Policy

University of South Florida – Morton Plant Mease Health Care Primary Care Sports Medicine Fellowship

Fellow Scope of Practice and Faculty Supervision Summary:

This document describes the usual scope of practice for primary care sports medicine fellows (PGY-4 residents) in training and the supervision provided by program faculty members. While not limited to the following activities, fellows in training are expected to demonstrate competence in these areas as they progress from direct supervision to oversight. Fellows are authorized to perform any activity assigned while under the direct supervision of an appropriately credentialed attending physician.

<u>PGY-4</u>: The PGY-4 resident will perform clinical duties utilizing degrees of supervision commensurate with their level of competence in multiple environments — clinical, academic and administrative. The clinical environments and the supervisory lines of responsibility are delineated in a separate policy on *Supervisory Lines of Responsibility*.

Specialized technical clinical skills exclusive to fellowship training will be taught by primary care sports medicine faculty in various clinical settings under direct supervision progressing to oversight commensurate with their documented competency. There may also be instances for rare hospital consultation of sports medicine services. These will occur directly with an appropriately credentialed primary care sports medicine faculty.

Further scope of practice includes supervision and teaching of lower level residents and / or medical students as well as research which includes quality improvement. Other academic duties of the fellow will include leading journal club, lessons learned to develop skills at cause analysis, and other scholarly activity in addition to the previously mentioned quality improvement with the intention to be either publishable or worthy of presentation at local, regional and/or national meetings.

And finally, the resident's scope of practice will include completing appropriate administrative tasks related to patient care. This would include prescriptions, reviewing consultant recommendations, appropriate coding and billing and completing informed consent for care or research purposes.

NOTE: Individual fellow procedural certification is maintained in the fellow's central file. To verify an individual fellow's scope of practice, please call the residency education coordinator at 467-2502 Monday – Friday, 8:30 AM – 5:00 PM, or the attending physician of record.

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Supervisory Lines of Responsibility:

Supervisory lines of responsibility for the care of patients in each clinical environment of the primary care sports medicine fellowship training program are as follows:

Primary Care Sports Medicine Clinics at TFHC and USF. During primary care sports medicine clinics at TFHC and USF, the primary care sports medicine faculty members are ultimately responsible for the care of patients. The primary care sports medicine fellows (PGY-4 residents) actively participate in the care of these patients under the direct supervision of the primary care sports medicine faculty members.

Continuity Clinics at TFHC. During their continuity clinics at TFHC, the primary care sports medicine fellows (PGY-4 residents) actively provide care to patients under the Indirect Supervision (with Direct Supervision immediately available) of a Family Medicine faculty member designated as their preceptor for that session and receive patients appropriate for their board certification or eligibility.

Training Rooms, Games, Events, Mass Events and Emergency Department (ED). In the various training rooms, games or events, mass events, and in the ED, the primary care sports medicine fellows (PGY-4 residents) actively provide care to patients under the direct supervision of a sports medicine faculty member (either primary care sports medicine attending or orthopedic surgery attending) present at the time. Once deemed competent to do so by the sports medicine faculty, the fellow may assess, work up and treat patients in the training room, on-site at athletic games, events and mass events; and in the ED under indirect supervision or oversight. While fellows (PGY-4 residents) are being supervised under indirect supervision or oversight, a designated primary care sports faculty member is immediately available for precepting via pager/mobile phone and is immediately available to come to the site where patient care is being delivered if requested by the fellow or if deemed necessary by the faculty member. In cases when care has already been delivered, the faculty is available for oversight to provide guidance and to assist in directing any necessary changes in the follow up care of the patient.

Orthopedic Subspecialty, Physical Therapy, Cardiology, Diagnostic Imaging and Elective Rotations. During these rotations the orthopedic surgery, physical therapy, cardiology, radiology and elective faculty members respectively are ultimately responsible for the care of patients. The primary care sports medicine fellows (PGY-4 residents) actively participate in the care of these patients under the direct supervision of these respective faculty members for each of these rotations.

Unique Circumstances. In the event that a patient suffers an apparent life threatening or catastrophic injury and needs transportation to an Emergency Room, the resident may continue to act according to accepted resuscitative protocols until such time as the

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Supervisory Lines of Responsibility:

transfer has occurred. The resident should then immediately communicate with the appropriate faculty member for debriefing.

Direct Observation Ultrasound Skill Competency Evaluation

Fellow:		Date:			
Faculty Attending: Location/Site:					
Procedure: Diagnostic U/S					
A	***************************************		***************************************		
Below Expectation	Meets Expectation	Above Expectation	Nint Ohannand on Indicatord		
		expectation	Not Observed or Indicated		
Selection of procedure &	·	punny	(*************************************		
Obtaining Informed Conse		phina			
	<u> </u>	<u> </u>			
Proper Patient Positioning		-			
	<u> </u>	<u>L</u>			
Handling / Selection of Pro	*****	-			
Proper Utilization of Contr	rols				
	<u> </u>				
Identifying Image Landma	rks				
Utilization of Accepted Pro	tocols in Scanning				
Sterile Technique					
Awareness & Managemen	t of Complications				
Professionalism & Respect	for Patient During Procedu	ıre			
Appropriate Documentation	on Utilizing Procedure Spec	ific Terminology & Image R	ecording		
Level of Independent Practice: Must Meet Expectations in Appropriate Areas to Perform with Oversight					
	to Perform Procedure				
☐ Ready to Perform Procedure with Direct Supervision					
☐ Ready to Perform Procedure with Direct Supervision Immediately Available					
☐ Ready to Perform Procedure with Oversight					
Action Plan (Needed if not ready or ready with Direct Supervision)					
	Personal				
Resident Signature (Only i	f Action Plan Needed\	Faculty Attending Signature	e		

Event Coverage Competency List

Fellow:		Date:	
Faculty Attending: Event Type:			
			·
Below	Meets	Above	
Expectation	Expectation	Expectation	Not Observed
Completed AMSSM Side	eline Preparedness Mini-	Conference &/or USF ATO	C/EMS Field Training
	rd procedures and face i		•,
Competencies: SBP-12,23,24; IC		,	
ACLS Certification & FL	State Medical Licensure		
Competencies: P-11,21			
Event Preparation (ie: E	AP Review with personn	el / inclement weather m	anagement)
Competencies: SBP-11,12,13			
Manages Non-emergent	t Injury (ie: Soft Tissue, Jo	oint, HEENT, concussion)	
Competencies: PC-32		,	
Manages Urgent / Emer	gent Injury (Includes Do	wned Athlete / neck injur	ies / maior ioint
dislocation)	0 7 - 7 - 7 - 1		
Competencies: PC-31,32,34; SBP	2-13		
Communication (ie: Intr	roduction / Familiarization	on and collaboration with	Sports Medicine
		h, ATC & Family where ag	· ·
Competencies: P-13,23; ICS-11,1		in the car and the same at	,propriato,
Communication (Transit	tioning care regarding Pl	ayer status with Coach, A	TC. other physicians.
		collaborative team where	
Competencies: P-23,24; ICS-21,2		conductive team where	appropriate,
Debriefing with ATC / Ev	ent Personnel		
Competencies: SBP-14; PBLI-12,1			
	Level of Require	ed Supervision	and the second s
(*Must meet ti		perform Event Coverage ind	lependently)
•	- ,		, , , , ,
	ot Ready for Independent	Event Coverage	
□ Re	eady for Event Coverage w	ith Direct Supervision	
		ith Direct Supervision Availa	ble*
	eady for Event Coverage w		
Baseral Baseral Communication of the Communication			
Action Plan (Needed if no	t roadu or roadu with Dir	ect Supervision\	
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	1		
Resident Signature (Only i	if Action Dian Nooded	Faculty Attending Signature	
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Direct Observation Procedural Skill competency Evaluation

Fellow:		Date:		
Faculty Attending:		Location/Site:		
Procedure: Inject/Aspirate	Splint/Cast Ot	her:		
Below	Meets	Above		
Expectation	Expectation	Expectation	Not Observed or Indicated	
Selection of procedure & to	reatment plan			
Ġ	·o			
Obtaining Informed Conser	nt	~~~		
Proper Patient Positioning	ه المحافظة على المحافظة على المحافظة على المحافظة على المحافظة المحافظة المحافظة المحافظة المحافظة المحافظة الم	e Profes handrika seran hara manaran di sen serah menerakan menerakan kebuah kebuah menerakan mener		
Handling of Instruments / N	Vaterials			
Identifying Landmarks		ranter and arrante are not and arriver and native and empty and the part of the stable and another the stable are leaded		
Local Anesthetic	***************************************			
Sterile Technique	· · · · · · · · · · · · · · · · · · ·			
Application of Splint / Cast				
Awareness & Management	of Complications			
Professionalism & Respect 1	or Patient During Proced	ure		
Appropriate Documentation	n Utilizing Procedure Spe	cific Terminology		
Level of Independent Pract	ice: <u>Must <i>Meet Expectat</i>.</u>	ions in Appropriate Areas	to Perform with Oversight	
	to Perform Procedure		W-4-2000-000-00-00-00-00-00-00-00-00-00-00-	
Ready to Perform Procedure with Direct Supervision				
Ready to Perform Procedure with Direct Supervision Immediately Available				
☐ Ready to Perform Procedure with Oversight				
Action Plan (Needed if not	ready or ready with Di	rect Supervision)		
Resident Signature (Only if	Action Plan Needed)	Faculty Attending Signat	ure	

Fellow Direct Observation Checklist

Fellow:	Date:
Faculty Attending:	
Visit Type: Outpatient:	PPE: Training Room

Check MISSED only if opportunity was there but missed by fellow Check YES if directly observed				
INTERPERSONAL COMMUNICATION SKILLS Yes Missed Comments				
Demonstrates positive rapport	ICS-11			
Manages Conflict with patient/family	iCS-12			
Utilizes Shared Decision Making & team approach including in transitions	ICS-12,13			
Communicates with Easy to Understand Language	ICS-12			
Accurately documents transitions of care	ICS-11			
Communications minimize conflict across the sports team & player	ICS-14			
Effectively Roles models communication, conflict management	ICS-15,25			
Effective Patient Education including Risk / Benefit of Treatments	ICS-21			
Proper transitions in care of the athlete to members of the sports medicine team	ICS-21			
Provides Patient Education Materials	ICS-23			
Develops Patient Education Materials	ICS-24			
Expertly teaches primary care sports medicine	ICS-25			
PATIENT CARE				
Collects basic medical H&P including basic MSK exam	PC-11, 12			
Collects detailed / advanced Hx of sports related conditions	PC-12, 13			
Performs specialized & pertinent MSK examination techniques	PC-12, 13			
Develops DDX for common medical & sports related issues	PC-21, 22			
Sets appropriate tests and plans for common medical & sports related problems	PC-21, 22			
Modifies DDX based upon H&P	PC-23			
Integrates Test results to modify planning when necessary	PC-23, 24			
Understands & Integrates EBM prinicpals into treatment plan	PC-23, 24			
Expertly role models collecting hx & managing complex sports problems	PC-15,25			
Community resource for athletic events & polic development for events	PC-35			
MEDICALKNOWLEDGE				
Uses knowledge of basic science when evaluating sports medicine issues; including rehab strategies	MK-12			
Integrates scientific knowledge into the Tx of common sports related issues	MK-13			
Integrates scientific knowledge into the complex Tx of sports related issues	MK-14			
Integrates science into the Tx / Modalities pertinent to stage of life	MK-13			
Integrates science and demonstrates appropriate RTP/activity decisions	MK-14, 23			
Has collective knowledge to incorporate basic science, diagnose and treat complex medical or sports medicine problems	MK-15,25,35			
Demonstrates knowledge of diagnostic testing in sports related conditions	MK-22			
Demonstrates knowledge of Injury & Injury risk associated with sport	MK-22,32		-	

Fellow Direct Observation Checklist

Inteprets diagnostic studies used in sports related conditions	MK-23	T	1	
Demonstrates knowledge of complications in managing sports related issues	MK-23	 		
Demonstrates knowledge of supplements and PED's	MK-23		 	
Demonstrates knowledge of RTP for life threatening conditions	MK-24			
	 	<u> </u>	 	
Show competence in prevention programs (OT/PT/Home) for sports injuries	MK-33			
Integrates Biomechanics into Tx planning	MK-34		<u> </u>	
Undertands complications and controversies in management decisions	MK-34			
PRACTICE BASED LEARNING & IMPROVEMENT				
Acknowledges gap in knowledge & expertise and accepts feedback	PBLI- 11, 12			
Uses IT to retrieve reliable information	PBLI- 21			
Consistently seeks feedback and adapts a learning plan with that information	PBLI-13,14	***************************************		
Utilizes literature to taylor EBM planning for patient care issues	PBLI-22, 24			
Independently develops self-improvement plans in practicing sports medicine	PBLI-15	**************************************		
SYSTEM BASED PRACTICE		·····		
Demonstrates knowledge of different systems involved in athlete care	SBP-21			
Collaborates with other members of the healthcare team for the athlete	SBP-11, 12			
Understands role of members of the sports medicine community	SBP-12			
Utilizes a team-based approach to the care of the athlete	SBP-13			
Works with sports medicine community to enhance athletic safety	SBP-15			
Displays understanding of the economics of athletic care	SBP-22			
Demonstrates medico-legal understanding of sports medicine issues	SBP-23			
Manages work in training room / clinic including transitions of care	SBP-24, ICS11,13,21, 23; P14			
Able to develop policies and roles models cost containment in sports medicine	SBP-25			
PROFESSIONALISM				
Displays appropriate attire	P-11			
Displays appropriate compassion and unbiased interactions	P-11			
Demonstrates appropriate practice with in context of patient expectations	P-13			
Advocates for patient when faced with competing influences	P-14			
Fosters collegial spirit with members of the sports medicine team	P-14			
Role models compassion, empathy and respect with patient interactions	P-15			
Identifies ethical issues and manages patients in these complex situations	P-22,23,24			
Leads and sets standards between collegues in the sports medicine community	P-25			

Overall Comments: