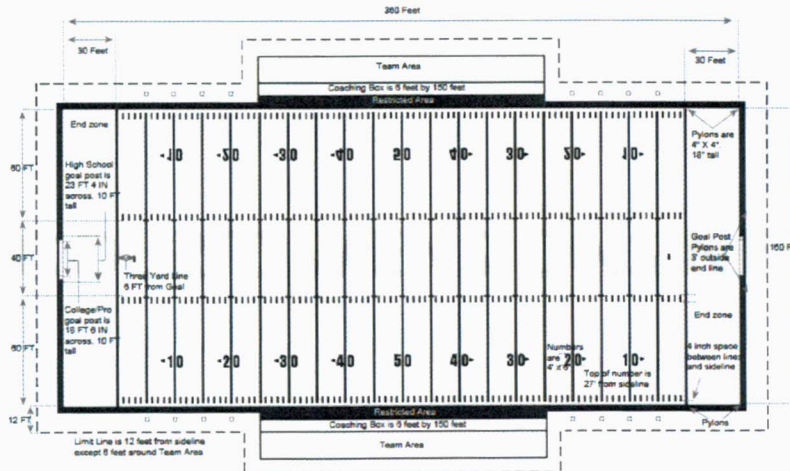


Basic Skills Qualifications Team Travel

Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.



Resident: _____

	Competent	Needs Work
Demonstrates:		
-punctuality in team travel and relevant meetings		
-appropriate dress code		
-ascertainment of available medical resources		
-introduction/support for visiting team personnel		
-appropriate sideline etiquette		
-appropriate physician/trainers roles and respect		
-appropriate triage and training staff support		
-continuity of care if other health professionals		
-attendance at post-game clinics and coordination with other staff		

Faculty: _____

Date: _____

Explanation

Punctuality

There is tension and some anxiety as athletes are prepared for competition. This translates into a military precision in all aspects and lack of punctuality is not tolerated. You will be left if late.

Dress Code

Official UND polo and khaki pants and sneakers. Polo varies from home and away games. The safest course is to have training staff keep you informed. This also applies to decisions as to whether suit coat is required for travel. Carry identification (driver's license) to satisfy airport security.

Medical Resources

It is sound practice to scrutinize the facility for potential hazards near the playing or practice surface. The availability of x-ray, ultrasound, ambulance services etc. should also be confirmed. The locker room should be evaluated for placement of suture and casting materials, etc.

Liaison with Visiting Staff

Hospitality and assistance from home team physicians and training staff is usually flawless. Likewise, all assistance should be offered to visiting staff including facilitating x-ray, advanced imaging, preferential ER response, and any needed prescriptions.

Sideline Etiquette

"Six feet outside the border of the field, or six feet from the sidelines, is an additional broken white line, the restraining line that defines an area in which only coaches and substitute players may stand. Six feet farther behind this broken white line is where the bench area begins, between the 30 yard markers. The team congregates in the bench area during a game, watching teammates play or resting on the benches. Within this area, team doctors and trainers also examine injured players". If you stand outside this area, you are in violation of rules and could create a technical foul.

Respect of Roles

The UND 'care of the athlete' model is based on the principle that the physician's role is adjunctive and supportive to the training staff, who are charged with the 24-hour responsibility for the athlete's welfare. This should be universally respected despite observed breaches by others.

Triage

Triage at games, home or away, is not different from the skills that should have been developed during training room and practice attendance. Basically, a level of comfort should be evident in the initial diagnosis and management of AC separation, stingers and burners, dislocation and reduction of the shoulder, sprains of medial collateral and anterior cruciate ligament, multiplicity of ankle sprains, concussion and concussion-like syndromes, finger dislocations and fractures, management and consequences of suspected neck injury, safety and stability, return to play and Go/No-Go decisions.

Continuity of Care

The sports medicine service is constructed around the concept of primary care of the athlete. Consequently, the primary, ongoing responsibilities to the athlete supersede, and are independent of, any specialty services which may be required for optimal care.

Post-game Clinic Attendance

These clinics occur on the post-game day, regardless of the time of the team's arrival home. Their importance cannot be over-emphasized. Diagnosis is confirmed, or further diagnostic testing arranged expeditiously, on-site discussion with specialty services may occur, and decisions about fitness for practice and play are made. This culminates in an injury report to coaching staff on which personnel planning is based.