

**UNM Family & Community Medicine
Sports Medicine Fellowship Handbook**



2013/2014

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Sports Medicine Fellowship Handbook**

**UNM FAMILY & COMMUNITY MEDICINE
SPORTS MEDICINE FELLOWSHIP 2013-2014**

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Introduction & Administration

Welcome to the UNM Family & Community Medicine Sports Medicine Fellowship. This guide will provide you with a general overview of the program's structure and curriculum. It includes program details as well as policies and procedures that apply to the basic components of the fellowship. It will outline the educational goals of the program with respect to knowledge, skills and attitudes of the fellows engaged in sports and exercise. Although we have tried to be comprehensive and attentive to the most frequently needed information, there will be questions and needs that we did not anticipate. Please feel free to stop by, call or email Doreen Garten, Program Coordinator, whenever questions arise.

The Family & Community Medicine Sports Medicine Fellowship is administered by the Department of Family & Community Medicine in conjunction with the Family Medicine Residency Program.

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UNM School of Medicine
Department of Family & Community Medicine
Primary Care Sports Medicine
MSC09-5040
1 University of New Mexico
Albuquerque NM 87131-0001

Phone:

505.272.0506 (main)
505.272.8045 (fax)

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Faculty Roster

Department	Faculty Member	Role/Location	Contact Info
Family Medicine	Christopher McGrew, M.D., CAQ Sports Medicine cmcgrew@salud.unm.edu	Program Director – Family Medicine 1209, OSIS, CTH, UNM Training Room	505-321-3300
Family Medicine	Shane Cass, D.O., CAQ Sports Medicine scass@salud.unm.edu	Program Director - SRMC, UNM Training Room	720-984-3031
Family Medicine	John Leggott, M.D. jleggott@salud.unm.edu	FAMILY MEDICINE Teaching Faculty - FMC, Highland High School	505-379-7052
Behavioral Medicine	Bradley Samuel, Ph.D. bsamuel@salud.unm.edu	Behavioral Medicine - Family Medicine	505-272-2165
Orthopaedics	Robert Schenck, M.D. rschenck@salud.unm.edu	OSIS/UNM Training Room	505 272-4107
Orthopaedics	Daniel Wascher, M.D. dwascher@salud.unm.edu	OSIS/UNM Training Room	505-573 -9667
Orthopaedics	Andrew Veitch, M.D. aveitch@salud.unm.edu	OSIS/UNM Training Room	505-331-1443
Orthopaedics	Gehron Treme, M.D. GTreme@salud.unm.edu	OSIS/UNM Training Room	505-414-9516
Nutrition	Becky Freeman	Nutrition Teaching Faculty	
Pathology	Nancy Joste, M.D. njoste@salud.unm.edu	Pathology Teaching Faculty - Dept. of Pathology	505-272-5407
Exercise Physiology	Christine Mermier, Ph.D. cmermier@unm.edu	Exercise physiologist - FMC Lab	505-272-2658
Physical Therapy	Deborah Doerfler, PT ddoerfler@salud.unm.edu	PT - Medical Arts Outpatient PT Clinic, Training Room	505-272-9020
Pharmacy	Gretchen Ray, PharmD. Gray@salud.unm.edu	Family Medicine Clinic	505-272-1734

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Department	Faculty Member	Role/Location	Contact Info
Physical Therapy	James “Bone” Dexter, PT jgdexter@salud.unm.edu	PT Teaching Faculty - Dept. of PT, Orthotics, Gait Analysis	505-272-4878
Physical Medicine & Rehabilitation	Barrie Weiner Ross, M.D.	PMR Teaching Faculty - Private Practice	505-341-0000
Training Room	TBD	Head Athletic Trainer – UNM Training Room	505-925-5545
Coach	Jeremy Fishbein jfishbein@unm.edu	UNM Coach - Soccer	505-925-5726
Radiology	Gary Mlady, M.D. gmlady@salud.unm.edu	Radiology Teaching Faculty	505-925-4115
Rheumatology	Wilmer (Bill) Sibbitt, M.D. WSibbitt@salud.unm.edu	IM Div of Rheumatology	505-272-4761
Training Room	Valerie Valle, Ph.D. valvalle@unm.edu	Clinical Psychologist -Athletics/Student Health & Counseling	505 277-0373
Training Room Graduate Programs	Craig Hendrickson chendr01@unm.edu	Assistant Athletic Trainer - Graduate Programs	505 925-5540

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Eligibility Criteria for Entering the Sports Medicine Fellowship Program

Any resident appointed to the University of New Mexico Health Sciences Center, Family & Community Medicine, Sports Medicine Fellowship Program should have completed an ACGME-accredited residency in family medicine. Additionally, an appointed resident is required to have the following prior to starting the fellowship:

- Unrestricted New Mexico Medical license
- DEA license
- New Mexico Controlled Substances Registration Certificate

General Information

Professional societies - The fellow is required to be a member of

- AMSSM

The fellow will have the costs of AMSSM paid for by the University. Please contact Sports Medicine Program Coordinator for assistance in completing this transaction. Do not charge anything to the Fellow credit card unless instructed to do so by administration.

CME - Conferences that are required and funded by the Fellowship

- American Medical Society for Sports Medicine – New Fellows Research Conference
 - Topics include the following: how to read a research article; human subjects review, publishing/ manuscript writing; hypothesis development; research design and methods; clinical biostatistics for sports medicine; presentation skills; computer and internet resources; and, grant writing. Approximately seven (7) hours of didactics.
- American Medical Society for Sports Medicine – Annual Meeting
- Primary Care Orthopaedics & Sports Medicine Update Conference – every year

The fellow will be reimbursed for CME expense (*this includes cost of travel, state approved per diem and lodging expenses*). The fellow is responsible for: 1) registration and making all travel and lodging arrangements and 2) after attending the meeting, will submit appropriate documentation for reimbursement.

Pager - The fellow is **not** required to carry a pager. We will contact the Sports Medicine Fellow through their cell phone.

Sick Time, Vacation and Conference Attendance - Notify Chris McGrew, M.D. (505-321-3300) & Doreen Garten (505-272-0506) **ALWAYS** of sick time, vacation, conferences, etc.

- ❖ Various UNM Family Medicine Centers: Doreen Garten at 505-272-0506
- ❖ Athletic Training Room (Tow Diehm Athletic Facility): Lee Argubright at 505-925-5530
- ❖ 1209/OSIS: Dr. Chris McGrew at 505-321-3300 (Cell)
- ❖ Highland High School Health Clinic: Dr. John Leggott at 505-379-7052 (Cell)
- ❖ Radiology: Dr. Gary Mlady at 505-925-4551
- ❖ Exercise Physiology: Dr. Christine Mermier at CMermier@salud.unm.edu

Medical Education Benefits: - Each clinical department has education funds for House Officers. House Officers will receive a minimum of \$450 for the use of books, journals, CD ROMS, state mandated medical licenses, audio visual tapes, DVD's, compact disks, cassettes, personal data assistance, computer and digital equipment including hand held devices and tablets which may be approved at the discretion of each department, educational/professional software, board review programs, conference registration and travel, and work related medical equipment.

Any computer or digital device purchased with UNM funds must comply with UNM HSC IT Security Policies. It is the responsibility of each individual to follow the standards and requirements established by their department as well as all data owners regarding the handling and protection of HSC information assets. HSC IT Security Policies can be found at <http://hscapp.unm.edu/intranet> under Productivity and following the links for the HSC and UNMH Policies and Procedures.

Program Directors must approve the specific utilization of educational funds. For complete information, the fellow will refer to the Policies and Procedures in this handbook.

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Goal of the Fellowship

The goal of the Family & Community Medicine Sports Medicine fellowship is to provide a supportive learning environment for specialized training in sports medicine and exercise related injuries within a system that provides high quality primary and sports medicine care for all patients, as well as specific populations of recreational, elite, scholastic and university intercollegiate athletes.

Comprehensive Educational Goals & Objectives for the Sports Medicine Fellowship

(Includes the skills and competencies *linked to the ACGME general competencies* that the fellow must demonstrate by the conclusion of the program.)

The Sports Medicine Fellow will demonstrate:

- 1) Knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social/behavioral) sciences related to sports medicine; and,
- 2) The application of this knowledge to patient care.

(The following also serves as a checklist to attain these goals and complete objectives.)

Medical Knowledge: (About established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.)

Goal – To gain the knowledge to evaluate, diagnose and manage common disorders seen in primary care sports medicine.

Objectives - the fellow must demonstrate a level of expertise in the knowledge of those areas appropriate for a subspecialist in sports medicine, specifically:

- anatomy, physiology, and biomechanics of exercise;
- basic nutritional principles and their application to exercise; psychological aspects of exercise, performance, and competition;
- guidelines for appropriate history taking and physical evaluation prior to participation in exercise and sport; physical conditioning requirements for various exercise related activities and sports; special considerations related to age, gender, and disability;
- pathology and pathophysiology of illness and injury as they relate to exercise;
- effects of disease on exercise and the use of exercise in the care of medical and musculoskeletal problems;
- prevention, evaluation, management, and rehabilitation of injuries and sports related illnesses;
- clinical pharmacology relevant to sports medicine and the effects of therapeutic, performance-enhancing, and mood-altering drugs; promotion of physical fitness and healthy lifestyles;
- how to function as a team physician;
- ethical principles as applied to exercise and sports; medicolegal aspects of exercise and sports; and
- environmental effects on exercise; growth and development related to exercise; the role of exercise in maintaining; the health and function of the elderly; and exercise programs in school – age children.

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Patient Care: (That is compassionate, appropriate and effective for the treatment of health problems and promotion of health)

Goal – To demonstrate competence in:

- applying medical knowledge, skills, and attitudes to the care of those engaged in sports and exercise;
- the diagnosis non-operative management of medical illnesses and injuries related to sports and exercise, including non-surgical sprains and strains, hematomas, stress fractures, traumatic fractures and dislocations;
- the diagnosis of, and timely referral for operative treatment of sports related injuries, including surgical sprains and strains, hematomas, stress fractures, traumatic fractures and dislocations.

Objectives - the fellow will be able to:

- Obtain accurate histories regarding orthopaedic and sports medicine disorders;
- Perform appropriate physical examinations on patients with musculoskeletal conditions:
 1. Neck Exam
 2. Shoulder Exam
 3. Elbow Exam
 4. Wrist/Hand Exam
 5. Spine Exam
 6. Hip Exam
 7. Knee Exam
 8. Ankle/Foot Exam
 9. Pre-participation Exams
- Care for athletes with acute and chronic medical illnesses;
- Perform pre-participation examinations, including counseling and rehabilitation for return to play and sports exclusion;
- Perform a wellness assessment and counsel patients regarding hydration, nutrition, performance enhancing substances and rehabilitation;
- Act as team physician for various sports teams and mass participation events including managing acute minor and major injuries and illnesses;
- Continue managing primary care patients, including continuity clinics;
- Perform procedures appropriate for the diagnosis and management of musculoskeletal disorders.
 1. Shoulder injections – subacromial
 2. Elbow injections – lateral epicondyle
 3. Knee injections – intra-articular
 4. Ankle/Foot Injections – Morton’s neuroma, plantar fascia

At least one of each of the above must be completed and documented in [New Innovations](#) in order to graduate.

Optional: Acromio-clavicular, Glenohumeral (may be by observation only; e.g. in radiology for athrogram or in orthopaedic clinic, rheumatology clinic), Dequervain’s, carpal tunnel, trigger finger, and/or intra-articular elbow.

Interpersonal & Communications Skills: (That result in the effective exchange of information and collaboration with patients, their families, and other health professionals.)

Goal - To communicate effectively with physicians, staff (athletic trainers, coaches, nurses, etc.), and patients concerning the evaluation and management of orthopaedic and sports medicine conditions.

Objectives - the fellow will be able to:

- Describe the diagnosis and treatment plans for diagnosed conditions to patients and their families;
- Counsel patients regarding their injury and incorporate return-to-play and prevention strategies;
- Accurately convey medical information to colleagues, specialists, athletic trainers and coaches, verbally and written; and
- Accurately document patient encounters.

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Practice-Based Learning & Improvement: (That involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care.)

Goal - To develop skills and habits to be able to meet the following goals:

- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- teach and educate patients and other health care professionals (including nurses, allied health personnel, medical students, residents, coaches, athletes, and other professionals, and members of patients' families) regarding issues related to sports and exercise.

Objectives - the fellow will be able to:

- Integrate evidence-based medicine and new diagnostic or therapeutic strategies into patient care;
- Analyze and present current literature in the field of sports medicine and orthopaedics on a local and national level;
- Teach at journal club, community sports medicine conference and family medicine sports medicine seminar, knowledge that can be applied to patients and athletes by other learners;
- Attend national sports medicine and orthopaedic conferences and apply learned material to patient care.

Systems-Based Practice: (As manifested by actions that demonstrate and awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.)

Goal - To work well within the health care system to provide optimum care for patients with orthopaedic or sports medicine conditions.

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Objectives - the fellow will be able to:

- Appropriately utilize consultation with specialists for the co-management of sports medicine and orthopaedic disorders;
- Appropriately utilize imaging techniques at local imaging offices;
- Appropriately utilize specialty services such as physical and occupational therapy;
- Care for patients in a cost effective manner;
- Streamline the care of athletes between school and the health system and identify accessible resources for their care;
- Describe coding for sports medicine and orthopaedic office visits, procedures, and supplies;
- Describe insurance requirements and reimbursement for sports medicine and orthopaedic conditions and supplies.

Professionalism: (As manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.)

Goal - To demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity when dealing with orthopaedic and sports medicine problems.

Objectives - the fellow will be able to:

- Demonstrate respect and sensitivity in dealing with patients, regardless of race/ethnicity, age, gender, cultural/economic background or sexual orientation;
- Demonstrate good work habits including maturity, punctuality, availability and efficiency;
- Reliably perform duties including clinic, training room and athletic event coverage;
- Be available by cell phone for trainers, staff, colleagues and athletes;
- Provide adequate continuity and follow-up of athletes and complex cases.

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Policy for the Completion of Fellowship (Graduation)

- 1) The Fellow must demonstrate at the conclusion of the program the following skills and competencies (see also above “Comprehensive Educational Goals & Objectives for the Sports Medicine Fellowship linked to ACGME six (6) general competencies)
 - Obtain accurate histories regarding orthopaedic and sports medicine diseases;
 - Perform the following physical examinations observed by Fellowship Program Director:
 1. Neck Exam
 2. Shoulder Exam
 3. Elbow Exam
 4. Wrist/Hand Exam
 5. Spine Exam
 6. Hip Exam
 7. Knee Exam
 8. Ankle/Foot Exam
 9. Pre-participation Exams
 - Act as team physician for various sports teams;
 - Provide medical care for a mass participation event;
 - Perform procedures appropriate for the diagnosis and management of musculoskeletal disorders:
 1. Shoulder injections – subacromial
 2. Elbow injections – lateral epicondyle
 3. Knee injections– intra-articular
 4. Ankle/Foot Injections – Morton’s neuroma, plantar fascia

The above procedures must be completed and documented in [New Innovations](#).

- 2) The fellow must fulfill appropriate clinical responsibilities: Fellow must attend all assigned clinics unless excused by the Program Director or appropriate supervising faculty.
- 3) The Fellow must complete all evaluations: The fellow must complete an evaluation of each of the following faculty/rotations:
 - Chris McGrew – FM Sports Clinic, Orthopaedic Faculty Clinic, UNM Athletic Training Room
 - Shane Cass – FM Sports Clinic at SRMC, UNM Athletic Training Room
 - John Leggett – School-based health clinic (Highland High School)
 - Dan Wascher, Gehron Treme and Andy Veitch – OSIS Sports Clinic, Outpatient Surgery and UNM Athletic Training Room
 - Gary Mlady – Radiology
 - Christine Mermier – Exercise Physiology Lab
 - Deborah Doerfler – Physical Therapy

In addition, the fellow must complete the following evaluations:

- Fellow Self-Assessment, and,
 - Program evaluation at the end of the Fellowship
- 4) Evaluations of the Fellow by Faculty must demonstrate competency in greater than 75 % of areas evaluated

The fellow must meet bi-annually (in December and again in June) for a formative formal evaluation of his/her progress and to discuss how the program is working for them, identify and document any difficulties and/or any issues with completion of requirements, faculty difficulties and/or programmatic issues that need to be addressed by the Program Director.

Each faculty member with whom he/she works will evaluate the fellow. The fellow must receive a grade of Satisfactory on all evaluations in order to graduate.

The program director will provide a summative evaluation of the fellow’s performance upon completion of the program. The evaluation will become a part of the fellow’s permanent record and will be maintained by the institution. The fellow will have access to review his/her record in accordance with UNM’s institutional policy, which can be found in the House Office Handbook: http://hsc.unm.edu/som/gme/handbook/intro_houseoffcrs.shtml.

- 5) The fellow must attend required CME Conferences unless excused by the program director:

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- American Medical Society for Sports Medicine – **Fellows Research & Leadership Conference**
 - Topics include the following: how to read a research article; human subjects review, publishing/manuscript writing; hypothesis development; research design and methods; clinical biostatistics for sports medicine; presentation skills; computer and internet resources; and, grant writing. Approximately seven (7) hours of didactics. Attend the S.T.E.M. preconference training.
 - American Medical Society for Sports Medicine - Annual Meeting
 - Primary Care Orthopaedics & Sports Medicine Update Conference – every other year
- 6) The fellow must attend/complete required didactics unless excused by the program director (see checklist below on page)
- 7) The fellow must document appropriate experiences in his/her learning portfolio including case abstract submission to AMSSM, PowerPoint presentations, manuscript for EBM (Evidence-Based Medicine) review article/publication, etc.

Levels of Supervision – Definitions

In compliance with the ACGME requirements, listed are the specifics regarding the supervision classification system:

- Direct Supervision: the supervising physician is physically present with the fellow and patient.
- Indirect Supervision:
 - With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
 - With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Please see specific educational site descriptions for specific level of supervision information.

Guidelines for Mandatory Communication with Supervising Faculty Member

The Sports Medicine Fellow is required to communicate with the Program Director regarding every patient encounter.

Teamwork

Fellows will care for patients in an environment that maximizes effective Communication and will therefore work as a member of an inter-professional team. Please see each educational setting for specifics about your team members.

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Fellow Educational Experiences/Settings/Clinical Responsibilities

Name of Clinic	UNM Family Medicine 1209 Clinic
Supervising Faculty Member	Chris McGrew, M.D.
Type of Experience	Sports Medicine Clinic
Address	1209 University NE Albuquerque, NM 87131-0001
Emphasis	Primary care sports medicine and non-operative musculoskeletal care
Telephone	(505)272-4400
Fax	(505)272-1504

Diagnostic laboratory and other imaging services located in the Clinic: X-Ray, laboratory and spirometry are available.

Medical Records

- All notes use PowerChart Office.
- Remember, the fellow is considered a 4th year resident, the fellow must staff ALL patients.
- Sign all labs electronically on PowerChart.
- Answer and chart all phone calls in PowerChart.

Level of Supervision

Type of Supervision: Direct and Oversight. The Sports Medicine Fellow sees her/his patients and then presents those patients to the supervising faculty member with modification to the patient treatment plan accordingly. The fellow will have the opportunity to organize recommendations from other specialties and disciplines. All consultative services at University of New Mexico Health Sciences Center (UNMHSC) are available.

Potential Team Members

- Family Medicine Faculty
- Mid-level Practitioners
- Nurses
- Medical Assistants
- Office Staff

Procedures taught in the clinic

- Injections/Aspiration of joints and bursae
- Trigger finger injections
- Morton’s Neuroma injections
- Plantar fascia injections
- Lateral epicondyle injections
- Aspiration of ganglion cysts
- Myofascial trigger point injections
- Skin biopsy
- Laceration repair

Transitions of Care: The Sports Medicine Fellow will contact the Family Medicine Inpatient Admissions Team to arrange for hospitalization for a patient from the clinic, if necessary. If the fellow were to have a patient admitted to the hospital, he/she would be able to follow that patient with the inpatient team and make suggestions to the team concerning the care plan. However, the inpatient team retains primary responsibility for the care of inpatients. The inpatient care team is supervised by the inpatient care team attending faculty physician.

Dress Code: Dress professionally, however no white coat, please. A UNM Sports Medicine polo shirt is always acceptable. The fellow is required to wear the fellow identification badge at all times.

Phone Messages: The fellow will need to check PowerChart Office daily and answer the messages daily! If on vacation, notify front office and assign Dr. McGrew as Proxy.

Medical Records: Faculty Attendings will review all medical records/documentation by the fellow (electronic and paper).

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Name of Clinic	UNM Athletic Training Room
Supervising Faculty Member	Chris McGrew, M.D.
Type of Experience	Tow Diehm Athletic Training Room
Address	Tow Diehm Athletic Facility - University Stadium Albuquerque, NM 87131-0001
Emphasis	University athletic team health care including coverage of University athletic events.
Telephone	(505) 925-5530 or (505) 272-0506
Fax	N/A

Diagnostic laboratory and other imaging services located in the Clinic: X-ray and portable fluoroscopy are available. Dipstick urinalysis, peak flow meter and pulse oximetry are available. Phlebotomy/specimen collection available. Lab is offsite.

Medical Records

- All notes use PowerChart Office.
- Remember, the fellow is considered a 4th year resident, the fellow must staff ALL patients.
- Sign all labs electronically on PowerChart.
- Answer and chart all phone calls in PowerChart.

Level of Supervision

Type of Supervision: Direct and Oversight. The Sports Medicine Fellow sees her/his patients and then presents those patients to the supervising faculty member with modification to the patient treatment plan accordingly. The fellow will have the opportunity to organize recommendations from other specialties and disciplines. All consult services at UNMHSC are available.

Potential Team Members

- Athletic Trainers
- Coaches
- Physical Therapist
- Sports Psychologist
- Nurses (RN & LPN)
- Chiropractor

Procedures taught in the clinic

- Injections/Aspiration of joints and bursae
- Myofascial trigger point injections
- Skin biopsy
- Laceration repair
- Subungual hematoma drainage
- Auricular hematoma drainage

Transitions of Care - The Sports Medicine Fellow will contact the Family Medicine Inpatient Admissions Team to arrange for hospitalization for a patient from the clinic, if necessary. If the fellow were to have a patient admitted to the hospital, he/she would be able to follow that patient with the inpatient team and make suggestions to the team concerning the care plan. However, the inpatient team retains primary responsibility for the care of inpatients. The inpatient care team is supervised by the inpatient care team attending faculty physician.

Throughout the year, the fellow will go to the UNM athletic training room on average two afternoons per week. The members of the sports medicine team with whom the fellow will work at UNM Training Room include, but are not limited to Chris McGrew, M.D.; Shane Cass, D.O.; Daniel Wascher, M.D.; Andrew Veitch, M.D.; Gehron Treme, M.D.; Lee Argubright, RN; Deb Doerfler, PT; David Binder, ATC; and David Smith, ATC.

UNM Athletics Event Coverage

Football Games: The fellow will attend home football games as an observer with Dr. McGrew and other faculty Attendings, on the sidelines. If the fellow is interested and it is feasible to do so, the fellow will attend at least one away football game with a faculty-attending physician.

Soccer - The fellow is expected to cover all home soccer games for the men and women's teams unless there is a conflict with Highland High School Football coverage. HHS football takes priority in these situations.

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Other Sports: Depending on work hours, the fellow may cover other sports that interest him/her (ex. volleyball, soccer, basketball, etc.). In past years, the fellow has provided primary care coverage for the Men' Basketball team home games and has travelled with the team for some away games. This will vary, from season to season, depending on the athletic department budget and the preferences of coaching staff. In some years, the fellow, if interested, also has the opportunity to cover the New Mexico Scorpion's Hockey Team (with the New Mexico Orthopaedic Associates Sports Medicine) although this team will not be active in 2010-2011.

Dress Code: Dress professionally. A UNM Sports Medicine Polo shirt is always appropriate and no white coats please! The fellow is required to wear the fellow identification badge at all times.

Phone Messages: The fellow will need to check the PowerChart Office daily and answer the messages daily! If on vacation, notify front office and assign Dr. McGrew as Proxy.

Medical Records: Faculty Attendings will review all medical records/documentation by the fellow (electronic and paper).

Name of Clinic	Carrie Tingley Sports Medicine Clinic
Supervising Faculty Member	Chris McGrew, M.D.
Type of Experience	Pediatric sports medicine
Address	2211 Lomas NE
	Albuquerque, NM 87131-0001
Emphasis	Pediatric Sports Medicine
Telephone	(505) 272-2111
Fax	N/A

Diagnostic laboratory and other imaging services located in the Clinic. X-Ray, laboratory and spirometry are available.

Medical Records

- All notes use PowerChart Office.
- Remember, the fellow is considered a 4th year resident, the fellow must staff ALL patients.
- Sign all labs electronically on PowerChart.
- Answer and chart all phone calls in PowerChart.

Level of Supervision

Type of Supervision: Direct and Oversight. The Sports Medicine Fellow sees her/his patients and then presents those patients to the supervising faculty member with modification to the patient treatment plan accordingly. The fellow will have the opportunity to organize recommendations from other specialties and disciplines. All consultative services at UNMHSC are available.

Potential Team Members

- Orthopaedic & Pediatric Faculty
- Advanced Practitioners
- Nurses
- Medical Assistants
- Office Staff

Procedures taught in the clinic

- Casting and Splinting

Transitions of Care- Arranged through appropriate attending to pediatric service. Please note: If the fellow were to have a patient admitted to the hospital, he/she may informally follow that patient with the inpatient team and make suggestions to the team concerning the care plan.

Dress Code: Dress professionally. Please check with Dr. Chris McGrew to find out the expectations for dress (i.e. white coat, etc.). The fellow is required to wear the fellow identification badge at all times.

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Phone Messages: The fellow will need to check PowerChart Office daily and answer the messages daily! If on vacation, notify front office and assign Dr. McGrew as Proxy.

Medical Records: Faculty Attendings will review all medical records/documentation by the fellow (electronic and paper).

UNM Family & Community Medicine Sports Medicine Fellowship Handbook

Name of Clinic	Orthopaedic Faculty Clinic
Supervising Faculty Member	Chris McGrew, M.D.
Type of Experience	Orthopaedic outpatient clinic
Address	2211 Lomas NE Albuquerque, NM 87131-0001
Emphasis	<ul style="list-style-type: none"> • Adult non operative/primary care orthopedics • Heavy emphasis on knee arthritis/injections • Specialty orthopaedic care – hand, spine, foot/ankle
Telephone	(505) 321-3300 or (505) 272-0506
Fax	N/A

Diagnostic laboratory and other imaging services located in the Clinic. X-Ray and phlebotomy are available.

Medical Records

- All notes use PowerChart Office.
- Remember, the fellow is considered a 4th year resident, the fellow must staff ALL patients.
- Sign all labs electronically on PowerChart.
- Answer and chart all phone calls in PowerChart.

Levels of Supervision

Type of Supervision: Direct and Oversight. The Sports Medicine Fellow sees her/his patients and then presents those patients to the supervising faculty member with modification to the patient treatment plan accordingly. The fellow will have the opportunity to organize recommendations from other specialties and disciplines. All consultative services at UNMHSC are available.

Potential Team Members

- Orthopaedics Faculty
- Mid-level Practitioners
- Nurses
- Medical Assistants
- Office Staff

Procedures taught in the clinic

- Joint injection/Aspiration
- Sub acromial bursa injection
- Plantar fascia injection
- Lateral epicondyle injection
- Casting and splinting

Transitions of Care - Coordinated through orthopaedic inpatient team. Please note: If the fellow were to have a patient admitted to the hospital, he/she may informally follow that patient with the inpatient team and make suggestions to the team concerning the care plan.

Dress Code: Dress professionally. Please check with Dr. McGrew for his expectations and/or Drs. Miller or Veitch (if the fellow is working with one of these orthopaedic surgeons) to find out the expectations for dress (i.e. white coat, etc.). The fellow is required to wear the fellow identification badge at all times.

Phone Messages: The fellow will need to check PowerChart Office daily and answer the messages daily! If on vacation, notify front office and assign Dr. McGrew as Proxy.

Medical Records: Faculty Attendings will review all medical records/documentation by the fellow (electronic and paper).

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Name of Clinic	Highland High School
Supervising Faculty Member	John Leggott, M.D.
Type of Experience	School-Based Health/ High school athletic health care
Address	4700 Coal Avenue SE
	Albuquerque, NM 87108
Emphasis	High school athletic care
Telephone	(505) 379-7052 or (505) 272-0506
Fax	(505) 348-8503

Diagnostic laboratory and other imaging services located in the Clinic. None.

Medical Records

- A hard copy (paper) medical record system is utilized at Highland High School.

Level of Supervision

Type of Supervision: Direct and Oversight. The Sports Medicine Fellow sees her/his patients and then presents those patients to the supervising faculty member (John Leggott) with modification to the patient treatment plan accordingly. All UNMHSC consultative services are available.

Potential Team Members

- School Based Health Center Clinic Medical Director
- Athletic Trainer

Procedures taught in the clinic

- None.

Transitions of Care. Not applicable, as this is a School-Based Health Clinic.

Other Important Information

During the school year, the sports medicine fellow will attend the school-based health clinic on Tuesday afternoons along with supervising faculty, John Leggott, M.D... The fellow will perform pre-participation exams, see sports injuries and act as a consultant for the high school athletic trainer. This is the high school where the sports medicine fellow will act as a team physician providing sideline coverage for football. The fellow will cover ALL home (and away as schedule allows) varsity football games, and may consider wrestling matches as well. The fellow may want to cover other sports like volleyball, basketball, etc. The fellow will establish a rapport with each of the ATCs.

Dress Code: Dress professionally. Please check with Dr. Leggott for further information. Typically, the fellow has worn one of the UNM Sports Medicine polo shirts. The fellow is required to wear the fellow identification badge at all times.

Phone Messages: The fellow will need to check PowerChart Office daily and answer the messages daily! If on vacation, notify front office and assign Dr. McGrew as Proxy.

Medical Records: Faculty attending (John Leggott will review all medical records/documentation by the fellow.

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Name of Clinic	Outpatient Surgery and Imaging Service (OSIS)
Supervising Faculty Member	Daniel Wascher, M.D.
Type of Experience	Ambulatory surgery and outpatient clinic
Address	1213 University Blvd. NE Albuquerque, New Mexico 87102
Emphasis	<ul style="list-style-type: none"> • Orthopaedic surgery/sports medicine outpatient care • Ambulatory orthopaedic surgery
Telephone	(505) 925-7680
Fax	N/A

Diagnostic laboratory and other imaging services located in the Clinic. X-Ray, MRI, CT and diagnostic ultrasound are available. Phlebotomy is available.

Medical Records

- All notes use PowerChart Office.
- Remember, the fellow is considered a 4th year resident, the fellow must staff ALL patients.
- Sign all labs electronically on PowerChart.
- Answer and chart all phone calls in PowerChart.

Level of Supervision

Type of Supervision: Direct and Oversight. The Sports Medicine Fellow sees her/his patients and then presents those patients to the supervising faculty member with modification to the patient treatment plan accordingly. The fellow will have the opportunity to organize recommendations from other specialties and disciplines.

Potential Team Members

- Orthopaedic Surgery Faculty
- Orthopaedics Faculty
- Advanced Practitioners
- Nurses
- Medical Assistants
- Office Staff

Procedures taught in the clinic

- Joint Aspiration and Injection

Transitions of Care: Hospital admissions will be undertaken by the Orthopaedic Surgical Team, if necessary.

Dress Code: Dress professionally. Please check with Drs. Daniel Wascher, Andrew Veitch or Gehron Treme to find out the expectations for dress (i.e. white coat, etc.). The fellow is required to wear the fellow identification badge at all times.

Phone Messages: The fellow will need to check PowerChart Office daily and answer the messages daily! If on vacation, notify front office and assign Dr. McGrew as Proxy.

Medical Records: Faculty Attendings will review all medical records/documentation by the fellow (electronic and paper).

**UNM Family & Community Medicine
Sports Medicine Fellowship Handbook**

Name of Clinic	Radiology
Supervising Faculty Member	Gary Mlady, M.D.
Type of Experience	Radiology
Address	UNMH Hospital, 1 st Floor Albuquerque NM 87131
Emphasis	Radiology – X-ray, MRI and CT interpretation
Telephone	(505) 925-4115
Fax	N/A

Diagnostic laboratory and other imaging services located in the Clinic. X-Ray, MRI, CT and diagnostic ultrasound are available.

Medical Records

- Sports Medicine Fellow is acting as an observer only and has no medical records responsibilities in the radiology department.

Level of Supervision

Type of Supervision: Indirect. The Sports Medicine Fellow will be instructed by radiology staff as they review various imaging techniques.

Potential Team Members

- Radiology Faculty
- Radiology Technologists

Procedures taught in the clinic

- Fluoroscopy or ultrasound guided joint injections.

Transitions of Care: N/A.

Dress Code: Dress professionally. Please check with Dr. Gary Mlady to find out the expectations for dress (i.e. white coat, etc.). The fellow is required to wear the fellow identification badge at all times.

Phone Messages: N/A.

Medical Records: N/A.

**UNM Family & Community Medicine
Sports Medicine Fellowship Handbook**

Name of Clinic	Human Performance Lab
Supervising Faculty Member	Dr. Christine Mermier
Type of Experience	Exercise Physiology Laboratory
Address	Johnson Gym, Main Campus UNM Albuquerque NM 87131
Emphasis	Exercise testing in healthy adults for purposes of exercise prescription and performance evaluation.
Telephone	(505) 272-2658
Fax	N/A

Diagnostic laboratory and other imaging services located in the Clinic: N/A.

Medical Records:

- N/A.

Level of Supervision

Type of Supervision: Direct. The Sports Medicine Fellow will be supervised by Dr. Christine Mermier and staff in the performance of exercise testing.

Potential Team Members

- Exercise Physiologist

Procedures taught in the clinic

- Exercise testing VO2 max testing and body composition evaluation.

Transitions of Care: N/A.

Dress Code: Dress professionally. Please check with Dr. Christine Mermier to find out the expectations for dress (i.e. white coat, etc.). The fellow is required to wear the fellow identification badge at all times.

Phone Messages: N/A.

Medical Records: N/A.

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Dictation Policy

Goals:

- Provide quality patient care
- Support communications with colleagues within the department and throughout the health care community
- Participate in and support the Electronic Health Record at UNM

Participants:

- Fellow
- Faculty (when performing primary provider role)

Note about dictation: Include all pertinent information for the encounter with attention to appropriate documentation to support the level of coding/billing. Do not include unnecessary information. Be as brief and specific as possible; shorter dictations are easier for transcription to complete in a timely fashion. A good rule of thumb is to include information you would want to have if you were reading the note.

Dictation Information: Access number: 29007

Two-digit work-type code information:

Type of Note	Code
1209	91
OSIS	25
Training Room	65
Consults	16

For telephone notes, no attending needs to be identified unless they were involved.

Clinical Responsibilities

The Sports Medicine Fellow must attend all assigned clinics unless excused by the supervising faculty member.

Evaluations

The fellow will meet with the Program Director bi-annually (in December and again in June) for a formative formal evaluation of his/her progress. At this meeting, s/he will discuss how the program is working for her/him; identify and document any difficulties and/or any issues with completion of the goals and objectives, faculty difficulties and/or programmatic issues that need to be addressed by the Program Director. Part of these meetings should include a self-assessment and/or progress on individual learning plan.

The fellow will be evaluated by each faculty member with whom he/she works. These evaluations will be completed on [New Innovations](#). A sample of the evaluation form is attached to the end of this document.

The program director will provide a summative evaluation of the fellow's performance upon completion of the program. The evaluation will become a part of the fellow's permanent record and will be maintained by the institution. The fellow will have access to review his/her record in accordance with UNM's institutional policy, which can be found in the House Office Handbook: http://hsc.unm.edu/som/gme/handbook/intro_houseoffcers.shtml.

The fellow must complete an evaluation of each of the following faculty/areas:

- McGrew – FM Sports Medicine Clinic, OSIS, UNM Athletic Training Room
- Cass – FM Sports Medicine Clinic, UNM Athletic Training Room
- Wascher, Treme and Veitch – OSIS Sports Clinic, OSIS outpatient surgery, UNM Athletic Training Room
- Mermier – Exercise Physiology Lab
- Doerfler – Physical Therapy
- Leggott – Highland High School: health clinic
- Mlady – Radiology

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360-Degree Assessment:

In general, 360-degree feedback is a process whereby an individual (the recipient) is rated on their performance by people who know something about their work (the raters or evaluators). In the UNM Family Medicine Sports Medicine Fellowship, this process involves the evaluation of the performance of the Sports Medicine Fellow in the areas of the ACGME six core competencies by peers with knowledge of a similar scope of practice, co-workers from the allied health professions, office staff and patients. The resulting information is presented to the Sports Medicine Fellow with the aim of helping him/her to gain a better understanding of their skills and development areas. Each source can provide a different perspective on the Sports Medicine Fellow's skills, attributes and other relevant characteristics and thus help to build up a richer, more complete and accurate picture than could be obtained from any one source. The Sports Medicine Fellow will be assessed by the following in this 360-degree process:

1. Faculty Physician evaluation of Sports Medicine Fellow/patient interaction. **Requirement:** four (4) total evaluations of resident per year done by eight different faculty members. Done in [New Innovations](#)
2. Nursing Evaluation: Sports Medicine Fellow is to be evaluated by nurses from FM sports, OSIS sports, OFC sports, or the UNM Athletic Training Room. **Requirement:** four (4) total evaluations per year done by four different nurses.
3. Patient Evaluation: Sports Medicine Fellow to be evaluated by patients from FM sports, OSIS sports or OFC sports or UNM Athletic Training Room. **Requirement:** Four (4) total evaluations per year done by patients.
4. Sports Medicine Fellow by Family Medicine residents: Family Medicine residents working with the Sports Medicine resident at FMC will evaluate resident. **Requirement:** Four (4) evaluations per year done by FMC residents.
5. Sports Medicine resident by Medical Students: Medical Students working with the Sports Medicine resident at SHC or FMC will evaluate resident. **Requirement:** Four (4) evaluations per year done by Medical Students.
6. Sports Medicine resident by Front Office at FM sports, OSIS sports, OFC sports or the UNM Athletic Training Room. **Requirement:** Four (4) evaluations per year done by different Front Office staff.
7. Sports Medicine Self-Assessment: The Sports Medicine Fellow will fill out a self-assessment. **Requirement:** Four (4) evaluations done per year.

Please see samples of assessment forms at the end of the handbook.

**UNM Family & Community Medicine
Sports Medicine Fellowship Handbook**

Instructional and Evaluation Tools Used by the Program for the ACGME General Competencies

ACGME Competencies	Teaching Methods	Tools Used to Evaluate and Assess Competencies
Medical Knowledge	<ul style="list-style-type: none"> • Supervised Clinical Instruction • Community Sports Medicine Conference • Journal Club • Fellowship Required Reading Lists • NMOA sports medicine lectures • On line videos • Medical Education Conferences 	<ul style="list-style-type: none"> • 360 Degree Evaluation • Fellow Portfolio • Formal Meeting with Program Director, Bi-Annually • In-training Service Exam (ITE) in July & again in Late Winter/Early Spring • Individualized Learning Plan (ILP) Reviewed with Faculty and/or Program Director • Case Study Submission to AMSSM
Patient Care	<ul style="list-style-type: none"> • Supervised Clinical Instruction • Community Sports Medicine Conference • Journal Club • Fellowship Required Reading Lists • NMOA lectures • On line videos • Medical Education Conferences 	<ul style="list-style-type: none"> • 360 Degree Evaluation • Fellow Portfolio • Formal Meeting with Program Director, Bi-Annually • In-training Service Exam (ITE) in July & again in Late Winter/Early Spring • Individualized Learning Plan (ILP) Reviewed with Faculty and/or Program Director • Procedure Documentation in New Innovations
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Supervised clinical instruction • Journal Club • EBM course 	<ul style="list-style-type: none"> • 360 Degree Evaluation • Fellow Portfolio • Formal Meeting with Program Director, Bi-Annually • In-training Service Exam (ITE) in July & again in Late Winter/Early Spring • Individualized Learning Plan (ILP) Reviewed with Faculty and/or Program Director • Self-Assessment
Interpersonal and Communication Skills	<ul style="list-style-type: none"> • Supervised Clinical Instruction • Faculty mentoring 	<ul style="list-style-type: none"> • 360 Degree Evaluation • Fellow Portfolio • Formal Meeting with Program Director, Bi-Annually • In-training Service Exam (ITE) in July & again in Late Winter/Early Spring • Individualized Learning Plan (ILP) Reviewed with Faculty and/or Program Director
Professionalism	<ul style="list-style-type: none"> • Supervised Clinical Instruction • Faculty mentoring 	<ul style="list-style-type: none"> • 360 Degree Evaluation • Fellow Portfolio • Formal Meeting with Program Director, Bi-Annually • In-training Service Exam (ITE) in July & again in Late Winter/Early Spring • Individualized Learning Plan (ILP) Reviewed with Faculty and/or Program Director • Meeting Attendance and Logs • Curriculum Checklist
Systems-Based Practice	<ul style="list-style-type: none"> • Supervised Clinical Instruction • Access to different clinic sites • Attendance and presentation at Core Didactics 	<ul style="list-style-type: none"> • 360 Degree Evaluation • Fellow Portfolio • Formal Meeting with Program Director, Bi-Annually • In-training Service Exam (ITE) in July & again in Late Winter/Early Spring • Individualized Learning Plan (ILP) Reviewed with Faculty and/or Program Director

Core Didactics

Core didactics are an essential component of the educational curriculum of the UNM Family Medicine Sports Medicine Fellowship. The didactics are designed to provide an educational infrastructure for the breadth and depth of the specialty of Primary Care Sports Medicine and for preparation for taking the CAQ in Sports Medicine. In addition, the fellow will have the opportunity to participate in formal teaching of a variety of students, residents, faculty and other professionals

The didactic component of the curriculum will support the Sports Medicine Fellow in:

- 1) Acquiring knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social/behavioral) sciences related to sports medicine and,
- 2) Developing skills in the application of this knowledge to patient care.

Didactics include independently assigned readings and computer learning as well as scheduled conferences, journal clubs, lectures, one-on-one teaching, and workshops, which are all used to support the curriculum objectives.

Assigned readings (purchased by the fellowship):

- American College of Sports Medicine Guidelines to Exercise Testing and Prescription (most recent edition)
- Netter's Sports Medicine, 1e (Netter Clinical Science)
- Sports Medicine – Just the Facts

Conferences that are required and funded by the Fellowship:

- American Medical Society for Sports Medicine – Fellows Research & Leadership Conference
 - Topics include the following: how to read a research article; human subjects review, publishing/manuscript writing; hypothesis development; research design and methods; clinical biostatistics for sports medicine; presentation skills; computer and internet resources; and, grant writing. Approximately seven (7) hours of didactics. Attend the S.T.E.M. preconference training.
- Annual AMSSM meeting (Fellow is required to submit and, if accepted, to present a clinical case abstract or research at the AMSSM Meeting.)
- Primary Care Orthopaedics & Sports Medicine Update Conference – every year
- In-Service Training Exam (ITE) for Primary Care Sports Medicine fellows – The fellow will take the previous year's ITE as a pretest when starting the fellowship in July and will take the current ITE when it is offered in February of their fellowship year. Registration for both is funded by the fellowship.
- Computer instruction – Joint Exam videos, University of Wisconsin SOM website: <http://www.fammed.wisc.edu/our-department/media>
- Monthly Sports Community Grand Rounds, 2nd Wednesday of month at 6:30 pm, Madison Medical on Jefferson Avenue NE – assorted topics – Orthopaedics – Acute Rotator Cuff Injuries; Knee Braces; Shoulder Injuries Impingement; Environmental Issues – Cold and Altitude; Physical Therapy Modalities; ACL Injury Prevention; Imaging Techniques in Sports Medicine; Sudden Cardiac Death in Athletes; Sports Related Concussion; and, the Pre-participation Exam. The Sports Medicine Fellow gives a presentation of their choice from these topics with guidance from the Program Director.
- Sports Medicine Journal Club – UNM 1st, 2nd and 4th Thursday at 7 am, UNMHSC OSIS Faculty Conference Room- assorted sports orthopaedic and medical topics such as: MCL Injuries; Head Injuries; Anterior Shoulder Instability; MRI of Knee; MRI of Shoulder; MRI of Ankle; Posterior Shoulder Instability; Cervical Spine Injuries; Overuse Knee Injuries; Knee - PCL Injuries; Multi-Directional Shoulder Instability; Lower Extremity Muscle Strains; Meniscal Injuries; Knee-Posterolateral Knee Complex Injuries; Acromioclavicular Joint Injuries; Knee- ACL Injuries; Foot Injuries; Arthrofibrosis; Lumbar Spine Problems; Articular Cartilage Injuries; Elbow Injuries; Ankle Injuries; Shoulder - SLAP Tears; Knee Dislocations; Pre-participation Examination; Sudden Death in Athletes; Adhesive Capsulitis; Lower Extremity- Stress Fractures/Compartment Syndromes; Knee Patello-Femoral Pain; Exercise Induced Asthma; Hand Injuries; Elbow Injuries; Performance Enhancing Drugs; and, Knee Arthritis. The Sports Medicine Fellow prepares articles for presentation every session.
- Sports Medicine Journal Club – New Mexico Orthopaedic Associates, 3th Wednesday of the month, 6th floor, Presbyterian Professional Building on Central Avenue. The Sports Medicine Fellow presents an article at each session. Topics are chosen according to topical interest as the year progresses.

Attendance/participation is required for the sports medicine conferences, journal club, etc.

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Core Didactics/Weekly Conferences/Assigned Readings/Teaching Session/Pod Casts Check List

Below are the assigned didactics for your Fellowship. Please check off the assignment when completed. Bring your Catalog with you when you meet with the Program Director and/or supervising faculty member.

Assigned readings:

- American College of Sports Medicine Guidelines to Exercise Testing and Prescription (most recent edition)
- Chapter 13; Netter's Sports Medicine

Biomechanics

- Two (2), one-on-one teaching sessions with Bone Dexter PT for the evaluation of gait, biomechanical evaluation, fitting and manufacturing orthotics

Principles of nutrition

- Assigned reading: Chapters 5-6 and 22; Netter's Sports Medicine

Pathology and pathophysiology – illness

- Assigned reading: Chapters 24-35; Netter's Sports Medicine

Pathology and pathophysiology - injury

- Assigned reading: Chapters 26 and 36-55; Netter's Sports Medicine

Pharmacology, effects of therapeutic, performance-enhancing, and mood-altering drugs

- Assigned reading: Chapters 7 and 21; Netter's Sports Medicine

Psychological aspects of exercise, performance and competition

- Assigned reading: Chapter 1-4; 14-19 and 20; Netter's Sports Medicine

Ethical principles

- Assigned reading: Dunn WR, George MS, Churchill L, Spindler KP. Ethics in sports medicine. Am J Sports Med. 2007 May; 35(5):840-4. Epub 2007 Jan 11.

Patient Education and Health Promotion

- Assigned reading: Chapters 8-12; Netter's Sports Medicine

Medical/legal aspects of exercise and sports

- Assigned reading: Pearsall AW 4th, Kovaleski JE, Madanagopal SG. Medicolegal issues affecting sports medicine practitioners Clin Orthop Relat Res. 2005 Apr; (433):50-7.

Miscellaneous

- Jackson et.al. J Bone Joint Surg Am. Accuracy of needle placement into the intra-articular space of the knee 2002 Sep;84-A(9):1522-7
- Stephens MB, Beutler AI, O'Connor FG. Musculoskeletal injections: a review of the evidence. AFP October, 15, 2008 vol 78 No. 8
- <http://www.aafp.org/afp/20070201/342.html> (Braces and Splints)

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Check off as you attend:

Community Sports Medicine Conference – 2nd Wednesday of the month 6:30 Madison Medical

- | | | |
|-------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Aug | <input type="checkbox"/> Dec | <input type="checkbox"/> Apr |
| <input type="checkbox"/> Sept | <input type="checkbox"/> Jan | <input type="checkbox"/> May |
| <input type="checkbox"/> Oct | <input type="checkbox"/> Feb | <input type="checkbox"/> June |
| <input type="checkbox"/> Nov | <input type="checkbox"/> Mar | |

NMOA Sports Medicine Journal Club – 3rd Wednesday of every month, 6 pm – NMOA offices

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| <input type="checkbox"/> Aug | <input type="checkbox"/> Dec | <input type="checkbox"/> Apr |
| <input type="checkbox"/> Sept | <input type="checkbox"/> Jan | <input type="checkbox"/> May |
| <input type="checkbox"/> Oct | <input type="checkbox"/> Feb | <input type="checkbox"/> June |
| <input type="checkbox"/> Nov | <input type="checkbox"/> Mar | |

UNM Sports Medicine Journal Club 1st, 2nd and 4th Tuesday of month, 7 am. UNM Ortho

Aug <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 4 th	Nov <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 4 th	Feb <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 4 th	May <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 4 th
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Pod Casts Check List

Vanderbilt Orthopaedics

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • <i>Knee Rehab, Preston</i> • <i>Hip Groin, Fitch</i> • <i>Neuro Sideline Emergencies, Sills</i> • <i>Ankle Sprains, Fiechtl</i> • <i>Rotator Cuff, Dunn</i> • <i>Athletes Spine, Diamond</i> • <i>Traumatic Shoulder Instability, Cox</i> • <i>Protective Equipment, Carey</i> | <ul style="list-style-type: none"> • <i>Slap Lesions, Carey</i> • <i>Running Injuries, Brewer</i> • <i>Diabetes In Athletes, Rummo</i> • <i>Sideline Injuries, Fitch</i> • <i>How To Read A Paper, Kuhn</i> • <i>Interpreting Lit, Spindler</i> • <i>Pulmonary Concerns, Fitch</i> • <i>Knee Pe, Spindler</i> | <ul style="list-style-type: none"> • <i>Wrist Pe, Rummo</i> • <i>Acl Bs, Pe, Imaging, Spindler</i> • <i>Pediatric Acl, Diamond</i> • <i>Adhesive Capsulitis, Kuhn</i> • <i>Meniscal Tears In Athletes, Cox</i> • <i>Patellofemoral Disorders, Gregory</i> • <i>Knee Oa, Carey</i> |
|---|---|--|

AMSSM blog

A collection of videos and online resources that we hope are helpful to those in their Primary Care Sports Medicine fellowship at the AMSSM Sports Medicine Fellowship blog: <http://amssm.blogspot.com/>

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Intermittent Wednesday Afternoon Sports Medicine topics

UNM Family Medicine Grand Rounds will be presented in Family Medicine. Conferences may occasionally be scheduled for later in the day to accommodate offsite faculty.

The focus of these sessions is for the fellow. There may be medical students and rotating residents, ATCs, Physician Assistants, and Family Medicine faculty present, but the fellow is the intended audience. The fellow is expected to attend all of Core Didactic sessions unless excused by the Program Director. Attendance is monitored by the Program Director or his designee.

The fellow whose attendance falls below the minimum required attendance for two consecutive months will be notified that his/her attendance must improve to 100% for the next two months. If his/her attendance does not meet the minimum criteria at the end of that period, they will be given a warning that failure to comply with this requirement within the next two months may result in Probationary status. This determination will be made by the Program Director in consultation with the other appropriate faculty. Probation will require a formal remediation plan, which will be determined by the Residency Education Committee.

It should be noted that being placed on Probation becomes a part of the permanent record of an individual's residency training and will be included in all subsequent summaries and correspondence regarding the fellow's performance. Notifications and warnings are not part of the permanent record of training.

Other Conferences

Family Medicine Grand Rounds and other Lectures - Informative lecture series and workshops are given at Family Medicine Clinic for the fellow and the residents. The fellow will be asked to give some presentations to the residents and faculty. The fellow will receive an email notification of Family Medicine Clinic lecture series and workshops so that he/she can determine which lectures he/she would like to attend.

Rural Sports Medicine Rotation (Optional)

This rotation will take place in Taos, NM (1-2 weeks during Ski Season) and is optional according to the interest level of the fellow. This rotation offers significant opportunities for acute care of fractures and dislocations along with possible opportunities for high-altitude/cold-related illnesses.

Lodging/Travel:

The fellow will drive and reimbursed mileage by UNM after the rotation has been completed. Cost of lodging is variable from year to year and will be paid up front by the fellow. The fellow is responsible for finding housing, although the program office may have suggestions and/or leads.

Attendings:

Dr. T. Quigley Peterson (Mogul Medical Clinic – Taos Ski Valley)

Potential Mass Participant Events

The Sports Medicine Fellow can choose one or more of these activities, according to his/her interest level:

- State Fair Rodeo
- Rugby Tournaments
- Duke City Marathon
- Winter Quadrathlon- Grants, New Mexico
- Regional and Conference Cross Country Meets
- Indoor Track Championships
- Regional Youth Track Championships
- Youth Soccer Tournaments
- Senior Olympics
- Special Olympics

Game Bag

An empty Game Bag will be provided by the fellowship. The fellow should evaluate current sports medicine literature and decide what items would be best for sideline care of the high school athlete. For travel with UNM athletes (e.g. basketball), UNM sports medicine provides a stocked medical bag with travel medications and appropriate laceration repair supplies. Restocking & Expired Meds: The fellow will consult with Lee Argubright, RN, (nursing coordinator for Athletic Training Room) to restock the bag as needed. Please check with Dr. McGrew if you are not sure what you need in the bag. Controlled Substances: If fellow is traveling with athletic teams and carrying medical bag, he/she must keep controlled substances on his/her person at all time. Controlled

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substances must never be a part of checked baggage. Luggage handling personnel have been known to steal drugs out of checked baggage!

Scholarly Endeavors

Start early with a do-able plan. The fellow will be regularly exposed to teaching faculty who are working on his/her own projects. When the fellow meets with the fellowship director, a review is made of any activities of this nature, which are in process. The sports medicine residency director supervises most scholarly endeavors. Although, if a fellow has an interest in an area that dovetails with that of another faculty member, responsibility for guidance may shift. Original research is encouraged but not required. The fellow is required to submit a case study to the annual AMSSM conference and to prepare an evidenced based manuscript to submit for publication.

Certificate of Added Qualification (a.k.a. CAQ)

Successful completion of the fellowship will allow the fellow to sit for the Primary Care Sports Medicine CAQ exam:

Please visit: <https://www.theabfm.org> for deadlines, registration information, etc.

In-Service Training Exam

The fellow will be required to take the previous year's In-service Training Exam (ITE) for primary care sports medicine fellows as an initial evaluation in July and then will be required to take the current ITE in the late winter or early spring in preparation for taking the CAQ post completion of the fellowship. The fellow can choose to attend a CAQ review course as their third paid for CME course. Appropriate textbooks will be recommended and purchased for not only our curriculum didactics/required reading but also for preparation for the CAQ.

Learning Portfolio

The Learning Portfolio contains documentation of the Sports Medicine Fellow's educational activities. The Learning Portfolio serves as an outline for the fellow's focus of study and is to be used as a reference for evaluation by the fellow, faculty members and the Program Director. All learning activities and documentation of those activities should be included in the portfolio.

Potential items to include:

1. Scholarly activity (practice-based learning)
 - A. Published article or book chapter
 - B. Case presentation (also patient care)
 - a. Poster
 - b. PowerPoint slides
 - C. Journal club
 - a. Articles reviewed by fellow
 - b. PowerPoint slides
 - D. Research
 - a. Publication/write-up
 - b. PowerPoint slides
 - c. Poster
2. Teaching (practice based learning, communication, professionalism)
 - A. Lecture
 - a. PowerPoint slides
 - b. Video
 - B. Curriculum or tool created by fellow
 - a. X-ray teaching file, group of review articles compiled, workshop, etc.
3. Patient interaction (communication)
 - A. Patient encounter / counseling
 - a. Video
 - b. Transcript
4. Ethical dilemma (professionalism)
 - a. Case presentation
 - b. Essay or some other write-up

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Individualized Learning Plan

The individualized learning plan (ILP) is a statement of the fellow's educational intent. It combines the fellow's own educational goals with those required during the Sports Medicine Fellowship. The ILP serves as a blueprint for the fellow's focus of study and to be used as a reference for evaluation by the fellow, faculty members and the Program Director. All learning goals will be listed; however, time restrictions will not allow the attainment of all goals listed on the ILP.

A well thought out ILP will contain:

1. Statement of the fellow's personal learning goals. Specific goals must be articulated, although not all goals may be met.
2. Plan for achieving several learning goals, which will include specific information on how the fellow will achieve each goal.
3. Measure of success in achieving each goal and will be documented in [New Innovations](#) under procedures as well as in the fellow self-assessment.

The fellow must create his/her ILP at the beginning of the Sports Medicine Fellowship (by the end of August). The fellow needs to negotiate his/her ILP with:

The Program Director at the beginning of the Sports Medicine Fellowship (before the end of August). The fellow will present the ILP during the bi-annual meeting with the director to assess progress, address weaknesses identified during the evaluation session, and make new or revise old goals for the last six months of the fellowship. The fellow will be required to submit copies of his/her ILPs with other required documentation in order to graduate.

Please note – the ILP is simply a suggestion for documenting the attainment of the ACGME Competencies. If there is another method by which the Fellow would like to document his/her experience, then that method should be used. However, it must be in hard copy or electronic form so that it may be placed into the Fellow's permanent record.

Example Individualized Learning Plan (ILP)

Fellow _____

Program Director: Chris McGrew, M.D.

Learning Goals based on ACGME Competencies	Detailed Plan for Achieving the Goals	Documentation of Achievement (i.e. duty hours, clinics/didactics, procedures)
Medical Knowledge 1. 2. 3.		
Skills/Patient Care 1. 2. 3.		
Practice-based Learning and Improvement 1. 2. 3.		
Interpersonal & Communication Skills 1. 2. 3.		
Professionalism 1. 2. 3.		
Systems-based Practice 1. 2. 3.		

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Duty Hours

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site. Duty hours must be limited to 80 hours per week, averaged over a four-week period, no resident works more than 30 hours at one time, inclusive of all in-house call activities.

Personal Responsibility for Patient Safety and Quality Assurance

The program ensures a culture of professionalism that supports patient safety improvement protocols and quality assurance through personal responsibility. Fellows must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators; and,
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

All fellows must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

All faculty members are educated to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes. The University recognizes the potential impact of sleep deprivation and fatigue upon House Officers. Materials on sleep deprivation will be made available to House Officers during orientation and on the GME web site.

Event Coverage Hours

1. Event coverage is defined as:
 - A. Primary responsibility for team or event
 - B. Attending event with appropriate medical supplies (i.e. Game bag) when indicated (high school football, UNM men's basketball road games)

If the fellow chooses to attend, a public sporting event on his/her day off, he/she will be considered a spectator/observer and not a fellow or team doctor. They must not possess A & B (above) or they will be asked to leave the area.

2. At UNM football game attendance, the fellow will be considered a privileged spectator not a team physician, thus not on fellowship duty.
3. Specifics regarding work schedule:
 - A. The fellow is given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks. The following fatigue mitigation requirements assure that our work hours comply with RRC policies.
 - a. During UNM football season: (August to November), faculty-attending physician will cover all weekend games as the game physician. The fellow, if they choose to attend, is in an observational role.
 - b. Sunday UNM football injury clinic: the fellow's role is always observational.
 - B. The fellow is given at least 10 hours for rest and personal activities between daily duty periods and after in-house call.
 - a. The fellow does not participate in in-house call, in-hours night float or at home call and is given 10 hours for rest and personal activities between daily duty periods.
 - b. To ensure continuity of care for patients, if the fellow is unable to perform his/her duties due to fatigue or other mitigating circumstances, the faculty attending will cover the fellow's patients.

NOTE: Failure to comply with the work hour policy will jeopardize our accreditation and the fellow's ability to sit for the CAQ.

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Call Schedule

Sports Medicine Clinic: There is no primary call for the Sports Medicine Fellow. Primary call for UNM Athletics is taken by faculty; if it is deemed educationally valuable; the fellow will be notified to see if they want to participate in care. At times, the UNM athletic training staff will call the Fellow after hours – the fellow must discuss these calls at that time with the attending faculty physician to determine course of action.

Family Medicine Sports Medicine: There is no in-house call for the Fellow.

Personal Responsibility for Patient Safety and Quality Assurance are ACGME required Core Competencies in:

1. Systems-based practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value
2. Practice-Based Learning and Improvement: that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
3. Professionalism: manifested through a commitment to carrying out professional responsibilities and adherence to ethical principles

Moonlighting

Moonlighting by the fellow will be allowed as long as:

- ❖ It is approved by Dr. McGrew
- ❖ Does not interfere with the fellowship responsibilities
- ❖ Fellow carries appropriate medical malpractice insurance for events not associated with the respective institution.
- ❖ Moonlighting that occurs within the UNMHSC and the New Mexico Veteran's Administration Health Care System must be counted toward the 80-hour limit.

The program directors reserve the right to deny, repeal or alter the fellow's access to "moonlighting" based on, but not limited to, performance in the fellowship.

Documentation

- The fellow must document hours worked and procedures performed via the New Innovations Residency Management System (<https://www.new-innov.com/Login/Login.aspx>). **The fellow is required to input duty hours on Monday, for all hours worked the previous week (Monday to Sunday).**
- The Graduate Medical Education Committee (GMEC) will review the duty hour reports on a monthly basis.

Leave Policies and Procedures

The leave policy is jointly coordinated and administered through the Family Medicine Residency Program and the Graduate Medical Education Office, in compliance with the requirements of the American Board of Family Medicine. All requests and questions should be directed to the Program Director for the Sports Medicine Fellowship.

General Policy

For all anticipated absences, prior approval must be obtained from the Sports Medicine Program Director. There must be enough advance notice for the fellow's expected duties to be covered. The fellow's continuity clinic site must also be given the appropriate advanced notice of the planned absence. These arrangements are formalized through the Sports Medicine Fellowship and must be presented in writing to the Program Director.

The use of any leave may require make-up time for the purpose of Board eligibility, which is determined by the specific policy for each Board specialty and should be discussed with each individual Program Director. House Officers remain responsible for meeting the applicable time and other requirement of his/her program.

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Annual Leave

Annual leave provides the House Officer with time for rest and restoration for an extended period in order to return to Residency with renewed vitality. This is beneficial for patient safety and House Officer's well-being. All House Officers will receive 21 days of annual leave, which will be based on a five-day workweek consisting of 15-week days and 6 weekend days during the academic year. Annual leave, which is unused, will not be carried forward to the new training year. No lump sum payment will be made for unused leave upon termination.

Annual leave must be requested in writing through the home Department on approved leave request forms in accordance with the home program's established procedure. No annual leave will be scheduled and paid during the week at the beginning of the contract. Blocks of seven days are encouraged for House Officers to have a period of adequate rest. No rotations will be off limits to vacation and Programs need to be aware they must provide appropriate coverage to allow this. House Officers who have difficulties scheduling annual leave on a rotation should contact his/her Program Director for assistance. The GME Office can be an additional resource. House Officers have the responsibility to schedule leave in a timely manner. The later the request the more difficult it may be for it to be granted. Normal requests should receive notification of confirmation or denial within 10 days of initial request from the Sports Medicine Program Coordinator. Annual leave for contract periods of less than a full academic year will be calculated on a pro rata basis.

Program Directors Policy on Annual Leave for House Officers Program Directors should grant House Officers vacation in proportion to the number of House Officers that are received on that service. For example, if you have one House Officer per month for one year, you would have to grant 21 days of annual leave on your service. No rotation is off limits to vacation. Requests for vacation on services other than the House Officer's home service should be received a minimum of sixty days in advance of the requested annual leave. Requests without the sixty-day notice will be at the discretion of the service on which vacation is requested. Each program may have its own policies on the timetable for requesting vacation. Program Coordinators should communicate these timetables to off service coordinators whose House Officers may rotate on his/her service.

The request for vacation would be initiated with the Program Coordinator in the home service. The home Program Coordinator would verify the amount of annual leave remaining for that House Officer and obtain the proper signature and permission of the Program Director. The Sports Medicine Program Coordinator would communicate the vacation request by e-mail to the off service Program Coordinator. The communication cycle, discussion, and definitive approval or denial of the request should be concluded within ten days of the initial e-mail communication of the request. Approval or denial of the request should be communicated by e-mail to the initiating Sports Medicine Program Coordinator.

Steps for Requesting Annual Leave from Off-Service Rotations

1. The House Officer initiates the vacation request to the Sports Medicine Program Coordinator.
2. Sports Medicine Program Coordinator verifies remaining annual leave and obtains any required signatures or permissions for the home service.
3. At least 60 days prior to the date of the requested annual leave, the House Officers Sports Medicine Program Coordinator will e-mail the annual leave request to the off service Program Coordinator, including name of House Officer, rotation dates, and requested leave.
4. The off service Program Coordinator will e-mail the Sports Medicine Program Coordinator a definitive approval or denial of the request within 10 days of the initial e-mail request.
5. The Sports Medicine Program Coordinator will notify the House Officer of his/her approved leave.

Bereavement Leave

House Officers are granted three paid days per contract year for bereavement leave for immediate family members. House Officers do not have the option of carrying unused leave from one contract year to another.

Due to extenuating circumstances such as distance to be traveled, settling of the estate, the House Officer, upon request to the House Officer's Program Director, shall be able to use annual leave, if available, to extend bereavement leave beyond three (3) days or may be granted a leave of absence without pay.

Catastrophic Leave

A catastrophic illness and/or injury is defined as a medical or psychological event experienced by an employee, or an employee's dependent (spouse, domestic partner, or child), which is likely to require the House Officer to be absent from training for a prolonged period of time. Catastrophic leave is to support those unusual or catastrophic illnesses or injuries that leave the House Officer without salary between the duration of his/her paid sick and annual leave and the qualifying period of the long-term disability coverage (90 days). House Officers do not have the option of carrying unused sick and annual leave from one contract year to another. Catastrophic leave must be requested in writing, through the House Officer's Program Director to the Associate

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Dean for Graduate Medical Education. The Associate Dean for GME approves such leave. A request for catastrophic leave may require an attending physician statement. It is to be used only after the House Officer has exhausted all available sick leave and a minimum of 15 days of annual leave. Catastrophic leave cannot exceed sixty (60) days. Catastrophic leave is available as a one-time event per duration of training. Any additional leave falls into the category of unpaid leave of absence. Make up time for purposes of board eligibility is determined by the specific policy of each specialty board and should be negotiated with the Program Director.

Educational Leave

Educational activities such as presenting papers, taking state and national examinations, or attending educational seminars may be allowed, with pay, with the advance approval of the Department Chairman, Program Director and the Chief of Service. GME recommends five days of Educational Leave per year. House Officers do not have the option of carrying unused leave from one contract year to another.

Holidays

House Officers shall be entitled to seven holidays off per year with pay. The following holidays are considered holidays with pay: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day and New Year's Eve. Holidays falling on a Saturday shall be observed on the preceding Friday. Holidays falling on a Sunday shall be observed on the following Monday.

House Officers who are required to perform duty, or to be on-call, on a holiday shall be granted either alternate time off commensurate with the amount of time worked up to a maximum of eight (8) hours, or time-and-a-half pay up to a maximum of eight (8) hours for the time worked. The House Officer's Program Director shall approve all requests for alternate time off or additional pay, and determine which option is granted. The Program Director shall not unreasonably deny the House Officer's preferred option.

In the event the House Officer is granted time off, the time off must be taken within the House Officer's training period and need not be granted in the same academic year in which the holiday falls. The alternative leave arrangement may not be compounded. For example, a House Officer whose shift requires them to work on both Thanksgiving and the day after Thanksgiving will receive eight (8) hours of alternative leave or additional pay, not sixteen (16) hours.

Since House Officers may participate in training at multiple institutions, The Office of Graduate Medical Education strongly encourages alternative leave arrangements to be granted by Program Directors in the same rotation in which it occurs. It is permissible for alternative holiday leave to occur prior to the holiday if it is within the same rotation period.

Leave of Absence - Without Pay

The Program Director and the Chief of Service may grant leaves of absence, at his/her discretion, for periods of short duration. Time for such activities as locum tenens, paid consultation, personal courtroom appearances or personal business must be taken as leave without pay or annual leave. In such instances, House Officers would be responsible for paying the full cost of his/her health, vision, and dental premiums. Insurance premiums are charged at full institutional cost to those working fewer than fifteen calendar days per month.

Leave of absence without pay may, at the discretion of the Program Director, be extended up to a maximum of three months. Make up time for purposes of board eligibility is determined by the specific policy of each specialty board. Contact your Program Director for specific requirements for your specialty. House Officers whose leave of absence extends beyond twelve months will be required to reapply for admission to his/her UNM residency or the fellowship program should they wish to resume his/her GME training at UNM.

Maternity/Paternity/Family Leave

UNM Graduate Medical Education programs recognize the legitimacy of integrating childbearing and adoption into the years of graduate medical training. Return to work after pregnancy and pregnancy-related conditions is to be determined by the House Officer's personal physician. Paid time off will not exceed the total of 21 days of sick leave plus available annual leave. Leave of absence without pay may be extended to bring time off (the sum of paid and unpaid leave) up to a maximum of four months. The Office of Graduate Medical Education pays a portion of the health insurance premium as a benefit during this approved Family Leave. Make up time for purposes of board eligibility is determined by the specific policy of each specialty board and should be negotiated with the Program Director.

Military Leave

Paid military leave shall be granted upon presentation of official orders at a rate of three (3) weeks per academic year, consisting of fifteen (15) week days and six (6) weekend days per. Military leave is defined as leave for service into the United States Army,

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Air Force, Navy, Marine Corps, Coast Guard, National Guard, Air National Guard, or reserve component thereof. In the event a House Officer is called to active duty by the military as defined above, the House Officer's position within his or her training program shall be held until the House Officer can return to work duty at UNM HSC.

Professional Leave

Professional leave is available to House Officers for the purpose of interviewing for employment, residency, or the fellowship. House Officers are allowed up to five days of such leave during the course of a residency or the fellowship program. Leave for such purposes beyond the five days must be taken as annual leave or leave without compensation. No payment will be made for unused time.

Sick Leave

All House Officers receive twenty one days of paid sick leave (which will be based on a five day work week consisting of 15 week days and 6 weekend days) may be used during the contract term for the purpose intended. Sick leave must be documented in writing through the Department on approved leave request forms. The sick leave policy is established in order to protect the House Officer from threats to his/her own health, for bona-fide medical conditions, and to prevent patient exposure. Absence from work to care for an ill or injured member of one's immediate family (spouse, domestic partner, children, parents, and grandparents) may be charged to sick leave and should be done in advance of the leave if possible. A Doctor's note may be required at the discretion of the Program Director. Unused sick leave may not be carried forward to the next training year nor will any payment be made for unused time.

Sick leave for contract periods of less than a full academic year will be calculated on a pro rata basis. Use of sick leave may require make up time for purposes of Board eligibility, which is determined by the specific policy of each Board specialty and should be discuss with the Program Director.

House Officers diagnosed with or suspected of having the following infectious diseases should return to work through Employee Occupational Health Services about the need for medical clearance before returning to work: acute viral conjunctivitis, acute diarrheal disease and Salmonella infection, acute hepatitis A, vaccine-preventable viral diseases, pertussis, scabies, Group A streptococcal infection, tuberculosis, herpetic whitlow, varicella and shingles.

Note: This list is not comprehensive. Certain diagnoses may preclude working with immune-compromised patients. House Officers should contact Infection Control at 272-0131 or pager 951-1067 with any questions. Special provisions may apply to House Officers with acute or chronic Hepatitis B and HIV (see page HIV/Hepatitis C/Hepatitis B). The University reserves the right to request a physician statement of fitness to return to work.

Discipline, Dismissal & Due Process

If the performance of a House Officer (otherwise referred to as Sports Medicine Fellow) is believed to be unsatisfactory in domains that include, but not limited to, clinical skill, medical knowledge, ethics, professionalism, attendance, or compliance with institutional policies or the law, the Program Director must notify the House Officer in writing of the specific areas of unsatisfactory performance. Examples of ethical misconduct include, but are not limited to harassment, patient abandonment, abuse of prescribing privileges, and unlawful discrimination. If the performance of the House Officer is unsatisfactory, the House Officer may be placed on remediation. Remediation is not an adverse action, and is not appealable or grievable.

If the seriousness of the problem dictates immediate action, the Program Director may summarily suspend the House Officers, pending notification of the Associate Dean for Graduate Medical Education, and full investigation of the issue. The House Officer will be placed on probation for a specified period of time. The Program Director will designate a period of probation during which the House Officer must correct the deficiencies or be dismissed. The probationary period together should not be less than 30 days in length nor should normally exceed six months. The Program Director will meet with the House Officer regularly (at least every three months) during this period to formally review progress.

At the end of the probation period, the Program Director will review the House Officer's progress and determine whether satisfactory improvement has been made. Feedback may be solicited from faculty and the House Officer's peers. If improvement has been satisfactory, the House Officer may be continued on probation for a specific period of time not to exceed six months. If the House Officer's performance again becomes unsatisfactory during this period, the House Officer may be dismissed without an additional probation period even if the probation extended beyond a contract year. The Office of Graduate Medical Education must be notified by the Program Director before the dismissal process can begin.

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When You Have a Concern

We hope that you will become an active participant in the evaluation and improvement of our program. There are a number of opportunities for you to get involved, such as formal evaluations, the monthly Resident Meeting, participation on Committees of the Department and the larger institution and informal discussions with faculty and other residents.

We also recognize that there may be situations in which you would prefer to address your concerns to an individual. A number of options are available, starting with the FM faculty and your Program Director. We recognize that there may be situations in which you would prefer to interact with someone who is less directly involved in the Residency program or an impartial third party. In addition, UNM assures you that your concerns will be received and addressed with the utmost attention to protecting you from any retaliation.

The following people are available to you at any time:

Chris McGrew, M.D. - Sports Medicine Program Director, (550) 321-3300, cmcgrew@salud.unm.edu

Shane Cass, D.O. - Sports Medicine Assistant Program Director, (720) 984-3031, scass@salud.unm.edu

Dr. Arthur Kaufman, M.D. - Vice-Chancellor, Community Health, (505) 272-1936, Akaufman@salud.unm.edu

NOTE: Dr. Martha McGrew, M.D., Chair, Department of Family & Community Medicine, supports Dr. Kaufman in taking any unresolved matters directly to the Associate Dean for GME.

David Sklar, M.D. - Associate Dean for GME, (505) 272-6225, dsklar@salud.unm.edu

UNM-SOM Ombudsman

The Ombudsman is a confidential forum for expressing concerns and for exploring options that might be available for addressing those concerns. The Ombudsman is a professional colleague who provides neutral, impartial, and independent support, education and dispute resolution to the SOM community. The Ombudsman can be reached through the GME Office at 272-6225 or Student Affairs at 272-3414.

Institution Grievance Policy

For more information on the institutional Grievance Policy, please consult the House Office Hand Booklet, available on the Graduate Medical Education website - <http://hsc.unm.edu/som/gme/>, under Policies and Procedures.

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Appendix:

360 Degree Evaluation Process

In general, 360-degree feedback is a process whereby an individual (the recipient) is rated on their performance by people who know something about their work (the raters or evaluators). In the UNM Family Medicine Sports Medicine Fellowship, this process involves the evaluation of the performance of the Sports Medicine Fellow in the areas of the ACGME six core competencies by peers with knowledge of a similar scope of practice, co-workers from the allied health professions, office staff and patients. The resulting information is presented to the Sports Medicine Fellow with the aim of helping him/her to gain a better understanding of their skills and development areas. Each source can provide a different perspective on the Sports Medicine Fellow's skills, attributes and other relevant characteristics and thus help to build up a richer, more complete and accurate picture than could be obtained from any one source.

The Sports Medicine Fellow will be assessed by the following:

1. **Faculty Physician:** Sports Medicine Fellow is to be evaluated by Faculty Physician(s) by their patient interaction. **Requirement:** four (4) total evaluations of the Sports Medicine Fellow per year completed by eight (8) different faculty members in *New Innovations* at <http://www.new-innov.com/pub/>
2. **Nursing Evaluation:** Sports Medicine Fellow is to be evaluated by nurses or medical assistants from FM sports, OSIS sports, OFC sports, or the UNM Athletic Training Room. **Requirement:** four (4) total evaluations per year done by four (4) different nurses.
3. **Patient Evaluation:** Sports Medicine Fellow is to be evaluated by patients from FM sports, OSIS sports or OFC sports or UNM Athletic Training Room. **Requirement:** four (4) total evaluations of the Sports Medicine Fellow per year completed by patients.
4. **Family Medicine residents:** Sports Medicine fellow will be evaluated by the Family Medicine residents during interactions at FM sports, OSIS sports or OFC sports or UNM Athletic Training Room. **Requirement:** four (4) evaluations of the Sports Medicine Fellow per year completed by FMC residents.
5. **Medical Students:** Sports Medicine fellow will be evaluated by the Medical Students during interactions at FM sports, OSIS sports or OFC sports or UNM Athletic Training Room. **Requirement:** four (4) evaluations of the Sports Medicine Fellow per year completed by Medical Students.
6. **Front Office: Sports Medicine** Fellow is to be evaluated at their clinic. **Requirement:** four (4) evaluations of the Sports Medicine Fellow per year completed different Front Office staff.
7. **Certified Athletic Trainers:** Sports Medicine Fellow is to be evaluated by Athletic Trainers from the UNM Athletic Training Room. **Requirement:** four (4) evaluations of the Sports Medicine Fellow per year completed by Athletic Trainer.
8. **Sports Medicine Self-Assessment:** The Sports Medicine Fellow will fill out a self-assessment. **Requirement:** four (4) evaluations by the Sports Medicine Fellow completed per year.
9. **Sports Medicine Fellow:** Sports Medicine Fellow is to evaluate the Faculty/Physician(s) by their contribution to the Fellow's medical knowledge, medical skills, clinical judgment, nurturing of scholarship; availability; humanistic qualities; teaching time; time for patient care; and an overall evaluations. **Requirement:** quarterly evaluations of all faculty/physician the Sports Medicine Fellow encountered for a minimum of eight (8) different faculty members in *New Innovations* at <http://www.new-innov.com/pub/>

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New Innovation Sample Evaluation Form

[..\Fellow\Portfolio-Evaluations\Faculty Eval form of Fellow 2013-2014 New Innovations.pdf](#)

360 Degree Evaluation Forms

Confidential Fellow Evaluation Form by Athletic Training Staff

Please fill out this form so we can let the Sports Medicine fellow doctor know how he/she did when treating patients. Your evaluation will help the fellow improve his/her skills. Your comments are anonymous; the fellow will not know who filled out this form. We value and appreciate your input. Please mark your response.

Fellow:

Date:

Patient Care	Yes	No	Don't Know
1. Completes patient care and charting in a timely manner.			
Practice-based Learning and Improvement	Yes	No	Don't Know
2. Willing to answer questions and provide explanations.			
Interpersonal and Communication Skills	Yes	No	Don't Know
3. Treats patients with compassion and respect.			
4. Communicates clearly with Athletic Training staff.			
5. Treats Athletic Training staff with respect.			
Systems-Based Practice			
Professionalism	Yes	No	Don't Know
6. Acts professionally with patients and staff.			
7. Responds promptly when called or paged.			
8. Responsible and reliable for clinics/event coverage.			
9. Asks for Athletic Training Staff input.			
10. Advocates for patient in healthcare system.			
Comments:			

Confidential Fellow Evaluation Form by Medical Students

Please fill out this form so we can let the Sports Medicine fellow doctor know how he/she did when treating patients. Your evaluation will help the fellow improve his/her skills. Your comments are anonymous; the fellow will not know who filled out this form. We value and appreciate your input. Please mark your response.

Fellow:

Date:

Patient Care	Yes	No	Don't Know
1. Listens and assists me with patient presentations.			
Medical Knowledge	Yes	No	Don't Know
2. Helps guide me to the differential diagnosis and treatment plan.			
Practice-Based Learning and Improvement	Yes	No	Don't Know
3. Willing to answer questions and provide explanations.			
4. Adequately supervises my patient care.			
5. Encourages me to access educational tools/literature.			
Interpersonal and Communication Skills	Yes	No	Don't Know
6. Educates patient and families about diagnosis and treatment.			
7. Helps and encourages me to learn.			
8. Provides helpful feedback.			
Professionalism	Yes	No	Don't Know
9. Interacts in a professional manner with colleagues, consultants and staff.			
10. Acts as a role model for medical students.			
Comments:			

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Confidential Fellow Evaluation Form by Nursing/Medical Assistant Staff

Please fill out this form so we can let the Sports Medicine fellow doctor know how he/she did when treating patients. Your evaluation will help the fellow improve his/her skills. Your comments are anonymous; the fellow will not know who filled out this form. We value and appreciate your input. Please mark your response.

Fellow:

Date:

Patient Care	Yes	No	Don't Know
1. Completes patient care and charting in a timely manner.			
Practice-Based Learning and Improvement	Yes	No	Don't Know
2. Willing to answer questions and provide explanations.			
Interpersonal and Communication Skills	Yes	No	Don't Know
3. Treats patients with compassion and respect.			
4. Communicates clearly with Nursing/Medical Assistant staff.			
5. Treats Nursing/Medical Assistant staff with respect.			
Systems-Based Practice	Yes	No	Don't Know
Professionalism	Yes	No	Don't Know
6. Acts professionally with patients and Nursing/Medical Assistant staff.			
7. Responds promptly when called or paged.			
8. Responsible and reliable for clinics/event coverage.			
9. Asks for Nursing/Medical Assistant staff input.			
10. Advocates for patient in healthcare system.			
Comments:			

Confidential Fellow Evaluation Form by Front Office Staff

Please fill out this form so we can let the Sports Medicine fellow doctor know how he/she did when treating patients. Your evaluation will help the fellow improve his/her skills. Your comments are anonymous; the fellow will not know who filled out this form. We value and appreciate your input. Please mark your response.

Fellow:

Date:

Patient Care	Yes	No	Don't Know
1. Complete required paperwork correctly and on time.			
Practice-Based Learning and Improvement	Yes	No	Don't Know
2. Willing to answer questions and provide explanations.			
Interpersonal and Communication Skills	Yes	No	Don't Know
3. Treats staff with respect.			
4. Communicates clearly with front office staff.			
Professionalism	Yes	No	Don't Know
5. Dresses appropriately for clinics.			
6. Responsible and punctual for clinics/meetings.			
7. Acts professionally with patients and staff.			
8. Responds promptly when called or paged.			
Systems-Based Practice	Yes	No	Don't Know
9. Asks for front office input when needed.			
10. Has a basic knowledge of office policies/paperwork.			
Comments:			

UNM Family & Community Medicine Sports Medicine Fellowship Handbook

Confidential Fellow Evaluation Form by Patient

Please fill out this form so we can let the Sports Medicine fellow doctor know how he/she did when treating patients. Your evaluation will help the fellow improve his/her skills. Your comments are anonymous; the fellow will not know who filled out this form. We value and appreciate your input. Please mark your response.

Fellow:

Date:

Patient Care	Yes	No	Don't Know
1. I felt like he/she was interested in my concerns and problems.			
2. Told me when to come back for follow-up, if needed.			
Medical Knowledge	Yes	No	Don't Know
3. Was knowledgeable about my medical problems.			
4. Gave me instructions on how to treat my problem either verbally or in writing.			
Interpersonal and Communication Skills	Yes	No	Don't Know
5. Asked questions that allowed me to discuss my concerns and feelings.			
6. Listened to me.			
7. Spoke to me and/or other members of my family so they understood what was going on.			
Professionalism	Yes	No	Don't Know
8. Introduced him/herself to me.			
9. Introduced other members of the healthcare team to me if they were in the room with us.			
10. Respected my privacy.			
Comments:			

Fellow Self Evaluation Form

Fellow:

Date:

Patient Care	Most of the Time	Sometimes	Seldom/Never
1. I involve the patient in treatment decisions.			
2. My medical records are thorough, readable and timely.			
My strengths in this area are:			
I could improve by:			
Medical Knowledge	Most of the Time	Sometimes	Seldom/Never
3. I use current IT/literature/evidence-based medicine to diagnose and treat the patient's problem.			
My strengths in this area are:			
I could improve by:			
Practice-Based Learning and Improvement	Most of the Time	Sometimes	Seldom/Never
4. I look up and read about current patient diagnoses and problems.			
My strengths in this area are:			
I could improve by:			
Interpersonal and Communication Skills	Most of the Time	Sometimes	Seldom/Never
5. I greet patients appropriately and establish rapport.			
6. I have respect, empathy and compassion in dealing with patients.			
My strengths in this area are:			
I could improve by:			
Professionalism	Most of the Time	Sometimes	Seldom/Never
7. I am punctual and reliable for clinics and events.			
8. I am aware and sensitive to the patient's culture, gender, religion, age and disability.			
9. I show respect for other medical professionals, co-workers, medical students and staff.			
My strengths in this area are:			
I could improve by:			
Systems-Based Practice	Most of the time	Sometimes	Seldom/Never
10. I ask for supervision/advice/help when I need it.			
My strengths in this area are:			
I could improve by:			