



## ATHLETIC TRAINING RESIDENCY: ORTHOPEDICS



**Extraordinary care in motion.**

## **WELCOME**

The Department of Sports Medicine Relationships would like to welcome you to the St. Luke's University Health Network Family.

We are a department dedicated to the advancement of the Athletic Training profession.

Through continued education, advanced certification, evidence-based practice and interdisciplinary and community collaboration; we strive for a program of excellence and versatility to be a leader in today's ever-changing healthcare environment. It is our goal to build upon your past experiences with the advanced knowledge, techniques and opportunities needed to practice athletic training in a variety of settings.

Inside this handbook, you will find information pertaining to every aspect of this residency, it is our hope that this handbook will be your guide as you successfully navigate through the program. We look forward to being a part of your growth and emergence as a skilled, well-rounded healthcare practitioner within the specialty of orthopedics.



## ST. LUKE'S UNIVERSITY HEALTH NETWORK ATHLETIC TRAINING RESIDENCY

### **Mission:**

The mission of the St. Luke's University Health Network Athletic Training Residency Program to develop specialists within orthopedics, foster graduates to become leaders within clinical practice, and integrate critical thinking concepts into life-long learning.

**Residency Specialty Area:** Orthopedics

### **ACGME Core Competencies:**

Program outcomes will be accomplished with the six core competencies as governing principles. Module assignments and projects will focus on infusing these competencies throughout the continuum of the residency. These six competencies include:

1. Medical Knowledge
2. Patient Care and Procedural Skills
3. Professionalism
4. Interpersonal and Communication Skills
5. Practice-Based Learning and Improvement
6. Systems-Based Practice

### **Program Goals:**

1. Develop practitioners with advanced clinical skills to optimize patient outcomes within orthopedic practice.
2. Develop leaders who advocate for quality and equitable patient care within inter-professional healthcare teams, analyze the efficacy of medical intervention, and enhance safety by identifying errors and implementing potential system solutions.
3. Develop thinkers, who systematically analyze self-practice by identifying strengths and limitations, who set learning and improvement goals by incorporating formative evaluation feedback to guide personal and professional development.

### **Program Outcomes:**

Upon completion of this residency the Athletic Trainer will:

1. Demonstrate cultural and social competence by recognizing that diverse perspectives and backgrounds strengthen approaches to solving social problems and contribute to improved communication, advocacy, and outcomes for our patients.
2. Develop, guide, and evaluate professional and community health education initiatives that disseminates new knowledge and/or policy which will directly affect the population served.
3. Devise and continually modify individualized developmental plans (IDP) that will allow for systematic self-analysis to foster self-directed, self-monitored, and self-corrective learning and thinking.
4. Demonstrate professional leadership in promoting the appropriate utilization and completion of health records while capturing patient reported outcomes.
5. Construct clinically relevant questions, gather and critically appraise evidence to develop solutions that incorporate principles of evidence-based care and information mastery into clinical practice.
6. Perform multi-cycle quality improvement initiatives to address identified weaknesses of the system and suggest solutions to improve health care quality and optimal patient care systems.

7. Perform comprehensive patient assessments targeting chief complaints, while accounting for unique circumstances, comorbidities, and historical subtleties, to formulate a list of differential diagnoses guiding diagnostic testing for simple and complex conditions across a spectrum of ages and impairments.
8. Interpret diagnostic testing (e.g. plain radiographs, MRI, MR Arthrograms, NCS, EMG, CMP, and CBC) and physical examination findings to develop unique care plans which prioritize the patient's interests and are prudent to the risks and benefits associated with common and complex procedures and tests performed.
9. Collaborate with the attending physician to manage simple and complex orthopedic patients and when needed modify care plans, to maximize long-term health-related quality of life measures.
10. Integrate basic and clinical science knowledge of pathophysiology, tissue healing, and cellular physiology in selecting treatment options suitable across the lifespan.

### **RESIDENCY CONTACTS**

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<b>Title</b>	<b>Personnel</b>
Program Director	Jim Reidy
Medical Director	Nick Avallone
Core Faculty	Brian Gloyeske
Core Clinical Faculty	Chris Servian
Key Faculty	Kevin Call Andrea Moore
Physician Faculty	Scott Doroshov Dan Heckman
Director of Sports Medicine	John Hauth

**Clinical Competency Committee (CCC):**

The Clinical Competency Committee is responsible for appraising data collected quarterly from the Residency assessment plan and determining if Residents are on the appropriate path to attain the Residency Program Outcomes. Quarterly meetings with residents will guide development of the Individualized Education Plan.

**Program Evaluation Committee (PEC):**

The Program Evaluation Committee will meet 4 times yearly to appraise the quality of the residency program, complete the annual report, and implement program improvement action plans. The PEC will evaluate 5 components of the program including: Resident performance (Collaboration with the CCC), faculty development, graduate performance, program quality, and program policies, protocols, and procedures.

**Program Evaluation Committee (PEC):**

<b>Title</b>	<b>Personnel</b>
Chair	Jim Reidy
Faculty Member	Brian Gloyeske
Faculty Member	Chris Servian
Resident Member	Aubrie Stouffer

**Clinical Competency Committee (CCC):**

<b>Title</b>	<b>Personnel</b>
Chair/Secretary	Brian Gloyeske
Quality Officer	Jim Reidy
Faculty Member	Chris Servian

## POLICIES AND PROCEDURES

### Admission Criteria:

- BOC Certification
- Master's degree in Athletic Training or Bachelor's degree with clinical experience
- PA and NJ Athletic Training Licensure

### Clinical Clearances:

Residents will be St. Luke's University Health Network employees and must adhere to the requirements of employment through the Network. Please refer to Human Resources under MyNet.

### SLUHN Mission:

The mission of St. Luke's University Health Network is to provide compassionate, excellent quality and cost-effective health care to residents of the communities we serve regardless of their ability to pay. The mission will be accomplished by:

- Making the patient our highest priority
- Promoting health and continuously improving care provided to heal the sick and injured
- Coordinating and integrating services into a seamless system of care
- Improving the level of service provided throughout the network
- Ensuring all health care services are relevant to the needs of the community
- Striving to maximize the satisfaction of our employees, patients, medical staff, volunteers
- Training allied health professionals, nursing and medical students, and residents in a variety of specialties and to attract them to practice within the Network's service area

### PCRAFT

<b>PRIDE</b>	We take pride in our accomplishments and in our organization.
<b>CARING</b>	We show consideration for others and their feelings. We treat others as we want to be treated.
<b>RESPECT</b>	We recognize the value, diversity and importance of each other, those we serve and the organization.
<b>ACCOUNTABILITY</b>	We are responsible to make decisions and solve problems in a timely and effective manner.
<b>FLEXIBILITY</b>	We adapt to the changing needs and expectations of those we serve.
<b>TEAMWORK</b>	We work together to improve quality.

### **SLUHN policies**

The Residency program will adhere to the policies and standards set forth in the Employee handbook accessible by all residents on MyNet.

### **FINANCIAL OVERVIEW**

#### Salary

Resident	\$42-48,000.00 commensurate with experience
Full benefits package available	

#### Non-Salary Expense

Continuing Education	\$750.00
ATPPS Annual Meeting	\$1000.00

Residents should plan to incur fees such as: NATA membership ( ~\$200), Pennsylvania & New Jersey Athletic Training Licensure (~\$325), Clothing (~\$250), and travel costs to and from clinical and didactic responsibilities. *This is an estimate of annual fees associated with the SLUHN AT Residency*

### **CLINICAL RESPONSIBILITIES**

#### **Physician Clinical Assignment**

The Athletic Training Resident will be exposed to specialty trained orthopedic surgeons and non-physician specialists in clinical and surgical settings over the course of this one-year Residency. Residents are fully immersed in physician practice under an assigned Physician Faculty member. As they become an integral part of the staff functioning as an Athletic Trainer inside the Physician's office they will be immersed in the ideal environment to develop clinical evaluation and diagnosis reasoning and skill. Residents will spend a minimum of 32 hours weekly within physician practice.

#### **Traditional Setting Clinical Assignment**

Residents support the St. Luke's Outreach Athletic Training Program during special events that provide an opportunity for residents to expand their clinical skills.

### **EDUCATIONAL RESPONSIBILITIES**

#### **Core Modules**

Core Didactic and Clinical experiences will occur within the structure of 5 modules. These modules include:

1. Core Competencies
2. Evidence Based Practice and Quality Improvement
3. Orthopedic Evaluation and Diagnosis

4. Musculoskeletal Radiology
5. Clinical Evaluation and Diagnosis of General Medical Conditions

### **Additional Modules**

These experiences capitalize on the strengths and resources of St. Luke's University Health Network but are not formally assessed in Residency Assessment Plan.

1. Surgical Curriculum

### **Clinical Learning Experiences**

Residents will rotate through targeted clinical rotations with experts in the content area that support the didactic portion of the program. Experts from within and outside St. Luke's University Health Network will be utilized to enhance the diagnostic skillset of the resident.

### **Quality Improvement**

Residents will develop a quality improvement project and present results that represent a meaningful change. These can be focused on patient-oriented outcomes or other facet of orthopedic care.

### **Network Educational Programming**

A primary component of St. Luke's University Health Network's mission is to educate employees to be the best clinicians within their respective field. The Network offers numerous educational opportunities within many different disciplines.

Residents are required to attend:

- Orthopedic Surgery Grand Rounds
- ACGME/AOA Resident/Fellow General Competencies Symposia
- Residents and Fellow' Annual Research Symposium

\*Other educational opportunities are frequently available through SLUHN and Residents should do their best to attend. Selected topics will be mandatory.

- Sports Medicine BOC Continuing Education Opportunities
- SLUHN Research Curriculum Series
- St. Luke's Residents' and Fellows' Research Symposium
- ACGME/AOA Symposium
- St. Luke's Wilderness Medicine Conference
- Physical Therapy Grand Rounds
- Surgical Grand Rounds

### **Community and Outreach Event Planning**

Residents will play a lead role in the administration and planning of events at their clinical assignments and other initiatives of St. Luke's Sports Medicine. These projects will help develop leadership qualities and prepare Residents to become leaders in the field of Athletic Training. Community Health is a core concept of St. Luke's University Health Network and Residents will



work along with their clinical preceptors to implement educational programming for our community partners.

### **Hours Policy**

The Athletic Training Residency policy for Resident hours follows the guidelines set forth by the ACGME.

1. Resident duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all times spent in clinic, clinical outreach, didactics and directed educational experiences.
  - a. Residents will utilize New Innovations to create a calendar, at a minimum, on a bi-weekly basis and will ensure compliance with standard.
  - b. Residents will submit a bi-weekly hours log to PD who will verify resident is in compliance.
2. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).
  - a. Residents will utilize New Innovations to create a calendar, at a minimum, on a bi-weekly basis and will ensure compliance with standard.
  - b. Residents will submit a bi-weekly hours log to PD who will verify resident is in compliance.

### **Graduation**

In order to receive their Certificate of Residency Completion, Residents must satisfactorily meet the thresholds established in Comprehensive Assessment Plan.

## Clinical Sequence

Physician Clinic:	32-40 hours per week
Traditional Setting Experience:	2-5 hours per week
Didactic Education:	5-7 hours per week
Scholarly Activities:	4-10 hours per week

### Example of a Typical Resident Week

TIME	SUN	MON	TUE	WED	THU	FRI	SAT				
7am				Orthopedic Grand Rounds							
8am		Physician Clinical Assignment	OR Training/ OR		Physician Clinical Assignment	Didactic Education	Clinical Learning Experiences/ Physician Clinical Assignment				
9am											
10am											
11am											
12pm											
1pm											
2pm				OR		OR	Musculoskeletal Diagnostic Imaging				
3pm											
4pm											
5pm										Scholarly Activity	
6pm											
7pm											
8pm											