

Sports Fellowships

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Several factors should go into selecting a sports medicine fellowship. These include clinical factors, research factors and team coverage experience, among others. The most important issue when selecting a sports medicine fellowship is to identify individual goals. Without accurately identifying one's goals, it is impossible to select the right fellowship. Sports medicine fellowships vary greatly; therefore, it is not as important to find the "best" one—assuming that could even be defined—but to find the right fellowship given the individual's future plans.

It can be safely assumed that every sports medicine fellowship will provide adequate instruction in knee arthroscopy. The real question is what, in addition to knee arthroscopy, will be covered. Some fellowships emphasize arthroscopy in general, so that beyond knee and shoulder procedures you will see wrist and elbow and ankle arthroscopy, but few open cases. Other fellowships offer complete training in the treatment of knee and shoulder disorders, including joint replacement. Still others may offer good fundamental training in knee and shoulder arthroscopy but stand out because of particularly excellent training in office practice or sideline coverage. Even within these broad categories you will find differences: for instance, certain programs may tackle more complex and revision cases while others may offer exposure to the hip.

There is no perfect case mix, so you should consider your background (ie, what has already been learned in residency) and your future (ie, what you can expect to need to know in practice) and choose accordingly. When looking at fellowships, find out which body parts are treated, what cases are done, how they are performed (open versus arthroscopic), and who carries them out. The applicant should be aware who actually performs the surgery: is it the fellow, the attending, or the resident? There is no right answer to this question, but when evaluating programs ensure you compare apples to apples: two pro-

grams that each offer 400 shoulder arthroscopies are not the same if one has the fellow doing all of them, whereas the other relegates you to the role of spectator in almost all instances.

Sending trainees to a course or two may be a bonus, but any program relying on coursework as a central feature of the fellowship should be viewed with skepticism. The real learning should result from participation in the robust practices of the fellowship mentors.

Exposure to office practice is often underemphasized. While not generally regarded as the most exciting part of sports medicine, it is important to learn patient management skills as well surgical decision-making. When considering programs, look closely at the quality of the office experience. In the office, perhaps unlike the operating room, it may be preferable for you to observe more than act. A program that allows you to observe your mentor during office hours (especially if you have the chance to anticipate the decisions reached) should be especially valued. Unsupervised outpatient experiences (ie, running your own clinic) are far less valuable but not worthless, especially if you get to discuss cases with your teachers at the end of the day.

Regarding research, there are again variables. In sports medicine, many of the classic papers have been biomechanical or anatomic studies. Currently, excellent material arises from basic biology researchers and clinical scholars. You may find that two programs are equally committed to research and are equally productive—but are vastly different in the types of research they do. Examine this closely and match programs to your skills and interests.

If you are interested in pursuing your own research, ensure there is adequate support to do so. In sports medicine, this goes beyond the usual concerns of time and money, as many programs have extensive after-hours team coverage responsibilities. If you are required to provide sideline coverage for games a few nights a week, you may find it impossible to conduct the experiments that ordinarily would be done in the evenings.

With respect to team coverage, some fellowships offer little, while others are involved in covering so many teams that there seems to be time to do little else. While all team coverage is likely a learning opportunity, the quality of the

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learning experience can vary considerably. I suggest favoring programs where the fellow covers the event with attending supervision. Working with professional athletes under the supervision of an experienced sports medicine surgeon can be a very valuable experience—and may provide you with a certain marketing cachet that can help you find your first job.

Lastly, as of 2007, the American Board of Orthopaedic Surgery will offer a Certificate of Added Qualifications

(CAQ) in sports medicine. Through 2011, one may sit for the CAQ written examination without having completed an accredited fellowship. So at least for now, accreditation is not required. To become accredited, a fellowship must satisfy the residency review committee that this is truly an educational experience. Some otherwise educationally perfect programs have elected not to seek accreditation, but in general I suspect accredited programs are better and recommend considering such a program.

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