



Boston University
Department of Athletic Training Services
Student Health Services

ATHLETIC TRAINING RESIDENCY IN ORTHOPEDICS

Policy and Procedure Manual 2022-2024

2022

Boston University
Department of Athletic Training Services
Student Health Services

Athletic Training Residents:

The following policies and procedures reflect the requirements of the Athletic Training Residency Program in Orthopedics. It is assumed that all persons enrolled in the athletic training residency program have read and accept these policies and procedures. These policies are in addition to those established by Boston University for employees and by Athletic Training Services.

Please review this manual. Updated information or additions will be provided as necessary.

Sincerely,

A handwritten signature in black ink that reads "Hollie Walusz". The signature is written in a cursive style with a large, looping flourish at the end.

Hollie J Walusz, MA, ATC
Director, Residency Programs in Athletic Training

Scope of the Athletic Training Residency in Orthopedics Academic Policy & Procedure Manual

Information in this manual is not intended to be fully comprehensive. Residents should also refer to policies or procedures that are found in: Boston University employee manual and Athletic Training Services Policies and Procedures.

While every effort is made to keep all of these sources accurate, up-to-date, and in agreement with one another, occasional discrepancies may occur and will be resolved by consultation with the program director.

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WELCOME TO BOSTON UNIVERSITY AND BU STUDENT HEALTH SERVICES

Mission of Boston University

Boston University is an international, comprehensive, private research university, committed to educating students to be reflective, resourceful individuals ready to live, adapt, and lead in an interconnected world. Boston University is committed to generating new knowledge to benefit society.

We remain dedicated to our founding principles: that higher education should be accessible to all and that research, scholarship, artistic creation, and professional practice should be conducted in the service of the wider community—local and international. These principles endure in the University's insistence on the value of diversity, in its tradition and standards of excellence, and in its dynamic engagement with the City of Boston and the world.

Boston University comprises a remarkable range of undergraduate, graduate, and professional programs built on a strong foundation of the liberal arts and sciences. With the support and oversight of the Board of Trustees, the University, through our faculty, continually innovates in education and research to ensure that we meet the needs of students and an ever-changing world.

Mission of Student Health Services

Student Health Services is an integrated health center that supports the health and wellness of all Boston University students. This health center includes departments in Primary Care, Behavioral Health, Health Promotion & Prevention, Sexual Assault Response & Prevention Center, and Athletic Training Services. The mission of BU Student Health Services is to promote wellness, preserve health, and enable academic achievement and personal growth for students by:

- Providing high-quality integrated clinical services that are inclusive and culturally sensitive to the identities, needs, and experiences of all BU students;
- Collaborating on prevention strategies specific to our college population;
- Engaging and partnering with our community for educational services and advocacy.

WELCOME TO THE ATHLETIC TRAINING RESIDENCY IN ORTHOPEDICS PROGRAM

Program History

In 2013 the idea of a residency program at Boston University was conceptualized, proposed to the Vice President of Administrative Services and approved by Human Resources. The first resident was hired in the Fall of 2013 and funded through soft money with an orthopedic examination and diagnosis focus. The position continued with another new hire in the Fall of 2014 with a focus on neurotrauma and spine. Athletic Training Services requested ongoing permanent funding for three residency positions and funding for administrative costs for the 2015-2016 academic year, at which time we filed our intent to seek accreditation with the Commission on Accreditation of Athletic Training Education (CAATE). This request was approved by the University. The Chief Health Officer and Executive Director of Student Health Services has authority and signature power over this position and program. Both programs obtained accreditation in the Spring of 2018. In the Spring of 2022, the process was started to formally transition the Neurotrauma & Spine Residency to a Neurology Fellowship and maintain the Orthopedics & Diagnostics Residency but adapt the name to the

Orthopedics Residency to fall in line with the CAATE identified nomenclature. Each program will seek re-accreditation beginning July 2022.

Athletic Training Services Mission Statement

Provide exceptional comprehensive patient care with a focus on prevention, wellness and education that establishes enduring skills meant to enrich life.

Athletic Training Residency Program Mission

Develop and educate advanced level athletic training clinicians whose practice is patient centered, guided by evidence, and advances the profession of athletic training and healthcare through clinical practice and scholarship.

Athletic Training Residency Program Vision

Produce advanced-level clinicians who will be progressive leaders nationally in the area of orthopedics and diagnostics, with a focus on the prevention, diagnosis, and intervention of injuries and illnesses of an orthopedic nature.

Athletic Training Residency Program Objectives:

1. Demonstrate knowledge, skills, and abilities consistent with advanced, patient-centered, athletic training practice. Specific focus will include the prevention, diagnosis, and intervention of injuries and illnesses of an orthopedic nature
2. Identify inter-professional healthcare teams and engage in collaborative practice
3. Demonstrate the ability to integrate the best available research evidence with clinical expertise and consideration of patient values and circumstances to optimize patient outcomes
4. Critically evaluate their clinical practice through the selection, implementation, and interpretation of patient and clinician rated outcome measures to guide decision making for improved patient outcomes
5. Complete a minimum of two quality improvement projects and two critically appraised topics during their time as a resident
6. Use technology to deliver information to others for the purpose of practice improvement
7. Demonstrate critical reflection through examination of available research and patient outcomes
8. Demonstrate improvement in interpretation and utilization of diagnostic modalities
9. Use the disablement model to treat the whole patient
10. Communicate effectively with all those involved in the healthcare of the patient, using appropriate oral and written syntax
11. Partake in a minimum of two out of the four areas of scholarship as defined by Boyer during the course of their residency year that advances knowledge

Accreditation

Program was accredited on March 20, 2018 by the:
Commission on Accreditation of Athletic Training Education (CAATE)
6836 Austin Center Blvd., Suite 250
Austin, TX 78731-3193
(512) 733-9700

ATHLETIC TRAINING RESIDENCY IN ORTHOPEDICS PROGRAM CURRICULUM

Program Curriculum

The duration of the residency program is twenty-one months with the first day being August 1st, 2022 and the last day being May 1st, 2024.

Didactic Education:

Focused work to improve patient care within the area Orthopedics completed via a formalized curriculum inclusive of activities such as grand rounds, journal clubs, quality improvement projects, critically appraised topics, case presentations, Department of Family Medicine fellowship lectures, standardized patients, hands-on labs, discussion board reflections, leadership development, required reading(s), scholarship dissemination and staff professional development.

Collaborative experiences outside of outlined didactic curricula may arise throughout the course of the program, such as opportunities to engage with peers and colleagues across the country within didactic areas. If these opportunities occur, curriculum requirements/deadlines will be altered or adjusted to allow for this beneficial engagement.

Clinical Education:

Mentored time in athletic training practice, physician's clinics and radiology rotations are meant to provide a well rounded and comprehensive clinical practice experience that exposes the resident to the diverse spectrum of Orthopedics.* Experiences may include, but are not limited to, opportunities within the varsity, club, and ROTC panels at Boston University; continuity clinics at Student Health Services seeing the student body population; continuity clinics at the Ryan Center for Sports Medicine seeing the general population; and opportunities at affiliate orthopedic facilities for exposure to orthopedic surgeons and other orthopedic conditions across the lifespan.

*Clinical placement decisions are made by the Residency Director in coordination with the Director of Athletic Training Services and the Director of Sports Medicine based on programatic goals as well as the residents' personal and academic goals, in keeping with [University policy](#).

Scholarship:

Dissemination of work products from the didactic portion of the program, which may include any variation of scholarship of discovery, scholarship of integration, scholarship of application or engagement, or the scholarship of teaching and learning.

Scholarship dissemination opportunities may include, but are not limited to, professional presentations, written submissions, infographic development, and social media engagement on departmental platforms.

WORK HOURS, LEAVE OF ABSENCE AND VACATION

Work Hours

CLINICAL EXPERIENCE AND EDUCATION WORK HOURS

The BU Athletic Training Residency in Orthopedics follows ACGME guidelines and common program requirements as it relates to clinical experience and education work hours (formal Duty Hours). Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-

week period, inclusive of all in-house clinical and educational activities, clinical or didactic work done from home, and all moonlighting.

MANDATORY TIME FREE OF CLINICAL WORK IN EDUCATION

The resident should have 8 hours off between scheduled clinical work and educational periods.

There may be circumstances when residents choose to stay to care for their patients and return to work with fewer than 8 hours free of clinical experience and education. This must occur within the context of the 80 hours and one-day-off-in-seven requirement.

Residents must have at least 14 hours free of clinical work and education after 24 hours of call. Clinicians have a responsibility to return to work rested, and thus are expected to use time away from work to get adequate rest.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over 4 weeks). At home call cannot be assigned on these free days.

Clinical work periods for all residents must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transition of care, and/or resident education.
- Additional patient care responsibilities must not be assigned to the resident during this time.

CLINICAL EDUCATION AND WORK HOUR EXCEPTIONS

Clinical work hour exceptions may be granted by the Program Director, Director of Athletic Training Services, and Director of Sports Medicine as requested by the resident. Residents have the flexibility to voluntarily remain at work in unusual circumstances if, in their judgement, those circumstances would benefit care to their patient or their clinical development. Such additional time, if granted, must be counted toward the 80-hour limit. These rare circumstances may include:

- To continue to provide care to a single severely ill or unstable patient;
- Humanistic attention to the needs of the patient or family; or,
- To attend a unique educational event.

ACGME-approved focused revision: February 3, 2020; effective July 1, 2020

[Common Program Requirements \(acgme.org\)](https://www.acgme.org)

Leave of Absence

A resident may apply for a leave of absence from the University using the process described in [Employee Handbook](#) Section 314-315 on page 57-61 after notifying the program director.

A resident may not apply for a leave of absence to avoid dismissal from the residency.

- [Sick leave](#)
- [FLMA](#)
- [Parental Leave](#)
- [Sympathy Leave](#)

- [Jury Duty Leave](#)
- [Military Leave](#)

Residents are afforded all rights in this regard as outlined by University policy. However, in order to successfully complete the residency, the RESIDENT may miss no more than six weeks of time engaged in the residency in patient care. These six weeks are a combination of vacation and any family or sick leave taken. Extension or exception to this policy will be determined based on student performance solely by the Residency Director in consultation with the Medical Director and the Director of Athletic Training Services.

Vacation

[Eligibility](#)

All regular, full-time employees and regular, part-time employees scheduled to work at least 50 percent of the regularly scheduled work week are eligible upon hire to accrue and use Vacation Leave in accordance with the provisions of this policy.

[Accrual](#)

Eligible employees accrue Vacation Leave for each full calendar month of service completed at Boston University. Accruals are credited to employees on the first day of the month following each full calendar month of completed service. The following accrual rates are based on a regular, full-time work week and a twelve-month assignment duration. They apply on a pro-rata basis to regular, part-time employees and other assignment durations.

	Vacation Days	Accrued
	<u>Per Year</u>	<u>Per Month</u>
Full-Time, Exempt Employees (paid monthly)		
First year to fourteenth (14th) year	20	1 2/3

BOSTON UNIVERSITY CORE POLICIES

SUSPENSION OR DISMISSAL

The Boston University Residency program reserves the discretionary right to suspend or dismiss any resident from the program for failure to maintain a satisfactory academic record, acceptable personal behavior, or for other reasons of health, safety, or welfare of our patients. It is our policy that no progress can be made toward completion of the residency during a period in which the resident is suspended from the program for disciplinary reasons.

Suspension or dismissal from the residency program does not necessarily affect the residents employee status at the University. Suspension or dismissal from employment will follow University policy for [Termination Notices](#)

WITHDRAWAL

If the resident wishes to withdraw from the residency program, they must notify the Program Director and the Director of Athletic Training Services in writing. At the discretion of the Program Director and the Director of Athletic Training Services, the resident may be allowed to stay on as an employee to the end of their contract.

GRIEVANCES:

The resident will follow the University policy for [grievances](#) that can be found on page 22-24 of the Employee Handbook.

ACADEMIC POLICIES AND STANDARDS

Admission Requirements:

Qualifications:

- Graduation from CAATE-accredited professional athletic program
- Post-professional master's degree in Athletic Training preferred
- 2 years of athletic training experience
- BOC Certification, Commonwealth of Massachusetts license eligible and current CPR certification

Application:

- Cover letter
- Resume or CV (to include continuing education or experience as well as any scholarship completed within the specialty area)
- Three references (name, email, phone number(s) and association)
- Unofficial graduate and undergraduate transcripts
- Personal statement addressing why you are interested in a residency position and why you are interested in specializing in the area of Orthopedics. Please identify your qualifications for the selected area of specialization. This statement should not exceed two double-spaced typed pages.

Interview:

- Evidenced Based presentation within specialty area
- Discussion components to address communication, personal skills, professional and academic goals, skills and abilities in the residency area
- Search committee recommendation
- Program Director selection

[Equal opportunity policy](#)

Performance Measures:

1. Completion of entrance written comprehensive examination and standardized patient assessments
2. Assessment of journal club presentations
3. Assessment of grand rounds presentations
4. Assessment of case presentations
5. Assessment of critically appraised topics
6. Assessment of quality improvement projects
7. Assessment of lab preparatory work and participation
8. Assessment of standardized patients

9. Completion of discussion board reflections
10. Completion of leadership development curriculum
11. Completion of scholarship within the specialty area
12. Cumulative assessment of standardized patient examinations
13. Completion of exit written comprehensive examination
14. Completion of individualized goals and outcomes
15. Completion of quarterly assessments within outlined benchmarks
16. Completion of Milestones assessments within outlined benchmarks

Graduates of the Boston University Athletic Training Residency in Orthopedics will:

1. Be advanced-level clinical specialists practicing in the field of AT
2. Provide the highest quality of care to individual patients
3. Demonstrate the ability to utilize information technology, manage clinical data, locate and critically appraise relevant evidence, and synthesize this information in the interest of optimizing patient care
4. Practice athletic training with honesty, integrity, and critical reflection in an ethical, legal, and culturally competent manner
5. Demonstrate the ability to select, interpret, translate, and educate in relation to diagnostic modalities
6. Practice athletic training in a manner that capture’s the patient’s physical, social, and mental well-being and their needs associated with each of those roles¹
7. Partake in scholarship that advances athletic training practice²
 1. World Health Organization. International Classification of Functioning, Disability, and Health. 2001. Geneva.
 2. Boyer, E. L. (1990), Scholarship reconsidered: Priorities of the professoriate. (PDF), Carnegie Foundation for the Advancement of Teaching

RETENTION:

Termination of Enrollment in the Residency in Athletic Training Program for Academic Reasons:

Failure to meet the quarterly benchmarks (see table below) in each quarterly assessment or failure to meet programmatic benchmarks on various assessment measures listed in our Comprehensive Assessment Plan may result in termination of enrollment in the program. There is a formal remediation process for any missed benchmarks or behaviors that hinder necessary progression along the targeted trajectory for development as an advanced level clinical specialist*.

	Q1	Q2	Q3
<i>Minimum score in any category</i>	any	30	55
<i>Average score</i>	any	45	65

*Advanced level clinical specialist is an athletic trainer who possesses skills above an entry level practitioner, with the knowledge and abilities that other experienced practitioners with no specialized training in the area of the residency or demonstrated advanced level skill would be inclined to seek out for collaboration on a patient case in their specialty area.

Any act that would result in termination of employment would result in termination from the residency program.

Completion Procedures:

In order to complete the residency program, the resident must attain the following:

1. Completion of all didactic requirements, scholarship and learning outcomes per comprehensive assessment plan benchmarks
2. Achievement of a minimum score of 65 in any category, with an average score of 75 in all categories by the Q4 assessment
3. An average score greater than or equal to 3.5 on the final written comprehensive examination rubric
4. An average score greater than or equal to 3.5 on the final standardized patient assessment rubric
5. An average cumulative score greater than 3.25 on the Milestones Assessment tool, with an average minimal score of 3.5 in the area of specialty.
 - a. Specialty: 3.5 avg, MK: 3.5 avg, PCC: 3.5 avg, PBL: >3.0, ICS: >3.25, Prof: 3.5 avg, SBP: >3.25, overall: 3.25 avg
6. Majority vote of core faculty in support of resident's completion

EVALUATIONS OF MENTORS AND PROGRAM

These evaluations are mandatory and required for completion of the residency.

CONTINUING EDUCATION FUNDING

Residents receive the same amount of continuing education money that is allotted each year to full-time staff holding the job description of Athletic Trainer. All funding must be used for development in the residency specialty area, and be approved by the Residency Director and the Director of Athletic Training Services or their designee.

WORK OPPORTUNITIES

Consulting and outside employment is highly discouraged and requires, [per University policy](#), written permission from the Director of Athletic Training Services upon the recommendation of the Program Director.

PROGRAM COSTS

Residents are required to maintain Massachusetts athletic training licensure, BOC certification and CPR/AED certification at the professional rescuer/healthcare provider level. Cost associated with these licenses and certifications are the responsibility of the resident.

SCHOLARSHIPS

Boston University does not offer any type of scholarship to athletic training residents.

RECORDINGS

For the purpose of assessment and reflection, the resident may be recorded (to include either video or voice) during didactic, clinical education, or scholarship components of the residency program.