of athletes and devise nutritional plans.
 - Make recommendations for exercise under unusual conditions (e.g. high altitudes or extreme temperatures).
 - The use of nutritional supplements and dietary supplements in sport and their safety profile.
- Contact Info
 - Beth Mansfield
 - <http://www.peakperformance.on.ca/services/sportnutrition>

Eating disorders

- Objectives
 - Understand the types of Eating Disorders and prevalence of Eating Disorders in athletes
 - Identify risk factors contributing to eating disorders
 - Learn the effects of Eating Disorders on sports performance and the athlete's health
 - Learn the treatment and prevention of Eating Disorders.
- Contact Info
 - Dr. Bissada: 613-737-8042

- Dr. Wendy Spettigue: 737-7600 X 2818

Concussion Therapies (craniosacral therapy, vestibular therapy, occupational therapy)

- Contact Info
 - Contact Dr. Taylor or Dr. Bradley for list of contacts

Emergency dentistry

- Objectives
 - Understand when emergent referral required for dental trauma
 - Be comfortable managing sideline dental trauma
 - Learn how to perform dental blocks for emergency pain relief of dental trauma
- Contact Info
 - Mike Hamilton: mihamilton@ottawahospital.on.ca

Sport psychology

- Objectives
 - Observe clinical consults with the athlete and the Sport Psychologist.
 - Observe assessment of the athlete eg. by questionnaires, interviews, observation, performance profiles.
 - Obtain a better understanding of the athlete psyche in order to improve future encounters and to assist with compliance.
 - Understand what personality is and how it may be affected by situational variables.
 - Recognize the implications of self-concept and personal identity for participation and performance in sport and recreational exercise.
 - Distinguish among concepts of self-esteem, self-confidence, and self-efficacy, and appreciate their relevance to sport and exercise participation.
 - Identify common motivations and barriers to exercise participation.
 - Understand the special motivational bases and concerns of athletes.
 - Appreciate the relevance of, and distinctions between, intrinsic and extrinsic motivations in sport and exercise behaviors. Appreciate the significance of attention or concentration in sports and exercise, and be able to identify relevant components.
 - Understand what psychological skills training (PST) is and how it is applied to issues of attention, concentration and mental letdown in exercise and sports.
 - Understand strategies for managing arousal and anxiety in athletic performance.
 - Learn the values and principles of goal setting as applied to physical activity participation and performance.
 - Appreciate what imagery training is and how it can be applied in sport and exercise settings.
 - Learn to recognize critical elements of group dynamics in teams, work groups, sports, and exercise settings as well as leadership behaviors.
 - Acting in the best interest of the patient's health, recognize pressures from the patient, family, coaching staff, teammates and society (e.g. unregulated substances).
- Contact Info
 - Contact Dr. Bradley or Dr. Taylor for contact info

Formal Teaching / Projects

Academic Half Day

- 8-10 half days per year
- Schedule to be arranged with fellows input at beginning of year with Dr. Curran & monthly preceptor
- Academic half day to consist of presentation by preceptor, joint assessment review, presentation of Personal Learning Projects by fellows, Journal Club and MSK US session

Mid year practice OSCEs

- 8-10 case practice OSCE in Dec & April

Carleton Rounds

- Lectures on various sport medicine topics attended and presented by sport Medicine physicians, orthopedic surgeons, emergency physicians, physiatrists, chiropractors, athletic therapists, physiotherapists
- Held once per month at a date pre-announced from 6:30-7:30 at Carleton University
- Fellows to present once during fellowship
- Fellows responsibility to help with webcasting of rounds – please discuss with Dr. Bradley before 1st rounds
- Email Dr. Taylor to be put on mailing list and to choose your date / topic

On field C-spine Simulations

- Arranged at Ottawa U and Carleton in the fall before football, rugby and hockey seasons

Radiology teaching (in addition to Radiology rotation)

- Tues AM 8:00-9:00 with Dr. Greenberg x 6 weeks starting in February
- Excused from clinical duties to attend
- Email Dr. Greenberg for details and schedule

Hospital Rounds

- Radiology: Thursday 7:30 am in Room 1466a at Ottawa General
- Physiatry: Friday 9:30am in Rehab Center conference Room A on 2nd floor between ward A and B

Scholarly Project

- Complete a research or scholarly project during the fellowship year
- Guidelines found in the DFM Portal (Login and password information to be received from Julia Testa)
 - Choose supervisor & define research question – September
 - Outline study protocol and timeline – October
 - Ethics (if applicable) – October / November

- Data collection – December – April
- Analyze data and write report – May
- Prepare final report and present at RIO day - June
- To be presented at RIO day in June to other family medicine residents
- Contact Dr. Lindsay Bradley or Dr. Taryn Taylor for research ideas or supervision

Champlain LHIN webpage articles

- Submit one article per 3 months with brief description of how it affects or benefits primary care physicians
- Submit to Dr. Taryn Taylor and she will submit to the site.
- See the [Champlain Primary Care Digest](http://primarycaredigest.org) (primarycaredigest.org) for examples

Anatomy

- Self-taught anatomy review in cadaver lab
 - Typically 8 half day sessions in Sept/Oct
 - Tutors available at a cost: \$18 x # of students x # hours
- Contact anatomy lab to arrange
 - Coordinator: Claudine Seguin - Claudine.Seguin@uOttawa.ca
 - Lab: Shannon Goodwin - sgoodwi@uottawa.ca
- Objectives for each session below

Anatomy Session 1: Vertebral Column & Back

1. The bony structures of the vertebral column [neural arch: body, laminae, pedicles, dens / odontoid process; spinous & transverse processes; facet joints]. Number of vertebrae, normal curvatures; features of typical vertebrae in cervical, thoracic and lumbar parts of spinal column.
2. Joints, ligaments of vertebral column:
 - Review the key anatomical features at C.1 - C.2 (atlanto-occipital, atlanto-axial joints, transverse ligament, anterior longitudinal ligament).
 - Review the "spinal unit" in the low lumbar (L.4 / L.5 and L.5 / S.1) area and the anatomical relationships of the nerve root.
 - Review: intervertebral disc (annulus fibrosus & nucleus pulposus) - relationship to intervertebral foramen; facet joints; costovertebral joints; anterior & posterior longitudinal ligaments; ligamentum flavum; interspinous & supraspinous ligaments; lumbosacral & sacroiliac joints; iliolumbar ligament; sacrotuberous & sacrospinous ligaments (can be seen on the museum specimen).
3. Using the specimen with the exposed spinal cord, demonstrate and review spinal nerve, dorsal root ganglion, ventral and dorsal rami.

Anatomy Session 2: Back, Neck and Abdominal Wall

1. **Back:**

Deep muscles of the back:

- **Long** (erector spinae - spinalis, longissimus, iliocostalis).
- **Short** (transversospinalis - semispinalis, multifidus and rotatores spanning shorter number of segments).

2. **Neck:**

Using the prosected specimen and skeleton, review and demonstrate the following major muscle groups which support and move the neck and head (general location and terminology):

- Posterior [superficial - trapezius]; splenius, semispinalis, longissimus.
- Anterior sternocleidomastoid, scalene muscles (anterior, middle, posterior) - note their relationship to the brachial plexus roots; longus colli, longus capitis.

3. **Abdominal Wall:**

The bony pelvis: ilium, ischium, pubis, symphysis pubis, pubic crest & tubercle, superior & inferior rami of pubis, anterior superior & inferior iliac spines, iliac crest.

The muscular components of the abdominal wall:

- **Anterolateral abdominal wall:** External oblique muscle and aponeurosis, inguinal ligament, superficial inguinal ring, spermatic cord, anterior layer of rectus sheath, linea alba. Internal oblique muscle & aponeurosis, transversus abdominus & aponeurosis, transversalis fascia. Neurovascular plane & innervation of mm. of abdominal wall. Rectus abdominus muscle, posterior layer of sheath.
- **Posterior abdominal wall:** iliacus, psoas major, quadratus lumborum, posterior aponeurotic origin of transversus abdominus. Diaphragm. Formation and components of lumbar plexus.

Anatomy Session 3: Shoulder joint; scapular & pectoral regions; Axilla

1. The shoulder girdle.
 - **clavicle** - facets for articulation with sternum and first rib (**sternoclavicular joint**), and scapula (**acromioclavicular joint**);
 - scapula - angles, glenoid cavity, **spine, acromion**, coracoid process, fossae: supraspinous, infraspinous, subscapular;
 - humerus - head, anatomical neck, surgical neck, intertubercular (bicipital) groove, spiral (radial) groove.
2. **Shoulder joint** (multiaxial ball and socket joint): head of humerus, glenoid cavity and labrum, extent of synovial membrane, attachment and extent of fibrous capsule, ligamentous thickenings. The coracoacromial and coracoclavicular ligaments.

The muscles:

- Adduction - pectoralis major, latissimus dorsi.
 - Abduction - deltoid, supraspinatus.
 - Flexion - pectoralis major (clavicular part), deltoid (anterior), coracobrachialis, biceps.
 - Extension - latissimus dorsi, deltoid (posterior); pectoralis major from flexed position.
 - Rotation - **medial, internal** (subscapularis, pectoralis major, deltoid (anterior), latissimus dorsi, teres major; **lateral, external** - infraspinatus, teres minor, deltoid (posterior).
3. Review the rotation of the scapula: acromio-clavicular and sterno-clavicular joints, serratus anterior, trapezius, levator scapulae, rhomboids, pectoralis minor.
 4. The rotator cuff of the shoulder (supraspinatus, infraspinatus, teres minor, subscapularis)
 5. Brachial Plexus
 6. Axilla: View the relationships of the axillary artery to the brachial plexus and other structures.

Anatomy Session 4: Elbow joint; anterior & posterior arm & forearm

1. Bones
 - Humerus - medial & lateral **epicondyles**, lateral condyle (capitulum), medial condyle (trochlea);
 - radius - **head, styloid process**, tuberosity;
 - ulna - **olecranon**, coronoid process, styloid process.
2. Elbow joint (hinge) & Radio-ulnar joints (pronation / supination).
3. Review:
 - Muscles of anterior (flexor) compartment of the arm: coracobrachialis, biceps (2 heads), brachialis; Posterior (extensor) compartment of the arm: triceps.
 - Course of neurovascular structures in the arm: brachial artery and vein; nerves - median, ulnar and radial.
4. Cubital fossa: Roof and superficial structures - cephalic, basilic, median cubital veins. Contents - radial, median nerves, brachial artery, tendon of biceps brachii.
5. The muscle and neurovascular structures:
 - Anterior compartment:
 - **Superficial common flexor origin** of muscles - (pronator teres, flexor carpi radialis, flexor carpi ulnaris, flexor digitorum superficialis, palmaris longus);
 - **Deep** (flexor pollicis longus, flexor digitorum profundus, pronator quadratus).
 - **Neurovasculature** - Ulnar side (ulnar a & n); midline (median n and its anterior interosseus branch); radial side (radial n).
 - Posterior Compartments (superficial and deep):
 - **Superficial - common extensor origin of muscles** (brachioradialis, extensor carpi radialis longus, extensor carpi radialis brevis, extensor digitorum, extensor digiti minimi, extensor carpi ulnaris). Note the site of the common disorder of "tennis elbow" (lateral epicondylitis).
 - **Deep** - (abductor pollicis longus, extensor pollicis brevis, extensor pollicis longus, extensor indicis, supinator).
 - **Neurovasculature** - radial n. and its posterior interosseus branch.

Anatomy Session 5: Wrist, dorsum & palm of hand

1. Review the distal ends of radius and ulna (styloid processes), carpal bones, metacarpals and phalanges.
2. Review the following joints: wrist (radio carpal, radio ulnar, triangular cartilage); midcarpal, carpometacarpal, metacarpalphalangeal (MP), proximal (PIP) and distal (DIP) interphalangeal.
3. Carpal canal: location, structures forming it: transverse ligament and carpal bones, structures passing through it, structures passing superficial to the flexor retinaculum.
4. Palm of hand:
 - Muscular compartments and flexor sheaths - thenar (abductor, flexor and opponens of thumb, recurrent median nerve); hypothenar (abductor, flexor and opponens of digiti minimi); intermediate (1. long flexor tendons of the superficialis and profundus, lumbricals; 2. adductor pollicis; 3. palmar and dorsal interossei).
 - Innervation and blood supply - Ulnar nerve and its deep branch, median nerve and its recurrent branch. Ulnar and radial arteries, superficial and deep palmar arches.
5. Dorsum of hand. Review and demonstrate:
 - Snuffbox (floor, boundaries, relationship to scaphoid bone and radial artery);
 - Extensor expansion - attachments, insertion of lumbricals & interossei, function of long finger extensors.

Anatomy Session 6: Hip joint; flexor, extensor, adductor and abductor muscles; femoral triangle and neurovascular relationships

1. **Pelvis:** ilium, ischium, pubis; **iliac crest**, iliac fossa, **anterior superior iliac spines**, pubic tubercle, pubic crest, acetabulum, obturator foramen, greater and lesser sciatic notches, ischial spine, **sacroiliac joint**, greater and lesser sciatic foramina; **ischial tuberosity**.
Femur: head, neck, shaft, **greater** and lesser trochanters, intertrochanteric line and crest, linea aspera.
2. **Hip Joint:** Multi-axial ball and socket joint: lunate [articular] surface, acetabular fossa, acetabular labrum; head of femur.
3. Review the major muscle groups (flexors, extensors, abductors, adductors, rotators)
 - Flexors (**anterior** muscular compartment of the thigh): iliopsoas, pectineus, sartorius, tensor fascia lata, rectus femoris -component of the quadriceps femoris;
 - Adductors (**medial** compartment): gracilis, pectineus, adductor longus, adductor brevis, adductor magnus);
 - Extensor: Gluteus maximus, hamstring muscles (biceps femoris, semimembranosus and semitendinosus, hamstring component of adductor magnus);
 - Abductors: Gluteus medius and minimus.
 - Rotation:
 1. **lateral** obturator externus and lateral rotators - piriformis, obturator internus, gemelli superior and inferior, quadratus femoris;
 2. **Medial** (anterior fibers of gluteus medius and minimus).
4. **Neurovascular structures of the thigh:**
 - Femoral triangle - femoral nerve, femoral artery, femoral vein and great saphenous vein; medial and lateral femoral circumflex vessels.
 - Adductor (sub-sartorial) canal and adductor hiatus.
 - Posteriorly, deep to the gluteus maximus, locate the piriformis muscle and the suprapiriform and infrapiriform spaces. Identify the superior gluteal nerve in the suprapiriform space; and the sciatic and inferior gluteal nerves emerging via the infrapiriform space.

Anatomy Session 7: Knee Joint, Anterior & Posterior Leg

1. **Bones:**
 - **Femur (medial and lateral epicondyles,** medial and lateral condyles, patellar surface, popliteal surface, intercondylar notch);
 - **tibia (tibial tuberosity,** tibial condyles - plateaus, intercondylar eminence);
 - **Patella** (distinguish the articular and **non-articular** surfaces).
2. **Knee Joint.** Review the soft tissue structures of the knee (menisci, cruciate and collateral ligaments, articular surfaces, fibrous capsule and synovial membrane, the articular surfaces, medial and lateral menisci, anterior cruciate ligament. Suprapatellar bursa. On the posterior aspect of this specimen: the fibrous capsule, the oblique popliteal and arcuate popliteal ligaments, the posterior cruciate ligament. Locate and compare the tibial and fibular collateral ligaments. Note the lateral extensor retinaculum.
3. Review and demonstrate the muscles that flex (hamstrings, gracilis, sartorius, gastrocnemius) and extend (quadriceps femoris) the knee joint. The iliotibial band.
4. **Popliteal Fossa**
5. **Leg:** Review the contents of the fascially enclosed (muscular) compartments of the leg.
 - **Anterior** crural compartment (tibialis anterior, extensor digitorum longus, extensor hallucis longus);
 - **Lateral** compartment (peroneus longus and brevis);
 - **Posterior** compartments: **superficial** (soleus, gastrocnemius, plantaris), **deep** (flexor hallucis longus, flexor digitorum longus, tibialis posterior).
6. **Neurovasculature:** popliteal artery and vein; tibial nerve; anterior tibial & posterior tibial vessels; common peroneal, superficial peroneal & deep peroneal nerves.
Cutaneous structures: sural & saphenous nerves; small and great saphenous veins.

Anatomy Session 8: Ankle, dorsum & sole of foot

1. **Bones**
 - Tibia - **tibial tuberosity**, anterior crest, **medial malleolus**;
 - Fibula - head, neck, (proximal); **lateral malleolus** (distal);
 - Tarsal bones: talus - head, trochlea, neck, body; calcaneus - sustentaculum tali; navicular - navicular tuberosity; cuboid - tuberosity, groove for tendon of peroneus longus; cuneiforms;
 - Metatarsals - note the **tuberosity** of the fifth metatarsal, phalanges.
2. **Ankle Joint** (hinge joint): Identify the mortise, formed by the tibia and fibula, and the corresponding articular facets of the talus. The collateral ligaments (deltoid and 3 lateral ligaments). Synovial membrane.
3. Sub-talar, calcaneocuboid and talocalcaneonavicular
4. **Sole.**
 - a. **Muscle layers:**
 - plantar aponeurosis;
 - abductor hallucis, flexor digitorum brevis, abductor digiti minimi;
 - long flexor tendons - flexor digitorum longus and flexor hallucis longus, quadratus plantae, lumbricals;
 - flexor hallucis brevis, adductor hallucis, flexor digiti minimi brevis;
 - plantar interossei, dorsal interossei (abduction and adduction use line of the second toe).
 - b. **Neurovasculature:** Tibial nerve: dividing into the medial and lateral plantar nerves. Posterior tibial artery dividing into medial and lateral plantar arteries.
5. On the dorsum of the foot, note the dorsalis pedis artery, and the superficial & deep peroneal nerves, and their relationships to the tendon of extensor hallucis longus and the extensor expansion.
6. **Arches:** Review the medial and lateral longitudinal arches, and transverse arch: plantar aponeurosis; plantar calcaneonavicular (spring) ligament; long plantar ligament.

Clinical Teaching of Students

Family Medicine Academic Days

- Organized by Dr. Bradley
- Fellow is to help with hands-on sessions
 - Shoulder and Hip Exam
 - Knee and Ankle Exam
 - Injections workshop
 - Common conditions workshop
- Dates (Tentative)
 - Nov 9 2018 9am-12pm PGY1 session 1 at SIM Center
 - April 26 2019 1-4pm PGY1 session 2 at SIM Center
 - Jan 4 2019 9am-12pm PGY2 Session 1 at [850 Peter Morand Cres.](#)
 - Feb 8 2019 2-4pm PGY2 Session 2 at [850 Peter Morand Cres](#)

Physician Skills Development: 1st and 2nd year medical students

- 2-3 hour hands on sessions teaching medical students physical exam skills
- Contact Andre Purdry (clincoor@uottawa.ca) for Neuro sessions, Review sessions and Mock OSCE's
- Contact Ken Kontio for MSK sessions in English and MJ Klett for MSK sessions in French

Sport Medicine Interest Group (U of O Med Students)

- Always looking for physicians to present to them on a topic
- Contact Dr. Taylor to get in touch with student coordinator to help with session or speak on a topic

Evaluations

- To be completed at the end of each rotation via One45
- Account ID and password distributed by PGY3 coordinator – esfpdfm@uottawa.ca
- Field Notes – to be completed during Primary Care Sport Medicine rotations – see Appendix for Forms
 - Responsibility of fellow to get Field notes completed by preceptors
 - 24 field notes per year required

Reimbursement

Conferences

- The Department of Family Medicine and the Family Medicine Associates of Ottawa endeavour to identify a sum of funds to encourage residents to attend educational conferences – approximately \$300 per year
- The money must be used for continuing medical education activities during the two academic years. The purchase of educational materials (i.e. textbooks, journal subscriptions, software) **hardware will not be permitted.**
- For registration fees and required course material, an official receipt is needed. If not available, the registration form and copy of a credit card statement (if paid by credit card) will serve as the receipt.
- Original receipts required for all transportation expenses (boarding passes are to be submitted with original receipts)
- A request for reimbursement must be submitted within 20 working days of the return of the conference.
- American conferences are not typically reimbursed.
- Submit receipts to Julia Testa or Andrea Rawley – esfpdfm@uottawa.ca

2nd Parking

- When residents are required to travel between hospitals in the course of their clinical duties, then they will be reimbursed for the cost of the parking associated with the time spent at the second or subsequent hospital, provided the distance between hospitals exceeds one (1) kilometre.
- Residents required to submit their parking receipts at end of every month (within 1 month of actual date of parking)
- Parking receipts must be submitted ASAP – they can only be reimbursed w/i fiscal year (April 1 - March 31).

Resident Undergraduate Teaching Fund

- For Family Medicine residents who contribute to undergraduate medical education teaching. A stipend is offered in recognition for the resident's time and effort invested towards the educational mission of the Faculty of Medicine.
- Funds are paid at a rate of \$75/hour
- The funds are transferred to the Department and the guidelines for those residents who have participated in the undergraduate medical education activities are as follows:
 - Exam fees, elective expenses, can be claimed up to 50% of the total contribution to the fund by the resident

- Medical textbooks and journal subscriptions (100% can be claimed)
 - Medical software (100% can be claimed)
 - Courses, Workshops etc (100% can be claimed)
 - Computer, PDA or other medical equipment (100% can be claimed)
- Receipts must be dated after the teaching has been completed.
- Original receipts are required for all expenses. Funds are to be spent before completion of your residency.
- For transportation, airline/train/bus ticket serves as original receipt and should show the method of payment & amount paid. If your airline ticket is an E-ticket, submit Boarding Passes & receipt showing method of payment, amount paid.
- The hotel receipt should show a balance of zero or the method of payment.
- Forms located on the Family Medicine Website Resident page:
https://www.med.uottawa.ca/fm_forms/LogIn.aspx

Call Stipend

- 'Home call' stipend for event coverage hours in the evening or on the weekend (for events that you are not already receiving a stipend)
- Send [completed form](#) and copy of schedule to PGY3 chief resident
- [Form](#) found at: www.med.uottawa.ca/postgraduate/assets/documents/on_call_stipend/ON_CALL_FORM.pdf

Independent License

- Residents who apply for their independent license in place of an educational license will have increased opportunity for solo event coverage near the end of their training year
- Application procedures and forms can be found at: <http://www.cpsso.on.ca/registering-to-practise-medicine-in-ontario/registration-requirements/independent-practice-certificate-of-registration>

Event Coverage

- A minimum of 50 hours of documented event coverage is required to take the CASEM exam.
- Event coverage may include:
 - Varsity at Ottawa U or Carleton
 - Contact Dr. Klett at Ottawa U and Dr. Taylor / Dr. Bradley at Carleton for assignments
 - Ottawa U
 - Fall: Men's Football, Women's Rugby, Women's soccer
 - Winter: Men's and Women's Hockey, Men's and Women's Basketball, Women's Volleyball
 - Carleton
 - Fall: Men's Football, Women's Rugby, Men's and Women's soccer
 - Winter: Men's and Women's Hockey, Men's and Women's Basketball
 - Ottawa Marathon: May annually; team.med@gmail.com
 - Capital Hoops: January 2018 at Scotiabank Place in Ottawa
 - Local, provincial or national sporting events
 - Ontario Summer Games: London Summer 2018
 - Ontario Winter Games: Orillia March 1-4 2018
- Ottawa 67's: Contact Dr. Taryn Taylor or Dr. Lindsay Bradley or Dr. White to shadow them

- Ottawa Senators: Contact Dr. Don Chow or Dr. Mark Aubry to shadow them
- Ottawa Fury FC: Contact Dr. Lindsay Bradley or Dr. Jessica Curran to shadow them
- Ottawa Champions baseball:
- Team Canada National Men's Volleyball team: Dr. Klett, Dr. Mai
- National Ballet (while in Ottawa): Dr. Walker, Dr. Klett, Dr. Grace
- Equestrian events: Dr. Hobden
- Check CASEM website for Call for Games
- Contact National Sporting Organizations

Conferences / Courses

- [Sport 1st responder](#)
 - www.sportsfirstresponder.com
- ACLS / ATLS
 - [ACLS](#): www.emottawaaccls.ca
 - ATLS: jmoors@toh.on.ca
- OMA Sport Medicine Conference: TBD 2020
- [CASEM Conference](#): May 16-18, 2019
 - casem-acmse.org/pg_EventList.php
- [CASEM Team Physician Course / Advanced Team Physician Course / Sideline Emergency Course / Timely Topics](#)
 - casem-acmse.org/pg_EventList.php
- [CASTED](#): casted.ca
- ACSM Team Physician – Renamed Sport Medicine Essentials – An Interactive Course Feb 6-9, 2019
New Orleans, Louisiana
- ACSM Advanced Team Physician: TBD
 - www.acsm.org
- ACSM Annual Meeting – May 28-June 1, 2019 Orlando Florida
 - www.acsm.org
- Knee Symposium: TBD, Ottawa
- [Fowler Kennedy Homecoming Sport Symposium](#) – Active through the Ages: TBD London, Ontario
 - www.fowlerkennedy.com
- [Family Medicine Forum](#): October 30-November 2, 2019, Vancouver
 - fmf.cfpc.ca/home
- [Ontario Annual Scientific Assembly](#): November 28-29, 2019

Resources

- Family Medicine Department: <http://www.familymedicine.uottawa.ca/eng/>
- Radiology
 - [Musculoskeletal MRI](http://www.freitasrad.net/index.html) www.freitasrad.net/index.html
 - [Radiology Assistant](http://www.radiologyassistant.nl/en/p42023a885587e/welcome-to-the-radiology-assistant.html) www.radiologyassistant.nl/en/p42023a885587e/welcome-to-the-radiology-assistant.html
 - [European Society of Musculoskeletal Radiology](http://Essr.org) Essr.org
 - [AMSSM videos](https://www.amssm.org/UltrasoundOnlineDidactics.php) - https://www.amssm.org/UltrasoundOnlineDidactics.php
- Physical Exam
 - [McMaster University Division of Rheumatology](http://fhs.mcmaster.ca/medicine/rheumatology) fhs.mcmaster.ca/medicine/rheumatology
 - [ePARmed-X+](http://eparmedx.com) eparmedx.com
- Footeducation.com
- ECG module: learning.bmj.com/ECGathlete
- AMSSM Fellow Resources Web Library
 - <http://amssm.blogspot.ca/p/amssm-100.html>
- <http://mskmedicine.com>
- Sport Med School - <http://sportmedschool.com/>
- Critical Appraisal
 - [Occupational Therapy: How to Read a Paper](#) (by Trisha Greenhalgh)
 - <http://www.casp-uk.net/checklists>
- Patient Education
 - <https://uhs.princeton.edu/health-resources/athletic-injuries#onlinerehab>
- Sport Medicine Organizations
 - [Canadian Academy of Sport and Exercise Medicine](http://casem-acmse.org): casem-acmse.org
 - [OMA Section on Sport and Exercise Medicine](http://sportsandexercisemedicine.ca): sportsandexercisemedicine.ca
 - American College of Sport Medicine: acsm.org
 - [American Medical Society for Sport Medicine](http://www.amssm.org): www.amssm.org
 - American Orthopaedic Society for Sports Medicine: www.sportsmed.org

Personal Learning Project

My clinical question:

Stimulus (choose all that apply):

- During management of a patient or problem
- After reviewing management of more than one patient
- Reading literature
- Group activities (rounds, CME)
- Discussion with peers or staff
- Teaching
- Research
- Other: _____

Resources used to find answer to clinical question (choose all that apply):

- Peer-reviewed article
- Non peer-reviewed article
- Up to Date
- Cochrane database
- Textbook
- Discussion with consultant
- Web search (e.g. Google)
- Other: _____

Levels of evidence: Poor; Acceptable; Good; Convincing

Answer:

Key reference(s):

Outcomes: 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

This information

Can be used to improve the care I provide to similar patients	1	2	3	4	5
Will improve my confidence in the care of similar patients	1	2	3	4	5
Will improve my communications with similar patients about this topic	1	2	3	4	5
Has improved my knowledge regarding this topic	1	2	3	4	5

Time spent generating question and answer: _____

Teaching Session Evaluation

Please indicate if you agree with each of the following statements regarding the teaching session.

	Not applicable	Strongly Disagree*	Disagree*	Agree	Strongly Agree
The objectives of the session were met	<input type="radio"/>				
The teaching strategies used were appropriate	<input type="radio"/>				
Relevant resources and references were provided	<input type="radio"/>				
I am likely to employ the skills/knowledge taught	<input type="radio"/>				
The presenter was engaging	<input type="radio"/>				
The presenter encouraged questions and/or interaction during this session	<input type="radio"/>				

***If you indicated "Disagree", please provide comments in the spaces below.**

*1. What was the most valuable aspect of the teaching session?

*2. How could the teaching session be improved and/or what should be added (consider length, balance of theory and clinical knowledge, teaching strategies, etc)?

PGY3 Sport and Exercise Medicine – Daily Evaluation Card

Resident's Name: _____

Evaluator: _____ (physician or allied health care professional)

Site: Civic___ General___ Montfort___ Other _____

Date _____

Activities Observed: (clinic, procedures, OR skills)

1=Fail; 2=Poor; 3=Satisfactory; 4=Good; 5=Excellent

Comments

1] Knowledge level	1	2	3	4	5
2] Skill level (procedures)	1	2	3	4	5
3] Communication skills (with patients/family)	1	2	3	4	5
4] Communication skills (with other staff)	1	2	3	4	5
5] Record keeping	1	2	3	4	5
6] Level of Confidence / competence	1	2	3	4	5

Other comments:

Resident's Signature: _____

Staff Signature: _____

FIELD NOTE

Daily Resident Feedback

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The University of Ottawa EMH Field Note was developed and approved by the Postgraduate Working Group, and the Evaluation Working Group, and interested individual faculty and resident consultants throughout the Department of Family Medicine at Ottawa (2010-2013)



uOttawa

Département de médecine familiale
Department of Family Medicine

- Staff MD
- Resident
- Nurse
- Other:

Trainee:

Medical Student
For: 1 2 3

Supervisor:

Setting:

- Outpatient incl. FM Office
- Patient's home
- Inpatient
- ER
- Long-term care
- Other:

Special Population:

- Aboriginal
- Immigrant/ Refugee
- *Check any that apply
- Homeless
- Disabled including Developmental Delay

Date:

1.a. Description of on (or more) educational interaction: patient(s) (i.e. age, gender, problem, but NO patient name) and setting: 		1.b. Curriculum Domain &/or Priority topic/Ethics/EBM: <input type="checkbox"/> Maternity/Newborn Care <input type="checkbox"/> Care of Children/Adolescents <input type="checkbox"/> Care of Adults <input type="checkbox"/> Care of the Elderly <input type="checkbox"/> End of Life Care <input type="checkbox"/> Procedural skills <input type="checkbox"/> Behavioural Medicine/Mental Health <input type="checkbox"/> Ethics <input type="checkbox"/> Evidence-based Medicine (EBM) <input type="checkbox"/> 99 Priority Topics <input type="checkbox"/> Other topic:	
2. Type of Observation: Discussion only (not observed): <input type="checkbox"/> Direct observation: <input type="checkbox"/> Complete examination observed: <input type="checkbox"/>			
3.a. Resident/supervisor comments		CanMEDS-FM	
What has been done well:		<input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator <input type="checkbox"/> FM Expert <input type="checkbox"/> Health Advocate <input type="checkbox"/> Manager <input type="checkbox"/> Professional <input type="checkbox"/> Scholar	
What could be done differently (teaching moment):		<input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator <input type="checkbox"/> FM Expert <input type="checkbox"/> Health Advocate <input type="checkbox"/> Manager <input type="checkbox"/> Professional <input type="checkbox"/> Scholar	
* 4. Performance Today: a) Overall status: <input type="checkbox"/> Novice/Early <input type="checkbox"/> Moderately competent <input type="checkbox"/> Fully competent b) Relative to level of training: <input type="checkbox"/> Below <input type="checkbox"/> At <input type="checkbox"/> Above			
5. Suggest a plan for resident's next steps (toward attainment of competencies): 			
6. Sign-off: <input type="checkbox"/> Supervisor signature: <input type="checkbox"/> Resident signature: <input type="checkbox"/> Flagged / Mentor to review			

*Performance Today Descriptions
 Novice/Early: early stage of learning
 Moderately competent: clinical approach demonstrates clinical depth, adaptability and flexibility
 Fully competent: trainee demonstrates ability to meet competence in this area to level of a graduating resident

Supervisors: Please give the signed forms directly to your unit program coordinator or fax: **613-667-3359**

Version: 1
 updated: October 2014

PROCEDURAL SKILLS FIELD NOTE

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- Staff MD
- Resident
- Nurse
- Other:

Medical Student
For: 1 2 3

Supervisor: _____

Trainee: _____
Setting: Outpatient incl. FM office Patient's home
 Inpatient ER Long-term care Other: _____

Special Population: Aboriginal Immigrant / Refugee
 *Check any that apply Homeless Disabled including Developmental Delay

Date: _____

1. Specific Procedural Skills Competencies *See over page for details

		Not applicable/observed	Does not do this well*	Is starting to do this well*	Does this well*			Not applicable/observed	Does not do this well*	Is starting to do this well*	Does this well*
PRE-PROCEDURE	1. Discussed procedure choice and obtains informed consent					*Doing this well implies doing it correctly and appropriately at the level of a graduating PGY2 in the subjective opinion of the evaluating supervisor/preceptor					
	2. Recognizes personal limitations										
	3. Seeks support and advice appropriately										
INTRA-PROCEDURE	4. Adapts procedures to the specific patient					*Doing this well implies doing it correctly and appropriately at the level of a graduating PGY2 in the subjective opinion of the evaluating supervisor/preceptor					
	5. Describes the technical approach to be used										
	6. Describes potential complications										
	7. Prepares for the procedure										
	8. Ensures personal and patient safety										
	9. Monitors and communicates with the patient										
	10. Responds to the unexpected										
POST-PROCEDURE	11. Uses proper technique (Specify procedure; see list over):										
	12. Dispenses post-procedure advice and plans										
	13. Documents properly										

2. Type of Observation: Discussion only (not observed): Direct Observation: Complete examination observed:

3.a. Resident/supervisor comments	CanMEDS-FM	Skills Dimension (if applicable)
What has been done well:	<input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator <input type="checkbox"/> FM Expert <input type="checkbox"/> Health Advocate <input type="checkbox"/> Manager <input type="checkbox"/> Professional <input type="checkbox"/> Scholar	<input type="checkbox"/> Clinical Reasoning Skills <input type="checkbox"/> Communication Skills <input type="checkbox"/> Patient-Centred Approach <input type="checkbox"/> Professionalism <input type="checkbox"/> Procedure Skills <input type="checkbox"/> Selectivity
What could be done differently (teaching moment):	<input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator <input type="checkbox"/> FM Expert <input type="checkbox"/> Health Advocate <input type="checkbox"/> Manager <input type="checkbox"/> Professional <input type="checkbox"/> Scholar	<input type="checkbox"/> Clinical Reasoning Skills <input type="checkbox"/> Communication Skills <input type="checkbox"/> Patient-Centred Approach <input type="checkbox"/> Professionalism <input type="checkbox"/> Procedure Skills <input type="checkbox"/> Selectivity

*** 4. Performance today:** a) Overall status: Novice/Early Moderately competent Fully competent
 b) Relative to level of training: Below At Above

5. Suggest a plan for resident's next steps (toward attainment of competencies):

6. Sign-off: Supervisor signature: _____ Resident signature: _____ Flagged / Mentor to review

*Performance Today Descriptions
 Novice/Early: early stage of learning
 Moderately competent: clinical approach demonstrates clinical depth, adaptability and flexibility
 Fully competent: trainee demonstrates ability to meet competence in this area to level of a graduating resident

Supervisors: Please give the signed forms directly to your unit program coordinator or fax: 613-667-3359