The Primary Care Sports Medicine Fellowship: AMSSM Proposed Standards of Excellence

Program Benchmarks

1. **Strategic Planning, Program Philosophy, and Oversight**

* Every program should have a strategic plan, including mission, vision, and values, with measureable goals and objectives that are re-examined every two years
* The mission, vision, and values of the affiliated/supporting department align well with the global direction of the primary care sports medicine discipline
* There is an organizational chart of the sponsoring institution, affiliated department, and participating sites that include elements of reporting relationships, financial accountability, and specific job titles
* A sponsoring institution provides sufficient resources including appropriate faculty, staff, space, benefits, and salary support for a program of excellence
* All participating sites have appropriate Program Letters of Agreement (PLA)

1. **Faculty**

* The Program Director, Associate Program Director, and core faculty are all committed to fellowship education and complete a minimum of 10 hours of faculty development training per year
* Program directors are active in at least 1 national committee and at least 1 state or regional committee
* The Program Director publishes at least one peer reviewed publication (which could include original research, review articles, book chapters, etc.) each year and delivers at least 1 state, regional, or national level presentation per year to peers
* There is a leadership succession plan
* The Program Director has a minimum of 10 hours per week allocated toward administration, non-clinical teaching, curriculum design, mentoring, quality improvement, scholarly activity, and evaluation of the fellowship program
* The Program Director has at least 30% full time equivalent (FTE) devoted to direct patient care
* Associate program directors should participate in at least 1 state, regional, or national committee
* The Associate Director publishes at least one peer reviewed publication (which could include original research, review articles, book chapters, etc.) each year and delivers at least 1 state, regional, or national level presentation per year to peers
* The Associate Program Director has a minimum of 10 hours per week allocated toward administration, non-clinical teaching, curriculum design, mentoring, quality improvement, scholarly activity, and evaluation of the fellowship program
* Program requirements dictate at least 2 core Primary Care Sports Medicine faculty (including program director) for accreditation. For each additional fellow (>1), it is recommended that there be at least one core faculty member
* Core faculty should be active in sports medicine organizations at the local, state, regional, or national levels
* Core faculty should support the program director in program and curricular development and excel in at least one of the four following areas: clinical care, scholarly activity, education, or event coverage
* Core faculty should assist in clinical teaching, mentoring, advising and didactic education
* Fellows should work with each core faculty member at least one half day per week
* Core faculty should lead or co-lead at least 1 educational session per quarter on average
* Each core faculty member should publish 1 peer reviewed publication per year
* Each core faculty should deliver at least 1 local, state or regional level presentation to peers per year
* Each core faculty member has identified an interesting case that a fellow may present at the local, regional or national levels
* Each core faculty member has a minimum of 10 hours per week allocated toward administration, teaching, curriculum design, mentoring, quality improvement, scholarly activity, and evaluation of the fellowship program

1. **Resources**

* The fellowship coordinator is devoting at least 50% FTE toward the program
* A business administrator is devoting at least 10% FTE toward the program
* There is a full time administrative assistant in place for every 3 core faculty members
* Fellows have access to a robust online and/or physical medical library

1. **Fellow Appointment**

* 100% of fellowship positions are filled by applicants through Electronic Residency Application System (ERAS) and in the National Residency Match Program (NRMP) who are compliant with AMSSM’s Code of Ethics
* 100% of fellows should have graduated from an ACGME accredited residency and obtain a license in the state of the fellowship
* The number of fellows in the program should reflect the adequacy of the educational experience
* Use the ACGME Milestone Handoff tool to understand levels of education from previous training

1. **Core Competencies**

**Patient care**

The program and the fellow should target the following clinical exposures during the fellowship year:

* Clinical Encounters
* >800 patient visits in a Sports Medicine Clinic
* >200 patient visits during continuity clinic
* >200 patient visits in a training room setting
* Provide medical coverage for a season for one high school football team
* Provide medical coverage for a season for one college football team
* Provide medical coverage for some sports outside of football (contact and non-contact) to become accustomed to the athletic environment and potential injuries during those events
* Fellows should be a medical director/co-director for one mass participation event during the fellowship year
* Fellows should complete >150 Pre-participation examinations (PPE) during their fellowship year
* >50 patient encounters each in the following orthopaedic specialties: knee, shoulder, spine, hand, foot/ankle, hip, Physical Medicine and rehabilitation, and pediatrics surgeons
* Fellows should have exposure to acute fracture and dislocation management through the emergency room, urgent care, Winter Injury Clinic, etc.
* >25 patient encounters each in disciplines such as cardiology, radiology, physical therapy, exercise physiology, neurology, rheumatology, nutrition, and psychology.

Procedures

* Direct observation of the fellow's procedural knowledge and technique is critical in determining procedural competency and should be performed to determine proficiency for all procedures
* Fellows should perform and document >150 sports ultrasound scans during fellowship training
* Ultrasound training during fellowship should include both musculoskeletal and non-musculoskeletal sports ultrasound
* Fellows should master and demonstrate sound knowledge of contemporary ECG interpretation standards in athletes (e.g. 2016 International ECG Interpretation Standards) through mentored clinical experiences, didactic sessions, and/or formal courses. Through these different educational modalities, fellows should review at least 500 athlete ECGs
* For fellowships that aim to simply provide exposure, 10 exercise treadmill tests may suffice. Those that seek to have their fellows become proficient in exercise treadmill testing must have their fellows perform and document >50 tests.
* Fellows should aim to write >25 exercise prescriptions during their fellowship year.
* Fellowships should aim to provide fellows with splinting and casting experiences during the fellowship training year
* Fellows should interpret 10 neuropsychological tests

**Medical Knowledge**

* There should be a well-organized weekly didactic curriculum that covers CAQ examination content (based on the American Board of Family Medicine Blueprint- <https://www.theabfm.org/caq/sports.aspx>) in an effort to prepare for the test.
* 100% of fellows takes the AMSSM pre-test as a baseline measure of knowledge in July of their fellowship year
* 100% of fellows take the AMSSM in-service training exam (ITE) to gauge their ability to pass the CAQ exam
* 100% of graduating fellows take and pass the CAQ Exam as a first time test-taker in July following their fellowship year
* Inter-professional conferences, including radiologists, physical therapists, athletic trainers, orthopedic surgeons, nutritionists, psychologists, and other team members should be incorporated into the curriculum
* Morbidity and Mortality (M&M) conferences should be held every 3 months (at a minimum).
* Grand Rounds (involving clinical cases, research, and new therapies in sports medicine, etc.) should be held every 3 months (at a minimum) and should be open to the medical community
* Journal club should be held monthly (at a minimum) and should involve critical appraisal of recent articles in sports medicine.
* Fellows should be given a ½ day per week for scholarly activity.
* Program should provide educational funding for fellows to participate in regional and national conferences such as regional American College of Sports Medicine (ACSM), National American Medical Society for Sports Medicine (AMSSM) Annual Meetings, and National ACSM Annual Meetings.
* The educational curriculum should be reviewed yearly by the Program Evaluation Committee and during the Annual Program Evaluation.

**Practice Based Learning and Improvement**

* Fellows should aim to complete at least one quality improvement project during their fellowship year
* Fellows should participate in journal clubs that occur monthly (at a minimum) that provide education on how to critically analyze literature, with the goal of being able to independently perform these types of assessments in practice after graduation
* Each fellow should complete, present, and publish at least one scholarly activity project during their fellowship year.
* Fellows should ask for and receive formative feedback on a monthly basis
* Summative evaluations should be performed on the fellow after each rotation and reviewed with the fellow on a quarterly basis
* Fellows should be evaluated from a 360-degree perspective at least twice per year
* Fellows should ideally aim to submit at least 2 cases during the fellowship year, which can be presented at local conferences, as well as, the ACSM and AMSSM national meetings.
* Fellows should be offered to co-author one book chapter during their fellowship training.
* Fellows should join one local/regional/national sports medicine committee to provide service to the broad discipline of sports medicine.
* Data from a population health management system or electronic health records should be used to create a dashboard for fellows to understand the quality, volume, and characteristics of a fellows’ patient panel.
* The fellowship program should have a plan in place to teach fellows about physician burnout, should periodically assess the fellow for potential burnout, and have a plan in place to address burnout if it is recognized.

**Interpersonal Skills and Communication**

* Fellows should be able to educate patients, members of patients’ families, medical students, residents, coaches, athletes, other professionals, and other health care professionals (including nurses and allied health personnel) regarding issues related to sports and exercise using educational materials, such as AMSSM Sports Medicine Today (<http://www.sportsmedtoday.com)>
* The fellowship program should devote At least 10 hours of education per year should be devoted to leadership training and principles
* At least 10 chart audits should be performed each quarter by the program to assess the fellows ability to communicate effectively in the electronic medical record

**Professionalism**

* Programs should develop a Professionalism Contract that is signed by 100% of fellows at the start of the fellowship training program
* Programs should provide fellows with clear expectations of call duties for clinic patients and athletic team athlete coverage to ensure continuity of care with the fewest transitions while meeting all fellow duty hour requirements and fellow wellness expectations.
* Programs should ensure a back-up system with proper supervision is available at all times for fellow clinic time and sports coverage to ensure patient safety. These schedules should be made available to all members of the heath care team.
* Programs should educate fellows on expected handoff methods and policies and monitor and document direct observation of competency in this communication between team members. There are several templates available such as the I-PASS (Illness Severity, Patient Summary, Action List, Situation Awareness and Contingency Planning, and Synthesis by Receiver) system. Additionally, despite public interest in athlete (especially high-profile) injury, medical illness and injuries should follow Health Insurance Portability and Accountability Act (HIPAA) practices and fellowships should clearly define lines of care for fellows to easily follow.
* At the start of fellowship training, fellows should be given education on fatigue management and mitigation strategies.
* Programs should directly observe and document the fellow's skills upon entrance into the program in all of the core competencies. This can be through simulation, OSCE, pre-In-Training Exam testing, or with direct patient care.
* Programs should directly observe and document the fellow's skills upon entrance into the program in all of the core competencies. This can be through simulation, Observed Structured Clinical Examination (OSCE), pre-In-Training Exam testing, or with direct patient care.
* The milestones should be filled out as a self-evaluation for the fellow upon entrance into the program and within the first couple of weeks by the faculty. This sets a baseline for an Individualized Educational Plan (IEP) that can be developed with specific learning objectives mutually agreed upon by the Program Director and fellow and eventually modified solely by the fellow identifying specific learning goals as the fellowship progresses
* Programs must have appropriately-credentialed and privileged attending physicians available for fellow supervision and evaluation at all times, and this schedule should be available for all health care providers as well as patients informed of these respective roles at all times
* Program Directors should meet with fellows on a regular basis and at least every 3 months to discuss evaluations, milestone progress, progress toward individual goals, and specific learning needs in order to revise IEPs
* Programs must develop policies detailing the guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members. These policies should be given to and discussed with fellows upon entrance into the program
* Clinical responsibilities and progression towards independence should be based upon the collective evaluation of the faculty as discussed at regular interval meetings of the Fellowship Clinical Competency Committee
* Fellows must be observed and evaluated and given appropriate timely feedback regarding their communication and leadership skills within the framework of the sports medicine team. This is a critical component of sports medicine systems-based practice education and must be a key component of the regular evaluations and goal-setting meetings held by the Program Director
* Programs should have a policy regarding duty hours and this policy should be presented to and discussed with the fellow upon entrance into the program. The policy should specifically address: the 80 hour work week, a minimum of one day free of duty every week (when averaged over four weeks), a maximum of 24 hours of continuous duty, no additional clinical responsibilities after 24 hours of continuous in-house duty**,** effective transitions of care taking no more than an additional 4 hours of time,8 hours free of duty between scheduled duty periods, no more than 6 consecutive nights of night float, in-house call no more frequently than every-third-night**,** and at-home call must count towards the 80-hour maximum weekly hour limit when called into the hospital
* Programs must have a moonlighting policy, and this policy should be given to and discussed with fellows upon entrance into the program. Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program. Moonlighting time must be counted towards the 80-hour work week limitation
* Programs should have a policy regarding when fellows can break duty hours, and this policy should be given to and discussed with fellows upon entrance into the program. In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient or return to the hospital with less than the expected 8-hours free of duty. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient (such as a spinal cord injured athlete), academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. These instances must be documented and reviewed with the Program Director after each occurrence

**Systems-based practice**

* Fellows should receive instruction in sports medicine billing and coding during a management of health systems curriculum. There should be at least 10 hours per year devoted to this curriculum.
* As a demonstration of the ability to work in inter-professional teams, fellows should receive 360 evaluations from sports medicine staff, including office staff, athletic trainers, coaches, patient, faculty, etc. at least twice per year
* Fellows should aim to take at least one sideline management course during fellowship year to maximize the ability to work effectively in teams in an emergency setting
* Fellows should aim to participate in one committee within the program, clinic, school or institution that is designed to identify errors within the athlete health care system
* Provide fellow with opportunity to perform independently as team physician and/or event medical director and lead in the development of an emergency action plan