University of South Florida

Sports Medicine – PGY 2

Competency Based Goals & Objectives

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

1. Hone skills in identifying keys in the history and exams needed to evaluate the athlete presenting with conditions involving the musculoskeletal system.
2. Understand the scope and use of diagnostic studies typically used by orthopedic sports medicine specialist.
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, MRI, CT scan, radionuclide bone scans, and ultrasound.
6. Understand physical therapy modalities in general sports medicine.
7. Understand and describe the clinical anatomy and biomechanics of the shoulder, elbow, hip, knee, and ankle.
8. 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/tendinopathy
    e. Patellofemoral Syndrome
    f. Bursitis
    g. Inversion/eversion ankle sprains
    h. Thrower's shoulder/epiphysiolysis
    i. Soft tissue contusion
    j. Subluxation/dislocation of the patella or shoulder
    k. Rotator cuff injury/tendonitis
    l. Coxa saltans
9. Recognize and provide initial management of the following conditions:
    a. Cervical spine injury/concussion
    b. Compartment syndrome(exertional/acute)
    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
10. Develop physical examination skills to identify the typical findings of sports medicine injury to these joints:
    a. Knee: ligamentous instability, meniscal pathology, and extensor mechanism disorders.
    b. Shoulder: conditions of impingement, rotator cuff tear, biceps tendinopathy, arthropathy, glenohumeral instability, labral injury and AC joint separation.
    c. Elbow: conditions of medial and lateral epicondylitis, ulnar neuritis, UCL injuries, and distal biceps tendon rupture.
    d. Ankle: ankle sprains, Achilles tendon rupture, stress fractures of the navicular and metatarsals, fractures of the base of the 5th metatarsal, osteochondral lesions of the talus,
11. Develop surgical skills that include portal placement for diagnostic and operative arthroscopy of the shoulder, elbow, knee, and ankle; arthroscopic knot tying techniques; harvest of bone-patellar tendon-bone autografts;

harvest of hamstring tendons for ACL reconstruction; techniques for meniscal repair; open surgical approaches for knee ligament repair/reconstruction; arthroscopic acromioplasty and distal clavicle excision; techniques for arthroscopic rotator cuff repair and glenohumeral stabilization; deltopectoral approach for anterior shoulder stabilization; open approaches for epicondylar , UCL, and distal biceps tendon surgery; Achilles tendon repair and 5th metatarsal stabilization.

Out-patient

1. Assist with preoperative workups in the outpatient clinics and training room and participate in physicals for high school and collegiate sports.
2. Evaluate new patients and present the findings to attending orthopaedic surgeons.
3. Obtain appropriate history, perform physical examination, evaluate imaging studies and formulate a plan.
4. Provide sideline coverage for high school and collegiate sports. Assist the attending in formulating and executing a plan.

In-patient

1. Residents are responsible for all phases of care for the inpatient sports medicine patient. This includes rounding, writing appropriate progress notes, and handling overnight discharge orders for patients in the Ambulatory Surgical Unit.

Operative

2. Residents are responsible for assisting the attending orthopaedic surgeon throughout the surgical procedure.
3. Residents will perform appropriate portions of the surgical procedure as directed by the attending orthopaedic surgeon and under the direct supervision of the attending orthopedic surgeon.

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 a basic understanding of the anatomy of the shoulder, elbow, knee and ankle as it relates to common sports medicine injuries.
2. Successfully complete the OKU Specialty Series on Sports Medicine.
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 x-rays for common sports medicine conditions, that may include:
    a. Anterior cruciate ligament injury
    b. Collateral ligament injury of the knee
    c. Shoulder 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.

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.

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 patients and on the health care system.
5. Support community prevention efforts related to athletic injury by working with departmental initiatives.
6. Consider potential sources of medical error in this subspecialty setting.