

**University of Maryland Department of Orthopaedics**  
**Sports Medicine Service Competency Requirements**

**Patient Care**

Faculty will evaluate the resident’s ability to obtain a history, perform a physical examination, order and interpret appropriate radiographs, and formulate a treatment plan for outpatients and inpatient consults.

In the operating room, the faculty will evaluate the resident’s familiarity with the patient, the indications for surgery, understanding of the surgical treatment plan, ability to execute the operative plan, and understanding of the post-operative treatment plan.

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, weekly Sports Medicine service conference,, operative case log, 360 degree surveys, and self assessment.

PGY-III Resident Goals & Objectives:	PGY-V Resident Goals and Objectives
<p>The resident will:</p> <ol style="list-style-type: none"> <li>1. Effectively able to evaluate the following systemic conditions affecting the knee via a thorough H&amp;P:               <ol style="list-style-type: none"> <li>a. ACL tears</li> <li>b. PCL tears</li> <li>c. MCL tears</li> <li>d. LCL/posterolateral corner tears</li> <li>e. Meniscus tears</li> <li>f. Osteochondral injuries</li> <li>g. Iliotibial band syndrome</li> <li>h. Patellofemoral disorders</li> <li>i. Quadriceps/Patellar tendon injuries</li> <li>j. Pes bursitis</li> </ol> </li> <li>2. Effectively able to evaluate the following conditions involving the shoulder via a thorough H&amp;P:               <ol style="list-style-type: none"> <li>a. Glenohumeral instability</li> <li>b. Labral/SLAP tears</li> <li>c. Biceps tendon injuries/instability</li> <li>d. Rotator cuff tendonitis/impingement syndrome</li> </ol> </li> </ol>	<p>The resident will:</p> <ol style="list-style-type: none"> <li>1. Demonstrate mastery of all PGY-II level goals and objectives</li> <li>2. Demonstrate understanding of the anatomy and surgical plan for:               <ol style="list-style-type: none"> <li>a. PCL reconstruction</li> <li>b. Posterolateral corner repair/reconstruction</li> <li>c. Meniscus allograft</li> <li>d. Hip arthroscopy</li> </ol> </li> <li>3. Formulate a differential diagnosis for the injured athletic person and make a final diagnosis</li> <li>4. Effectively demonstrate that he/she can competently outline the time frames for rehabilitation following the common sports medicine injuries and surgical procedures</li> <li>5. Demonstrate knowledge of the surgical approach and</li> </ol>

<ul style="list-style-type: none"> <li>e. Rotator cuff tears</li> <li>f. Acromioclavicular joint injuries</li> <li>g. Glenohumeral arthritis</li> <li>h. Internal impingement</li> <li>i. Paralabral cysts</li> </ul> <p>3. Effectively able to evaluate the following conditions involving the elbow via a thorough H&amp;P:</p> <ul style="list-style-type: none"> <li>a. Ulnar collateral ligament tears</li> <li>b. Posterolateral rotatory instability</li> <li>c. Flexor/pronator tendonitis</li> <li>d. Lateral epicondylitis</li> <li>e. Distal biceps tendon injuries</li> <li>f. Triceps tendon injuries</li> <li>g. Osteochondral injuries</li> <li>h. Elbow arthritis</li> </ul> <p>4. Effectively able to evaluate the following conditions involving the leg, ankle, and foot via a thorough H&amp;P:</p> <ul style="list-style-type: none"> <li>a. Tibial stress syndrome/stress fractures</li> <li>b. Exercise-induced compartment syndrome</li> <li>c. Popliteal artery entrapment syndrome</li> <li>d. Achilles tendon injuries</li> <li>e. Peroneal tendon injuries</li> <li>f. Lateral ankle sprains</li> <li>g. Syndesmotic injuries</li> <li>h. Midfoot injuries</li> <li>i. Acute/chronic metatarsal fractures</li> </ul> <p>5. Effectively demonstrate that he/she can competently:</p> <ul style="list-style-type: none"> <li>a. Obtain a comprehensive <b>history</b></li> <li>b. Perform any relevant condition-specific <b>physical examination</b></li> <li>c. Identify appropriate radiographic <b>imaging studies</b></li> <li>d. Interpret radiographic studies, including MRI of the shoulder and knee</li> <li>e. Formulate a <b>differential</b> diagnosis</li> <li>f. Outline the <b>etiology</b>, or possible etiologies of the</li> </ul>	<p>anatomy for all operative procedures including elective and emergent cases.</p> <p>6. Demonstrate proficiency in performing the following surgical procedures:</p> <ul style="list-style-type: none"> <li>a. Arthroscopic debridement of the knee and shoulder</li> <li>b. ACL reconstruction</li> <li>c. Meniscal debridement</li> <li>d. Lateral release</li> <li>e. Knee chondroplasty and microfracture</li> <li>f. Labral and SLAP repair</li> <li>g. Subacromial decompression</li> <li>h. AC joint resection</li> </ul> <p>7. Outline the management of possible <b>complications</b> of these surgical procedures</p> <p>8. Demonstrate an understanding of on the field management of common athletic injuries</p>
---	--

specific condition

- g.** Outline the **natural history** of the specific condition with and without surgical treatment
  - h.** Describe appropriate **non-operative treatment options** (if they exist)
  - i.** Describe appropriate **operative treatment options** (if they exist)
  - j.** Describe possible **complications** of non-operative and operative treatment
  - k.** Outline the **rehabilitation program** involved in non-operative and operative treatment of above mentioned disorders
6. Be able to perform simple invasive procedures including:
- a. Knee joint aspiration/injection
  - b. Glenohumeral joint aspiration/injection
  - c. Subacromial space aspiration/injection
  - d. Pes anserine bursa injection
  - e. Leg compartment pressure monitoring
7. Demonstrate competence in the operating room to:
- a. Position patients for knee, shoulder, elbow, and ankle/foot procedures
  - b. Prep and drape of the operative field
  - c. Perform a diagnostic arthroscopy of the shoulder and knee, making the correct diagnosis of associated pathology
  - d. Perform basic surgical exposure of open procedures
  - e. Close the surgical wound
  - f. Apply post-operative dressing
8. Demonstrate understanding of anatomy and surgical plan for:
- a. ACL reconstruction
  - b. Meniscus repair
  - c. Partial meniscectomy
  - d. Microfracture, ACI, and other articular cartilage procedures
  - e. Lateral retinacular release

<ul style="list-style-type: none"> <li>f. Patellar realignment procedures</li> <li>g. Quadriceps/patellar tendon repair</li> <li>h. Labral/SLAP repair</li> <li>i. Rotator cuff repair</li> <li>j. Subacromial decompression</li> <li>k. Distal clavicle resection</li> <li>l. Acromioclavicular joint reconstruction</li> <li>m. Biceps tenodesis</li> <li>n. Ulnar collateral ligament reconstruction</li> <li>o. Distal biceps/triceps repair</li> <li>p. Leg compartment fasciotomy</li> <li>q. Achilles tendon repair</li> <li>r. ORIF 5<sup>th</sup> metatarsal fractures</li> </ul>	

**Medical Knowledge**

Faculty will evaluate the resident’s knowledge on an ongoing basis in the clinic and operating room.

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, weekly Sports service pre-operative conference, , journal club evaluation forms, OITE scores, 360 degree surveys, self assessment.

<b>PGY-III Resident Goals and Objectives:</b>	<b>PGY-V Resident Goals and Objectives:</b>
<p>The resident will:</p> <ul style="list-style-type: none"> <li>1. Demonstrate knowledge of the indications for surgical procedures such as knee and shoulder arthroscopy, ligament reconstruction versus repair, and intra-articular infection.</li> <li>2. Demonstrate the ability to perform a thorough history and physical examination, and aptitude in making the correct</li> </ul>	<p>In addition to obtaining competency in the PGY-II goals and objectives, the resident will:</p> <ul style="list-style-type: none"> <li>1. Possess knowledge and demonstrate expertise in the discussion of the natural history of the systemic and specific conditions listed above</li> <li>2. Demonstrate an advanced understanding of pathology,</li> </ul>

<p>diagnosis based on these findings</p> <ol style="list-style-type: none"> <li>3. Demonstrate understanding of the relevant surgical anatomy of the upper and lower extremity</li> <li>4. Demonstrate an understanding of simple invasive procedures for patients such as injection/aspiration, abscess drainage, compartment pressure monitoring</li> <li>5. Demonstrate an understanding of the classic and contemporary literature pertaining to upper and lower extremity reconstruction through self-guided study, Journal club, and completion of the Sports Medicine service reading list</li> </ol>	<p>surgical anatomy and operative exposures</p> <ol style="list-style-type: none"> <li>3. Assume a leadership role in planning patient care and teaching conferences</li> <li>4. Assume a leadership role in mentoring the PGY II resident</li> </ol>
--	---

**Practice Based Learning and Improvement**

Residents will be evaluated based upon awareness of background and recent advances in common treatments, surgical indications, and surgical principles through participation in weekly pre-operative conference, morning trauma intake rounds, Chairman’s conference, monthly M&M conference, and Journal club.

Residents will be evaluated by mid-cycle and end of rotation faculty feedback, pre-op conference assessments, journal club evaluation forms, M&M assessments, 360 degree surveys, self assessment.

PGY-III Resident Goals & Objectives:	PGY-V Resident Goals & Objectives:
The resident will:	In addition to obtaining competency in the PGY-II goals and objectives,

<ol style="list-style-type: none"> <li>1. Demonstrate familiarity and understanding of reading materials describing the systemic and specific conditions listed above including those assigned from: <ol style="list-style-type: none"> <li>a. OKU Sports Medicine, Vol 3</li> <li>b. OKU Shoulder and Elbow, Vol 2</li> <li>c. Sports Medicine service reading list</li> </ol> </li> <li>2. Accurately locate, appraise and assimilate evidence from scientific studies relating to the patient's orthopaedic condition. This requires knowledge of the pertinent recent literature as may be obtained in: <ol style="list-style-type: none"> <li>a. American and British JBJS</li> <li>b. Journal of the AAOS</li> <li>c. American Journal of Sports Medicine</li> <li>d. Journal of Arthroscopy</li> <li>e. Journal of Shoulder and Elbow Surgery</li> </ol> </li> </ol>	<p>the resident will:</p> <ol style="list-style-type: none"> <li>1. Apply critical thinking in the appraisal of clinical studies read in the peer reviewed literature as well as in the treatment of patients</li> <li>2. Direct the education for the more junior residents on the service</li> <li>3. Prepare and organize the weekly pre-operative conference to include history and physical examination findings, interpretation of radiographic studies, discussion of surgical indication, discussion of surgical techniques with potential complications, and discussion of indicated rehabilitation protocols and principles</li> </ol>
---	--

**Interpersonal & Communication Skills**

See common program competencies, additionally:

<p>PGY-III Resident Goals &amp; Objectives:</p>	<p>PGY-V Resident Goals &amp; Objectives:</p>
<p>The resident will:</p> <ol style="list-style-type: none"> <li>1. Begin a relationship with an athletic trainer at a local high school during the fall football season and communicate with this trainer during the course of his or her training</li> </ol>	<p>In addition to obtaining competency in the PGY-II goals and objectives, the resident will take on a greater role in trainer to attending communication</p>

**Professionalism**

See common program competencies

**Systems-based Practice**

See common program competencies