Policy & Procedure Manual
Primary Care Sports Medicine Fellowship

West Virginia University
School of Medicine
Department of Emergency Medicine

Table of Contents

WVU Primary Care Sports Medicine Fellowship Overall Goals and Objectives

Goals:

1. Meet or exceed all ACGME requirements for the fellowship.
2. Provide a comprehensive and thorough Primary Care Sports Medicine clinical experience that will allow the fellow to be a competent PCSM provider.
3. Provide a comprehensive and thorough experience in Event Medicine through various event coverage opportunities.
4. Provide a comprehensive and thorough didactic education on the specialty of Primary Care Sports Medicine that will include current hot topics as well as those topics felt to be the foundation of the specialty.

Objectives:

1. The fellow will demonstrate proficiency in the evaluation and treatment of common musculoskeletal conditions including the utilization of procedures.
2. The fellow will demonstrate competency in the planning and implementation of event coverage.
3. The fellow will understand and implement the principles of concussions management.
4. The fellow will demonstrate competency in musculoskeletal ultrasound techniques.
5. The fellow will embrace the process of life-long learning through guided experiences in research and evaluation of literature.
6. The fellow will pass the exam required to achieve the CAQ in PCSM.

Code of Professionalism for West Virginia University School of Medicine
Graduate Medical Education

The West Virginia University School of Medicine embraces the following Code of Professionalism amongst all students, resident/fellows, faculty, and staff. This Code provides the foundation for proper lifelong professional behavior. It is the expectation that this behavior will be consistently maintained at its highest level both inside and outside of the professional training environment. This is one of the core ACGME competencies.

The nine primary areas of our code of professionalism are defined as:

Honesty and Integrity

Accountability

Responsibility

Respectful and Nonjudgmental Behavior

Compassion and Empathy

Maturity

Skillful Communication

Confidentiality and privacy in all patient affairs

Self Directed Learning and Appraisal Skills

Honesty and Integrity

Honesty in action and in words, with self and with others

Does not lie, cheat or steal

Adheres sincerely to school values
(love, respect, humility, creativity, faith, courage, integrity, and trust)

Avoids misrepresenting one's self or knowledge

Admits mistakes

Accountability

Reports to duty/class punctually and well prepared

Keeps appointments

Is receptive of constructive evaluations (by self and others)

Completes all tasks on time

Follows up on communications

Responsibility

Reliable, trustworthy, and caring to all

Prompt, prepared, and organized

Takes ownership of assigned implicit and explicit assignments

Seriously and diligently works toward assigned goals/tasks

Wears appropriate protective clothing, gear as needed in patient care

Respectful and Nonjudgmental Behavior

- Consistently courteous and civil to all
- Tolerates diversity in culture, country of origin, gender, sexual orientation, religious preference, political views, age, ethnicity, and race
- Works positively to correct misunderstandings
- Listens before acting
- Considers others' feelings, background, and perspective
- Realizes the value and limitations of one's own beliefs, and perspectives
- Strives not to make assumptions

Compassion and Empathy

- Respects and is aware of others' feelings
- Attempts to understand others' feelings
- Demonstrates mindfulness and self-reflection

Maturity

- Exhibits personal growth
- Recognizes and corrects mistakes
- Shows appropriate restraint
- Tries to improve oneself
- Has the capacity to put others ahead of self
- Manages relationships and conflicts well
- Maintains personal and professional balance and boundaries
- Willfully displays professional behavior
- Makes sound decisions
- Manages time well
- Able to see the big picture
- Seeks feedback and modifies behavior accordingly
- Maintains publicly appropriate dress and appearance

Skillful Communication

- Effectively uses verbal, non-verbal, and written communication skills that are appropriate to the culture/setting
- Writes and speaks with clarity at a comprehendible level
- Seeks feedback that the information provided is understood
- Speaks clearly in a manner understood by all
- Provides clear and legible written communications
- Gives and receives constructive feedback

Wears appropriate dress for the occasion

Enhances conflict management skills

Confidentiality and Privacy in all patient affairs

Maintains information in an appropriate manner

Acts in accordance with known guidelines, policies, and regulations

Seeks and reveals patient information only when necessary and appropriate

Self-directed learning and appraisal skills

Demonstrates the commitment and ability to be a lifelong learner

Accomplishes tasks without unnecessary assistance and continues to work and value the team

Completes academic and clinical work in a timely manner

Is honest in self-evaluation of behavior, performance, skills, knowledge, strengths, weaknesses, and limitations, and suggests opportunities for improvement

Is open to change

Completes in-depth and balanced, self-evaluations on a periodic basis

As a fellow physician in a graduate medical education program at the West Virginia University School of Medicine, my signature below signifies that I have read the above code of professionalism established by the School of Medicine, understand that it is one of the six core competencies that I am asked to achieve, and pledge to work to demonstrate these attributes to the best of my ability. I understand that I will be evaluated on my success in obtaining, maintaining and demonstrating these attributes of professionalism.

Use of Social Networking Sites, Blogs, and Instant Messaging Policies

- In accordance with HIPAA, FERPA, and WVU Health Sciences Center IT policy, please be advised that faculty, staff, residents/fellows, and students are not permitted to post confidential patient information, including protected health information (PHI), educational records protected by FERPA, institutionally-owned asset data, confidential, proprietary, or private information on any social networking sites (Facebook, Instagram, Twitter, YouTube, etc.), personal / business related blogs, and /or via instant messaging service.
- Make sure you understand the permanency of published material on the Web, and that all involved in health care have an obligation to maintain the privacy and security of patient records under HIPAA and that WVU fully complies with protecting the privacy of education records under FERPA policy.
- Always comply with the current institutional policies with respect to the conditions of use of technology and of any proprietary information such as university logos.
- Finally, please note that Facebook, Instagram, and other social networking sites are increasingly being targeted by cyber-criminals drawn to the wealth of personal information supplied by users. Data posted on the sites (i.e. name, date of birth, address, job details, email and phone numbers) is a windfall for hackers. Viruses on these networks can hijack the accounts of social networking site users and send messages steering friends to hostile sites containing malware, a malicious software often designed to infiltrate a computer system for illicit purposes. Malware

can be used to steal bank account data or credit card information once installed on a personal computer. Another danger of social networking sites are the popular quizzes, horoscopes and games made available for free to users which can sometimes be used to hide links to hostile sites.

Examples of information that should not be shared on social networking, blog sites, and instant messaging services are:

- Reporting on or about official medical activities and/or patient's personal health information.
- Requiring patients to participate in "social networking" activities to influence or maintain the provider/patient relationship.
- Posting of and/or the discussion of student grades, evaluations, course feedback, etc.
- Reviewing profiles of patients.
- Participating in activities that may compromise the provider/patient or faculty/student relationship.
- Providing medical advice on social networking sites.

General Behavior and Expectations

You are expected to attend and be on time for all meetings, conferences, clinical shifts, and duties. Repeated tardiness will be noted in your personnel file and may lead to remediation efforts if not corrected.

You are expected to treat patients and their family members, clinic and hospital staff, nurses, desk clerks, etc., in a caring, courteous, and respectful manner.

You are expected to wear your pager while on duty and during conference hours so that you can be easily reached by DEM personnel and/or your fellowship coordinator.

You are expected to have e-mail access for expedient sharing of DEM/fellowship information, and to check your e-mail daily. DEM will provide ID's and passwords for on-line e-mail access at DEM; however, e-mail access from home is strongly recommended. In addition, you must check your "work mailbox" at least weekly. Keep up-to-date with administrative work! Having a home computer and/or smart phone with power point software and home E-mail access is strongly encouraged.

West Virginia University Department of Emergency Medicine
Primary Care Sports Medicine Fellowship
Clinical Competency Committee Role and Responsibility

Background:
With the transition to the ACGME Next Accreditation System (NAS) in July 2013, the Clinical Competency Committee (CCC) at WVU was established in accordance with the requirements of NAS. The membership of the CCC is determined by the Program Director who serves as a member, but not the chair, of the CCC at WVU. The membership is intended to reflect a broad range of faculty members who participate in the clinical education and supervision of the fellows.

Responsibilities:
The Clinical Competency Committee will serve as an evaluative body for the fellows participating in the training program, and will make recommendations on fellow performance and competency to the Fellowship Program Director, who has the ultimate role of attesting to fellow competency and readiness for graduation from the program. The main role of the CCC will be to evaluate and report the progress of each fellow's training performance, including semi-annual Milestone assessment and reporting. In addition to this semi-annual assessment of the fellows, the CCC will also be available to meet more frequently, as needed, to discuss/intervene upon any emergently identified concerns with fellow performance.

Primary Care Sports Medicine Milestones

Milestones are designed for programs to use in semi-annual review of fellow performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each reporting period, review and reporting will involve selecting the level of milestones that best describes a fellow's current performance level in relation to milestones, using evidence from multiple methods, such as direct observation, multi-source feedback, tests, and record reviews, etc. Milestones are arranged into numbered levels. These levels do not correspond with post-graduate year of education.

Selection of a level implies that the fellow substantially demonstrates the milestones in that level, as well as those in lower levels (See the diagram on page v). A general interpretation of levels for Primary Care Sports Medicine is below:

Level 1: The fellow demonstrates milestones expected of an incoming fellow.
Level 2: The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.
Level 3: The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.
Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones

targeted for fellowship. This level is designed as the graduation target.
Level 5: The fellow has advanced beyond performance targets set for fellowship and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.

1. **History and Physical Examination: Medical and Musculoskeletal — Patient Care 1**
2. **Medical Management: Differential Diagnosis, Diagnostic Testing, Interpretation of Data and Treatment Planning — Patient Care 2**
3. **Team Coverage and Athletic Care: Coverage of Sporting Events, Pre-participation Physical Examinations, Training Room Coverage — Patient Care 3**
4. **Science of Sports Medicine, including Anatomy, Physiology, Cellular Biology, Epidemiology, Pharmacology, Nutrition, Biomechanics, Rehabilitation, and Psychology — Medical Knowledge 1**
5. **Medical Issues in Sports Medicine — Medical Knowledge 2**
6. **Musculoskeletal Issues in Sports Medicine — Medical Knowledge 3**
7. **Working with Inter-professional Teams (consultants, certified athletic trainers [ATCs], physical therapists [PTs], occupational therapists [OTs], chiropractors, etc.) to Enhance Athletic Care and Safety — Systems-based Practice 1**
8. **Systems Thinking — Systems-based Practice 2**
9. **Self-directed Learning — Practice-based Learning and Improvement 1**
    1. Identify strengths, deficiencies, and limits in one's knowledge and expertise
    2. Set learning and improvement goals
    3. Identify and perform appropriate learning activities
    4. Use information technology to optimize learning
10. **Locate, Appraise, and Assimilate Evidence from Scientific Studies Related to the Patient's Health Problems — Practice-based Learning and Improvement 2**
11. **Compassion, Integrity, Accountability, and Respect for Self and Others — Professionalism 1**
12. **Knowledge about and Adherence to the Ethical Principles Relevant to the Practice of Sports Medicine — Professionalism 2**
13. **Relationship Development, Teamwork, and Managing Conflict — Interpersonal and Communication Skills 1**
14. **Information Sharing, Gathering, and Technology — Interpersonal and Communication Skills 2**

All fellowship programs must assure that its fellows obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their fellows to demonstrate the following competency objectives are met:
www.acgme.org Accreditation Council for Graduate Medical Education site includes important fellow information including the official duty hour rules. This agency oversees all Graduate Medical Education including residencies and fellowships.

Patient Care:
Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Among other things, fellows are expected to:

Gather essential and accurate information about their patients via good interviewing skills and a complete physical examination.

Formulate an appropriate differential diagnosis.

Implement an effective patient management plan.

Competently perform the diagnostic and therapeutic procedures and emergency stabilization.

Demonstrate manual dexterity appropriate for level of training.

Clearly communicate risks and benefits of treatment options with patients and family.

Prioritize and stabilize multiple patients and perform other responsibilities simultaneously.

Provide health care services aimed at preventing health problems or maintaining health.

Work with health care professionals to provide patient-focused care.

Medical Knowledge:
Fellows must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Among other things, fellows are expected to:

Identify life-threatening conditions, the most likely diagnosis, synthesize acquired patient data, and identify how and when to access current medical information.

Critically evaluate and demonstrate knowledge of pertinent scientific literature.

Properly sequence critical actions for patient care and generate a differential diagnosis for an undifferentiated patient.

Complete disposition of patients using available resources.

Practice-Based Learning and Improvement:
Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices based on constant self evaluation and lifelong learning.. Among other things, fellows are expected to:

Demonstrate a desire to learn as well as the ability to learn from practice.

Analyze and assess their practice experiences and perform practice-based improvement.

Actively seek and incorporate feedback from others, recognize importance of lifelong learning.

Locate, appraise, and utilize scientific evidence related to their patients' health problems.

Apply knowledge of study designs and statistical methods to critically appraise the medical literature.

Utilize information technology to enhance their education and improve patient care.

Facilitate the learning of residents, health care professionals, medical students, patients and families.

Interpersonal and Communication Skills:
Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, and professional associates. Among other things, fellows are expected to:

Develop an effective therapeutic relationship with patients and their families, with respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences.

Demonstrate effective participation in, and leadership of, the health care team.

Effectively and appropriately document medical information in a timely fashion.

Develop effective written communication skills.

Demonstrate the ability to handle situations unique to the practice of primary care sports medicine.

Effectively communicate with out-of-hospital personnel as well as non-medical personnel.

Professionalism:
Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Fellows are expected to:

Treat patients, family, staff, and professional personnel with respect.

Protect staff, family, patient's interests, and confidentiality

Maintain a professional appearance and be punctual to all required activities including conferences and shifts.

Demonstrate sensitivity to patient's pain, emotional state, and gender/ethnicity issues.

Be able to discuss death honestly, sensitively, patiently, and compassionately.

Have unconditional positive regard for the patient, family, staff, and consultants.

Accept responsibility/accountability.

Comply with departmental policies and procedures in a timely fashion.

Be open and responsive to the comments of other team members, patients, families, and peers.

Act with integrity at all times.

Systems-Based Practice:
Fellows must 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. Among other things, fellows are expected to:

Understand, access, appropriately utilize, and evaluate the effectiveness of the resources, providers, and systems necessary to provide optimal care.

Understand different medical practice models and delivery systems and how to best utilize them to care for the individual patient.

Practice cost-effective health care and resource allocation that does not compromise quality of care.

Advocate for and facilitate patient advancement through the health care system.

WVU Primary Care Sports Medicine Fellowship:
Annual Competencies for Fellows
Goals and Objectives

The goals and objectives for each rotation completed during the fellowship program are distributed to the fellows at the beginning of each academic year. It is the expectation and responsibility of all fellows to read, review, and understand the Goals and Objectives and the associated Policy and Procedure manual.

Fellows will have successfully completed all requirements of their primary specialty residency program. In addition, fellows are required by West Virginia University to apply for and obtain a valid, unrestricted West Virginia Medical License. Failure to do so will result in termination.

Competency Objective	Core Competency	Assessment Method
Demonstrate acceptable progress on the PCSM Milestones as determined by the Clinical Competency Committee. This will be determined by the completion of monthly summative evaluations.	Patient care; medical knowledge; practice based learning and improvement; interpersonal and communication skills; professionalism; systems based practice	Rotation evaluation, PCSM monthly evaluations
Attend more than 70% of all fellowship conferences.	Professionalism; medical knowledge; practice based learning and improvement	Attendance sheets
Complete all assigned online review questions	Medical knowledge	In training exam, direct tracking
Participate in a self-study reading program and achieve satisfactory improvement in PCSM knowledge base as evaluated by the PCSM Faculty and Program Director.	Medical knowledge	Semi-annual evaluation, in-training exam
Demonstrate mastery in all specified academic requirements, as evaluated by the Clinical Competency Committee.	Systems based practice; interpersonal & communication skills; professionalism	Lecture evaluations

Describe appropriate supervision and documentation necessary for patients being managed by medical students and residents. Fellows are expected to participate in the teaching of medical students and residents rotating in the PCSM clinic.	Practice based learning, interpersonal and communication skills, patient care, professionalism	Monthly evaluations, semi-annual evaluation, student/rotator evaluations of rotation
Complete scholarly project and deliver a product of publishable quality at least one month prior to anticipated graduation.	Practice based learning and improvement; interpersonal & communication skills, professionalism	Semi-annual review, program director feedback
Fellows should demonstrate the ability to independently and critically review the medical literature.	Practice based learning and improvement, systems based practice, interpersonal & communication skills	Lecture evaluations, faculty/peer feedback
Fellows are expected to participate as a team member on a QI project identified by the Program Director	Practice based learning and communication, systems based practice, professionalism	Semi-annual evaluation, program director feedback
Complete procedure log, including ultrasound procedures, and simulation using E-Value. All fellowship required numbers/types of procedures must be completed. Graduation from program cannot occur unless all procedures are completed as required.	Patient care, practice based learning, professionalism,	Procedure logs, semi-annual evaluation
Participate in taking the annual in-training examination	Medical knowledge	AMSSM report
Demonstrate the ability to independently practice Primary Care Sports Medicine by demonstrating the ability to manage all aspects of the PCSM clinic including patient care, multitasking of clinical, administrative, and teaching responsibilities as judged by the program director and the CCC.	Patient care; medical knowledge, professionalism, interpersonal and communication skills, systems based practice	Monthly evaluations, semi-annual evaluations
Exhibit a professional attitude towards patients, colleagues, staff and consultants. Be punctual to clinics and conferences.	Professionalism, interpersonal & communication skills	Semi-annual evaluations, 360 evaluations

Diagnosis and non-operative management of medical illnesses and injuries related to sports and exercise, including hematomas, non-surgical sprains and strains, stress fractures, and traumatic fractures and dislocations [PR IV.A.2.a).(1).(a)]	Patient Care, practice based learning, medical knowledge, systems based practice, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation
Evaluating sports-related injuries using diagnostic ultrasound [PR IV.A.2.a).(1).(b)]	Patient Care, practice based learning, medical knowledge	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation
Diagnosis and timely referral for operative treatment of sports-related injuries, including hematomas, stress fractures, surgical sprains and strains, and traumatic fractures and dislocations [PR IV.A.2.a).(2).(a)]	Patient Care, practice based learning, medical knowledge, systems based practice, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation
Performing ultrasound-guided procedures for the treatment of sports injuries [PR IV.A.2.a).(2).(b)]	Patient Care, practice based learning, medical knowledge, Professionalism, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation
Anatomy, physiology, and biomechanics of exercise [PR IV.A.2.b).(1).(a)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Basic nutritional principles and their application to exercise [PR IV.A.2.b).(1).(b)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank

Psychological aspects of exercise, performance, and competition [PR IV.A.2.b).(1).(c)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport [PR IV.A.2.b).(1).(d)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Physical conditioning requirements for various exercise related activities and sports [PR IV.A.2.b).(1).(e)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Special considerations related to age, gender, and disability [PR IV.A.2.b).(1).(f)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Pathology and pathophysiology of illness and injury as they relate to exercise [PR IV.A.2.b).(1).(g)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Effects of disease on exercise and the use of exercise in the care of medical and musculoskeletal problems [PR IV.A.2.b).(1).(h)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank

Prevention, evaluation, and management, and rehabilitation of injuries and sports-related illnesses [PR IV.A.2.b).(1).(i)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Clinical pharmacology relevant to sports medicine and the effects of therapeutic, performance-enhancing, and mood-altering drugs [PR IV.A.2.b).(1).(j)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotation eval, case logs, in-training exam, simulation, quizzes/question bank
Promotion of physical fitness and healthy lifestyles [PR IV.A.2.b).(1).(k)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Ethical principles as applied to exercise and sports [PR IV.A.2.b).(1).(l)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Medicolegal aspects of exercise and sports [PR IV.A.2.b).(i).(m)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Environmental aspects of exercise and sports [PR IV.A.2.b).(1).(n)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank

Growth and development related to exercise [PR IV.A.2.b).(1).(o)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
The role of exercise in maintaining the health and function of the elderly [PR IV.A.2.b).(1).(p)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evals, rotation evaluation, case logs, in-training exam, sim, quizzes/question bank
Exercise programs in school-age children [PR IV.A.2.b).(1).(q)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank
Basic principles of sports ultrasound, and the sonographic appearance of normal and pathologic adipose, fascia, muscle, tendon, bone, cartilage, joint, vasculature, and nerves [PR IV.A.2.b).(2)]	Patient Care, medical knowledge, Interpersonal & communication skills	PCSM evaluations, 360 evaluations, rotational evaluation, case logs, in-training exam, simulation, quizzes/question bank

Remediation of Deficiencies

If a fellow is deemed to be making inadequate progress in regards to the PCSM milestones by the Clinical Competency Committee, individualized remediation plans will be developed depending on the needs of a specific fellow. The plan will contain specific, measurable objectives for fellow improvement. Fellows are provided access to their monthly evaluations completed on the E-value Learning Management System. These can be accessed by the fellow at any time. Fellows will be provided a copy of their individual milestones during the semi-annual review process. The following general approaches will be taken for specific competency areas:

Patient Care: Fellows will be given specific formative and summative feedback of clinical care provided in the forms of monthly formative evaluations and summative semi-annual evaluation. Areas that are identified as below expectations, will require repeated direct observations until the fellow meets or exceeds expectations. In addition, fellows will be required to meet with a faculty advisor, participate in

structured remediation sessions consisting of mentorship as well as structured clinical teaching utilizing using oral case simulations, or review of patient charts generated by the fellow. If deficiencies are noted in performing procedures, fellows will be required to perform these procedures in laboratory simulations under the supervision of faculty until performance of the procedure is satisfactory.

Medical Knowledge: Fellows will be given feedback, during semi-annual evaluations using the feedback from faculty as well as the CCC on their knowledge base in the core content of Primary Care Sports Medicine. If medical knowledge is deemed below expectations for level of training within the program, the Program Director and the Clinical Competency Committee will develop a monitored self-study program for the fellow. Selected strategies, include but are not limited to discussions of readings, articles, administration of test questions, practice using PCSM quiz books, etc, all that are monitored by the advisor. The results of the annual in-training examination and the associated probability of CAQ Qualifying Examination passage will be provided to each fellow and discussed at the semi-annual evaluation.

Practice-Based Learning and Improvement: Elements that are related to practice based learning and improvement in fellow portfolios will be assessed during semi-annual evaluations and, if deficiencies are identified, fellows will be assigned specific exercises for remediation. This can take the form of chart stimulated recall, review of M&M cases, assignment of evidence-based medicine exercises, and development of critically appraised topics. Evaluation of research performed, administrative projects done, and lectures given in conference will be reviewed with specific suggestions for improved teaching.

Interpersonal and Communication Skills: Fellows will be given specific formative feedback of clinical care provided using 360^{o} evaluations and monthly evaluations by faculty and summative semi-annual core competency assessments. Areas that are identified as below expectations will require repeated direct observations until the fellow meets or exceeds expectations. Fellows will discuss with their advisors and Program Director appropriate behaviors, and these will be reviewed at the next semi-annual evaluation.

Professionalism: Fellows will be given specific formative feedback of clinical care provided using monthly evaluations by faculty, 360 evaluations, off service evaluations, and monitoring of WVU GME Professionalism Button reports. Areas that are identified as below expectations will require repeat direct observations until the fellow meets or exceeds expectations. Fellows will discuss with their advisors and Program Director appropriate behaviors and these will be reviewed at the next semi-annual evaluation.

Systems-Based Practice: Fellows will be given specific formative feedback of clinical care provided using monthly faculty evaluations. Areas that are identified as below expectations will require repeated direct observations until the fellow meets or exceeds expectations. Fellows will discuss with their advisors and Program Director appropriate behaviors and these will be reviewed at the next semi-annual evaluation. In addition, fellows will be required to meet with their advisors and have remedial sessions using oral case simulations, or review of patient charts generated by the fellow. The fellow may also be requested to present what they have learned at an M&M or Journal Club conference, so that the group will benefit from the learning and can partake in the discussion of systems-based issues.

Guidelines for Procedures

All procedures must be logged into the e-value system on a continuous basis. Procedure logs will be reviewed on an ongoing basis and during evaluation with Program Director.

The minimum number of procedures required for graduation are below:

3- Observed knee exam
3- Observed shoulder exam
3- Observed hip exam
3- Observed foot & ankle exam
3- Observed elbow exam
3- Observed wrist exam
3- Observed lumbar exam
3- Observed neck exam
3- Observed PPSE
5- Subacromial bursa injection
5- Knee injection
3- Lateral epicondyle injection
5- Splinting
3- Exercise stress testing
3- Ultrasound- Shoulder
3- Ultrasound- Elbow
3- Ultrasound- Wrist
3- Ultrasound- Hand
3- Ultrasound- Hip
3- Ultrasound- Knee
3- Ultrasound- Ankle
3- Ultrasound- Foot
3- Ultrasound guided injection

In addition to the required procedures, we will be logging several other procedures listed below to track the numbers that the fellows complete during their training.

Glenohumeral joint injection
Ankle injection
Trigger finger injection
De Quervain's injection
Trigger point/muscle spasm injection
Greater trochanteric bursa injection
Hip joint injection
Foot injection
Compartment pressure testing

Procedures:
Procedures should be logged to meet fellowship requirements and also to help with future hospital credentialing when you graduate. Fellows are expected to keep their procedure logs up to date.

Progress will be monitored quarterly. This serves as a bench marking exercise to improve performance. All procedures are to be entered electronically in E-Value.

To log procedures in E-value:

1. Go to www.e-value.net
2. Login with the login name and password provided to you by Judy. You can leave the institution code box blank.
3. Go to the blue column on the left hand side of the page and click on the link that says "PxDx" →click on "Add New".
4. Fill in the dropdown boxes as appropriate with the date of your procedure, activity (usually the rotation you are on when you complete the procedure), site (either WVU or UHC), supervisor (if the person supervising your procedure is not listed, just click on "no supervisor or supervisor not listed"), patient gender, patient ID, which is the patient medical record number (MRN), inpatient vs. outpatient, adult vs. peds, supervisors role, notes (this is a required field where you can write a brief description of your procedure), time spent performing procedure, and ethnicity of patient. When all of this is complete, click "next" to proceed. This will move you over to the "procedures" tab.
5. In the left sided white box, you can highlight "(Select a Procedure Group)" to see all procedures that are listed (these will show up in the white box on the right). The other links, such as "Required for Graduation" will list only the procedures required by the ACGME for graduation (see table above). If you are trying to log an ultrasound procedure and don't want to scroll down the entire list under "Select a Procedure Group," you can click on "ED Bedside Ultrasound" to view only ultrasound options. After logging a few procedures, you will be able to figure out the easiest way to get to the one you are logging.
6. After you have selected the specific procedure you want to log from the white box on the right, select your role in the procedure by clicking on the dropdown box. Click whatever best describes your role in completing the procedure (either primary physician, performed procedure, assisted with procedure, etc.). After selecting your role, click the "Add" button to the right. The procedure you just logged will appear for your review.
7. You can either press "Save Record" now or proceed to the Review tab at the top for a summary of the logged procedure. You can also click "Save Record" under this review tab to save your procedure.

To Review or Edit Already Logged Procedures:

1. Click "Review/Edit" in the blue column on the left side of the screen.
2. Under "Procedure tracking" drop down box, click the procedure you are looking to review/edit.
3. Set a "start date" and "end date" that will span the time that you performed the procedure.
4. Hit the "filter results" button to search.

Under the "action column" for each procedure logged, click either edit, delete, or review to modify

Policy on Supervision: Roles, Responsibility and Patient Care Activities for Primary Care Sports Medicine Fellows

Definitions

Fellows:

Physicians who are engaged in graduate medical education in Primary Care Sports Medicine and who participate in patient care under the supervision of the attending physicians and licensed independent practitioners.

As part of their education program, fellows are given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge and technical skill. Each fellow must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows are responsible for asking for help from the supervising physician or other appropriate licensed practitioner for the service they are rotating on when they are uncertain of diagnosis, how to perform a diagnostic or therapeutic procedure, or how to implement an appropriate plan of care.

Attending:

An identifiable, appropriately-credentialed and privileged attending physician or licensed independent practitioner who is ultimately responsible for the management of the individual patient and for the supervision of fellows involved in the care of the patient. The attending delegates portions of care to fellows based on the needs of the patient and the skills of the fellows.

Supervision:

To ensure oversight of fellow supervision and graded authority and responsibility, the following levels of supervision are recognized:

1. Direct Supervision – the supervising physician is physically present with the fellow and patient.

2. Indirect Supervision:

a) *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.

b) *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 come to the site of care in order to provide Direct Supervision.

3. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Clinical Responsibilities

Fellows are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees, and medical students. Fellows can provide care in both the inpatient and outpatient settings. They can serve on a team providing direct patient care, or can be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

Fellows evaluate patients, obtain the medical history and perform physical examinations. They will develop a differential diagnosis and problem list. Using this information, they develop a plan of care in conjunction with other trainees and the attending. They will document the provision of patient care as required by hospital/clinic policy. Fellows will write orders for diagnostic studies and therapeutic interventions as specified in the medical center bylaws and rules/regulations. They will interpret the results of laboratory and other diagnostic testing. They will request consultation for diagnostic studies,

the evaluation by other physicians, specialized nursing care, and social services, and evaluation and treatment by occupational therapists, physical therapists, psychologists, rehabilitation counselors, speech/language pathologists, and therapeutic recreation specialists. They will participate in procedures performed at the bedside, in the operating room or procedure suite under appropriate supervision. They will participate in prescription of orthoses and prostheses with attending supervision. Fellows will initiate and coordinate hospital admission and discharge planning. Fellows should discuss the patient's status and plan of care with the attending and the team regularly. Fellows help provide for the educational needs and supervision of any junior residents and medical students.

The program directors and faculty members must assign the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care to each fellow. The clinical responsibilities for each fellow are based on patient safety, fellow education, severity and complexity of patient illness/condition and available support services. The specific role of each fellow varies with their clinical rotation, experience, duration of clinical training, the patient's illness and the clinical demands placed on the team. Fellows must comply with the supervision standards of the service on which they are rotating unless otherwise specified by their program director.

Fellows will be directly or indirectly supervised. They will provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They will provide all services ultimately under the supervision of an attending physician. Fellows will be responsible for day-to-day management of patients under attending supervision for inpatients, consultations, and outpatients. The fellows will coordinate the actions of the team, and interact with nursing and other administrative staff. Along with the attending they provide for the educational needs of any junior residents and students. The fellow has additional responsibilities re: sports teams and sporting event medical coverage under the attending physician’s supervision to include caring for athletes on the sidelines of sporting events, in the training room, and in the medical tents of mass participation endurance sporting events. The level of supervision is:
Autumn high school football coverage: graded supervision from initially direct to eventually indirect supervision as the season proceeds and the attending determines that the fellow’s knowledge and skill are commensurate.
Collegiate sporting events: graded supervision from initially direct to eventually indirect supervision as the year proceeds and the attending determines that the fellow’s knowledge and skill are commensurate.
Training room coverage: direct supervision
Mass participation endurance events: direct supervision for initial summer and autumn events. Later events will have a mix of direct supervision and indirect supervision with direct supervision immediately available.

Attending of Record
In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged primary attending physician or licensed independent practitioner who is ultimately responsible for that patient’s care. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate for optimal care of the patient and/or as indicated by individual program policy. The availability of the attending to the fellow is expected to be greater with less experienced fellows and with increased acuity of the patient’s illness. The attending must notify fellows on his or her team of when he or she should be called regarding a patient’s status. In addition to situations the individual attending would like to be notified of, the attending should include in his or her

notification to fellows all situations that require attending notification per program or hospital policy. The *primary* attending physician may at times delegate supervisory responsibility to a *consulting* attending physician if a procedure is recommended by that consultant. The attending may specifically delegate portions of care to fellows based on the needs of the patient and the skills of the fellow and in accordance with hospital and/or departmental policies. The attending may also delegate partial responsibility for supervision of junior residents to fellows assigned to the service, but the attending must assure the competence of the fellow before supervisory responsibility is delegated. Over time, the fellow is expected to assume an increasingly larger role in patient care decision making. The attending remains responsible for assuring that appropriate supervision is occurring and is ultimately responsible for the patient's care. Fellows and attendings should inform patients of their respective roles in each patient's care.

The attending and supervisory fellow are expected to monitor competence of more junior residents through direct observation, formal ward rounds and review of the medical records of patients under their care.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility. Faculty will review the goals and objectives for rotations with the fellows.

Supervision of invasive procedures
In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. When a fellow requires supervision, this will be provided by a qualified member of the medical staff or by a fellow who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by residents and fellows. When there is any doubt about the need for supervision, the attending should be contacted.

Emergency Procedures
It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The fellow can appropriately attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

Supervision of Consults
The attending of record is ultimately responsible for the care of the patient and thus must be available to provide direct supervision when appropriate for optimal care and/or as indicated by individual program policy. The availability of the attending should be appropriate to the level of training, experience and competence of the consult fellow and is expected to be greater with increasing acuity of the patient's illness. Information regarding the availability of the attending physicians will always be available to fellows and patients.

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending each day. Any fellow performing a consultation where there is credible concern for patient's life or limb requiring the need for immediate invasive intervention MUST communicate

directly with the supervising attending as soon as possible prior to intervention or discharge from the hospital, clinic or emergency department so long as this does not place the patient at risk. If the communication with the supervising attending is delayed due to ensuring patient safety, the fellow will communicate with the supervising attending as soon as possible. Fellows performing consultations will communicate the name of their supervising attending to the services requesting consultation.

An initial consult note should be placed in the patient's chart within 24 hours. Consulting fellows should see their patients frequently in order to be knowledgeable about the day-to-day status of their patients – in particular, any medical complications that affect the patient's treatment and therapy. If a consult is requested on the weekend, the on-call fellow should determine if the patient needs to be seen (e.g. assist with management) or if it can be deferred until Monday (e.g. request for inpatient transfer). The on-call fellow should notify all members of the consult service of the request by email. Consult fellows should also be available to the therapists for consultation as needs arise. Therapy orders must be rewritten upon any major change in patient's status. Therapy orders must include precautions. Consult patients should be reviewed with the attending during formal consult rounds or on an ad-hoc basis according to the urgency of the consult. Attendings are responsible for providing written documentation when they have reviewed the consult and seen the patient.

Circumstances in which the supervising practitioner must be contacted

There are specific circumstances and events in which fellows must communicate with appropriate supervising faculty members. These include: new admissions, new consults, uncertain diagnoses, need for obtaining urgent consults on an inpatient, need for diagnostic or surgical procedures, transfers off service, deaths or complications of care, significant change in a patient's condition and DNR or other end of life decisions. In the situation of a deteriorating patient, consultative assistance from medicine or surgery should be obtained while concurrently seeking the attending's support.

Attendings are expected to be available to fellows by pager or telephone from 8 a.m. to 5 p.m., Monday through Friday. The on-call schedule applies to other hours. If an attending is out-of-town, cross-coverage is always provided. If no attending can be readily identified to handle a patient problem, the fellow should contact the chief of service, the Fellowship Program Director or the Chair.

The Sports Medicine Fellow has additional responsibilities to contact the supervising attending physician during sporting event coverage when there is indirect supervision for situations when emergency medical services are contacted, the athlete is to be transported to the hospital, or intravenous fluids are to be administered to a runner in the medical tent.

WVU School of Medicine Policy on Supervision

http://www.hsc.wvu.edu/gme/MediaLibraries/GME/Media/PDFs/Policies/Supervision-Policy-NL.pdf

Primary Specialty Time

As is required by the ACGME, each fellow will spend at least 4 hours per week maintaining their skills in their primary specialty.

For Emergency Medicine Fellows, half of this requirement will be fulfilled by attending 96 hours of Emergency Medicine conference, which is held every Thursday from 8 am-1 pm. To allow for an afternoon clinic, it is expected that the Fellow attend from 8 am-12 pm. This will be built into the schedule. Working shifts in the WVU Ruby Memorial Hospital Emergency Department will fulfill the other half of this commitment. The fellow will be supervised by Board Certified Emergency Medicine Physicians while working in the Emergency Department. Fellows will be expected to present their patients to the EM Attending on duty, and will be given graduated autonomy commensurate with their experience. Patient volumes in this Emergency Department are deemed more than sufficient to meet the demands of the fellows requirement for experience in their primary training area, without taking away clinical/educational opportunities from other learners. On these shifts, the fellow will also serve as a resource in Primary Care Sports Medicine and educators of residents and medical students, regarding these sports medicine related topics.

For Family Medicine Fellows, this requirement will be fulfilled by working 4 hours per week in Dr. Harrison's Family Medicine clinic. Dr. Harrison is board certified in Family Medicine in addition to her CAQ in Primary Care Sports Medicine. Fellows will be expected to present their patients to the Dr. Harrison, who will serve as a supervising physician, but will be given graduated autonomy to practice commensurate with their experience.

For Internal Medicine Fellows, this requirement will be fulfilled by working 4 hours per week in Dr. Moorehead's Internal Medicine clinic. Dr. Moorehead is board certified in Internal Medicine in addition to his CAQ in Primary Care Sports Medicine. Fellows will be expected to present their patients to the Dr. Moorehead, who will serve as the supervising physician, but will be given graduated autonomy to practice commensurate with their experience.

For Pediatrics Fellows, this requirement will be fulfilled by working 4 hours per week in the WVU Pediatrics clinic. A board-certified attending will be determined by the Clinic Director. Fellows will be expected to present their patients to the Pediatrics Attending, who will serve as the supervising physician, but will be given graduated autonomy to practice commensurate with their experience.

Primary Care Sports Medicine Conference Time

Primary Care Sports Medicine Fellows have "protected educational time" each Tuesday from 12pm-1pm for weekly conference and educational sessions. As such, it is expected that fellows will be at conference unless they are on vacation, involved in critical patient care, or are unable to attend due to clinical work environment restrictions. Conference attendance will be collected by the Program Director or other designee and monitored by the Program Coordinator and Director to ensure satisfactory attendance, with an at minimum 70% of conference attendance required.

CONFERENCE EXPECTATIONS

It is understood that emergency situations do arise and sometimes it is not possible for a fellow to leave and attend conference. This should occur infrequently. If you are detained from attending conference please call the program coordinator or the Program Director with an explanation. Although the RRC sets the attendance minimum at 70%, it is expected that fellows will attend whenever feasible within clinical work environment regulations. Attendance will be monitored and documented.

You are expected to participate in discussion and show up prepared for journal club by having read the articles in advance

You are expected be on time to conference whenever possible. Plan to be in the conference room by 11:55 at the latest. If you are unable to be on time, please enter through the rear door out of respect to the presenter

You are expected to dress professionally. Scrubs or "dress casual" - khakis, slacks are preferred. No caps, hats or shorts.

If you find that you are unable to attend a conference due to illness, duty hours or other issues please call the program coordinator or program director.

If you are especially fatigued and unable to stay awake please request to leave and assess whether or not you are safe to drive.

If you are not at conference and we have not heard from you, anticipate a phone call.

For special life circumstances, you can request an excused absence in advance, however, this absence still counts into the overall 70% conference attendance.

Grand Rounds

Each Fellow will be expected to give a Grand Rounds caliber lecture toward the end of the fellowship. This one hour lecture is intended to present new material or updates on current trends in Primary Care Sports Medicine.

Core Content Lecture

This lecture given by staff and fellows covers topics from the entire core content of Primary Care Sports Medicine.

Journal Club
Emphasis is on analyzing the articles and discussing research methodology used in the various studies using an evidence based format. Cutting edge research will be targeted but articles will ultimately be picked based on the type of research so the fellows will get a well-rounded research education.

MSK Radiology Conference
An attending staff MSK Radiologist reviews films and cases of interesting patients, as well as specific lectures on radiology topics. These cases are selected throughout the month by attending staff, fellows, and the radiologist.

Ultrasound Conference:
This conference is lead by one of the Ultrasound Fellowship faculty to cover musculoskeletal ultrasound techniques and utilization.

WVU Athletics ATCs/Team Physicians Meeting:
(First Wednesday of every month, 12pm-1pm at Healthworks)
This monthly conference is meant to ensure a good avenue of communication between the ATCs and the Team Physicians for WVU Athletics. We also try to cover a mutually beneficial topic at each meeting.

Tips for Grand Rounds
Choose a topic of interest to you in Primary Care Sports Medicine. The topic does not necessarily need to be entirely clinical. The goal is to have you pick a current, relevant topic in the specialty and provide an evidence-based talk. The evidence based portion of grand rounds lectures are what makes them cutting edge and different than other standard lecture types that you will listen to such as core content. After you are done with a successful Grand Rounds lecture, your audience should be asking themselves, "should I be changing my current practice based on the material that I have heard presented today around "X" topic?

The process of constructing your talk begins with a thorough literature review of your selected topic. Fellow Grand Rounds should consist of a review of literature equivalent to that of a publishable review article. Ideally, this means that you should start working on this lecture at least several weeks in advance to ensure that you have given it adequate thought and truly prepared an evidence based lecture, using the literature you find to expand upon your topic and construct your lecture.

Talks should contain the latest, cutting edge information as well as the standard of care. The talk should contain literature citations, (primary literature—not UpToDate for example).

Lecture topics must be chosen in advance and must pertain to the practice of Primary Care Sports Medicine.

A copy of your lecture should be submitted to a mentoring faculty member at least one week prior to your presentation date. You will choose any member of the faculty as a mentor. If you are having difficulty identifying a mentor, the Program Director will be happy to serve in this role.
It is wise to choose a mentor early and enlist his/her help in presentation preparation. The mentor should be involved in topic selection and honing, handout preparation, slide preview, and should debrief you following the presentation.

Your Fellow lecture is intended to be a presentation that you can take and build on throughout your career. It is to be the beginning of your niche in Primary Care Sports Medicine. It is our hope that regardless of the setting you choose to practice in, this will be a presentation that you can use to build upon as you further develop your area of expertise in our specialty.
Overall, this is to be an enjoyable experience. So, good luck, enjoy, and do not hesitate to ask questions.

Salary and Benefits

The PGY Salary Scale for 2019-2020 set by West Virginia University Hospitals, is as follows:

PGY 4 Salary (per the WVU GME 2018-2019 Salary Schedule) will be $59,751

Paychecks are issued on a bimonthly basis. Paystubs will be placed in your department mailboxes on the day they are issued.

CME/Dues

CME money can be used for books, conferences, or other educational material. The following allotments have been established by the Department of Emergency Medicine. Please see the program coordinator for the purchase of educational materials, conference registration, travel, registrations or licensing. It will be the fellow's responsibility to budget accordingly and use CME money for appropriate educationally related items (board exams, books, PDA's, etc.). **CME must be spent during the fiscal year and does not roll-over into the next year. Any CME not spent by a fellow will revert into the WVU Department of Emergency Medicine Education Fund**. In addition to your CME allowance, the Department of Emergency Medicine will also pay the following dues: WV license, AMSSM, ACSM, and a Sports Medicine online question bank.

PGY 4 CME $1500.

Meal cards: Refer to the hospital policy on the dollar amount/use of these.

Vacation and Sick Time

Each fellow accumulates a total of 15 hours (2 days) annual leave each month or 180 hours (24 days) per year. Fellows will not be allowed to take more than 1 week of vacation in a given month. All vacations must be approved by the Program Director at least one month in advance.

Scheduling vacation can be difficult at certain times of the year due to team coverage.

There are three additional days (personal) per year available which will be used to account for time missed for national conference attendance.

A maximum vacation time of 180 hours per fellow can be accumulated during a fiscal year. Once the 180 hours have been reached, no more accumulation will occur i.e. you will begin to lose time

Sick leave is accumulated at a total of 11.25 hours (1.5 days) each month or 135 hours (18 days) per year. Sick leave can be used by an employee who is ill or injured or when a member of the immediate family is seriously ill or when a death occurs in the immediate family. Immediate family is defined as: father, mother, son, daughter, brother, sister, husband or wife, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, grandmother, grandfather, granddaughter, grandson, stepmother, stepfather, stepchildren or others considered to be members of the household and living under the same roof.

Institution Requirements

All fellows are required to obtain a West Virginia medical license as soon as eligible. For American medical graduates this means after 1 year of training. For foreign medical graduates this is after 3 years of training. Maintain a current ACLS certification--- you must have a current BLS card in order to take an ACLS certification or re-certification class. For those who carry a current board certification in Emergency Medicine, this will take the place of ACLS certification.

What are the Requirements for Graduation?

Completion of scholarly project by June 1 of graduation year.

Completion of procedure logs and other administrative work

Completion of all teaching requirements-i.e. grand rounds, core content, etc.

Completion of all medical records

Exit interview with the fellowship program director

Research Overview

The Fellows will have access to the Research Curriculum developed for the sponsoring department's Emergency Medicine Residency. It is not completely applicable to a fellowship as it spreads the work out over three years. This curriculum has lots of valuable information to assist in completion of a research project, so some portions of the curriculum that are particularly applicable to the fellow can be found here. If the fellow is going to pursue a project requiring IRB approval during fellowship, he/she must work quickly to get it approved early in the year. The Program Director and other faculty will assist with this, as well as the Research Team in the Department of Emergency Medicine.

Fellows will become familiar with the research process by participating in regular journal clubs and pairing with a faculty mentor to complete a scholarly activity. A scholarly activity is defined as (IV.B.1.a) peer-reviewed funding and research, publication of original research or review articles, and/or presentations at local, regional, or national professional scientific society meetings.

The fellow will collaborate with the research support staff in the department as well as their faculty mentor in order to develop an innovative research project. Ideas for research projects can be based on the fellows' own research interests, questions that have been raised by experience, or the faculty mentor's research agenda. The fellow is expected to submit the results of the project as an abstract at a national scientific meeting and attempt to submit the results as a manuscript in a peer-reviewed journal.

Below is a description of the potential roles/responsibilities that accompany each step in the research process. ***The roles and responsibilities of the faculty mentor, research coordinator, and Fellow should be further defined based on type of project and authorship of abstracts and manuscripts.***

What are the roles and responsibilities of the faculty mentor? Help fellow decide on research topic; Once IRB protocol is written, submit final IRB as "PI" of project; Provide feedback on abstracts and manuscripts; Provide contributions to writing abstracts or manuscripts that result from research projects; Assist in revising and submitting manuscripts and abstracts.

What are the roles and responsibilities of the research coordinator? Help fellow determine logistics and feasibility of research project; Guide fellow in thorough search of research literature; Obtain data

for secondary analysis; Assist in interpretation of findings; Help with writing IRB protocol; Revision of abstracts and manuscripts; Assist with submission of abstracts and manuscripts.

What are the roles and responsibilities of the fellow? Complete ethics training; Primary writing of IRB protocol; Draft data collection materials (codebook, protocols and procedures, consent forms, survey instruments, medical records data abstraction form, etc.); Collect, code, analyze, and interpret findings; Contribute substantially to writing of abstracts and manuscripts; Serve as first or second author on abstracts and manuscripts

DEPARTMENT OF EMERGENCY MEDICINE RESEARCH PROJECT DELEGATION & AUTHORSHIP FORM

Title of Research Project:

_____

Principle Investigator (Faculty Mentor):

_____

Fellow:

_____

Brief overview of project:

_____

_____

_____

The default expectation is that the fellow will serve as the first author on any abstract and conference presentation that result from the research, provided that the research is counting as the fellow's primary project. Either the faculty mentor or fellow can serve as first author on the subsequent manuscript, but the first author is responsible for taking a lead role in writing. Other expectations or arrangements for authorship should be described here:

_____

Please indicate the following roles and responsibilities if this project results in an abstract to be presented at a scientific meeting (ACEP, SAEM, etc.) and/or manuscript submitted for publication in a peer-reviewed journal (JEM, Annals, etc.):

Abstract/Poster	**Manuscript**
First Author:	**First Author:**
Second Author:	**Second Author:**
Presenter:	**Corresponding Author (submits manuscript):**
Note the order of any additional authors here:	**Note the order of any additional authors here:**

_____ _____

Please sign below to indicate your agreement with and willingness to adhere to the conditions indicated on this form.

Faculty Mentor: _____

Signature **Date**

Fellow: _____

Signature **Date**

Research Coordinator: _____

Signature **Date**

Note. Changes to the authorship agreement indicated on this form can be made so long as all authors agree to the revised authorship order and the order of authorship appropriately reflects the amount of work contributed by each author.

Evaluations: Fellows can review evaluations in their file

Rotation evaluations are examined by the program director as an ongoing process. All fellows are evaluated on the core competencies in writing at the end of each rotation. These evaluations are completed by the practitioners on the service on which you are rotating. Fellows must also evaluate each rotation which they complete.

Fellows are evaluated via 360 degree evaluations from nursing/medical assistant staff, co-fellow, front desk staff, radiology techs, athletic trainers, medical students, residents, and patients. These are reviewed with the fellow at their semi-annual and annual evaluation with the Program Director. A self evaluation will also be required and reviewed at each fellows semi-annual review.

PCSM faculty are required to evaluate fellows on the milestones quarterly and on the core competencies monthly. These evaluations are available to the fellows as formative evaluation. Fellows are also required to evaluate faculty semi-annually on the core competencies.

On a semi-annual basis, the program director or designee formally meets with each fellow and conducts an extensive evaluation of the fellow's performance with methods for improvement. This is a written summary, which will be reviewed in person with the fellow, as confirmed by fellow signature. A copy of this written formal meeting evaluation will be given to the fellow and a copy will be kept in their permanent file.

A written final evaluation for each fellow who completes the program will be a part of the permanent file. The evaluation will include a review of the fellow's performance during the final period of training and will verify that the fellow has demonstrated sufficient professional ability to practice competently and independently.

Also, each year the faculty and fellows will do a formal program evaluation, anonymously. These evaluations, as well as the individual rotation evaluations, are used to help structure program curriculum changes. The results of the program evaluation will be discussed with fellows and faculty by the program director at a scheduled meeting annually.

Timely Chart Completion:

All fellows are required to complete medical charts in a timely fashion. Ideally, charting should be done during clinic/shift, however this is not always be possible on busy days. On busy ED shifts, charts on admitted patients should be given priority to assist inpatient care. Regardless, all charts should be completed and signed within one week of the patient visit. Missing charts are reported to the program director weekly by the billing staff and chronic chart tardiness can result in academic remediation.

Rotations	
Primary Care Sports Medicine	**1 month**
Ortho-Sports	**2 months**
Ortho-Foot/Ankle	**1 month**
Ortho-Hand	**1 month**
Ortho-Spine	**1 month**
MSK Radiology	**1 month**
Neurology	**1 month**
Exercise Stress Testing	**1 month**
Concussion PT/PT/OT	**1 month**
Nutrition	**1 month**
Elective	**1 month**

Sports Psychology, Pulmonology, Pulmonary Function Testing, Ultrasound

Each week, the fellows will have 1-2 half-days open to accommodate the monthly rotation schedule. The majority of their time will still be in the PCSM clinics.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

ORTHOPEDIC ROTATIONS

Summary

During the year the fellows will rotate with WVU Orthopedic Surgeons in several subspecialties. They will spend two months with Sports and one month each with Hand, Spine, and Foot/Ankle.

Goals

Upon completion of the required interval of this orthopedic experience, the sports medicine fellow will:

1. Diagnose common musculoskeletal disorders in adolescent as well as adult patients participating in a variety of athletic events.

2. Renew and refine skills in treatment of musculoskeletal disorders common to this specialty.

3. Develop an understanding of the surgical procedures, both outpatient and inpatient, common to the specialty.

4. Develop appropriate practices of referring to specialists when own skills are limited.

Objectives

1. Perform initial work-up and diagnosis of a wide variety of patients presenting to this specialty service- including but not limited to adolescents and adults participating in both organized and mass participation athletic activities.

2. Develop an understanding of the physical and psychological disease processes specific to each age group and gender (e.g. amenorrhea in teenage girls, osteoporosis in elder females) and the impact on athletic performance.

3. Develop diagnosis plans and review final treatment decision of sub-specialists in a wide variety of patients presenting to the specialty service.

4. Understand the pathology and pathophysiology of musculoskeletal injury, both acute and chronic; and develop skills in the implementation of preventive and rehabilitative measures to a wide range of patients not limited by age or gender.

5. Participate in the diagnosis and treatment of patients referred by primary care physicians, with attention to the manner and appropriateness of referral practices.

6. Assist in surgical procedures unique to the specialty, with attention to developing assistant skills, understanding the anatomy and physiology involved, and understanding the procedures adequately to counsel patients referred.

7. Perform procedures common to specialty and relevant to primary care sports medicine -- casting, splinting, closed reductions, joint aspirations & injections.

Instructional Activities

1. **Sports Medicine Center - Orthopedic Surgeon**
   The fellow will evaluate and treat patients with the orthopedic surgeon.

2. **Outpatient Surgery**
   The fellow will attend and assist operative procedures as required by the orthopedic surgeon.

3. **Sports Medicine Center**
   The fellow will receive additional training in their continuity clinic. Observation and performance of office procedures to include casting, splinting, injections and aspirations of joints will be included at the Sports Medicine clinic. This experience is longitudinal throughout the year.

4. **Didactics**
   The Sports Medicine conferences include lectures that cover many aspects of this curriculum throughout the year. Monthly lecture series will cover various sports medicine topics such as shoulder instability, foot and ankle disorders, and wrist injuries in athletes

5. **Required reading**
   Selected Articles from the AMSSM Top 120 Articles for Fellows can be found on the AMSSM web site http://amssm.blogspot.com/p/amssm-100.html, Selected Articles from ACSM Position Statements can be found http://acsm.org/public-information/position-stands, Fracture Management for Primary Care (Eiff), Delee & Drez's Orthopedic Sports Medicine: Principles and Practice 4th Edition.

Evaluation

Fellows are evaluated by the Orthopedic attending physician using our standard evaluation form on a quarterly basis.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

MUSCULOSKELETAL IMAGING ROTATION

Summary

This one-month rotation will involve clinical musculoskeletal imaging as well as didactic sessions. Imaging will include XR, MRI and Ultrasound in addition to other modalities.

Goals

Upon completion of this discipline the sports medicine fellows will:

1. Learn the basic principles in reading musculoskeletal radiographs.

2. Be able to recognize common musculoskeletal radiograph abnormalities.

3. Understand the role of special imaging tests (MRI, US, CT, bone scan, etc.) in helping diagnose and manage musculoskeletal disorders.

Objectives

1. Acquire a systematic approach in reading plain radiographs.

2. Develop an understanding of basic diagnostic plain radiograph principles in musculoskeletal medicine.

3. Develop an understanding of basic concepts and the role of special radiographic procedures in musculoskeletal medicine.

Instructional Activities

1. Complete assigned readings

2. Sports Medicine Center/Athletic Training Room Clinics/Fracture Care & Musculoskeletal Imaging Conference
   Experience during the radiology rotation will be applied to the fellow's assessment of their patients. The sports medicine faculty will reinforce these skills.

3. Interpretation of musculoskeletal imaging is a component of the fracture care and musculoskeletal imaging conferences. Fellows are required to attend and present cases at these monthly conferences.

4. Fellows will be assigned rotation with musculoskeletal radiologist during the academic year.

EVALUATION

The course faculty and sports medicine faculty evaluates the sports medicine fellows. The standard program evaluation form is utilized for this purpose. In addition, a quarterly program examination is given to fellows. Examination content includes radiology in the practice of sports medicine.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

SPORTS NEUROLOGY ROTATION

Summary

This one-month rotation will involve clinical neurology with a focus on concussion management and, specifically, headache management as well as didactic sessions.

Goals

Upon completion of this discipline the sports medicine fellows will:

- Learn the basic principles in sports neurology and headache management.
- Be able to recognize common headache disorder and mimics.
- Understand the role of special imaging tests such as MRI and CT in helping diagnose and manage concussions and post-concussion headache.

Objectives

- Acquire a systematic approach in evaluation of concussion/headache patients.
- Develop an understanding of basic principles in headache management including injection and other treatment options.
- Develop an understanding of basic concepts and the role of special radiographic procedures in headache management with a better clinical expertise in brain MRI.

Instructional Activities

1. Complete assigned readings
2. Sports Medicine Center/Athletic Training Room Clinics/Fracture Care & Musculoskeletal Imaging Conference
   Experience during the neurology will be applied to the fellow's assessment of their patients. The sports medicine faculty will reinforce these skills.
3. Didactic sessions will be conducted during the weekly Fellow's conference time on Sports Neurology and headache management.
4. Fellows will be assigned rotation with a headache specialist Neurologist during the academic year.

EVALUATION

The course faculty and sports medicine faculty evaluates the sports medicine fellows. The standard program evaluation form is utilized for this purpose. In addition, a quarterly program examination is given to fellows. Examination content includes radiology in the practice of sports medicine.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

EXERCISE STRESS TESTING

Summary
This is a one-month rotation. The fellows will have direct hands on experience from the WVU Heart and Vascular Center Exercise Stress Testing Lab.

Goals
The goals of this experience are to provide basic and specific knowledge and skills in exercise stress testing. The Fellow should gain a deeper understanding of stress testing as well as the skills to perform it.

Objectives
At the conclusion of this one-month experience, the sports medicine fellow will have acquired the following knowledge:

1. Learn appropriate indications for exercise stress testing with an understanding of the risks and benefits.

2. Develop an understanding and be able to utilize exercise stress testing for assessment of fitness and general health.

3. Exercise testing and prescription in the active athletes with pre-existing medical problems.

Clinical skills

1. Be able to use the equipment available to assess cardio-pulmonary function in the athlete in testing physical fitness.

2. Exercise testing and prescription in special populations, including children, elderly, and in the pregnant athlete.

3. Exercise prescription for patients/athletes with cardiac or pulmonary disease.

4. Interpretation of test data and utilization in exercise prescription.

Attitudes

1. Recognition of the benefits of exercise and the risks of physical activity.

2. Recognition of the risks of exercise testing.

3. Recognition of the impact of physical inactivity.

4. Understand the importance of continued physical activity in specific populations of athletes such as those with pre-existing medical conditions.

5. Recognition of the importance of health promotion and screening in the different athletic populations.

Instructional Activities

1. **Exercise Stress Testing Lab**
   The fellow will observe and participate in exercise stress tests along with the technician.

2. **Didactic**
   a. The core conference curriculum includes specific lectures given by faculty and invited speakers on cardio-pulmonary physiology. Lectures will include testing specific population groups such as children, the elderly or pregnant patients.

3. **Required Reading**
   a. American College of Sports Medicine: ACSM Guidelines for Exercise Testing and Prescription.
   b. American College of Sports Medicine: Resource Manual for Guidelines for Exercise Testing and Prescription.
   c. ECG interpretation in athletes. AMSSM sponsored online training course offered at http://learning.bmj.com/learning/course-intro/.html?courseId=10042239 . Selected Articles from ACSM Position Statements can be found http://acsm.org/public-information/position-stands.

Evaluation

The cardiology and sports medicine faculty evaluates the sports medicine fellows. The standard fellow evaluation form is utilized for this purpose.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

CONCUSSION PHYSICAL THERAPY/PHYSICAL THERAPY/OCCUPATIONAL THERAPY ROTATION

Summary

During the year the fellow will have a designated PT/OT rotation that will include Concussion PT. This will be arranged with both WVU Athletics and HealthWorks Rehab and Fitness which is the outpatient PT provider for WVU Medicine.

Goals

Upon completion of this longitudinal experience in PT/OT the sports medicine fellow will:

1. Identify and recognize indications for the large number of treatment modalities.

2. Learn the principles of rehabilitation as it pertains to a broad spectrum of undifferentiated patients.

3. Develop an understanding of the testing equipment utilized by this ancillary service.

4. Develop an understanding of the pathology and pathophysiology of acute and chronic injuries.

Objectives

1. Perform initial work-up of a wide variety of patients presenting for assessment and treatment to this ancillary service.

2. Participate in the diagnosis and treatment of patients referred by primary care physicians, with attention to the manner and appropriateness of the referral practices.

3. Develop diagnosis plans and review the final treatment decision of the physical therapist/occupational therapist in a wide variety of patients.

4. Review the pathology and pathophysiology of injuries with the physical therapist.

5. Review and learn to utilize the different treatment modalities.

6. Utilize the different testing and rehabilitative equipment for a wide variety of injuries.

Instructional Activities

1. **WVU Athletic Department and Healthworks Rehab and Fitness**
   The sports medicine fellow will evaluate and treat patients presenting to this department. This can include patients they have referred from the Sports Medicine Center for rehabilitation.

2. **Sports Medicine Center**
   The sports medicine fellow will have an opportunity to acquire experience in common outpatient rehabilitative principles and modalities.

3. **Orthopedic Surgeons office**
   During the rotations the different orthopedic surgeons' office, the sports medicine fellow will have the opportunity to utilize common outpatient rehabilitative measures specific to this specialty on a broad spectrum of undifferentiated patients.

4. **Didactics**
   The sports medicine lectures that cover many aspects of this portion of the curriculum.

5. **Required reading**
   a. Brukner & Khan's Clinical Sports Medicine (4th Edition) Part A, section 14 & 15.
   b. Fellows will be given review articles to read by the faculty physical therapist.

Evaluation

Fellows are evaluated by the Physical Therapists utilizing the standard evaluation form.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

Sports Nutrition
Goals & Objectives

Summary

This is a one-month rotation with additional instruction provided during the year at the fellow's weekly conference. The Fellow will work with the Sports Nutritionists in the WVU Department of Intercollegiate Athletics.

GOALS

The goal of this experience is to help provide up to date information for the sports medicine fellows to utilize and teach athletes, coaches, trainers and other physicians on the basic principles of nutrition for the athlete, or physically active individual.

OBJECTIVES

A. At the conclusion of this experience, the sports medicine fellow will have acquired the following knowledge:

   1. Basic human nutrition requirements for the physically active individual.

   2. Nutritional requirements for the high school, college and professional athlete.

   3. Sports specific nutritional requirements- i.e. differences between endurance and strength athletes.

   4. Gender specific requirements and deficiencies in nutrition.

   5. Nutrition as an ergogenic aid to performance.

   6. Legal and illegal nutritional supplements use and abuse by athletes.

B. Clinical skills acquired during this experience include:

Appropriate counseling skills in basic nutrition.

Age and gender specific nutritional requirements.

Identification and counseling gender specific nutritional aberrations, i.e.
anorexia nervosa, bulimia.

Sports specific problems leading to nutritional aberrations, i.e. "making weight" in wrestlers.

Clinical and laboratory identification of nutritional deficiencies, i.e. body fat analysis and chemistry

analysis.

Attitudes will include:

1. Recognition of the importance of good nutritional habits in athletes

2. Demonstrate sensitivity to cultural issues, which can affect nutritional intake.

3. Recognition of the importance of health promotion and screening for the identification of sport, age or gender specific athletes with attainment of aberrant nutritional intake.

4. Understand the psycho-social reasons for the use of performance enhancing nutritional aides.

INSTRUCTIONAL ACTIVITIES

1. Rotation:
   Sports nutrition will be covered during the one-month rotation. Program nutritionists are available to assist fellows in patient care.

2. Lectures and Didactics: In addition, the core conference curriculum includes specific lectures given by faculty and invited speakers on nutrition. Lectures can be in general nutrition, but includes sport, gender or age specific nutritional requirements or problems.

3. Sports Medicine Clinic:
   During the sports medicine continuity clinics the fellow will be able to utilize the skills obtained to teach patients proper nutritional habits and to identify nutritional deficiencies.

4. WVU Athletics, East Fairmont High School Athletics:
   The sports medicine fellow will be able to counsel adolescent athletes, coaches and trainers in proper nutritional habits. Fellows will also be able to assess the specific habits and requirements for the sport and gender specific athletic population.

5. Required Reading:
   A. Assigned materials from course faculty.
   B. ACSM Position Stand: Nutrition and Athletic Performance, The Female Athlete Triad, Appropriate Physical Activity Intervention Strategies for Weight Loss and Prevention of Weight Regain for Adults.
   C. Selected Articles from the AMSSM Top 120 Articles for Fellows can be found on the AMSSM web site http://amssm.blogspot.com/p/amssm-100.html

EVALUATION

Fellows will be evaluated on their knowledge during their quarterly program examinations and assessment by faculty through the use of the program evaluation forms.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

Sports Psychology
Goals & Objectives

Summary

This is a one-month, elective rotation with additional instruction provided during the year at the fellow's weekly conference. The Fellow will work with the Sports Psychologist in the WVU Department of Intercollegiate Athletics.

GOALS

The goal of this experience is to help provide up to date information for the sports medicine fellows to utilize and teach athletes, coaches, trainers and other physicians on the basic principles of psychology for the athlete, or physically active individual.

OBJECTIVES

At the conclusion of this experience, the sports medicine fellow will have acquired the following knowledge:

1. Basic human psychological requirements for the physically active individual.
2. Psychological stressors for the high school, college and professional athlete.
3. Sports specific psychological differences between endurance and strength athletes.
4. Gender specific sports psychology issues.

Clinical skills acquired during this experience include:

Appropriate counseling skills in basic sports psychology.

Age and gender specific psychological concerns.

Identification and counseling gender specific psychological aberrations, i.e. anorexia nervosa, bulimia.

Attitudes will include:

1. Recognition of the importance of good psychological habits in athletes
2. Demonstrate sensitivity to cultural issues, which may affect psychological issues.

3. Recognition of the importance of health promotion and screening for the identification of sport, age or gender specific athletes with attainment of aberrant psychological issues

4. Understand the psycho-social reasons for the use of performance enhancing aides.

INSTRUCTIONAL ACTIVITIES

1. Rotation:
   Sports psychology will be covered during the one-month rotation. Program psychologist is available to assist fellows in patient care.

2. Lectures and Didactics: In addition, the core conference curriculum includes specific lectures given by faculty and invited speakers on sports psychology. Lectures can be in general psychology, but includes sport, gender or age specific psychology requirements or problems.

3. Sports Medicine Clinic:
   During the sports medicine continuity clinics the fellow will be able to utilize the skills obtained to teach patients proper psychological habits and to identify psychological issues.

4. WVU Athletics, East Fairmont High School Athletics:
   The sports medicine fellow will be able to counsel adolescent athletes, coaches and trainers in proper psychological habits. Fellows will also be able to assess the specific habits and requirements for the sport and gender specific athletic population.

5. Required Reading:
   A. Assigned materials from course faculty.
   B. Selected Articles from the AMSSM Top 120 Articles for Fellows can be found on the AMSSM web site http://amssm.blogspot.com/p/amssm-100.html

EVALUATION

Fellows will be evaluated on their knowledge during their quarterly program examinations and assessment by faculty through the use of the program evaluation forms.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

PULMONOLOGY/PULMONARY FUNCTION TESTING

Summary
This is a one-month, elective rotation. The fellows will have direct hands on experience from the WVU Pulmonology Clinic/Pulmonary Function Testing Lab.

Goals
The goals of this experience are to provide basic and specific knowledge and skills in pulmonary function testing. The Fellow should gain a deeper understanding of pulmonary function testing as well as the skills to perform it.

Objectives
At the conclusion of this one-month experience, the sports medicine fellow will have acquired the following knowledge:

1. Learn appropriate indications for pulmonary function testing with an understanding of the risks and benefits.
2. Develop an understanding and be able to utilize pulmonary function testing for assessment of fitness and general health.
3. Pulmonary function testing in the active athlete with pre-existing medical problems.

Clinical skills

1. Be able to use the equipment available to assess pulmonary function in the athlete in testing physical fitness.
2. Pulmonary function testing in special populations, including children, elderly, and in the pregnant athlete.
3. Interpretation of test data and utilization in exercise prescription.

Attitudes

1. Recognition of the benefits of exercise and the risks of physical activity.
2. Recognition of the risks of pulmonary function testing.
3. Recognition of the impact of physical inactivity.
4. Understand the importance of continued physical activity in specific populations of athletes such as those with pre-existing medical conditions.
5. Recognition of the importance of health promotion and screening in the different athletic populations.

Instructional Activities

- **Pulmonary Function Testing Lab**
  The fellow will observe and participate in pulmonary function tests along with the technician.

- **Didactic**
  1. The core conference curriculum includes specific lectures given by faculty and invited speakers on pulmonary physiology. Lectures will include testing specific population groups such as children, the elderly or pregnant patients.

- **Required Reading**
  a. American College of Sports Medicine: ACSM Guidelines for Exercise Testing and Prescription.
  b. Selected texts/articles by faculty

Evaluation

The pulmonary and sports medicine faculty evaluates the sports medicine fellows. The standard fellow evaluation form is utilized for this purpose.

WVU
PRIMARY CARE SPORTS MEDICINE FELLOWSHIP PROGRAM

ULTRASOUND ROTATION

Summary

This one-month, elective rotation will involve clinical ultrasound imaging as well as didactic sessions. Imaging will include musculoskeletal imaging but will also include other ultrasound techniques that are beneficial for PCSM. Department of Emergency Medicine Ultrasound Fellowship faculty and fellows will assist in the education portion of this rotation.

Goals

Upon completion of this discipline the sports medicine fellows will:

4. Learn the basic principles of ultrasound.

5. Be able to recognize common ultrasound abnormalities

Objectives

1. Acquire a systematic approach in reading ultrasound images.

2. Develop an understanding of diagnostic ultrasounds principles in musculoskeletal medicine.

3. Develop an understanding of basic concepts and the role of other ultrasound techniques such as FAST exam, pneumothorax, fracture imaging, echocardiography, amongst others.

Instructional Activities

1. Complete assigned readings

2. Sports Medicine Center/Athletic Training Room Clinics/Fracture Care & Musculoskeletal Imaging Conference
   Experience during the radiology elective will be applied to the fellow's assessment of their patients. The sports medicine faculty will reinforce these skills.

3. Interpretation of musculoskeletal imaging is a component of the fracture care and musculoskeletal imaging conferences. Fellows are required to attend and present cases at these monthly conferences.

4. Fellows will be assigned rotation with Ultrasound faculty during the academic year.

EVALUATION

The course faculty and sports medicine faculty evaluates the sports medicine fellows. The standard program evaluation form is utilized for this purpose. In addition, a quarterly program examination is given to fellows. Examination content includes radiology in the practice of sports medicine.

EAST FAIRMONT HIGH SCHOOL TEAM PHYSICIAN EXPERIENCE

Summary

Fellows will learn team physician skills & responsibilities by working directly with East Fairmont High School athletics under the supervision of the team physician.

CLINICAL SKILLS

By the end of the academic year, the sports medicine fellow will have developed and utilized the following clinical skills:

1. Guidelines for evaluation prior to participation in exercise and sports

2. Functioning as a team physician -- with particular attention paid to requirements, duties and obligations as the Team Physician (medical & legal).

3. Physical conditioning requirements for the various team sports.

4. Prevention, evaluation, management and rehabilitation for sports specific juries.

Required readings

1. Clinical Sports Medicine 4th Edition (Brukner & Khan)
2. Selected Articles from the AMSSM Top 120 Articles for Fellows that can be found on the AMSSM web site at http://amssm.blogspot.com/p/amssm-100.html
3. Selected Articles from ACSM Position Statements that can be found at http://acsm.org/public-information/position-stands
4. Fracture Management for Primary Care (Eiff)
5. Delee & Drez's Orthopaedic Sports Medicine: Principles and Practice 4th Edition.

Academic Discipline and Dismissal Policy:
Each Program shall develop a disciplinary system to ensure fellow physicians are competent, professional, and ethical within the standards of care. Programs shall have a written procedure for implementation of the system and institution of corrective or disciplinary actions. The procedures shall be revised periodically and be in accordance with WVU School of Medicine GME and ACGME policies.

Programs can take corrective or disciplinary action including dismissal for cause, including but not limited to:

Unsatisfactory academic or clinical performance

Failure to comply with the policies, rules, and regulations of the fellow physician program, the School of Medicine or other facilities where the fellow physician is trained

Revocation or suspension of license

Violation of federal and/or state laws, regulations, or ordinances

Acts of moral turpitude

Insubordination

Conduct that is detrimental to patient care

Unprofessional conduct

Failure of USMLE Step 3.

Corrective or disciplinary actions can include but are not limited to:

Issue a warning or reprimand

Impose terms of remediation or a requirement for additional training, consultation or treatment

Institute, continue, or modify an existing summary suspension of a fellow physician's appointment

Terminate, limit or suspend a fellow physician's appointment or privileges

Non-renewal of a fellow physician's appointment

Dismiss a fellow physician from the Program; or

Any other action that the Program or sponsoring institution deems is appropriate under the circumstances.

Level I Intervention:
Oral and/or Written counseling or other adverse action:
Minor academic deficiencies that can be corrected at Level I include i) unsatisfactory academic or clinical performance or ii) failure to comply with the policies, rules, and regulations of the Program or University or other facilities where the fellow physician is trained. Corrective action for minor academic deficiencies or disciplinary offenses which do not warrant probation with remediation as defined in the Level II intervention, shall be determined and administered by each Department. Corrective action can include oral or written counseling or any other action deemed appropriate by the Department under the circumstances. Corrective action for such minor academic deficiencies and/or offenses are not subject to appeal.

Level II Intervention:
Probation/Remediation Plan or other Adverse Action:
Serious academic or professional deficiencies will lead to placement of a fellow physician on probation. An academic or professionalism deficiency that is not successfully addressed while on probation, will lead to non-reappointment or other disciplinary action. The Program Director shall notify the fellow physician in writing that they have been placed on probation and the length of probation. A corrective and/or disciplinary plan will be developed that outlines the terms and duration of probation and the deficiencies for which probation was implemented. Failure of the fellow physician to comply with the terms of the plan will result in termination or non-renewal of the fellow physician's appointment.

Level III intervention:
Dismissal and/or Non-reappointment:
Any of the following can be cause for dismissal or non-reappointment including failure to comply or address the deficiencies within the corrective and disciplinary plan as outlined in the Level II intervention:

Demonstrated incompetence or dishonesty in the performance of professional duties, including but not limited to research misconduct.

Conduct which directly and substantially impairs the individual's fulfillment of institutional responsibilities, including but not limited to verified instances of sexual harassment, or of racial, gender-related, or other discriminatory practices.

Insubordination by refusal to abide by legitimate reasonable directions of administrators or of the WVU Board of Governors.

Physical or mental disability for which no reasonable accommodation can be made, and which makes the resident unable, within a reasonable degree of medical certainty and by reasonably determined medical opinion, to perform assigned duties.

Substantial and manifest neglect of duty.

Failure to return at the end of a leave of absence.

Failure to comply with all policies of WVU Hospitals, Inc.

A fellow who is dissatisfied with a Level II or Level III intervention, may appeal that decision by following the Academic Grievance Policy and Procedure in Section XI (see below)

Academic Grievance Policy and Procedure
The purpose of this policy is to provide a mechanism for resolving disagreements, disputes and complaints which can arise between postgraduate residents, fellows, and their Program Director or other faculty member.

Policy
Postgraduate residents or fellows may appeal disagreements, disputes, or conflicts with the decisions and recommendations of their program regarding academic related issues using the procedure outlined in this section. This grievance procedure does not cover issues arising out of (1) termination of a resident/fellow during an annual contract period; (2) alleged discrimination; (3) sexual harassment; (4) salary or benefit issues. These grievances are covered under the employment grievance procedures for employees of West Virginia University as outlined in section XXV of these bylaws.

Definitions

Grievance: any unresolved disagreement, dispute, or complaint a resident or fellow has with the academic policies or procedures of the Fellowship Training Program or any unresolved dispute or complaint with his or her Program Director or other faculty member. These include, but are not limited to, issues of suspension, probation, retention at current level of training, and refusal to issue a certificate of completion of training.

Procedure

Level 1 Resolution

A good faith effort will be made by an aggrieved resident/fellow and the Program Director to resolve a grievance, which will begin with the aggrieved resident/fellow notifying the Program Director, in writing, of the grievance within 10 working days of the date of receipt of the dispute or complaint. This notification should include all pertinent information and evidence which supports the grievance. Within ten (10) working days after notice of the grievance is received by the Program Director, the resident/fellow and the Program Director will set a mutually convenient time to discuss the complaint and attempt to reach a solution. Step 1 of the grievance procedure will be deemed complete when the Program Director informs the aggrieved resident/fellow in writing of the final decision. This should occur within 5 working days after the meeting between the resident/fellow and Program Director. A copy of the Program Director's final decision will be sent to the Department Chair and to the Designated Institutional Official for GME (DIO).

Level 2 Resolution

If the Program Director's final written decision is not acceptable to the aggrieved resident/fellow, the resident/fellow may choose to proceed to a Level 2 resolution, which will begin with the aggrieved resident/fellow notifying the Department Chairman of the grievance in writing. Such notification must occur within 10 working days of receipt of the Program Director's final decision. If the Department Chairman is also functioning as the Program Director, then the Level 2 resolution will be handled by the DIO.

Level II of this grievance procedure will be deemed complete when the Department Chairman (or DIO) informs the aggrieved resident/fellow in writing of the final decision. This should occur within 5 working days of the meeting with the resident/fellow and the Chairman. Copies of this decision will be kept on file with the Program Director, in the Chairman's office and sent to the DIO.

Level 3 Resolution

If the resident/fellow disagrees with the Department Chairman's final decision, he or she may pursue a Level 3 resolution of the grievance. The aggrieved resident/fellow must initiate this process by presenting their grievance, in writing, along with copies of the final written decisions from the Program Director and Department Chairman, and any other pertinent information, to the office of the Graduate Medical Education within 5 working days of receipt of the Department Chairman's final written decision. Failure to submit the grievance in the 5 working day time frame will result in the resident/fellow waiving his or her right to proceed further with the procedure. In this situation, the decision at Level II will be final.

Upon timely receipt of the written grievance, the DIO will appoint a Grievance Committee and will contact the aggrieved resident/fellow to set a mutually convenient time to meet with them. The Grievance Committee will review and carefully consider all material presented by the resident/fellow

and his or her Program Director or the grievable party at the scheduled meeting, following the protocol outlined in Section F.

The Grievance Committee will provide the aggrieved resident/fellow with a written decision within five working days of the meeting and a copy will be placed on file in the Office of Graduate Medical Education, and with the Program Director and Department Chair.

The decision of the Grievance Committee will be final.

The Grievance Committee
Upon request for a formal resolution at Level III, the DIO will form a Grievance Committee composed of at least two residents, and three Program Directors. No members of this committee will be from the aggrieved resident's/fellow's own department. The DIO will choose a faculty member appointed to the Grievance Committee to the chair of the committee. The Grievance Committee hearing should occur within 20 working days from receipt of the Level III Grievance.

Grievance Committee Procedure

Attendance: All committee members should be present throughout the hearing. The aggrieved resident/fellow must personally appear at the Grievance Committee meeting.

Conduct of Hearing: The chair will preside over the hearing, determine procedure, assure there is reasonable opportunity to present relevant oral or written information, and maintain decorum. The Chair will determine if information is relevant to the hearing and should be presented or excluded. The aggrieved Resident/Fellow will present any relevant information or testimony from any colleague or faculty member. The Resident/Fellow is NOT entitled to legal presentation during the grievance committee hearing. The Program Director and Department Chair may be requested by the Committee to also be present for oral testimony. The committee chair is authorized to exclude or remove any person who is determined to be disruptive.

Recesses and Adjournment: The committee chair may recess and reconvene the hearing by invoking the right for executive session. Upon conclusion of the presentation of oral and written information, the hearing record is closed. The Grievance Committee will deliberate in executive session outside the presence of the involved parties.

Decisions: Decisions are to be determined by vote of a majority of members of the Committee and are final. After deliberation, the Chair will prepare a written decision to be reviewed and signed by all of the Committee members. The aggrieved resident/fellow should be notified within 5 working days of the hearing.

Meeting Record: A secretary/transcriptionist will be present for the purpose of recording the meeting minutes. Minutes and the final written decision of the Committee will be placed on file in the Office GME, and by the Department in the resident or fellow's academic file.

Confidentiality: All participants in the grievance are expected to maintain confidentiality of the grievance process by not discussing the matter under review with any third party except as required of the grievance procedures.

http://www.hsc.wvu.edu/gme/MediaLibraries/GME/Media/PDFs/ByLawsJuly2011.pdf

West Virginia University School of Medicine Policy on Teaching Evaluations

Education is one of the major missions of the School of Medicine.

Faculty will undergo regular evaluation of their teaching effectiveness.

Teaching evaluations must occur at least annually.

Teaching evaluations should be provided by 360^{o} measurements to include learners, peers, directors and chairs.

These evaluations must be kept confidential.

These evaluations must be collated so that those providing evaluations are anonymous.

Collection of teaching evaluations will use consistent instruments and shall be coordinated and reviewed by course directors, residency directors, and Department Chairs using appropriate available technologies.

Summative evaluations must be included in the file of the faculty member for review during the annual Promotion and Tenure review cycle.

Faculty members may include a written rebuttal to be included in their files for review during the annual Promotion and Tenure cycle to any teaching evaluations.

Department of Emergency Medicine Clinical Work Environment Policy

Hours of Clinical Work and Education

Duty hours are defined as all clinical and academic activities related to the Fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care (i.e. charting, both in-hospital and out of hospital, required patient follow-ups, procedure logs, etc.), the provision for transfer of patient care, time spent in-house during call activities, scheduled academic activities such as weekly academic conferences, representation at national/regional conferences, time spent representing the department on hospital committees, time spent on Fellowship required research modules/projects, in addition to time spent on "accepted fellow practices", referring to such tasks as preparing to present at a conference, participating in applicant interviews, pre-interview dinners, etc. Duty hours do **not** include fellow individual study/reading time and time spent on personal interests within the field of emergency medicine.

Basic Clinical Work Environment Rules

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/116-127-333-342_sports_medicine_2017-07-01.pdf?ver=2017-04-26-171006-093

In accordance with the ACGME Program Requirements for Graduate Medical Education in Sports Medicine, the WVU Department of Emergency Medicine enforces the following clinical work environment hour requirements, per section VI.F.1. Please see this policy for a complete outline for clinical work environment guidelines for Sports Medicine Fellows. Below is a brief summary for the clinical work hours, as described in detail at the website listed above.

- Clinical and educational work hours must be limited to no more than **80** hours per week, averaged over a four week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and moonlighting.

- Fellows should have 8 hours off between scheduled clinical work and educational periods.

- Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

- Fellows must be scheduled for a minimum of 1 day in 7 free of clinical work and required education, averaged over 4 weeks.

- Maximum clinical and educational work periods for fellows must not exceed 24 hours of continuous clinical scheduled assignments. Up to 4 hours of additional time may be used for transition of care or other educational endeavors, but the fellow must not be assuming any new clinical care during this 4 hours.

General Fellow Expectations Relating to Clinical Work Hours

- To ensure that no work hour violations occur on demanding off-service rotations, the fellow is expected to record their on-going work hours on a daily basis in the e-value work hour tracking system, which is closely monitored by the program manager.

- As part of their professionalism expectations, the fellow is also expected to be proactive in identifying any potential work hour violations at the beginning of each month in order to resolve the situation to avoid any potential work hour violations.

- It is the responsibility of each fellow to make the specific rotation coordinator, Program Director and program manager aware of any impending violations *before* they occur, as to avoid any work hour violations.

- If a work hour violation does occur, it is the responsibility of the fellow to immediately report the violation to fellowship leadership and the program manager and provide a written statement of the circumstances surrounding the violation directly to the Program Director within 24 hours.

On-Call Activities

The objective of “on-call” activities is to provide fellows with continuity of patient care experiences throughout an extended period of time.

In accordance with the ACGME 2017 Duty Hour Standards, as referenced in the above duty hour's section, the following duty hour rules apply to in-house call schedules:

1. Maximum in house call no more frequent than ***average of 1 in 3*** (averaged over 4 weeks)
    a. Night float and overnight shifts in ED do NOT count as call—call assumes in house for 24 hours
    b. Max of 4 of 7 call nights (i.e. q2 call) for ***ONE*** week ***ONLY*** per month is acceptable (except for IM which doesn't allow for averaging) to allow for golden weekend; no back to back consecutive call nights **EVER**

In accordance with clinical work hour standards relating to the maximum duty period length for all PGY residents/fellows the duty hour period of an upper level resident fellow/ shall **not** exceed 24 hours of continuous clinical patient care. In addition to this 24 hour period of patient care maximum, the ACGME sets forth an additional set of guidelines, in the best interest of patient safety and resident education, to allow for an additional ***4 hours*** to be added onto the 24 hour period to allow residents/fellows to remain on-site to accomplish such tasks related to the transition of care. During these 4 hours, the resident/fellow is prohibited from participating in any type of direct patient clinical care (including with patients that they were previously familiar with), procedural experiences, etc.

At-home call (pager call) is defined as call taken from outside the assigned institution and is not applicable to the Primary Care Sports Medicine Fellows, as none of their off-service rotations currently require at-home call.

Moonlighting

Fellows are permitted to moonlight during their fellowship training, as long as they are in good standing within the program. Good standing implies that the fellow is meeting ALL clinical and administrative components of the fellowship, without concern from the CCC or Program Leadership for any areas of deficiency. Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program and must not interfere with the fellow's fitness for work nor compromise patient safety. The fellow will be educated regarding the need to log moonlighting hours in accordance to standard duty hour rules and must submit these planned moonlighting hours in advance of working them, for review of the program coordinator/program director to ensure that no violations will be committed. Time spent by the fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit (60 hours max clinical work limit for clinical work in the field of Emergency Medicine according to EM specific clinical work environment hours). Fellows will understand that moonlighting is a privilege that can be revoked if there should be any concerns regarding fellow performance with the standard expectations of the fellowship program.

Oversight

• Each program must have written policies and procedures consistent with the Institutional and Program Requirements for fellow duty hours and working environment. These policies must be distributed to the fellows and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

• Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

Department of Emergency Medicine Resident/Fellow Fatigue and/or Stress Policy

Purpose

Symptoms of fatigue and stress are normal and expected to occur periodically in the resident/fellow population, just as it would in other professional settings. Not unexpectedly, residents/fellows can experience some effects of inadequate sleep and stress. The West Virginia University Department of Emergency Medicine has adopted the following policy to address resident/fellow fatigue and stress:

Recognition of Resident/Fellow Excess Fatigue and Stress

Signs and symptoms of resident/fellow fatigue and stress may include but are not limited to the following:

Inattentiveness to details

Forgetfulness

Emotional instability

Irritability

Increased conflicts with others

Lack of attention to proper attire or hygiene

Difficulty with novel tasks and multitasking

Impaired awareness

Response

The demonstration of resident/fellow excess fatigue and stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the resident/fellow, mandates implementation of an immediate and proper response sequence. In non-patient care settings, responses may vary depending on the severity and demeanor of the resident/fellow's appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive resident/fellow fatigue and stress in either setting:

Patient Care Settings: Attending Clinician

In the interest of patient and resident/fellow safety, the recognition that a resident/fellow is demonstrating evidence of excess fatigue and stress requires the attending or senior resident/fellow to consider immediate release of the resident/fellow from any further patient care responsibilities at the time of recognition.

The attending clinician or senior resident/fellow should privately discuss his/her opinion with the resident/fellow, attempt to identify the reason for excess fatigue and stress, and estimate the amount of rest that will be required to alleviate the situation.

In all circumstances the attending clinician must attempt to notify the chief/senior resident/fellow on-call, Fellowship coordinator, Fellowship director, or department chair, respectively of the decision to release the resident/fellow from further patient care responsibilities at that time.

If excess fatigue is the issue, the attending clinician must advise the resident/fellow to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This can mean that the resident/fellow should first go to the on-call room or EM resident/fellow lounge for a sleep interval no less than 30 minutes. The resident/fellow may also be advised to consider calling someone to provide transportation home.

If stress is the issue, the attending, after privately counseling the resident/fellow, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the resident/fellow stress has the potential to negatively affect patient safety, the attending must immediately release the resident/fellow from further patient care responsibilities at that time. In the event of a decision to release the resident/fellow from further patient care activity notification of program administrative personnel shall include the chief/senior resident/fellow on call, Fellowship coordinator, Fellowship director or department chair, respectively.

A resident/fellow who has been released from further patient care because of excess fatigue and stress cannot appeal the decision to the attending.

A resident/fellow who has been released from patient care cannot resume patient care duties without permission from the program director.

The fellowship director may request that the resident/fellow be seen by the Faculty and Staff Assistance Program (FSAP) prior to return to duty.

Allied Health Care Personnel

Allied health care professionals in patient service areas will be instructed to report observations of apparent resident/fellow excess fatigue and/or stress to the observer's immediate supervisor who will then be responsible for reporting the observation to the respective program director.

Residents/fellows

Residents/fellows who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the chief resident/fellow, and the program director without fear of reprisal.

Residents/fellows recognizing resident/fellow fatigue and/or stress in fellow residents/fellows should report their observations and concerns immediately to the attending physician, the chief resident/fellow, and/or the Fellowship director.

Residency/Fellowship Director

Following removal of a resident/fellow from duty, in association with the chief resident/fellow, the Fellowship director must determine the need for an immediate adjustment in duty assignments for remaining residents/fellows in the program.

Subsequently, the Fellowship director will review the resident/fellows' call schedules, work hour time cards, extent of patient care responsibilities, any known personal problems and stresses contributing to this for the resident/fellow.

For off-service rotations, the Fellowship director will notify the program director of the rotation in question to discuss methods to reduce resident/fellow fatigue.

In matters of resident/fellow stress, the Fellowship director will meet with the resident/fellow personally as soon as can be arranged. If counseling by the Fellowship director is judged to be insufficient, the Fellowship director will refer the resident/fellow to the FSAP (Faculty and Staff Assistance Program) for evaluation.

If the problem is recurrent or not resolved in a timely manner, the Fellowship director will have the authority to release the resident/fellow indefinitely from patient care duties pending evaluation by FSAP.

Department of Emergency Medicine Policy on Harassment

Sexual harassment, in any form, will not be tolerated in the Emergency Department. If an employee, male or female, believes that he/she is being sexually harassed, please report the incident to the Department Chairman or your immediate supervisor. All information received will be considered confidential and will be investigated promptly.

West Virginia University School of Medicine
Graduate Medical Education Policy on Program and Institution Closure/Reduction

XXVII. Program and Institution Closure/Reduction Policy:
If the School of Medicine intends to reduce the size of a program or to close a fellowship program, the department chair shall inform the fellow as soon as possible of the reduction or closure. In the event of such reduction or closure, the department will make reasonable efforts to allow the fellows already in the Program to complete their education or to assist the fellow in enrolling in an ACGME accredited program in which they can continue their education.

Should the WVU School of Medicine decide to discontinue sponsorship for graduate medical education, fellows will be notified of the intent in writing by the DIO as soon as possible after the decision is confirmed by the GMEC and the institutional leadership including the Dean of the School of Medicine.

Practitioners Health Committee
The West Virginia University Hospitals, Inc. (WVUH) Practitioner Health Committee serves as the primary resource in the management of impaired Practitioners. Impairment includes any physical, mental, behavioral or emotional illness that may interfere with the Practitioners ability to function appropriately and provide safe patient care. The purpose of impaired Practitioner assistance is to maximize support for Practitioners through appropriate interventions. This process relates specifically to mental, physical or behavioral impairment and does not include performance management of disciplinary actions.

For full policy go to:
http://www.hsc.wvu.edu/gme/MediaLibraries/GME/Media/PDFs/ByLawsJuly2011.pdf

RESOURCES
WVU Graduate Medical Education - (policies and bylaws)
www.hsc.wvu.edu/som/gme

Program and Institution Closure/Reduction Policy -
http://www.hsc.wvu.edu/gme/MediaLibraries/GME/Media/PDFs/ByLawsJuly2011.pdf

SOLE
sole.hsc.wvu.edu

Emergency Medicine
http://www.hsc.wvu.edu/som/em

Department of Emergency Medicine Transfer of Care Policy (For the purposes of the fellowship, the term "resident" is understood to mean "fellow" as well.)

Transfer of care is defined as when a care provider transfers the care of a patient to another care provider. For the Emergency Department this includes sign-out as well as sign-in. This generally occurs Resident/fellow to Resident/fellow but may occur from Physician extenders to Resident/fellow. Consistent processes of transfer of care as well as efficient communication are essential to ensure safe and effective patient care. This policy is meant to define the expected process of transfer of care and applies to each of our teaching sites where we provide patient care.

Emergency Medicine Rotations

1. There will be a formal sign-out daily by each resident/fellow at the end of his/her shift. Sign out must be face-to face. Interruptions should be minimized. The following information must be included, at minimum

    a) Patient name, age, sex, room #
    b) Code Status
    c) Active problems
    d) Summary of course while in the ED
    e) Follow up and/or required actions as well as anticipated disposition (though subject to change)

2. A specific template ("Check Out" Dot Phrase) must be filled out by every resident/fellow who is assuming responsibility of patient care in transfer of care.

3. When a consult or admission request is called, above information as outlined in section 1 must be reviewed by the ED resident/fellow with the consulted or admitting resident/fellow. Any additional significant events that occur with the patient while they remain in the ED after admission request placed will be conveyed to the admitting resident/fellow by the ED resident/fellow.

Non- Emergency Medicine Rotations

1.For rotations on other services, transfer of care must be performed at every sign-in and sign-out as well as when a patient is being transferred to another level of care (i.e. floor status to step down) or to a different service.

2.Specific transfer of care procedure and documentation will be followed as per the policy of the service on which the resident/fellow is rotating.