

## **Other Topics in Violence, Substance Abuse Disorders, Sports Medicine and School Health**

### General description of the training including educational purpose, rationale or value:

These varied topics are covered through a series of conferences and seminars, as well as clinical rotations. Most are covered during the 2-year curriculum in the Ambulatory Care Seminars and include domestic violence, substance abuse, personality disorders, orthopedic problems in primary care, sports medicine and college/school health. Residents are required to attend Psychiatry sessions during their Ambulatory Blocks where these topics are addressed in a small group under the guidance of a psychiatrist with a specialty in consultation liaison. Residents may opt for clinical rotations in Adolescent Medicine or Sports Medicine – either as a one-month rotation or as a series of components during their Ambulatory Block Rotations. For additional training in adolescent medicine, residents with a particular interest in primary care may elect a second half-day of continuity clinic in a college health center, e.g., the undergraduate campus of the University of Maryland (College Park) or Dowell Health Center at Towson University.

### Resident responsibilities:

Residents are expected to attend all required conferences. Residents may choose clinical components, such as an elective in Sports Medicine or additional continuity time at a college health center.

### Educational Objectives: During this training, the resident will:

1. Discuss presenting signs and symptoms of domestic violence and be able to identify and evaluate victims.
2. List triggers for violent behavior and what resources are available for its management.
3. Discuss principles for evaluating and managing patients with substance abuse problems and associated psychiatric problems.
4. List the prevention, evaluation and management (including immobilization, joint injection) of common sports injuries, including sprains, strains, tendonitis, arthritis and ligamentous injury among others. (See curriculum in Sports Medicine).
5. Demonstrate understanding of the developmental, psychological and medical issues in adolescents and young adults in the school/university setting.

### Check all principle teaching methods used during this training:

- |   |                                      |                              |   |
|---|--------------------------------------|------------------------------|---|
| <input type="checkbox"/> [ ]              | Attending teaching rounds            | <input type="checkbox"/> [ ] | Interdisciplinary rounds                          |
| <input checked="" type="checkbox"/> [ x ] | Patient management discussions       | <input type="checkbox"/> [ ] | Small group discussions                           |
| <input checked="" type="checkbox"/> [ x ] | Conferences specific to the rotation | <input type="checkbox"/> [ ] | Bedside clinical rounds                           |
| <input checked="" type="checkbox"/> [ x ] | Individual instruction of procedures | <input type="checkbox"/> [ ] | Review of diagnostic studies                      |
| <input type="checkbox"/> [ ]              | Other: _____                         | <input type="checkbox"/> [ ] | Review of diagnostic studies, including radiology |

### Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

This cluster of topics is presented in both the conference and clinical setting – each relevant to the specific patient population. These topics allow residents to evaluate and understand a broad diversity of patients from an urban setting to the suburbs, with diverse developmental and psychiatric/psychological needs.

### Check the principal ancillary educational materials used:

- |   |                             |   |                              |
|---|-----------------------------|---|------------------------------|
| <input type="checkbox"/> [ ]              | Reading lists               | <input type="checkbox"/> [ ]              | Pathologic material          |
| <input type="checkbox"/> [ ]              | Radiologic studies          | <input type="checkbox"/> [ ]              | Other noninvasive studies    |
| <input checked="" type="checkbox"/> [ x ] | Handouts on relevant topics | <input checked="" type="checkbox"/> [ x ] | Articles from the literature |
| <input type="checkbox"/> [ ]              | Other: _____                | <input checked="" type="checkbox"/> [ x ] | Case studies                 |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: \_\_\_\_\_

Identify strengths and limitations specific to the resources of the sponsoring institution:

The strengths include the opportunity for residents to learn the subject material in a wide variety of clinical and didactic venues. The model used here is similar to other aspects of the curriculum – all residents are exposed to the curriculum through a didactic format or a series of required clinical sessions (e.g., psychiatry) and then those residents with a strong interest in the topic can pursue the areas in further depth through additional clinical rotations.

Conferences or attending/Patient Care Rounds:

- Ambulatory Care Seminars – weekly
- Clinics as schedules at the particular sites