

CONROE FAMILY MEDICINE RESIDENCY PROGRAM
SPORTS MEDICINE FELLOWSHIP
RESIDENT POLICY MANUAL

2009-2010

“RULES OF THE ROAD”

RESIDENCY RULE CHANGES

In order to avoid inconsistent application of regulations, all changes are to be subject to approval by the full faculty. The Director, however, will maintain the necessary authority to make allowances for emergency situations if justification is properly documented. All changes to this document will then be recorded in an Appendix to be distributed within 10 working days for all residents and faculty. Updates to the pertinent pages and Table of Contents will be provided as needed.

Changes to be suggested by resident physicians should be presented to the fellowship director.

Date Prepared: January 14, 2009

A. **ABFP DEFINITION OF FAMILY MEDICINE**

Family Medicine is the medical specialty that is concerned with the total health care of the individual and the family. It is the specialty in breadth that integrates the biological, clinical, and behavioral sciences. The scope of Family Medicine is not limited by age, sex, organ system, or disease entity.

B. **MISSION STATEMENT AND RESIDENCY GOALS AND OBJECTIVES**

1. To train family physicians who will pursue excellence in providing compassionate patient care.
2. To train well-qualified family physicians, thus increasing the supply of practitioners available to meet the health care needs in Texas and the United States;
3. To provide the medical student with role models so as to encourage interest in family medicine;
4. To stimulate intellectual pursuit and research by faculty, residents and family physicians in practice;
5. To provide continuing medical education for the graduates of this program and other physicians in private practice.

B.1.0 SPORTS MEDICINE FELLOWSHIP LEARNING OBJECTIVES

At the completion of the one-year training program, a resident should be able to:

1. Demonstrate competence in the following areas:
 - a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
 - b. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences, evidence-based medicine, and the application of this knowledge to patient care;
 - c. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
 - d. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
 - e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and
 - f. System-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

2. Demonstrate competence in the fundamental and evolving principles of family medicine, including the contextual understanding of health and illness and the role of the doctor/patient relationship in this understanding;
3. Demonstrate excellent skills and knowledge in internal medicine, general surgery, obstetrics and gynecology, pediatrics, psychiatry, community medicine and any other specialties and subspecialties needed to prepare one to provide definitive care for the majority of the health problems encountered in practice; have a detailed understanding of orthopedics and musculoskeletal medicine as it applies to active people.
4. Demonstrate understanding and skill in the application of comprehensive care: preventive care, health education, acute care, anticipatory guidance, functional management of chronic illness, rehabilitation, adjunctive psycho/social services, environmental health and general health maintenance;
5. Demonstrate this knowledge by providing the services needed by the patients that seek out their services and coordinating care with subspecialists as needed.
6. Appropriately manage athletes in a training room environment, using the skills of the professionals there;
7. Request appropriate consultations and effectively coordinate these among medical specialists and allied health care providers;
8. Demonstrate confidence in their understanding of the organization and economics of private practice, medico-legal issues, medical ethics, and community needs such that they are enabled to practice effectively and efficiently;
9. Demonstrate use of electronic health records (EHR) and ability to access evidence based health care.
10. Successfully pass the examination for Certificate of Added Qualifications in Sports Medicine and understand the need and process for recertification/maintenance of certification.

B.2. PORTFOLIOS

A resident portfolio is a formal record of goals, growth, achievement and professional attributes obtained during a physician's residency. Resident Portfolios illustrate goals and development over time, with the main goal of demonstrating competency at the end of the three years of family medicine residency. The portfolio contains objective documentation as well as examples of self-reflection and assessment.

Family Medicine Sports Medicine residents work with their faculty advisors over the year to build and refine their portfolios.

The Resident Portfolios at Conroe Medical Education Foundation have two parts – (1) the required component and (2) the personal choice component (*Individual Competency Reflections*). The personal choice component contains exhibits that demonstrate evidence

of competence for the six ACGME outcomes: (1) patient care, (2) medical knowledge, (3) professionalism, (4) interpersonal and communication skills, (5) practice-based learning and improvement, and (6) systems-based practice.

Portfolios are kept in the office of the Fellowship Director. The resident is responsible for constructing and maintaining the Resident Portfolio with consultation from his or her faculty advisor. Portfolios will be reviewed during each quarterly resident meeting between the resident and her or her advisor.

C. CONROE FAMILY MEDICINE RESIDENCY PROGRAM

C. 1.0 GRADUATE MEDICAL EDUCATION COMMITTEE

CMEF Board of Directors:

Shashi Bellur, M.D. President, Armand Martel, M.D., Secretary, Peter Bigler, M.D.
Designated Institutional Official: Stephen L. McKernan, D.O.
Program Director, Core Residency: Stephen L. McKernan, D.O.
Program Director Sports Medicine Fellowship: Scott Rand, M.D.
Chief Resident: Ryan Jennings, M.D., Daniel Porter, M.D.
Administrator: Paul Tannos

Designated Institutional Official Designee: Jennie Faulkner

C 2.0 CONROE PROGRAM FACULTY

2.1 Family Physicians

Full-time Faculty

William Brown, M.D.
Adel Ibrahim, M.D.
Lata Joshi, M.D.
Stephen McKernan, D.O.
Kim Norris, M.D.
Scott Rand, M.D.

Part-time Faculty

Angela Thomas, M.D.

2.2 Obstetricians/Gynecologists

Catherine Browne, D.O.
Yvette Gordon, M.D.

2.3 Behavioral Scientist

Part-time Faculty

Edward Davidson, Ph.D.
Angelica Harrell, M.D.
Tri-County MHMR LPC's

2.4 Geriatricians

Adel Ibrahim, M.D.

2.5 Orthopaedic Surgery (part-time)

Louis Harman, M.D.

2.7 Support Staff

Paul Tannos, Administrator

Jennie Faulkner, Residency Coordinator

C. 3.0 Sports Medicine Fellowship Faculty

3.1 Sports Medicine Physicians

Scott Rand, MD FAAFP Fellowship Director

Steven Dennis, MD Sports Medicine Faculty

Amit Parikh, DO

Alysia Furgatch, MD

3.2 Orthopedic Surgeons

Louis Harmon, MD

Matthew Hammit, MD

James Mathis, MD

Tarek al Fahl, MD

K. Mathew Warnock, MD

3.3 Physical Medicine and Rehabilitation

Shaun Lehman, MD

3.4 Radiologists

Ravi Bikkina, MD

3.5 Pathologist

Robert Zirl, MD

3.6 Pharmacists

Holly Stallings, RPh

Valerie Powell, RPh

3.7 Nutritionists

Sloan Crofford, RD

3.8 Psychologists

Michael Knox, PhD

Edward Davidson, PhD

3.9 Physical Therapists

Kelly Bartek, RPT

Kris Nulik, RPT

3.11 Athletic Trainers

Tom Dolan, ATC

Dwight Adsit, ATC

Michael Pace, ATC

Gordon Graham, ATC

D. **ROTATION SCHEDULE**

Thirteen 4-Week Rotations

1. Orthopedic Surgery 36 weeks
The resident will rotate with 3 orthopedic surgeons. Each rotation will be 12 weeks in length.
2. Radiology 4 weeks
The resident will spend time with the musculoskeletal radiologist learning to interpret imaging studies important to the care of active patients.
3. Physical Medicine and Rehabilitation 4 weeks

The resident will spend time learning the basics of rehabilitation medicine as it applies to athletes.
4. Elective 8 weeks

Elective rotations are available in specialized areas of sports medicine including wilderness medicine, cold weather medicine and primary care sports medicine at other facilities. There is also an available elective in neuropsychological testing. There is a ski trauma rotation available in Park City, Utah. There are also local rotations in hand surgery, cardiology and electrophysiology.

The remainder of the curriculum is handled in a longitudinal fashion. Research, mass participation planning and training room experiences are scheduled into the weeks to satisfy requirements and to allow continuity to prevail in the care of the athlete.

The above curricular elements have been developed to prepare the resident to become eligible to take the American Board of Family Medicine Certificate of Added Qualifications in Sports Medicine examination and to meet the requirements of the Residency Review Committee. The curriculum is designed to prepare the resident to be a competent and capable sports medicine physician. You are advised to review your chosen electives with your faculty advisor before making a final determination of your rotations.

D. 1.0 ROTATION AND CLINIC SCHEDULE REQUESTS

All rotations are scheduled prior to the beginning of the academic year. The clinic schedule is established by the Residency Coordinator and approved by the Program Director. Any significant deviations of this must be approved by the Program Director or Coordinator.

D. 2.0 ELECTIVES

Residents may use electives in part to remove identified deficiencies in knowledge or skills. No time is available in the schedule for remedial purposes.

Electives should be used to gain experience relevant to the resident's future practice plans. Electives must be made with the advice and consent of the Fellowship Director.

D. 3.0 SCHOLARLY ACTIVITY

1. In compliance with RRC guidelines, the Conroe Family Medicine Residency requires that all residents complete at least one scholarly project during residency.
2. The goal of this requirement is for residents to gain exposure to critical thinking, data collection, evidence-based theory, and research collaboration.
3. Scholarly projects may include original research, case presentations, or literature reviews.
4. All scholarly projects will include the following: (1) a written summary to be turned in to the resident's faculty advisor, (2) a review of applicable medical literature, and (3) a formal presentation of their project to the program.
5. The resident is expected to present his or her research at the national AMSSM conference in the spring.
6. Scholarly projects will be kept on file in the Resident Portfolios maintained in the office of the Fellowship Director.

E. EVALUATIONS

To maintain the high quality of our rotations and electives, each resident is required to submit his or her own confidential evaluation of each rotation in New Innovations.

F. FACULTY ADVISORS

Each resident is assigned to a faculty advisor. You should meet with your advisor on at least a quarterly basis. You may schedule a meeting time or a meeting time may be scheduled by the Residency Coordinator. The advisor helps review your evaluations with you, helps you choose the appropriate electives and is available to listen or give advice as you request regarding the program, your future plans or personal problems.

G. DRESS CODE

Dress at all times is to be professional and in compliance with Lone Star policies. Clothing is to be neat and clean. No jeans are to be worn except on weekends. Keep in mind that the physician's appearance can affect the patient's view of their physician. Always wear a lab coat over surgical scrubs. **SCRUBS ARE NOT CONSIDERED APPROPRIATE ATTIRE FOR CLINIC EXCEPT WHILE IN SURGERY.** Hospital policy states that a physician may leave the Operating Room or Labor and Delivery Room with scrubs, but a lab coat must be worn over them. *Residents should never re-enter the Operating or Delivery Rooms without changing their scrubs (if time allows).*

H. FAMILY MEDICINE CLINIC

The **Lone Star Family Health Center** is the site of each resident's "continuity primary care practice" for the year. The facilities include two Residents' Rooms and mailboxes, two minor procedure rooms, fetal dopplers, colposcope, tympanometer, spirometer, flexible sigmoidoscope, ultrasound equipment, EST cardiac equipment, PFT equipment, and computer equipment/Internet access.

An electronic health record is used to document patient encounters. All patient visits, phone messages and prescription refills are to be made in the electronic record. When a piece of paper must be created for a patient, that paper must be scanned into the record.

Residents will have access to the electronic record from the hospital and through the internet from home. When used appropriately, this system can enhance patient care, but just like a paper record, the information must be updated and accurate. All providers are encouraged to personalize default exams to streamline their visits. See Section I K.

Residents are required to check Healthmatics on a daily basis to answer questions, review labs, refill medications and complete any other patient oriented business.

HOURS: The clinic operates from 8 am to 5 pm with lunch from 12-1. The half day primary care clinic for the sports medicine fellow will usually be the same ½ day each week.

Clinic is one of each resident's highest priorities and responsibilities in training. If a resident feels that (s)he must be late to clinic, the tardiness MUST be approved by the Clinic Faculty, and the resident must notify his/her nurse prior to the start of clinic.

H. 1.0 ASSIGNMENT OF PATIENTS AND FAMILIES

1. Continuity of care is a top priority for resident clinics. Residents should make an effort to see their own patients for chronic problems if at all possible.
2. Sports Medicine fellows will be expected to see a patient load comparable to 3rd year Family Medicine residents.
3. The sports medicine fellow will not be expected to follow obstetrical patients, but if this is desired by the fellow, this can be pursued.
4. Continuity patients for the Sports Medicine fellow who are admitted to the hospital will be admitted to the Family Medicine inpatient service. The fellow is expected to perform social rounds and passively participate in the care of their continuity patients admitted to the hospital.

H. 2.0 PRECEPTING PATIENTS

All referrals generated by residents, both in clinic and at the hospital, other than on emergency basis should be discussed with a teaching faculty. This is for your education in deciding when to refer as well as the possibility of keeping some procedures within the clinic where they can be teaching cases. All patients should be precepted in accordance with clinic, insurance, Medicare and Medicaid guidelines, and state and federal laws. **All Medicare and Medicaid patients must be precepted with faculty and documented appropriately in compliance with both state and federal laws.** Faculty must see all patients whose visit is coded 99214 or 99215.

H. 3.0 CHAPERONES

Male residents doing breast or pelvic or rectal examinations on female **patients MUST HAVE A FEMALE CHAPERONE IN THE ROOM** during that examination! Female residents doing genital or rectal examinations on male patients, or pelvic examinations on female patients, **MUST HAVE A CHAPERONE.**

H. 4.0 TELEPHONE CALLS, MESSAGES, MAILBOXES

All residents and faculty are to check the EHR for telephone messages and prescription refills on a daily basis. If a resident is not going to be in the clinic for a period of time (vacation, CME, outside rotation, illness) the resident must notify their nurse so that patient messages can be referred to their buddy. The telephone message and the resident's noted response, including advice to the patient, prescriptions, etc., is placed in the record as a permanent part of the record. **It is discourteous, unethical, and may be actionable under the law (residents may be sued) to ignore telephone messages from patients. Unsuccessful attempts to reach a patient should be documented in the chart.** Procedures for documenting this will be covered in EMR training.

Internet access is available on the computer in the resident's mail room.

H. 5.0 CORRESPONDENCE

Periodically residents will have to write letters for patients, sign orders on patients for visiting nurses, nursing home patients, etc. All of these communications must be approved and co-signed by a faculty member. They should all be done promptly, within one to two days of receipt. Patients bringing lengthy forms for the physician to fill out will be asked to schedule an appointment time for that purpose. All correspondence must be maintained in the patient's permanent record.

For any correspondence involving risk management issues, residents must follow the policies outlined in *CME General Information for Residents*.

H. 6.0 PATIENT FINANCIAL MECHANISMS AND BILLING THIRD PARTIES

While CMEF has contractual obligations to care for a number of uninsured and/or underfunded patients admitted to Conroe Regional Medical Center who have no physician, CMEF must pay our overhead and is not tax-supported for deficits. All patients are charged for our services. Faculty are both Medicaid and Medicare participating physicians, but all other patients must arrange to pay fees. The clinic fee schedule is available at the front office.

If a patient has no third-party funding ("Self-Pay"), physicians should be sensitive to the patient's ability to pay for tests and obtain medications. The Clinic now operates as a Federally Qualified Health Center (FQHC) and as such accepts all patients without regard to ability to pay. Patients who indicate they may have financial difficulty or inability to pay for their health care services should be referred to the business office to work with a financial counselor to determine if they qualify for Medicaid, Public Assistance, or a sliding fee discount. Similarly, the clinic operates an inhouse pharmacy that can provide medications on a sliding fee scale to qualified persons and can assist some patients in qualifying for low cost or free medications through pharmaceutical manufacturers' patient assistance programs. This should always be documented in the care plan for the patient.

H. 6.1 HOW TO CHARGE

Charge according to level or complexity of service following the RBRVS schedule. CMEF is reimbursed according to what the physician indicates supported by diagnoses. Everything done must be properly documented. An appropriate amount of interval history, R.O.S. and physical must be documented for the level of service charged.

Never charge for more than is done. There should be only rare indications at the FPC for charging less than the “Expanded Problem Focused” visit, and these must be approved by the faculty. Residents should ask questions about charges, when precepting the patient visit with a faculty member. All Medicare and Medicaid rules must be followed. All 99214 and 99215 visits should be seen by faculty before the patient leaves the clinic.

Classes on coding and billing are given frequently during didactics. The electronic record is also equipped with a tool to help residents code appropriately.

H. 6.2 WORKMAN’S COMPENSATION

Patients being seen for injuries they allegedly sustained on their jobs must all be precepted by a faculty member (even third year residents’ patients), and all communications regarding the patient must be faculty approved. The Sports Medicine Clinic does not accept workman’s compensation insurance.

H. 7.0 INTERPERSONAL RELATIONS

LSCHC employs a number of office and nursing personnel, and has a substantial number of resident and faculty physicians working in the program. If a resident has a problem with someone, the resident should discuss it calmly with the individual but should feel free to come to a preceptor or Program Director for advice. All LSCHC staff are expected to treat everyone, including patients, with courtesy, respect and professionalism at all times, and in compliance with CMEF and Lone Star Policies. This is important training for employee relations in the residents’ future practice.

H. 8.0 CHART AUDITS

Residents’ charts will be audited on a random basis as they are submitted electronically for preceptor review. Chart audits are used as a teaching tool. Residents may be asked for more information from their faculty reviewer. Residents should feel free to question the comments or to support their opinion with the medical literature. An official form may be completed by the faculty which will become part of the resident’s training record.

J. URGENT PATIENT MESSAGES OR LAB

Urgent patient messages will be paged to the patient’s doctor. Critical lab values will be paged to the provider who ordered the test. If the physician is unable to be reached, critical information will be given to the preceptor.

K. SPORTS MEDICINE CLINIC

The sports medicine fellow will participate in sports medicine clinic with the sports medicine faculty 2-3 half days per week. The Lone Star Sports Medicine Clinic functions as a satellite clinic of the Lone Star Family Health Center in Conroe. It uses the same electronic medical record and billing software. Patients are referred to the clinic from athletic trainers, other athletic facilities and from the Tomball emergency room. Many patients also self refer. The clinic does not perform well baby checks or perform OB care, but can see patients for most other primary care needs. Patients calling for an

appointment will be preferentially scheduled with the sports medicine fellow if they are calling with a musculoskeletal or sports medicine issue.

K.1.0 Precepting

It is expected that the sports medicine fellow will precept the majority of patients seen with the attending faculty. All concussion patients, medicare and Medicaid patients are to be precepted. All charts are to be sent to the precepting faculty for review prior to signing off the chart. All procedures done in the clinic are to be supervised by the precepting attending.

K.2.0 Scheduling

Sports Medicine Fellows will be scheduled as follows:

1. All appointment slots are 15 minutes in length
2. New patients, physical examinations, pre operative evaluations and fracture care are given 2 slots.
3. Initial concussion evaluations are given 3 slots.

Morning Clinic will begin at 8:00 am. Afternoon clinic will begin at 1:00 pm. Hospital patients and patient correspondence is expected to be taken care of before the clinic session begins.

All patient charts are to be completed on the day the patient is seen and submitted to faculty for review. All reviews are to be completed and the visit signed off within 1 business day.

RESIDENT RESPONSIBILITIES

L. General Responsibilities

The Sports Medicine Fellowship is an intense year of learning. You have been selected for this training program because you have expressed a desire to learn to become an expert in caring for athletes. There is no call defined, but this is by no means an 8-5 job. Fellows will be expected to adhere to the rules set forth in the ACGME hour limits, should expect to make themselves available to learning opportunities whenever they present themselves and available to the sports teams they are assigned to cover. You should never have to ask if you *have* to do something. Instead you should pursue every patient care and learning activity as an opportunity to learn. Sporting activities often happen on evenings and weekends. Your willingness to attend these events to provide medical coverage is expected.

L.1.0 Teaching Conference

There is a 1 hour teaching conference attended by all sports medicine faculty twice per month. The first conference is a didactic lecture by an expert in the field of sports medicine. The second is a journal club. The sports medicine fellow should expect to present 2 lectures during the year and will be expected to present assigned articles for journal club each month. Input will be sought from all disciplines. The Sports Medicine Fellow will be expected to be ready to present at least one case every week for discussion.

L.2.0 Rotation responsibilities

Your time with the specialists will be dictated by their schedule and will be adjusted to maximize your learning opportunities. Sports Medicine Clinic times will be adjusted to allow for the best use of your time and the maximum benefit of your patients. Your duties with the specialists will include, but are not limited to:

- a. Initial consultation on hospital inpatients
- b. Assist in the operating room
- c. See patients in the clinic with the specialist
- d. Complete any assigned dictations in the hospital or clinic
- e. Accompany the specialist to area training rooms.
- d. Participate in after hours call activities as deemed educational by the specialty faculty and acceptable by duty hour limitations.

L3.0 Evaluations

Sports Medicine Fellows are required to complete a rotation evaluation at the end of each 4 week block. Even though they may be continuing with the same rotation or specialist, ongoing evaluation will assist the faculty with modifying your experience to improve your learning.

Fellows can also expect to receive evaluations at the end of each 4 week block and to receive quarterly evaluations by the fellowship director.

L.4.0 Research

Sports Medicine Fellows are required to participate in research with a sports medicine focus. There is ½ day per week dedicated to this and is to be used on the research topic. The Sports Medicine Fellow will discuss his or her research topic with the faculty and plan how to proceed during the first 2 weeks of orientation. Research will be presented at the spring AMSSM conference. Other research conferences may be attended at the discretion of the faculty.

L.5.0 Training room

Sports Medicine fellows will see athletes with the orthopedic and sports medicine faculty in the area training rooms. There will be scheduled time every week to attend to the training room needs of your school as well. Each fellow will be assigned 1 or possibly 2 schools and will act as their team physician under the direction of the sports medicine faculty.

L. 6.0 ELECTIVE ROTATIONS

1. Residents should contact their attending physician prior to the start of a given rotation. At his time, they will give the attending physician their own clinic schedule in the FPC so that they may coordinate to the benefit of all concerned when and where to report for duty. The resident should request from their attending a suggested reading list or reading materials for that rotation.

2. Other specific duties should be discussed with the attending at the start of the elective.
3. If any conflicts arise, they should be discussed with the Program Director.

L. 7.0 SCHEDULED TIME OFF

L.7.1 After Hours availability

While away from the program but not on vacation, residents are to keep their pagers on. This allows urgent calls which may have been made by mistake **to be corrected**. If a learning opportunity becomes available during the after hours time frame, one of the sports medicine or specialty faculty may call and offer you the experience.

L.7.2 Vacation

Vacation may be taken during any rotation, but no more than 5 consecutive working days are allowed. Vacation should be scheduled at least 1 month in advance. Your schedule will be defined at the beginning of your year, so you may consider discussing vacation times with the faculty you are assigned to at the time you are considering.

M. Teaching Conference GUIDE

PURPOSE:

1. To provide the educational vehicle for teaching topics required by the RRC for Sports Medicine Fellowships
2. To allow discussion of topics of interest to physicians and others caring for athletes.
3. To provide an educational opportunity for area physicians, therapists and athletic trainers.

METHOD:

1. There is a 10 month, 10 topic list designed to allow consistent education and scheduling each year. Topics will be presented by specialty faculty, Sports Medicine Fellows and Sports Medicine Faculty.
2. Active participation and open discussion are encouraged.

ATTENDANCE: This is an integral part of the education process therefore attendance is required.

N. FACULTY RESPONSIBILITIES

1. To see that all areas of resident responsibilities are carried out and to take corrective action if they are not. Be available to answer questions, direct to resources, provide guidance, stimulate discussion, precept or model procedures or behaviors for residents and ancillary health care providers according to their assigned duties as needed.
2. Perform their scheduled duties as coordinated by the Faculty coordinator.
3. Stay informed concerning Residency policies and policy changes.
4. Provide immediate and long-term feedback to the residents about their performance.
5. Support the residents, staff and each other in whatever ways are possible.
6. Stay medically up to date and work to continually improve teaching skills.
7. Work with the Director to see that the program meets and/or exceeds all requirements of the ABFP and RAP Committee.
8. Complete chart audits in a timely
9. Develop research projects and grant proposals.
10. Provide letters of reference as appropriate for current and prior residents who are interviewing for a position. Letters of reference will not be given until the personnel file has been reviewed.

O. Access to Academic Resources

1.0 Dr Harmon maintains an extensive library of sports medicine resources. His collection is accessible by the Sports Medicine Fellows. In addition, the Tomball Hospital provides free access to the MDCONSULT website which has numerous resources for on line textbooks and article retrieval.

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