

## **Sports Medicine Rotation**

### **At Queen's Medical Center and the University of Hawaii PGY-4**

#### **Description of Rotation**

The PGY-4 resident will rotate through the clinics of four fellowship-trained sports medicine physicians for a six-month period. The first rotation will consist of three months with the primary preceptor followed by one-month rotations with the other preceptors. The rotations will consist of daily clinical, as well as surgical experience. In the clinic the resident will be exposed to a variety of sports-related problems involving primarily the shoulder, elbow, knee and ankle. In the shoulder, the resident will become familiar with the conservative and surgical management of subacromial impingement, traumatic and atraumatic instability, superior labral tears, rotator cuff tears and various tendinopathies. In the knee, the resident will gain experience in the treatment of meniscal tears, patellofemoral pain, anterior and posterior cruciate ligament injuries as well as collateral ligament injuries. In the elbow and ankle, the resident will gain proficiency in the treatment of traumatic and overuse injuries as they relate directly to sports participation. In addition, the PGY-4 resident will acquire medical knowledge and patient care experience with the rehabilitative treatment of sports injuries, both in surgical and non-surgical cases. There is also sports medicine athletic team coverage training at the high school and Division-1 collegiate level with specific exposure to the University of Hawaii football and men's basketball programs. The resident will participate in weekly training room evaluation of athletes. The residents (at all levels of training) voluntarily participate in pre-participation physical exams for the University of Hawaii athletic programs, providing this service to approximately 500 athletes prior to the start of the University's academic year (August). The program will also provide opportunities for similar services to high school athletic programs (as this becomes available). Finally the resident will have ample opportunity to implement supervised treatment of various overuse syndromes by administering local injections to treat tendinitis and also perform arthrocentesis. During the six month rotation, the residents will be expected to participate in, write and submit for publication, a study directly related to a sports medicine topic. At the end of the six-month rotation, the resident would be expected to be very comfortable with all aspects of sports medicine evaluation and treatment.

Length: 6 months of PGY-IV year  
Location: Queen's Medical Center, Attendings' Offices, University of Hawaii  
Primary Supervisors: Robert Atkinson, M.D. (Office: 521-8128)

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Tara Humphreys, A.T.C.  
Eric Okazaki, A.T.C.

Site Coordinator: Sidney Smith, M.D.

#### **Medical Knowledge**

#### **Competency**

Residents must be able to provide patient care that is compassionate, appropriate, patient-centered and effective for the diagnosis treatment of orthopaedic pathology, degenerative arthritis and the promotion of health. Residents are expected to:

### **Objectives**

1. Demonstrate caring and respectful behaviors (verbal and non-verbal) with patients and families
2. Elicit appropriate patient medical history information using effective questioning and listening skills. Learn sports injury related medical inquiry to determine mechanism of injury and related information (performance needs and goals).
3. Perform a comprehensive orthopedic evaluation and physical exam for traumatic and overuse sports injuries to the shoulder, elbow, hip, knee, and ankle.
4. Integrate the clinical presentation of sports injuries with imaging data to make decisions regarding operative care.
5. Formulate a medical and surgical problem list delineating goals to be achieved and complications to be avoided when reconstructive surgery is performed
6. Prevent intra-operative technical complications during shoulder, elbow, knee and ankle arthroscopy.
7. Make an early diagnosis and provide prompt treatment of acute post operative complications, including nerve palsy, DVT, PE, wound dehiscence , infection, and instability.
8. Assess postoperative progress of patients with sports injuries, who have undergone arthroscopic or open operative treatment.
9. Learn to prescribe in hospital and outpatient PT, utilizing standard post operative protocols for patients undergoing shoulder stabilization , rotator cuff surgery, elbow MCL reconstruction, ACL, PCL reconstruction, meniscal repair/excision, ankle ligament reconstruction.
10. Be able to effectively counsel patients and families and caregivers about the plan of care.
11. Be a vital part of the Sports Medicine team under the supervision of attending faculty, including game coverage for University of Hawaii athletic programs
12. Participate in pre-participation physical examinations for University of Hawaii athletes and attend training room screening clinics...
13. Be able to diagnose common sports injuries to shoulder, elbow, hip, knee and ankle
14. Participate in pre and post-operative clinics with attending faculty.
15. Demonstrate and understanding of and use treatment algorithms for complex multi-ligament injuries of the knee.
16. Properly prepare and drape patients for arthroscopic procedures
17. Perform diagnostic and operative shoulder and knee arthroscopy
18. Participate in open and arthroscopic stabilization procedures for shoulder, knee and ankle instabilities.

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## **Medical Knowledge**

### **Competency**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to be able to:

### **Objectives:**

1. Understand and use the classification systems for SLAP tears, shoulder instabilities, rotator cuff tears, knee instabilities, and traumatic or degenerative meniscal injuries.

2. Discuss and understand the biomechanics of shoulder instabilities, knee ligament injuries, elbow instabilities (medial and lateral), and ankle instabilities.
3. Know and describe various open and arthroscopic approaches for the treatment of shoulder, elbow, knee and ankle sports injuries.
4. Know and be able to use various implants for shoulder, elbow, knee arthroscopy, based on anatomical and pathological patient characteristics, and treatment goals.
5. Promptly identify common post arthroscopy complications and discuss their prevention
6. Learn and use evidence based postoperative therapy regimens during the postoperative period.
7. Complete cadaver dissection of shoulder and knee and cite common surgical exposures used during shoulder and knee arthroscopy and reconstructive procedures.
8. Know and be able to cite outcome studies for shoulder stabilization techniques, and ACL, PCL reconstructive procedures and discuss factors that predispose to complications in shoulder and knee arthroscopy.
9. Know appropriate study design for the evaluation of a technique used in ACL reconstruction.
10. Know and discuss risk factors for ACL injury, including gender issues.
11. Describe the protocol for the prevention of ACL injuries in athletes.
12. Differentiate between patients who are best treated by non-operative means.
13. Understand the training techniques available to help prevent overuse injuries in athletes.

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## **Practice- Based Learning and Improvement**

### **Competency**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to:

### **Objectives:**

1. Evaluate one's own knowledge, incorporating feedback from others, especially the Sports Medicine faculty and chief resident(s).
2. Modify self-directed learning appropriately, including feedback provided from OITE results, as it pertains to Sports Medicine questions on the examination.
3. Appraise and assimilate evidence from scientific studies to enhance patient care, especially as it relates to shoulder, elbow, knee and ankles, sports injuries and reconstructive treatments.
4. Effectively use information technology to access and manage patient information
5. Effectively use information technology and other resources to support one's own ongoing self-education (Arthroscopy DVDs, CDs, Vumedi, etc.)
6. Use dry lab and arthroscopy simulator to improve surgical arthroscopic skills
7. Contribute to discussions concerning patient care with other health care professionals, Sports Medicine attendings, and consultants
8. Attend and participate in teaching conferences and rounds.
9. Present one grand rounds on a Sports Medicine topic chosen with approval of rotation preceptor.

10. Produce a pre-rotation list of specific goals and objectives.; share these goals and objectives with the Program Director and faculty preceptors; track progress towards achieving these goals and objectives; and report on the accomplishments.

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## **Systems Based Practice**

### **Competency**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as be able to effectively call on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Collaborate with and maintain appropriate professional attitudes and behaviors toward other medical professionals and allied health personnel
2. Assess how one's own actions affect others, especially in the Sports Medicine service setting. Evaluate interactions with athletes, trainers and coaches.
3. Integrate the care of patients with sports injuries. Use clinical pathways.
4. Use diagnostic and therapeutic procedures appropriately and judiciously
5. Carefully and thoughtfully evaluate the risks, benefits, limitations, and costs of patient care
6. Provide data for M&M conferences to positively affect patient care
7. Participate in clinical pathways designed to improve patient outcomes
8. Serve as patient advocates in dealing with system complexities
9. Serve as patient advocates for quality patient care
10. Work effectively with other services, trainers and coaches
11. Work to improve the system of medical care at Queens Medical Center and improve care for the University of Hawaii athletes
12. Provide information on systems issues that may improve patient care (department meetings).

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## **Professionalism**

### **Competency**

Residents must demonstrate commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to:

### **Objectives**

1. Exemplify and display an observable respect and compassion toward patients
2. Exemplify reliability, punctuality, integrity, and honesty
3. Accept responsibility for one's own actions and decisions
4. Apply sound ethical principles in medical practice, including issues of patient confidentiality, informed consent, provision for the withholding of care, and interactions with insurance companies and disability agencies
5. Consider the effects of personal, social, and cultural factors in the disease process and patient management
6. Demonstrate non-judgmental sensitivity and responsiveness to the age, culture, disability status, and gender of patients and colleagues.

7. Understand and be empathetic to special needs and concerns of the elite athlete, who is injured.

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## **Interpersonal and Communication Skills**

### **Competency**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Establish trust and maintain rapport with patients and families, trainers and coaches.
2. Complete dictations and chart notes in a timely manner (monitored by medical records department and Program Director)
3. Discuss diagnoses, prognoses, and treatment options clearly and accurately to patients and trainers.
4. Synthesize information and present clinical and diagnostic information clearly to colleagues, trainers and coaches.
5. Utilize effective listening skills
6. Communicate and interact with staff/team in respectful, responsive manner
7. Promote teamwork, and coordinate the work up and treatment of patients on the Sports Medicine service.

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## **Teaching Methods**

PGY-4 residents on the Adult Arthroplasty and Reconstructive service function with a 1:1 faculty/resident ratio. Teaching is by case-method with didactic support in the form of basic science lectures, journal club, grand rounds, morbidity and mortality conferences.

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## **Assessment Method (residents)**

Resident performance will be subject to daily formative evaluation in the operating room, and the clinics and training room; resident is given a specific formative evaluation 2 weeks into the rotation, to address any deficiencies; the 360 degree evaluation process (using faculty, trainers, and residents' evaluations) will take place at the end of each quarter. Semiannual Program Director/Faculty preceptor/Resident evaluation meetings will provide summative evaluation.