

AMSSM Fellowship Field Manual

Created by:
AMSSM Fellowship Committee
Fellows' Matters Subcommittee

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Overview

The purpose of this document is to provide a roadmap for success for incoming and current fellows of primary care sports medicine fellowships in their fellowship training. The document was created based on group discussions among current fellows during the 2009 AMSSM Fellowship Forum at the AMSSM Annual Conference in Tampa, FL. Subsequent additional content has been developed by members of the AMSSM Fellows' Matters Subcommittee, a subgroup of the Fellowship Committee, as well as via additional submissions from other AMSSM leaders.

During primary care sports medicine fellowship, fellows can be presented with many unique and challenging situations. In addition, fellows are expected to navigate through preparation for fellowship, completion of the fellowship, and preparation for life after fellowship, all within a short period of time. The content within this document aims to provide suggestions to help facilitate these transitions, as viewed by individuals who have gone through the process already. This is a collection of frequently cited comments by previous sports medicine fellows regarding their fellowship experience and recommendations to you, the new sports medicine fellow. We hope these comments will prepare you for your fellowship year, and hopefully help you avoid some common pitfalls along the way. Have a great year!

Sections are listed in bullet format for ease of review and include:

- I. Preparation for Fellowship
- II. Fellowship Experience & Pitfalls
- III. Job Search

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**2008-2009 Fellowship Class - Primary Care Sports Medicine*

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I. Preparation

- If the opportunity exists, doing a rotation at one or more fellowships you may be interested in can be beneficial.
 - Contact the program directors early for away rotations
 - Seek out additional opportunities to develop physical exam skills via workshops, rotations, or lectures during residency
 - Prioritize your time between the match and the start of fellowship to prepare & organize your transition
 - Recommend speaking with your fellowship director prior to starting:
 - Program requirements
 - Licensure/hospital privileges
 - Preparation tips
 - Required reading
 - Suggestions on housing location
 - Contact numbers and email for other faculty, staff, and co-fellow/s (if applicable)
 - Recommend speaking with the current fellow/s regarding:
 - Relationships with directors & staff
 - Relationships/interaction with coaches & ATC staff
 - Housing options
 - Additional advice and insight
 - Recommend contacting incoming co-fellow (if applicable):
 - Discuss residency to fellowship transition
 - Fellowship team sharing/assignments
 - Expectations/priorities for fellowship training
 - Prior experience
 - Personal career goals
 - Review musculoskeletal anatomy prior to start.
 - If occurs prior to the start of your fellowship, recommend attendance at the Annual Research Conference.
 - If research is required for your fellowship:
 - Contact program director prior to the start of your fellowship to discuss available projects or options
 - Begin work prior to start (especially important for one-year programs)
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II. Fellowship Experience & Pitfalls

- Discuss with the outgoing fellow in advance regarding the expectations, responsibilities, and key points of your particular fellowship. Topics such as event coverage, journal club, lectures you have to give, your staff, etc.
- Discuss in advance with your program director and staff their expectations for the clinic setting, surgery observation, and on the sidelines:
 - When is appropriate time to ask questions in clinic?
 - Do they prefer to observe you with your first few injections/procedures or can you *confidently* proceed solo?
 - If an athlete is down on the field, what is your role vs your staff's role?
 - If covering events or training room by yourself, what kind of communication, if any, does your staff physician prefer at the conclusion of the event?
- Take the opportunity to meet the ATC's and coaches at the schools you cover well *before* the first game—opening night is a busy night and they need to know who you are before then:
 - Discuss with the ATC his/her approach when an athlete goes down and what are his expectations of you, the team physician? Do you go on the field, or evaluate on the sideline?
 - Establish a training room schedule if the ATC desires—this shows initiative on your part and it will be appreciated
 - Take ownership of your athletes and call the ATC periodically during the week to check on their status
- Event coverage:
 - Be early (>30 mins) and check in with your ATC to see if there are any needs that need to be attended to prior to the game
 - Introduce yourself to the EMS at every game and establish a plan of when/if you'll need their assistance on the field; review emergency action plan
 - Take your coverage bag with you to everything- games, practices, training rooms, the Christmas recital. When you don't have it, you'll wish you did.
 - Know where the AED is located for each venue and who is responsible for getting it in the event of need

- Always discuss the injuries of your athletes with the athletes' parents at the game (especially high school and younger). If they are not at the game, call them or the responsible party.
 - Always discuss with the athlete's parents for consent regarding any potential procedures prior to actually doing the procedures (injections, etc) in the training room/locker room.
 - Be close by your ATC during the game so you're easily accessible and available to evaluate athletes
 - Don't disappear from event coverage once football season ends—i.e. attend other sporting events for a continued presence at the school
 - Research:
 - Requirement varies with each program, so find out early (interviews) what is required
 - Prepare early—1 year is a very short time to create, plan, execute, and write up a research project
 - Review ideas with your future program director (even before you start) to help speed along the process
 - Inquire of any ongoing projects that you can continue
 - IRB approval takes time, so submit early!!
 - Be flexible- fellowship year is a busy year with many last minute changes of schedule, lectures to be given, and events to cover- the eager, adaptable fellow is appreciated
 - If you're encountering problems throughout the year, communicate those early with your program director/staff
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III. Job Search

- Start process early
 - Begin local networking to develop relationships
 - Make calls to organizations, practices, hospitals, etc.
 - Begin interviews as soon as possible. It's never too early.
 - Recognize the different practice settings and know your goals, i.e. orthopaedic group, private practice, residency faculty, student health, primary care.
- Less than 25% of current fellows had jobs arranged prior to fellowship

- Majority are committed or close to doing so by spring of fellowship year
- Always work as if on a job interview as you never know what may come of your time with a particular staff/group
 - Many going back to cities/towns where they trained (medical school, residency, fellowship)
- Know the MGMA data in order to have informed salary negotiations
 - Consult financial advisor as license is needed for software
- Legal counsel needs vary but, if able, have someone with adequate knowledge review your contract
 - When do you want to start? When will health insurance begin? When will you start your salary? Is there a signing bonus?
 - Tail coverage - define in document
 - Make sure that everything important to you is “in writing”
 - Is a non-compete clause present? Are the terms reasonable?
- Begin the licensure and credentialing process as soon as you know where you’ll be
- Thoughts on important questions to ask during interview
 - How does research fit in contract?
 - Is it reimbursed? Who pays for staffing? Is there help for compiling/publishing?
 - How will I build my practice?
 - Is there a marketing budget? Is there a plan?
 - How are new patients divided up among the physicians?
 - What are your expectations for what your practice will look like? What are the partners’ expectations for what your practice will look like?
 - % of primary care vs. sports medicine patients
 - Are there extracurricular requirements?
 - Event and team coverage
 - Call responsibilities
 - How am I paid?
 - Salary, Income Guarantee, Production-based, etc.
 - Know what each means for you and your practice
 - Is partnership an option?
 - What is the referral base?
- Be creative – Each year fellowship graduates create new job ideas and ways to incorporate their fellowship training into their practice. Think about what you want and then make it happen!