

SPORTS MEDICINE

ROTATION SPECIFIC GUIDELINES

In keeping with the specific standards of accreditation this rotation assumes administrative support and university affiliation.

Specific to the site we focus on the following areas:

Junior:

1. Become proficient in the clinical assessment of knee injuries. Including appropriate splinting if necessary.
 - a. For juniors, be able to assess for injuries of the ACL, MCL, LCL, PCL and meniscus
2. Become proficient in the clinical assessment of shoulder injuries. Including appropriate splinting if necessary.
 - a. For juniors, be able to do an assessment for injuries of the rotator cuff
3. Understand the approach to a high-level athletic injury and the stresses placed for return to sports.
4. Become proficient in MRI modalities and develop appreciation of common injury patterns.
5. Become familiar with injections of shoulders and knees in the clinic setting.
6. Become familiar with clinical exam and ultrasound for the diagnoses of soft tissue injuries (Achilles tendon and rotator cuff injuries). Be able to discuss operative vs non operative options.
7. Understand pediatric sport injuries and how they relate to growth plates.
8. Understand the effects of repetitive stress on shoulder and elbow mechanics and including pathology for adaptive and maladaptive responses.
9. Gain knowledge on appropriate investigations for shoulder and elbow pathology.
10. Understand the basic arthroscopic principles and be able to create portals and preform a basic diagnostic scope of the knee and shoulder

Senior:

1. Efficiently assess, investigate, diagnose, and create a treatment plan for all shoulder and elbow injuries. Be able to diagnose instability in the shoulder or elbow.
2. Understand and apply specific tests to make the clinical assessment of knee injuries. Including appropriate radiology if necessary.
3. Become familiar with hip pathologies requiring arthroscopic intervention including FAI and labral tears.
4. Be able to place primary portals and additional portals as needed in the shoulder, elbow, hip and knee. Be able to proficiently operate a scope and perform tasks within the operation including grasping, passing sutures and tying knots.
5. Understand the approach to a high-level athletic injury and the stresses placed for return to sports.
6. Be proficient in the types of MRI and identify injury patterns.
7. Be proficient in both diagnostic and therapeutic injections of all joints in both the clinic and office setting.
8. Know the surgical approach for soft tissue sports injuries (Achilles tendons, Rotator cuffs and knee ligamentous injuries). Understand options for auto and allografts for ligamentous injuries.
9. Understand pediatric sport injuries and how they relate to growth plates.
10. Assess and treat discoid menisci.
11. Develop an understanding of various cartilage restoration procedures around the knee and indications

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

MEDICAL EXPERT

Junior/Senior

Upon completion of the Sports Medicine rotation the resident will be able to:

- Demonstrate appropriate core knowledge based on their level of training
- Understand the spectrum of the Sports Medicine 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:

- Be exposed to arthroscopy instruments and be able to introduce the scope into each compartment of the knee.
- Assist in preparing the graft for ACL surgery
- Assist in the exposure and closure of all cases
- Know the shoulder surface anatomy and be able to accurately map out common portal sites
- Be able to inject subacromially and into the gleno-humeral joint
- Be able to inject into the knee joint both superior and infrapatellar
- Be able to introduce the scope via the posterior portal into the G-H and subacromial spaces. Perform a diagnostic scope
- Be able to introduce the scope via the anterolateral portal. Perform a diagnostic scope

Senior

The senior resident will be expected to:

- Efficiently position, prep and drape for all shoulder and elbow cases
- Perform diagnostic shoulder arthroscopy identifying appropriate pathology
- Become proficient at subacromial decompression, rotator cuff debridement and repair, anterior instability stabilization (Bankart) and SLAP lesion repair.
- Locate elbow arthroscopy portals and perform a diagnostic elbow arthroscopy
- Perform arthroscopy in all knee compartments. Perform debridement, meniscectomy and repair. Assist in ACL surgery and become proficient in preparing the graft and canals.
- Assist in posterolateral corner injury repair and varus realignment procedures.
- Assist in patella realignment procedures

In addition, there should be site specific objectives discussed between the preceptor and senior resident to ensure all their goals of the rotation are met.

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.

Areas of evaluation include:

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

The sports medicine 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 etc.

COLLABORATOR

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

This area will be assessed through:

- feedback from nursing staff
- information from other multidisciplinary team members
- Other physician input.

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

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

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

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

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

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

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:

- The ability of the resident to incorporate self directed as well as preceptor directed specific learning goals throughout the rotation.
- The ability of the resident to teach other health professionals to enhance patient care.
- The resident's ability to integrate new research into practices.
- 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.

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 assessed though:

- the resident interaction with the patient requiring concurrent care issues
- The residents 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.

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:

- personal learning projects
- creation of learning objective for the rotation
- self-assessment skills and simulation

Reviewed and approved by RPC
on March 29, 2022

SPORTS MEDICINE APPENDIX 1

RESIDENT SPORTS MEDICINE 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

Mid Rotation Evaluation;

Final Evaluation

BEGINNING OF ROTATION

END OF ROTATION

Signature (Resident)

Signature (Resident)

Signature (Attending)

Signature (Attending)

Signature (CTU)