



SPORT AND EXERCISE POST-GRADUATE RESIDENT TRAINING (FELLOWSHIP)

CORE COMPETENCY LIST

This document is based on the 2008-2009 Fellowship Director's Committee work of the CASM. This document included a literature search of sport medicine programs, consultation with Dr. Mark Batt from the British Sport Medicine Training program, committee discussion and a ranking survey of current core competency values and teaching implementation. This document was reviewed by the full CASEM Fellowship Director's committee on June 9, 2010.

Definition of Core Competency:

The Core Competencies are defined as the Knowledge, Skills and Attitudes required for successful completion of a 1 year Clinical fellowship. Competencies are divided into essential and enriched categories where all learners must complete the essential competencies but the completion of enriched competencies may vary between programs and between learners.

Essential: The learner **must** master the knowledge, skills and attitudes required to successfully demonstrate competent medical behaviour.

Enriched: The learner **may** master some or all aspects of knowledge, skills and attitudes to successfully demonstrate competent medical behaviour.

Enhanced: The learner is **not expected** to gain competency in these areas as they are determined to be beyond a 1 year clinical training program and may not be a part of usual clinical practice for a sport medicine physician. The enhanced competencies are not listed in this document.

Background

This core competency list will focus on the essential and enriched competencies required for primary care and speciality care post graduate training in Sport and Exercise medicine. The essential competency list should be consistent with successful completion of the fellowship.

Competencies are defined as the professional behaviours that a successful candidate demonstrates consistently by the completion of their clinical training. The competency list is intended to be used by program directors as a guideline for learner outcomes so that each institution can determine their methods of curriculum delivery to attain the final competencies.

The competencies areas have been identified as being unique to the sport medicine practice and not currently taught in completeness in other residency training programs. The speciality training area is designed to address the essential needs of learners not in that base area of training.



Curriculum delivery will differ from site to site but should include teaching and evaluation of knowledge, skills and attitudes in the form of clinical experience, case-based learning, decision-making analysis and self-directed learning modules. The core competency list will provide the foundation for learner evaluations and provide learners with objective feedback based on nationally accepted standards. The case log ensures that the learner is gaining exposure in key areas. The case log in this document identified most common teaching cases.

Key Content Area	Essential Competencies	Enriched Competencies
MUSCULOSKELETAL ASSESSMENT	Able to take a comprehensive and focused diagnostic history Able to take a comprehensive history in a complex patient scenario.	Able to assess Multiple Injuries Act as an Expert Assessor in the role of a consultant providing a 2nd Opinion
	Able to apply an understanding of Functional Anatomy to patient examination.	Able to apply an understanding of functional anatomy to complex pathological processes
	Able to clinically assess musculoskeletal pathology in the physical (objective) examination Able to assess musculoskeletal pathology in a complex objective examination with multiple areas of concern	
	Able to generate a problem-based focused differential diagnosis	Able to generate multiple problems based differential diagnosis that is both inter-related and unrelated.
	Able to determine appropriate investigations and treatment	Able to select and prioritize investigations and treatments in



	X-ray Interpretation and Synthesis for patient management Including the limitations	complex patient presentations.
	Awareness and of patient issues related to the health and sport system.	
	Able to appropriately advocate for the patient within the health and sport system.	
EXERCISE MEDICINE	Able to take a patient exercise/activity history and identify risk factors Awareness of multiple sport and sport specific approach	Sport Specific interviews interview with sophisticated sport/activity related questions - details
	Able to screen, investigate for nutritional risk factors and manage appropriately.	Able to interpret and counsel on complex nutritional issues.
	Able to prescribe exercise for: 1) Healthy Active Living 2) prevention and treatment of Common medical conditions and address modifiable risk factors.	Able to prescribe exercise for some complex medical conditions
	Able to describe the benefits and risks of exercise in patient education.	Able to describe the physiological response and adaptation to exercise.
	Able to appropriately identify the need and refer for a fitness test.	Able to interpret the implications of the results of a completed fitness test for patient recommendations.
URGENT/ EMERGENT SPORT MEDICINE CONDITIONS	Able to diagnose and manage sport related concussions.	Able to manage post concussion Syndromes.
	Able to provide detailed return-	Able to provide RTP



	<p>to-play counselling for injuries/illnesses</p>	counselling for complex injuries/ illnesses
	<p>Awareness of environmental risk factors in sport identify risk factors for Sudden Death in sport - demonstrates initial management skill of environmental emergencies</p>	Able to identify and manage complex illness related to environmental exposure in sport.
Exercise Medicine	<p>Able to assess pre-participation risk assessment</p>	Able to design a sport specific pre-participation physical for team screening.
	<p>Able to perform basic life support skills</p>	Able to perform advanced life support skills
	<p>Able to develop an emergency action plan.</p>	Able to develop a comprehensive plan for a sport specific event.
	<p>Able to demonstrate spinal immobilization for on-field management.</p>	
	<p>Able to understand and apply the principles and techniques of appropriate orthopaedic reductions of common joint dislocations.</p>	Understand the management of failed primary reductions and complex reductions.
	<p>Able to identify risk factor and key symptoms of acute compartment syndromes and ischemia Able to diagnose and manage acute compartment syndromes and acute ischemia with appropriate management.</p>	
	<p>Able to identify risk factors and</p>	Follow-up care of Joint

	<p>key symptoms and signs of joint and tendon infections.</p> <p>Able to diagnose and initiate management of joint and tendon infections.</p>	and tendon Infections.
	<p>Able to identify risk factors, diagnose and initiate management common serious surgical and post injury complications i.e. DVT PE</p>	
	<p>Able to identify risk factors, diagnose and initial management of non musculoskeletal trauma i.e. eye dental, facial, genital trauma.</p>	
ANTI-DOPING	<p>Able to take an accurate medication history for sport related review</p> <p>Able to identify the categories of permitted and prohibited substances and provide appropriate patient counselling and education.</p> <p>Access information and understand the code of ethics of sport</p>	
	<p>Able to complete a Therapeutic Drug Use application form.</p>	Able to provide athlete education on anti-doping procedures and protocols
SPECIALTY CARE outside of base training.	<p><u>Pediatrics:</u> Able to conduct a sport medicine assessment, and manage common sport injuries / illnesses of children and adolescents.</p>	<p><u>Pediatrics:</u></p> <ul style="list-style-type: none"> - complex sport related injuries and illnesses of children and adolescents



	<p><u>Orthopaedics:</u> Ability to perform appropriate management for stable non-surgical fractures. i.e. casting, splinting, bracing,</p> <p>Understanding of Indications and post surgical care for common Sport related surgeries</p> <ul style="list-style-type: none"> - Recognizing # requiring reduction and referral <p>Able to provide common joint and soft tissue injection and aspiration care</p>	<p><u>Orthopaedics:</u> Able to manage fractures requiring reductions.</p>
	<p><u>Rheumatology:</u> Ability to differentiate inflammatory and non-inflammatory conditions</p>	<p><u>Rheumatology:</u> Management of an athlete with inflammatory arthropathy</p>
	<p><u>Oncology:</u> Able to identify red flag symptoms and signs and initiate investigations for bone and soft tissue tumours.</p>	<p><u>Oncology:</u></p>
	<p><u>Physiatry:</u> Able to understand the special need of a disabled athlete</p> <p>Recognition of autonomic dysreflexia (Urgent)</p>	<p>Management of complex issues in disabled athletes</p>
MENTAL HEALTH	<p>Able to identify mental health impact from trauma, stress and disability related to MSK conditions.</p>	<p>Able to perform a detailed pain assessment with appropriate patient sensitivity.</p>



Assessment and management issues related to the psychological influences on performance, transition and/or retirement.	Ability to recognize and respond to the psychological consequences of injury in return to play decisions affecting the elite athlete
Able to recognize and diagnose athletes at risk for eating disorders, anxiety and/or depression.	Able to manage athletes with eating disorder, anxiety +/or depression.
Able to recognize psychiatric emergencies requiring immediate referral	Able to initiate treatment for psychiatric emergencies.



CASE LOGS FOR CLINICAL TEACHING:

Tendinopathy and Overuse Disorders
Degenerative Joint Disease
Ligamentous Rupture
Tendon Lacerations
Stress Fracture
Fractures
Inflammatory Disease
Impingements
Dislocations
Concussions
Compartment Syndrome
Tendon and Joint Infection
Conditioning and Training Symptoms