### Competency Based Goals & Objectives

**Competency 1- Patient Care:** Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Hone skills in identifying keys in the history and exams needed to evaluate athletes presenting with conditions involving the musculoskeletal system.
2. Understand the scope and use of diagnostic studies typically used by orthopedists.
3. Discuss and identify how the orthopedist and his/her care team involves the patient and family in decision making about complex diagnoses and highly sophisticated medical care issues.
4. Counsel athletes regarding risks and prevention of orthopaedic injuries sustained from playing sports.
5. Order and interpret (with the assistance of the radiologist) common diagnostic imaging procedures when evaluating and managing patients with orthopaedic conditions: plain radiographs, body MRI, CT scan, radionuclide bone scans, and ultrasound.
6. Recognize and manage the following conditions, with appropriate referral for physical therapy services for rehabilitation when indicated:
   - a. Apophysitis
   - b. Low back strain
   - c. Muscle strains
   - d. Overuse syndromes
   - e. Patellofemoral Syndrome
   - f. Inversion/eversion ankle sprains
   - g. Throwing’s shoulder/internal impingement
   - h. Soft tissue contusion
   - i. Subluxation of the patella or shoulder
   - j. Rotator cuff injury/tendonitis
7. Recognize, provide initial management of the following conditions:
   - a. Cervical spine injury
   - b. Compartment syndrome
   - c. Fractures and dislocations, including stress fractures
   - d. Knee ligament and meniscal tears or disruptions
   - e. Osteochondritis dissecans
   - f. Septic joint
   - g. Spondylolysis or spondylolisthesis
   - h. Subluxation/dislocation of the knee or shoulder
8. Develop physical examination skills to identify the typical findings of sports medicine injury to these joints:
   - a. **Knee:** ligamentous instability and meniscal pathology; subtle instability patterns such as posterolateral corner injury and combined instability patterns; patellofemoral malalignment and instability.
   - b. **Shoulder:** conditions of impingement; rotator cuff pathologies; arthropathy; glenohumeral instability (posterior and multidirectional); AC Joint separation; internal impingement and subtle labral lesions; SLAP tears; biceps tendon disorders; sternoclavicular joint disorders.
   - c. **Elbow:** conditions of medial and lateral epicondylitis; ulnar neuritis; ulnar nerve instability/subluxation; UCL injury; valgus-extension overload; posteromedial olecranon impingement; posterolateral rotatory instability; distal biceps tendon rupture.
   - d. **Foot/Ankle:** ankle sprains; Achilles tendon rupture; stress fractures of the navicular and metatarsals; osteochondral lesions of the talus; symptomatic os trigonum; peroneal and posterior tibial tendon disorders; tibiotalar impingement syndromes; chronic instability; nerve entrapment syndromes; sesamoid disorders; turf toe.
9. Teach refinement in advanced patient care in both the clinic and in the operating room in the evaluation and management of sports related injuries.

10. Demonstrate an understanding of appropriate indications for nonsurgical vs. surgical treatment and appropriate rehabilitation prescription for various injuries and conditions.

11. Demonstrate an appropriate understanding of postoperative progression and rehabilitation of patients following common sports medicine surgical procedures including partial meniscectomy, meniscal repair, ACL and PCL reconstruction, primary repair a/o reconstruction of collateral ligament injuries; patellar stabilization procedures; shoulder stabilization, rotator cuff and labral repair, and acromioplasty; UCL reconstruction; distal biceps tendon repair; Achilles tendon repair and ankle stabilization.

12. Effectively and responsibly evaluate patients in various postoperative intervals and modify rehabilitation protocols as appropriate.

Out-patient

1. The senior resident is responsible for teaching and assisting the junior resident in this setting.
2. Assist with preoperative workups in the outpatient clinics and training room and participate in physi- cals for high school and collegiate sports.
3. Evaluate new patients and present the findings to attending orthopaedic surgeons.
4. Evaluate postoperative patients as needed to facilitate care in the clinic.
5. Obtain appropriate history, perform physical examination, evaluate imaging studies and formulate a plan.
6. Provide sideline coverage for high school and collegiate sports. Assist the attending in formulating and executing a plan.

In-patient

1. The senior resident is responsible for conducting rounds as needed and supervising the junior resident.
2. Residents are responsible for all phases of care in inpatient sports medicine patient. This includes rounding, writing appropriate progress notes, and handling overnight discharge orders for patients in the Ambulatory Surgical Unit.

Operative

3. The senior resident will perform the actual procedure under direct supervision or semi-independently in those situations deemed appropriate by the attending orthopaedic surgeon.
4. Residents are responsible for assisting the attending orthopaedic surgeon throughout the surgical procedure.

Competency 2 – Medical Knowledge: Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by the sports medicine physician; demonstrate the ability to acquire, critically interpret and apply this knowledge needed by the sports medicine physician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Demonstrate broad understanding of the anatomy and biomechanics of the shoulder, elbow, knee and ankle as it relates to common sports medicine injuries.
2. Exhibit advanced knowledge of the typical mechanisms of injury for common sports medicine problems.
3. Demonstrate if the following presenting signs and symptoms are caused by an orthopaedic condition, and if so, treat appropriately:
   a. Limp/gait disturbance
b. Musculoskeletal pain
c. Swollen or painful joint
d. Altered joint function and mechanics

4. Order an interpret relevant imaging studies for common sports medicine conditions, that may include:
   a. Cruciate ligament injury
   b. Collateral ligament injury of the knee
   c. Shoulder and elbow instability
   d. Rotator cuff conditions
   e. Suspected meniscal pathology
   f. Osteochondral injuries of the knee, ankle, shoulder and elbow.

5. Identify the role and general scope of practice of the sports medicine specialist; recognize situations where patients would benefit from the skills of a sports medicine specialist; and work effectively with these professionals in the care of patients with athletic injuries.

6. Develop an efficient approach to finding information resources related to the musculoskeletal system (e.g. information on the web, in the literature, text books, or PDA’s) to obtain rapid information that is relevant to a presenting patient problem.

7. At the beginning and end of a rotation or clinical experience, clarify your learning needs related to this subspecialty.

8. Possess a strong working knowledge of arthroscopic and open surgical approaches including those of the shoulder, elbow, knee and ankle.

9. Develop an understanding of various surgical options to treat common sports medicine conditions including:
   a. Advanced arthroscopic skills including knowledge of the appropriate use of accessory portals.
   b. Assist to advanced arthroscopic techniques such as arthroscopic shoulder stabilization, superior labral repair and osteochondral reconstruction.

10. Possess the arthroscopic skills necessary to successfully perform basic arthroscopic procedures such as diagnostic arthroscopy, arthroscopic meniscectomy, arthroscopic subacromial depression, and arthroscopic ACL reconstruction.

**Competency 3 – Communication Skills:** Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Talk to athlete and family members about sensitive issues that relate to the athlete’s injury and prognosis.
2. Describe the role of all members of a multi-disciplinary team and show respect for the contributions of each.
3. Communicate with clarity to those members of the sports medicine team (physicians, athletic trainers, physical therapists, and coaches) on the interscholastic and intercollegiate level to coordinate patient care effectively.
4. Effectively communicate the basic principles of rehab protocols in procedures such as ACL reconstruction, partial meniscectomy, acromioplasty, and anterior stabilization to all members of the athlete’s healthcare team.
5. Create and sustain therapeutic and ethically sound relationships with the athletes, coaches and families.
6. Maintain comprehensive, timely and legible medical records

**Competency 4 – Practice Based Learning and Improvement:** Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate and improve one’s patient care practice.
1. Identify standardized guidelines for diagnosis and treatment of complex problems of the musculoskeletal system and learn the rationale for adaptations that optimize treatment.

2. Identify personal learning needs, systematically organize relevant information resources for future references, and plan for continuing data acquisition if appropriate.

3. Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement (e.g. use evaluations provided by patients, peers, superiors and subordinates to improve patient care.

4. Locate, appraise and assimilate evidence from scientific studies related to patient health issues in the sports medicine field.

5. Obtain and use information in various patient populations and larger populations from which patients are drawn.

6. Develop skills to apply knowledge of study designs and statistical methods to appraisal of clinical studies.

7. Use information technology to manage information, assess on-line medical information and support self education.

8. Facilitate education of medical students on the sports medicine service, as well as, other healthcare professionals on an informal basis in clinics, operating rooms, and in lectures/journal clubs.

9. Demonstrate leadership and responsibility for overseeing the appropriate care of patients on evidence-based medicine.

**Competency 5 – Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.

1. Be honest and use integrity in your professional duties.

2. Reflect on your own biases toward particular illnesses or patient groups and demonstrate respect, compassion and sensitivity to culture, age, gender and disabilities through your healthcare delivery.

3. Refrain from discussion of the athlete with family, friends and colleagues.

4. Respect your patients’/parents’ privacy, autonomy and need to maintain a positive self-concept, irrespective of age, gender or health belief system, and regardless of acuity of diseases.

5. Be sensitive to the ethical and legal dilemmas faced by providers working with patients with orthopedic problems. Strive to understand how the orthopedist and care team deals with these dilemmas and use such experiences to enhance your own understanding.

**Competency 6 – System-Based Practice:** Understand how to practice quality health care and advocate for patients within the context of the healthcare system.

1. Provide healthcare services aimed at preventing athletic injury.

2. Collaborate with athletic trainers, physical therapists, primary care physicians and the coaching staff to provide excellent patient-centric care.

3. Explore the difference between fee-for-service referrals and managed care referrals and the office systems needed to support both.

4. Describe patient and system factors that contribute to escalating costs of care in the subspecialty setting, and consider the impact of these costs on families and on the health care system.

5. Support community prevention efforts related to athletic injury by working with departmental initiatives, such as the ACL prevention protocol.

6. Consider potential sources of medical error in this subspecialty setting.