



Queen's
UNIVERSITY

ORTHOPAEDIC SURGERY

We look forward to a bright future, continuing and improving upon our

Overview

The Division of Orthopaedic Surgery and its residency training program at Queen's University have a long history of excellence in orthopaedic clinical care, orthopaedic education, and musculoskeletal research. There are twelve faculty members, fifteen residents, plus clinical fellows. The program is based principally out of the Kingston General Hospital.

The Division of Orthopaedic Surgery covers the complete range of orthopaedic subspecialty disciplines including; hand and upper extremity, pediatric orthopaedics, spine surgery, sports medicine, total joint arthroplasty, foot and ankle surgery, orthopaedic traumatology and oncology.

Rotations under Competency by Design

Effective July 1, 2017, residents starting the Queen's orthopaedic surgery residency program will follow the new competence by design (CBD) curriculum. In competence by design, residency has been subdivided into 4 stages: transition to discipline (2 blocks), foundations of discipline (17 blocks), core of discipline (42 blocks), and transition to practice (4 blocks).

During the transition to discipline phase of training, there is an intensive Surgical Bootcamp consisting of seminars and simulations. This bootcamp will ensure that residents have made the transition from medical student to resident for expected levels of performance in clinical assessment and initial patient management. The foundations of discipline phase of residency focuses on expanding the resident's knowledge, and skills in patient assessment and management, which will be assessed by the Royal College Foundations of Surgery exam during PGY 2. There is an extended series of simulations and a summative OSCE for critical patient presentations that forms the "surgical nightmares" course. These simulations are combined with a longitudinal seminar series to cover knowledge component necessary for successful completion of the Royal College Foundations of Surgery exam. Residents will do clinical rotations in vascular surgery, neurosurgery, plastic

tradition of high quality patient care, education, and research.

surgery, emergency medicine, internal medicine, rehabilitation medicine, critical care medicine as well as several rotations in orthopaedic surgery. The PGME office has implemented educational initiatives designed to ensure that residents are successful in formative examinations with practice OSCEs for the LMCC and Foundations of Surgery exams.

New in 2017, we instituted an orthopaedic boot camp for the PGY 2/foundations level residents. This bootcamp emphasizes the early acquisition of foundational knowledge and skills necessary for Junior level orthopaedic residents. It will emphasize knowledge of anatomy, surgical exposures, and basic techniques of arthroscopic surgery, fracture fixation and total joint arthroplasty, in order to bring the resident “up to speed” so that they can function as primary assistant performing some or all of simple cases.

The early adoption of competence by design at Queen's has allowed us to review the current curriculum to ensure that residents have clear expectations for knowledge, skills and professional behaviours necessary for success. In addition, it has

allowed us to focus on improving our assessment and feedback system to ensure that residents progress through residency as expected.

The majority of rotations during the core phase of training will occur in Kingston, with rotations through each of the various sub-speciality areas of orthopaedic surgery. The main rotations are:

Service A: Upper Extremity and Sports Medicine

Service B: Arthroplasty and Foot & Ankle

Service C: Pediatrics and Spine

Service D: Trauma

Residents will rotate through each service several times during their residency, with different learning objectives based on their level of training. This structure of repeated longitudinal exposure will allow for graduated responsibility and clear expectations for resident's knowledge, and progression in procedural skills acquisition.

The residents have no clinical duties in the final block before the RCPSC fellowship examination as preparation for the Royal College certifying exam.

On-Call Duties

The Orthopaedic Surgery Program at Queen's University adheres to the PARO contract regarding on-call responsibilities.

The majority of clinical rotations during the transition and foundations stages involve in-hospital call. On call responsibilities are a maximum of one in four nights with post call day relief of duties in accordance with the PARO agreement.

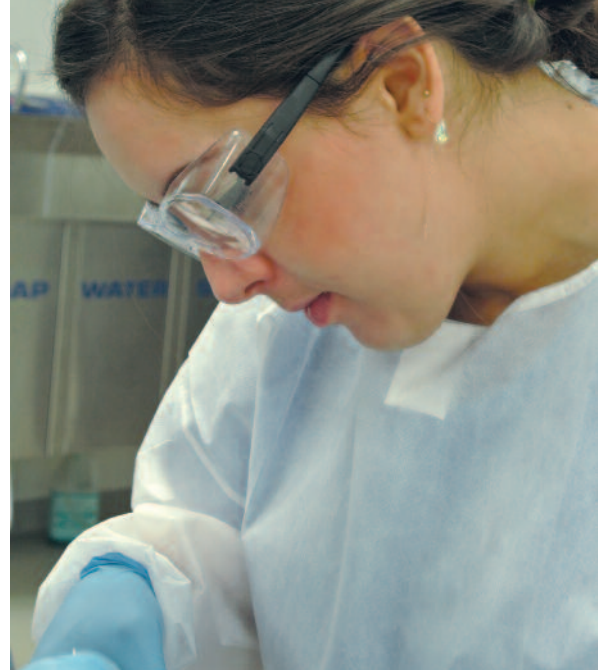
There is a "night float" system for the orthopaedic residents during the core phase of residency. This system has met with improved resident satisfaction.



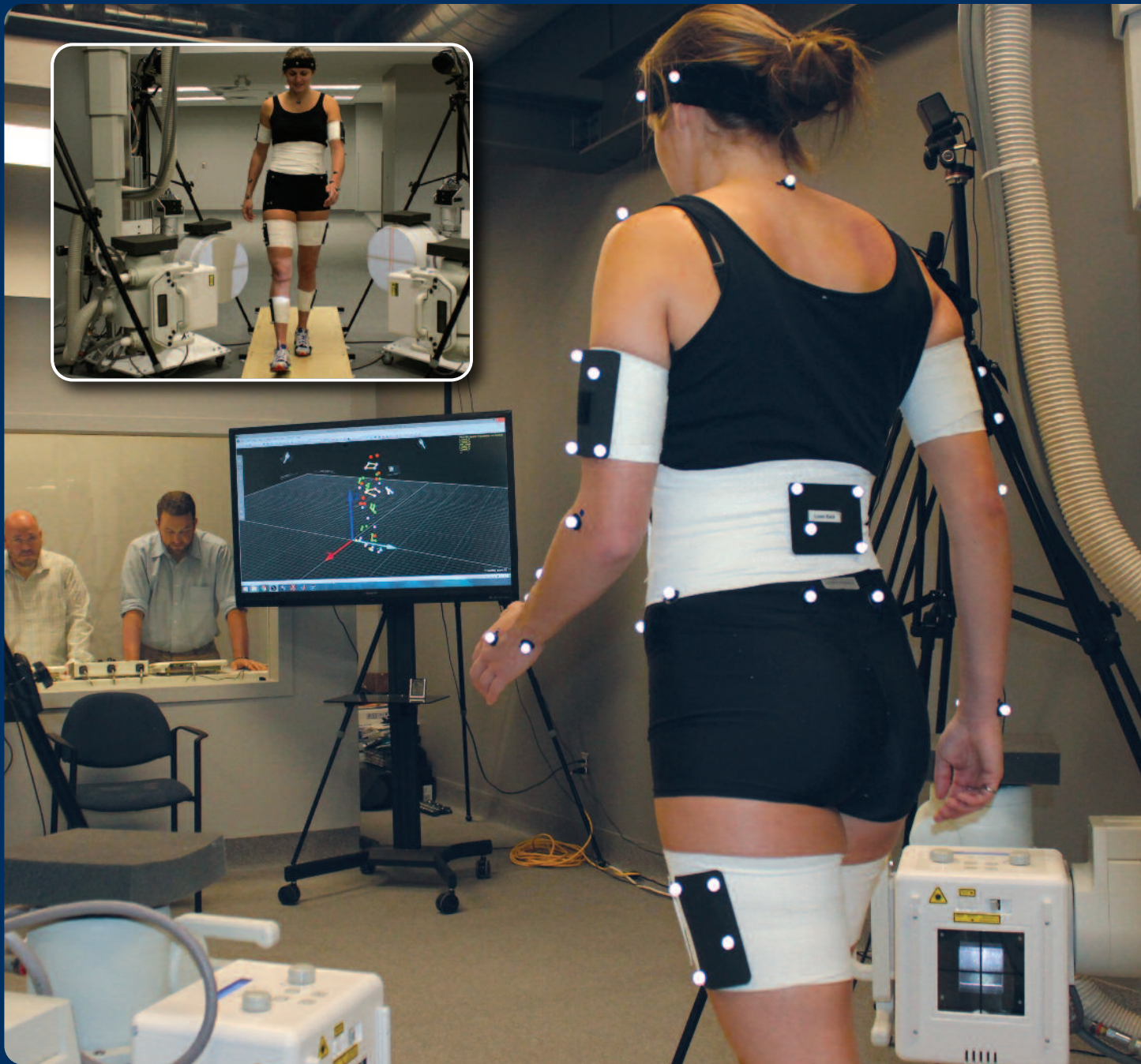
Electives

Residents have two months of self-directed electives which can be taken anywhere in the world. This time may be used as dedicated research time if the resident wishes. Many residents have used this as an opportunity to identify possible sites for fellowship training.

Recently, our residents have arranged electives in Texas, San Diego, Vancouver and New Zealand. There is also a two month rotation in Peterborough focusing on foot and ankle surgery.







Research

The Division of Orthopaedic Surgery is well known for its research productivity. It has enjoyed a very successful collaborative relationship with the Human Mobility Research Centre at Queen's University, a multidisciplinary research group comprising participants from Orthopaedic Surgery, Mechanical and Materials Engineering, Chemical Engineering, Rehabilitation Therapy and School of Computing.

All residents are expected to conduct research as part of their orthopaedic residency. Residents are expected to present three research projects during their residency at the annual Department of Surgery William Ersil Resident Research Day. Residents have protected research time of half a day per week to allow them to complete their research projects. The Department of Surgery does provide financial support to residents for them to present their research at national and international conferences. Generally, financial support is provided for one meeting for each project.

Our Resident Focus

Our program strives to foster higher learning, professionalism, and independence in a collegial learning environment. Due to the small size of our program, the attending staff has a vested interest in ensuring that you progress in your clinical, surgical and CanMEDS skills to become an independent orthopaedic consultant. As part of our team, our residents enjoy a feeling of belonging in a friendly environment where we take pride in watching their skills and knowledge evolve. We welcome you to join our team.



Medicine

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