

GOSM Post-Professional Athletic Training Residency Program Manual 2015-2016



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#### Mission Statement

The GOSM Residency is a post-professional athletic training curriculum that seeks to expand the qualifications, clinical experiences and knowledge of entry level athletic trainers as providers of musculoskeletal medicine and physician extenders within an orthopaedic clinic setting.

## Purpose

To immerse participants in, and prepare them for, a role in the rapidly expanding ATC/physician extender function and allow them opportunities for interdisciplinary skill development in a spectrum of musculoskeletal disciplines

#### Goals

- 1. To grow as a dedicated, caring, versatile and highly skilled allied healthcare professional in a broad array of musculoskeletal medicine disciplines
- 2. To develop and demonstrate skills needed to serve as a physician extender in an outpatient clinical orthopaedic office setting as well as an orthopaedic urgent care setting
- 3. To develop functional proficiency as a provider of basic neuromuscular and manual therapies
- 4. To develop functional proficiency as a provider of aquatic based rehabilitative therapies
- 5. To develop functional proficiency as a provider of functional hand splinting and basic rehabilitative therapies for the hand
- 6. To develop functional proficiency as a provider of land based rehabilitative therapies
- 7. To develop functional proficiency in casting, splinting and DME fitting
- 8. To develop functional proficiency at triaging concussions, administering ImPACT testing, and monitoring return to play progressions
- 9. To gain exposure to, understanding and awareness of a variety of traditional and alternative therapies available and their role in musculoskeletal medicine
- 10. To increase confidence and abilities as an ATC in traditional high school, collegiate, professional, and recreational settings

- 11. To heighten public and medical community awareness of the unique role, qualifications, and contributions of the athletic training profession.
- 12. To critically think and interpret current research, trends, ideas, and treatments in musculoskeletal medicine



# Objectives

- 1. To achieve/maintain NATABOC certification and NCBATE licensure
- 2. To spend 2-2½ days a week throughout the residency working with an orthopaedic sports medicine surgeon or specialty provider to become an adept physician extender, able to triage patients, take histories, conduct physical exams, order and interpret appropriate diagnostic tests, educate patients and families on diagnoses, treatment plans, surgical procedures, and home exercise programs, utilize EHR, document pertinent patient and visit information in EHR, communicate with other healthcare professionals, and perform medical office administrative tasks
- 3. To obtain certification as an ITAT by completing the registration and coursework and successfully completing the certification exam
- 4. To spend 1-2 days a week for 2 months each immersed in, and developing and practicing skills related to land based and aquatic rehabilitation, hand therapy and functional splinting, chiropractic care, orthopaedic urgent care, and other areas as selected based on interest.
- 5. To spend 1-2 days a week for 2 months observing a variety of sports medicine orthopaedic surgeries to increase familiarity with anatomy and surgical techniques, and to advance understanding of post operative rehabilitation and recovery based on procedures performed
- 6. To coordinate the sports medicine/athletic training services at an assigned local high school, including checking preparticipation physicals, conducting evaluations, treatments, and initiating management of athletic injuries, coordinating referrals to physicians, developing and implementing rehabilitation plans, maintaining medical records, educating athletes, coaches, and parents, updating and educating coaches and administrators on EAP and concussion management, providing athletic training services for game coverage of selected sports
- 7. To spend 5 or more hours weekly devoted to didactic development and critical thinking by completing curriculum modules, reading journal articles, working with residency clinical instructors on quality improvement ideas and incorporating evidence based treatment plans, attending CEU offerings and conferences, helping teach a course at a local college, presenting research or case studies, writing evidence-based online content about current treatment and

- topics in sports medicine, and promoting the profession and answering questions at health fairs and community events
- 8. To seek out additional learning experiences to develop as a professional and a health care provider, including, but not limited to, didactic experiences with other healthcare disciplines, or clinical experiences with other musculoskeletal disciplines



## Terms of GOSM Residency

- Sponsoring organization is Galland Orthopaedics and Sports Medicine, an organization with a focus on providing an array of educational, athletic training, and musculoskeletal medicine services in the Triangle
- The residency is a 12 month commitment that runs from July 1, 2015 June 30, 2016
- Stipend of \$12,000 for the year to be paid bimonthly
- Benefits are paid medical insurance, paid BOC dues, reimbursed NCBATE licensure fees, paid ITAT
  course. Each resident may also choose between paid Kinesio taping courses and exam fee OR
  paid casting workshop. All benefits are effective during year of residency only.
- Direct supervisors are Mark Galland, Linda Anstee, and preceptors/clinical instructors of rotations as assigned.
- Residents may not have any other full time or conflicting job commitments during year of residency and may not accept employment from any competing organization.

#### **Policies**

\*\*As an employee of OSNC, you will be required to adhere with all policies, standards, and directives of the OSNC employee handbook. Policies listed here are in addition to employee requirements. Because of the unique nature of the residency and program design, GOSM Residency policies listed here take precedence if there are any differences.

## Time off (PTO/leave/vacation/sick time)

- Allowed time off during the residency year is 10 days of leave, to include planned or unplanned absences.
  - A planned absence is any absence that is anticipated, including vacation.
  - O An unplanned absence is one that cannot be foreseen, such as illness or family emergency.
  - For the purposes of the residency, a leave day is <u>any</u> day Monday through Sunday when the resident is assigned coverage in the clinic, a rotation, or at outreach and is not able to fulfill those obligations due to illness or vacation
  - O Example: You are scheduled to work Saturday morning clinic or cover a tournament and plan to be out of town, so RPD or SPC find other coverage. That Saturday would be a leave day.
  - Example: You are not assigned clinic or rotation on a Friday and your high school has no events, so you go out of town for a long weekend. That is NOT any leave time.
- Any planned absence/leave/vacation must be approved by RPD at least 2 weeks in advance.
- In case of planned leave, the resident is responsible for notifying preceptor(s), as well as helping RPD/SPC to coordinate staff to cover any clinical/outreach duties that were assigned.
   Additionally, the sports program coordinator must be notified of any changes/switches in

outreach coverage and the RPD must be notified of any changes/switches to the clinical schedule or absences from your rotations.



- In case of sickness, the resident is responsible for notifying preceptor(s) and RPD.
- If a situation arises that necessitates more than the allotted leave time, a formal review will occur.
  - O Such situations will be evaluated on a case by case basis.
  - O If the RPD feels as though the resident can still meet all the obligations of the program and complete the objectives, extra effort or work on the resident's part can make up the time. A remedial plan will be written and compliance on the part of the resident will be documented.
  - o If the time is excessive, the resident is unable to complete the experience, or the conditions of a remedial plan, he/she will not graduate the program.

## Transportation

- Residents are required to maintain a valid driver's license and provide their own transportation to clinical sites.
- Residents must provide proof of a valid driver's license.
- For clinical assignments and outreach coverage, you will be reimbursed mileage according to the OSNC policy/rates.

\*\*For additional policies, guidelines, expectations, and regulations, please see the OSNC employee handbook and the Sports Medicine Addendum to the handbook

### Certification/Licensure

- Each resident is required to take the BOC exam before beginning the residency (July 1)
- Each resident is required to obtain NCBATE licensure by August 1 of the residency year.
  - O The resident must complete and submit licensure paperwork before beginning the program (July 1), but the residency will facilitate licensure application, provide required protocol, and reimburse the cost of licensure to NCBATE upon receipt of license.
- Each resident is required to maintain current and valid Emergency Cardiac Care certification as defined by the BOC.
- Each resident will be required to complete OSNC OSHA/Bloodborne Pathogen Training at the
  beginning of the academic year. All students will be responsible for following OSHA Guidelines
  and adhering to Universal Precautions whenever dealing with patients or athletes.
- Residents must provide proof of BOC and ECC certification and NCBATE licensure.

If a resident fails to pass the BOC exam or fails to obtain licensure by the required date, he/she will be placed on probation with tasks/opportunities restricted until certification and licensure are obtained. If this is not done in a timely manner, the resident will be unable to fulfill the obligations of the program and may not graduate.



# Professionalism/Expectations

- Residents are expected to be on time, dressed appropriately, with nametags for all clinical rotations and assignments
- When in the clinic, on rotation, or at outreach, residents are representing GOSM, OSNC, and the Residency Program and should conduct themselves in a manner consistent with healthcare providers

# Clinical experiences

- Objectives and expectations of each clinical rotation can be found on the website <u>www.atcfellowship.com</u> or in your orientation notebook
- Outpatient orthopaedic sports medicine clinic (2-2 ½ days per week)
  - O OSNC office with Ortho Surgeon or provider
- Interdisciplinary rotations (2-3 half days days per week)
  - O 2 months physical therapy
  - O 2 months aquatic therapy
  - O 2 months surgical observations
  - 2 months hand therapy
  - O 2 months chiropractic care
  - 2 months individualized rotation based on resident interests
  - O 2-3 neuromuscular therapy clinics
- Outreach (varies)
- Other
  - Monday morning "tests"
  - Learning time/Clinical in-services (many are for CEU credit)

#### **Evaluations**

In order to help each resident meet the goals and objectives of the program and ensure their continual development as a healthcare professional, a variety of evaluations are in place. These are designed to allow students to show growth, knowledge and skill achievement, continued professional development, and progress toward residency competencies and standards. If a specific deficiency, problem, or weakness is identified, a formal plan, including remedial action if needed, will be developed to help the resident focus on opportunities for improvement and success. Evaluations of residents include the following:

- Quarterly evaluations of resident performance by RPD/preceptors
- Rotation evaluations of resident by preceptor
- Rotation self evaluations by resident



Additionally, in an effort to continually improve our program and its clinical and didactic offerings, we have the following evaluations in place:

- Rotation evaluations of preceptor/rotation by resident
- Evaluations of Residency Program by residents
- Annual evaluation of the program by RPD/preceptors
- Attempted alumni evaluation of the residency at 1, 2 and 5 years post completion

#### **Technical Standards**

The Post-Professional Athletic Training Residency Program at Galland Orthopaedics and Sports Medicine is an intense curriculum that places specific requirements and demands on the residents. Residents must attest to the physical, mental, and emotional acuity needed to achieve the goals and objectives of the program and the knowledge and skills of an allied health care provider. If you feel you will need accommodations to meet the demands and objectives of the program, please advise the RPD and make appropriate arrangements before accepting the position. If you are unable to meet the requirements of the program with or without accommodations, you will not graduate from the residency. A more detailed description of technical standards is available upon request from RPD.



# **GOSM Residency Agreement**

professional athletic training resident and commit t 2016. By signing below, I acknowledge that I have re	ead the GOSM Athletic Training Residency Manual
	I meet the technical standards required to complete ckground check and understand that if I fail, my offer
Name:	_
Signature:	_