

**Welcome to the  
Pediatric Orthopaedic Surgery  
Clinical Fellowship  
ACGME 2653821039**



**Cincinnati Children's Hospital Medical Center  
3333 Burnet Avenue, MLC2017  
Cincinnati, OH 45229-3039**

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## WELCOME TO OUR PEDIATRIC ORTHOPAEDIC SURGERY FELLOWSHIP

This fellowship is aimed at developing talented orthopaedic surgeons into leading pediatric orthopaedic specialists. This goal is accomplished within the context of a structured training program that focuses on the fellow excelling at the vast surgical and clinical skills that encompass pediatric orthopaedic surgery. Our 13 faculty members, who subspecialize in every pediatric orthopaedic area, mentor the fellows continuously. Our fellowship exposes young surgeons to the optimal mix of traumatic, congenital, neuromuscular and syndromic conditions. Specialty clinics include spinal deformity, hip deformity, sports medicine, tumor, cerebral palsy, hand and brachial plexus, myelomeningocele, limb deficiency, skeletal dysplasia, and muscle disease. Every morning the faculty presents an interactive instructional course lecture, a live patient conference, or a pre-op/post-op conference. Unsurpassed faculty engagement makes our program one of the best fellow education experiences in the nation.

The Division sponsors several visiting professor events throughout the year including Hip, Spine, Sports, and Hand Days. The fellow is expected to immerse him/herself in a clinical research project, and drive it to publication. Five research coordinators, including one with expertise in research design and statistics, help the Fellow to complete a high impact study.

US News and World Report rates Cincinnati Children's as one of the top three children's hospitals in the nation, and our pediatric orthopaedic care is rated it the top five nationally. Cincinnati is an inexpensive, vibrant, Midwestern metro area of two million located on the banks of the Ohio River.



## APPLICANTS TO OUR FELLOWSHIP

**This Pediatric Orthopaedic Fellowship participates in the POSNA San Francisco Match.** Applications can be submitted on-line at [www.sfmach.org](http://www.sfmach.org). **Our cut-off date is December 1<sup>st</sup>.**

Dates for the program are as follows:

- Sept 1<sup>st</sup>, Fellowship applicants begin to complete on-line centralized applications with the San Francisco Match/POSNA
- Oct. 1<sup>st</sup>, Target date to have applications completed in order to facilitate scheduling of interviews
- Nov. 15<sup>th</sup> - Mar 31<sup>st</sup>, Interviews ; Our Interview date(s) will be in January
- Mid-April dates - Deadline for rank list submission to SFMP; Match results announced by SFMP; Applicants notified
- Foreign medical graduates must be ECFMG certified, eligible for a J1 Visa, have successfully completed USMLE, and at least one year of previous fellowship experience is preferred.
- Applicants must be eligible for a State of Ohio Training Certificate; Fellows may apply for an Ohio license if they desire – but it is not required.

### GOALS OF THE FELLOWSHIP

- Become the leader in musculoskeletal healthcare by focusing on the congenital and acquired conditions of the pediatric population.
- Refine technical skills necessary to treat the pediatric population in the surgical setting through direct implementation, supervision, observation, and evaluation of the clinical fellow.
- Promote enthusiasm for scholarly activity and research using clinical or lab based experience and discussion of the ethical issues associated with same.
- Train fellows to understand the indications of non-surgical versus surgical intervention when treating the pediatric patient.
- Impart a life-long enthusiasm for learning, practicing and teaching pediatric orthopaedics and prepare the fellow for an academic career in pediatric orthopaedic surgery including, but not limited to, the treatment of the upper extremity and spine.

### OBJECTIVES OF THE FELLOWSHIP

- **Patient Care** -Objective: Evaluate specific and generalized patient care principles and demonstrate sub-specialty patient care skills and become a tireless patient advocate. Vehicle: Observation at bedside, clinic, in the OR, and daily interactions, evaluate patient results by observation and written evaluations.
- **Medical Knowledge**- Objective: Provide medical knowledge (knowledge of biomedical, clinical, epidemiological-behavioral sciences and application of this knowledge to pediatric orthopaedic patient care. Vehicles: Didactic lectures/preparedness, Boot Camp, weekly Case Discussion meetings, Weekly conferences for the Division, application of knowledge in patient care, evaluate eagerness to learn and ability to retain knowledge.
- **Practice Based Learning and Improvement**,- Objective: "Plan, Do, Study, Act." Vehicles: Didactic Lectures, Pre/Post Op Conference, Visiting Professor events, Grand Rounds, and Problem Conference with patient presentations.
- **Interpersonal and Communication Skills**- Objective: *Communication* for specific or generalized task performance; *Interpersonal* for communicating with patients and families about all aspects of care, and *teamwork* with colleagues, clinical, and administrative staff. Vehicles: Observance of clinic interactions with patient/families, order writing, evaluations of pre/ post op plans, effective discharge/treatment plans, proper use of electronic hospital systems.
- **Professionalism** - Objective: To develop "commitment, adherence, and sensitivity." Vehicle: Evaluating resident work standard, ability to follow instructions, patient follow-up, interactions with fellow staffers, conduct, and appearance.
- **Systems-based Practice** - Objective: Focus on the broader context of patient care within the multiple layers of a healthcare system; exposure to systems at the local and national levels and healthcare regulations; medical practice/delivery models; teamwork and interdisciplinary team meetings allow opportunities to develop, demonstrate abilities, identify, analyze, implement, evaluate and report improvement initiatives, and identify system errors. Vehicle: Spine Conferences, Journal Club, Lectures.
- **Scholarly Activity** - Objective: Learn specific skills, such as transforming an idea into a research question (experimental, descriptive or observational), choosing an appropriate study design, determining what instrumentation to use, preparing for data collection, management and analysis, ethical conduct of research, and the rules and regulations governing human subjects research. Vehicles: Research meetings, assigned research coordinators, opportunities for bench and clinical research, manuscripts (writing and submission), CITI Training, presentations at conferences, enthusiasm for academia.

## ATTENDING SERVICE DESCRIPTIONS

### James J. McCarthy, M.D., Professor



Dr. James J. McCarthy, Division Director, has extensive clinical experience in a broad range of pediatric orthopedic conditions. His primary clinical and research focus is on the treatment of complex limb and spine deformities, such as scoliosis and pediatric hip disorders, treatment of children with neuromuscular disorders such as cerebral palsy. *Specializing in:* CP. Fellows follow Dr. McCarthy at main and satellites.

[james.mccarthy@cchmc.org](mailto:james.mccarthy@cchmc.org)

#### One Month Rotation

**Personal Message to Fellows:** Welcome to my service. Keep me informed everyday about your whereabouts at all times. Here are a few expectations while you rotate on this service:

#### In the clinic:

- You are expected to see all **NEW** patients, and present them with a treatment plan (Don't discuss treatment plan with the patient till you present them to me)
- Dictate your notes as per the template provided in your handbook
- I would recommend keeping a camera with you at all time. (clinic and OR)
- Feel free to apply a cast with help of a cast tech

#### Preoperative:

- You are expected to know the history and radiographic images of the patient the Week before surgery. Feel free to discuss the case with me before surgery. Read about the condition, surgical exposure and surgical technique.
- You should see the patient for brief physical examination in the preop / SDS / holding area.
- **I will site mark the patient per hospital policy.**
- All radiographic images should be up on the screen
- Surgical responsibilities will be assigned prior to surgery

#### Intraoperative:

- **Don't start any case without me performing the TIME-OUT - OR** – without me in the room.

#### Postoperative:

- **I will dictate my operative notes.**
- You should put in the brief operative note in EPIC, and postoperative orders ASAP
- Carry your scripts with you for postoperative medications.
- Check the patient postoperatively in PACU for neurovascular check

#### Inpatients:

- You should **round** on patients (if they stay overnight or are inpatients) if you are involved in their care at any point (clinic, surgery) OR at least discuss with resident / attending about plan of care
- Write a progress note in EPIC when you see an inpatient

#### Research:

- Feel free to discuss research opportunities, preferably in the first week of your rotation.

## Roger Cornwall, M.D., Assistant Professor



Dr. Cornwall joined the Division in October, 2008 and is one of only six full-time pediatric hand surgeons in the United States. Dr. Cornwall is Co-Director of the Pediatric Hand & Upper Extremity Center which opened in January, 2009. He is nationally known for his expertise in treating conditions that affect the pediatric hand and upper extremities, including complex trauma and congenital deformities, Brachial Plexus Birth Palsy, pediatric hand and wrist trauma, congenital hand and upper extremity abnormalities, complex pediatric elbow trauma and deformities, and gymnast wrist. Dr. Cornwall is also the Director of the only Pediatric Hand Fellowship in the country (six months in duration). This is an Elective Rotation for the clinical fellow. The fellow on Dr. Cornwall's service is responsible for attending all of his clinics (at main and satellite). The fellow will work with a resident and/or PA on this service. The fellow is responsible for preoperative planning and scrubbing for all his scheduled operative cases. The pediatric fellows will only be assigned to Dr. Cornwall's service when he does not have an assigned hand fellow.

[roger.cornwall@cchmc.org](mailto:roger.cornwall@cchmc.org)

### One Month Rotation-Elective

**Personal Message to Fellows:** Welcome to CCHMC's Pediatric Hand and Upper Extremity Service – expect to have fun, learn a lot, and be challenged to think critically! I am always available by cell phone or pager and would always rather be informed than not bothered.

#### In the clinic:

- o Red Bull and Roller Blades; We start early and promptly
- o You are encouraged to see both new and follow-up patients and you will be challenged to formulate your own plans upon presentation to me
- o You are in the clinic to learn rather than to provide a dictation service, but you are expected to dictate the notes on the patients that you see

#### Preoperative:

- o Know your anatomy
- o Know the risks of the surgery
- o Know indications of the surgery
- o If you know all of the above preoperatively, you'll get more out of the case and will be allowed much more autonomy
- o I encourage you to see all patients preoperatively but I will always site mark my own patients
- o You are always encouraged to contact me to discuss cases preoperatively

#### Intraoperative:

- o **Expect me to be present from induction to casting.**
- o Expect to learn “pearls” for every aspect of the operative process but I will never tell you my way is THE right way
- o In the pediatric hand, there is little margin for error so you will never be left to fend for yourself

#### Postoperative:

- o We will discuss at the conclusion of each case who is responsible for dictation of the operative report.
- o You are responsible for the “brief operative note” in EPIC and “postoperative orders and medication prescriptions” prior to the patient leaving the room
- o It may be helpful to keep a log of cases for you to obtain outpatient follow-up (ACGME database)

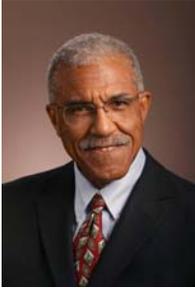
#### Inpatients:

- o Inpatients are not common on this service
- o ALL patients admitted postoperatively must be followed
- o **Write progress notes daily**
- o Stay apprised of laboratory studies, imaging and consults on all inpatients

#### Research:

- o You are always encouraged to participate in research on hand and upper extremity problems
- o You are always welcome in my laboratory
- o Discuss any research interests at the beginning of the year – even prior to your rotation with me as these things take time.

## Alvin H. Crawford, M.D., FACS, Professor



Dr. Crawford is the Co-Director of the Crawford Spine Center. The strength of the fellowship programs are attributed first and foremost to its focused and committed faculty, the cornerstone of which is Alvin H. Crawford, M.D. His greater than 35 years of experience as a pediatric orthopaedic surgeon and strong leadership as an academician have made him a recognized authority in pediatric orthopaedics around the world. Fellows benefit from Dr. Crawford's multiple areas of specialty interests: traditional approaches to spinal deformity correction, video-assisted thoracoscopic spine surgery (VATS), musculoskeletal oncology, neurofibromatosis, scoliosis, kyphosis, congenital and neuromuscular deformities, spina bifida, spinal cord injury, thoracic insufficiency (VEPTR), early onset scoliosis (growing rods, deformities of the immature spine with intervention and instrumentation), and hip disorders. The clinical fellow assigned to Dr. Crawford's service is responsible for attending his outpatient clinics and pre-operative planning/ scrubbing for all of his scheduled operative cases. Rounding on ALL AHC's inpatients, writing orders as required (for the OR and inpatient), and keeping him informed of any/all conditions of his patients is absolutely critical. Other duties are assigned as needed. Attendance at satellite clinics is not required on this service.

[alvin.crawford@cchmc.org](mailto:alvin.crawford@cchmc.org)

### One Month Rotation

**Personal Message to Fellows:** Welcome to CCHMC's Spine Service. Keep me informed every day. You can contact my nurses also if I am unavailable. There's no "Mother's Question" that is to go "unanswered" on my service.

#### In the clinic:

- Please review all new patients and present!
- History and x-ray findings to be reviewed with me "prior" to any discussion of treatment
- Plan with family
- Dictate in provided templates immediately after seeing the patient
- Start each dictation with Chief complaint!

#### Preoperative:

- Know history, PE and all radiographic images
- I'm always available to discuss surgical plan
- Fill in pedicle lengths and diameters on spinal outline sheet
- Review operative techniques of procedure and anatomy

#### Intraoperative:

- Observe prep and drape techniques
- Fund of knowledge regarding techniques and anatomy required

#### Postoperative:

- Postoperative regime usually determined at scheduling
- Most of my procedures are follow-ups will follow protocol
- Inquire of me and/or my nurses, if there is a question. No need for creative abstractionism as we've usually done the procedure many times.

#### Inpatients:

- See patients daily and write progress notes in EPIC
- If parents have questions or seem the least bit concerned about care, please let me know "immediately." I'm available!!

#### Research:

- The road to professorship is often times paved with case reports as well as level 1 randomized controlled trials. Please let me know of your level of interest!

## Jaime R. Denning, M.D., Assistant Professor



Dr. Jamie R. Denning specializes in pediatric trauma and foot/ankle. She joined the Division in 2011. Dr. Denning is a Cincinnati native and, after training, returned to her hometown to practice. Fellows follow Dr. Denning at main and satellites.

[jaimie.denning@cchmc.org](mailto:jaimie.denning@cchmc.org)

### One Month Rotation

**Personal Message to Fellows:** Welcome to CCHMC. Please keep in touch while you are on my service. My contact info is noted above. I am looking forward to working with you.

#### In the clinic:

- It is best for you to see the NEW patients (easier for me to see the follow-ups).
- Please present the patients concisely to me with your treatment plan.
- Dictate notes on patients you see in the clinic (templates are provided in the handbook).

#### Preoperative:

- You are expected to know patient's history and imaging prior to surgery
- Contact me ahead of scheduled cases to discuss plan, what to read, etc.
- Please introduce yourself to the patient; Do a brief exam in the preOp area
- I will site mark the patient myself.

#### Intraoperative:

- I must perform the time-out before you start any surgical procedures
- Your independence will increase as you demonstrate knowledge and skill level.

#### Postoperative:

- I dictate my own operative notes.
- You are expected to put a brief op note and postop orders into EPIC.
- You are expected to write postop meds (carry your scrip pad).
- Don't hesitate to ask me postop plans (weight bearing status, followup, etc.)

#### Inpatients:

- You should round on inpatients on my service if you are involved in their care.
- Touch base with resident, nurse practitioner, and/or me about treatment plans.
- Document patient encounters (rounding) in an EPIC note.

#### Research:

- Contact me about your research interests early in your rotation.

## Viral V. Jain, M.D., Assistant Professor



Dr. Jain joined the Division directly out of fellowship in 2008. He completed both the Spine and Pediatric Orthopaedic Surgery Fellowships in this Division. He is trained in pediatrics through young adulthood and specializes in spine deformity, trauma, degenerative and neoplastic conditions and manages complex limb deformities and limb-length-discrepancies that require surgical intervention. Dr. Jain sees patients at main and Liberty. The clinical fellow on Dr. Jain's service is responsible for attending his clinics (EXCEPT Kentucky). The fellow will work with a resident and/or PA on this service. The fellow is responsible for preoperative planning and scrubbing for all his scheduled operative cases.

[viral.jain@cchmc.org](mailto:viral.jain@cchmc.org)

### One Month Rotation

**Personal Message to Fellows:** Welcome to CCHMC, looking forward to working with you!

#### In the clinic:

- o Please review dictation templates and follow them when dictating
- o Please discuss your treatment plan with me before discussing it with the patient/family

#### Preoperative:

- o Discuss surgery plans at least one day before
- o Please read relevant exposures, techniques, and any key articles beforehand
- o Follow institutional and divisional rules and regulations for patient safety at all times

#### Intraoperative:

- o Adhere to institutional regulations for physician site marking and time out

#### Postoperative:

- o If your patient goes to the ICU, you are expected to do "handoff" with the ICU team
- o Please make sure that your postop notes and orders are complete before the patient leaves the OR
- o Be aware of possibility of medication or order duplicates – check this carefully
- o Check with me regarding dictation of op notes

#### Inpatients:

- o Fellows are expected to round on any of my patients daily that he/she scrubbed with me
- o Don't forget to document in EPIC when you make daily rounds

#### Research:

- o Fellows are encouraged to start at least one research project during this subspecialty
- o If you have any ideas for research or want to discuss a possible project, contact me right away

## Kevin J. Little, M.D., Assistant Professor



Dr. Little joined the Division in February, 2011. He was our first Pediatric Orthopaedic Hand & Upper Extremity Fellow. His specialties are Hand & Upper Extremity. If you rotate with Dr. Cornwall, a fellow may assist KJL or RC on cases as needed or as they are available either at main and/or satellites.

[kevin.little@cchmc.org](mailto:kevin.little@cchmc.org)

**One Month Rotation - Elective**

**Personal Message to Fellows:** Welcome to the Hand and Upper Extremity Service. I can always be reached if you have any questions. Here are a few expectations while you rotate on this service.

### In the clinic:

- You are expected to see **all NEW** patients, and present them with a diagnosis and treatment plan. If you are unclear of the diagnosis, do your best to summarize the key points of the history and exam findings so we can discuss the case outside the patient's room. (Don't discuss treatment plan with the patient till you present them to me) When there are no NEW patients to see, you can see follow-up patients and present them with a continued plan of care.
- Dictate your notes as per the template provided in your handbook. Be sure to dictate an outpatient consult note if I ask you to do so.
- I would recommend keeping a camera with you at all time. (Clinic and OR)
- I encourage you to apply casts with help of a cast tech. I expect you to be proficient in applying upper extremity specialty casts (ulnar gutter, mitten, radial gutter, molded arm casts, etc.) by the end of the rotation.

### Preoperative:

- You are expected to know the history and radiographic images of the patient the day before surgery (call my Admin Bobbie 6-7319 or my nurses Cindy or Emily 6-4503 to get updated OR list the day before surgery). Feel free to discuss the case with me before surgery. Read about the condition, surgical exposure and surgical technique. I would expect you to teach me during the case. **Don't scrub if you know nothing about the patient.**
- You should see the patient for brief physical examination in the preop / SDS / holding area if you did not see them in clinic. Make sure you introduce yourself if you are not with me. **I will site mark the patient.**

### Intraoperative:

- **Don't start any case without me performing the TIME-OUT**
- Arthroscopic surgery may require more technical skills compared to open surgery. To avoid iatrogenic injury, I would allow you to do the diagnostic part before or after the main surgery to start with. As you and I feel more comfortable, you can do more.
- For trauma cases, if you demonstrate knowledge and preoperative plan, you can do the case.
- If you want arthroscopic pictures / videos, bring a flash drive with you.

### Postoperative:

- **Expect that I will dictate my operative note, unless I ask you to do so.**
- You should put in the brief operative note in EPIC, and postoperative orders ASAP.
- Carry your scripts with you for postoperative medications and don't hesitate to ask me about the pain control plan postoperatively.
- Check the patient postoperatively in PACU for neurovascular check

### Inpatients:

- You should round on patients (if they stay overnight or are inpatients) if you are involved in their care at any point (clinic, surgery) OR at least discuss with resident / attending about plan of care.
- Write a progress note in EPIC when you see an inpatient.
- Keep me informed about my inpatients (there are not that many of them).

**Research:** If pediatric nerve conditions or upper extremity trauma are your interests or areas of focus, feel free to discuss research opportunities, preferably in the first week of your rotation.

## Charles T. Mehlman, D.O., MPH, Professor



Dr. Mehlman brings special expertise as our Director of Musculoskeletal Outcomes Research; health services research was part of his training at the Harvard School of Public Health. Fellows benefit from his other areas of specialty interest which include: management of pediatric limb deficiencies, pediatric orthopaedic trauma, arthroscopic surgery, shoulder and elbow surgery, spine surgery, foot and ankle surgery, limb deficiencies and, as the Director of Resident Education, benefit from his CORE Curriculum during the 1<sup>st</sup> half of the fellowship. Dr. Mehlman is also Co-Director of the Brachial Plexus Center. A clinical fellow on Dr. Mehlman's service is responsible for attending all of his clinics (at main and satellites). The fellow will work with residents and students also on his service. The fellow is responsible for preoperative planning and scrubbing for all of Dr. Mehlman's scheduled operative cases.

[charles.mehlman@cchmc.org](mailto:charles.mehlman@cchmc.org)

**Personal Message to Fellows:** Welcome to CCHMC: Pediatric orthopaedics is the coolest! Your fellowship is what you make of it.

### **In the clinic:**

- PRETEND you are the ATTENDING – offer clear thought-out evidence based plans.

### **Preoperative:**

- Pre-Op plan ALL cases. Bring copies of appropriate articles, textbooks and measurements and/or consider, step-by-step, AHC-quality plans in a sterile cassette drape

### **Intraoperative:**

- Check with scrub and circulator before the case starts to make certain all equipment you need is present
- Never let the attending beat you into the room

### **Postoperative:**

- Post-op Check all patients admitted to hospital if you did the case.
- Dictate the case

### **Inpatients:**

- Round daily on my patients you have operated on.

### **Research:**

- Shoot for a minimum of three completed and submitted to a journal – projects!

## Shital N. Parikh, M.D. Assistant Professor



Dr. Parikh is a pediatric orthopaedic surgeon specializing in sports related injuries, knee, shoulder and some hip arthroscopy. Dr. Parikh completed his Pediatric Orthopaedic Surgery Fellowship at CCHMC and came back to the area to work for us in March of 2008. Fellows follow Dr. Parikh at main and satellites.

[shital.parikh@cchmc.org](mailto:shital.parikh@cchmc.org)

### One-Two Month Rotation

**Personal message to Fellows:** Welcome to Sports medicine service. Keep me informed everyday about your whereabouts while on my service. Here are a few expectations while you rotate on this service:

#### In the clinic:

- You are expected to see all **NEW** patients, and present them with a treatment plan (Don't discuss treatment plan with the patient till you present them to me)
- Dictate your notes as per the template provided in your handbook
- I would recommend keeping a camera with you at all time. (clinic and OR)
- Feel free to apply a cast with help of a cast tech

#### Preoperative:

- You are expected to know the history and radiographic images of the patient the day before surgery (call Amie / Connie at 63654 to get updated OR list the day before surgery). Feel free to discuss the case with me before surgery. Read about the condition, surgical exposure and surgical technique. I would expect you to teach me during the case. **Don't scrub if you know nothing about the patient.**
- You should see the patient for brief physical examination in the preop / SDS / holding area. **I will site mark the patient.**

#### Intraoperative:

- **Don't start any case without me performing the TIME-OUT**
- Arthroscopic surgery may require more technical skills compared to open surgery. To avoid iatrogenic injury, I would allow you to do the diagnostic part before or after the main surgery to start with. As you and I feel more comfortable, you can do more.
- For trauma cases, if you demonstrate knowledge and preoperative plan, you can do the case or help your junior colleague do it.
- If you want arthroscopic pictures / videos, bring a flash drive with you.

#### Postoperative:

- **I would dictate my operative note**
- You should put in the brief operative note in EPIC, and postoperative orders ASAP
- Carry your scripts with you for postoperative medications.
- Check the patient postoperatively in PACU for neurovascular check
- Amie / Connie (my nurses) have postoperative discharge instruction protocols for commonly performed procedures. They can email it to you if you want

#### Inpatients:

- You should round on patients (if they stay overnight or are inpatients) if you are involved in their care at any point (clinic, surgery) OR at least discuss with resident / attending about plan of care
- Write a progress note in EPIC when you see an inpatient

#### Research:

- If sports medicine or pediatric trauma are your interests or areas of focus, feel free to discuss research opportunities, preferably in the first week of your rotation.

## Joel Sorger, M.D., Assistant Professor



Dr. Sorger specializes in orthopaedic oncology and joint replacement surgery for pediatrics and adults and works as a part-time faculty in our Division.

[joel.sorger@cchmc.org](mailto:joel.sorger@cchmc.org)

**Personal Message to Fellows:** Fellows can attend my clinic once a month and are welcome to attend the evening Tumor Board Conferences as available

### In the clinic:

- You are expected to see all NEW patients, and present them with a treatment plan (Don't discuss the treatment plan with the patient until we discuss it)
- I will dictate all the patient notes and physician letters

### Preoperative:

- You are expected to know the history, physical I exam and radiographic images of the patient. You will need to have knowledge about the condition, surgical exposure and surgical technique. Feel free to call me the day before to go over the procedure and plan.
- You should see the patient and preform a brief physical examination in the preop / SDS / holding area. I will mark the patient and do the consent.

### Intraoperative:

- Don't start any case without me performing the TIME-OUT

### Postoperative:

- I will dictate the operative note
- You should put in the brief operative note in EPIC, and do postoperative before you leave the operating room.
- Bring a script pad to write out the postoperative medications.
- Check the patient postoperatively in PACU and preform and document a neurovascular check
- If the patient is staying overnight check the patient to the on call resident and go over the post op plan

### Inpatients:

- You should round any patient that you have been involved in their care.
- Write a progress note in EPIC when you see an inpatient

## Peter F. Sturm, M.D., Professor



Dr. Sturm is the recipient of the Alvin H. Crawford Chair of Spine Surgery and Co-Director of the Crawford Spine Center. His specialties include spine deformity, scoliosis, early onset scoliosis and pediatric orthopaedics. He relocated from Shriners Hospital for Children in Chicago and joined our Division in November, 2011. Dr. Sturm is a nationally recognized pediatric ortho surgeon and specialist in pediatric spine/scoliosis. Fellows follow Dr. Sturm at main and satellites.

736 0607 Email: [peter.sturm@cchmc.org](mailto:peter.sturm@cchmc.org)

### One-Two Month Rotation

**Personal message to Fellows:** Welcome to the Spine Service. Keep me informed (see contact info above) everyday about your whereabouts while on my service. Here are a few expectations while you rotate with me:

#### In the Clinic:

- You are expected to see ALL NEW patients and present them with a treatment plan (after it is approved by me).
- Dictate your notes as per the template provided in your handbook.
- I would recommend keeping a camera with you at all times (both in clinics and the OR)

#### PreOperative:

- You are expected to know the history/radiographic images of the patient the day before surgery. Feel free to discuss the case with me before surgery. Read about the condition, surgical exposure, and surgical techniques in advance. You should do surgical planning and we will discuss before the case.
- You should see the patient for a brief physical exam in the preOp/SDS/ or holding area.

#### PostOperative:

- Dictate operative note unless I specifically tell you that I will do the dictation
- You should put in a brief operative note in EPIC and postoperative orders ASAP (or check with my PA to see if she has already done these).
- Carry your scripts with you for postoperative medications
- The Spine Nurse(s) have postoperative discharge instruction protocols for commonly performed procedures. They can mail this information to you if you need it.

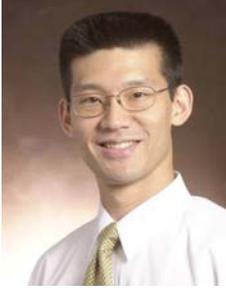
#### Inpatients:

- You should pre-round on all inpatients before rounding with me
- Write a progress note in EPIC when you see an inpatient.

#### Research:

- There are LOTS of spine research opportunities here to get involved with. See me as soon as you can if you are interested in this research option.

## Junichi Tamai, M.D., Assistant Professor



Dr. Tamai's interests include: pediatric hip disorders, pediatric foot disorders and pediatric fractures. The clinical fellow on Dr. Tamai's service is responsible for attending all of his clinics (at base and satellites). The fellow will work with a resident and/or PA on this service. The fellow is responsible for preoperative planning and scrubbing for all his scheduled operative cases

[junichi.tamai@cchmc.org](mailto:junichi.tamai@cchmc.org)

### One Month Rotation

**Personal Message to Fellows from Dr. Tamai:** Welcome to CCHMC, Division of Peds Ortho Surgery!

#### In the clinic:

- You are expected to see all **NEW** patients and present them to me.
- Try to see as many of the follow-up patients even if the PA or I have already entered the room. Review all previous films to understand the history of the care.
- Do not discuss any treatment plan with the patient family without discussing it with me first.
- Dictate your notes during clinic as per the template provided in your handbook.
- I would recommend keeping a camera with you at all times. Nice to keep a gallery.
- Feel free to participate in cast application with me or the ortho tech.
- Please treat everyone in clinic with respect and kindness – patients, families, staff, etc.

#### Preoperative:

- You are expected to know the history and radiographic images of the patient the day before surgery (call Cindy/Angela at 636-2746 to get updated)
- OR list the day before surgery). Feel free to discuss the case with me before surgery. Read about the condition, surgical exposure and surgical technique.
- You are not here to simply assist in surgery. You should see the patient for brief physical examination in the preop / SDS / holding area.
- I will site mark the patient per hospital policy.

#### Intraoperative:

- Don't start any case without me.
- The more prepared you are, and the more I get to know you, you can do more.
- The set-up for the case is important. You should be present in the room before the patient enters the room. I will show you how and why I set up the case a certain way.
- Once I am comfortable you know how to set it up my way, I will let you set it up.

#### Postoperative:

- **I will dictate my operative notes.**
- You should put in the brief operative note in EPIC, and postoperative orders ASAP
- Carry your prescription pad with you for postoperative medications.
- Check the patient postoperatively for a post-op check.
- Cindy and Angela make follow-up appointments for elective cases before the operation. If something changes, please let them know.

#### Inpatients:

- You should **round** on all inpatients covered by me if you are rotating with me. If not on rotation, please round on the patients if you were involved in the case.
- At the least, discuss the patient with the resident who knows about the patient so that you can inform me about the patient's status.
- Write a progress note in EPIC every time you see an inpatient.
- Please treat everyone in the hospital with respect and kindness.

#### Research:

- If you are interested in hip or foot disorders, feel free to discuss research opportunities.

## Eric J. Wall, M.D., Professor



Dr. Wall is the Director of Sports Medicine as well as the Director of the Pediatric Orthopaedic Fellowship. Fellows benefit from Dr. Wall's areas of specialty interest, which include: pediatric sports medicine, scoliosis, orthopaedic basic science research, pediatric orthopaedic biomechanics, scoliosis correction through spinal hemiepiphysiodesis, (Spine Staple). Cincinnati Children's is one of only two sites in the world to receive FDA approval to implant a guided growth spine staple in humans as part of an IDE study. Cincinnati Children's Fellows will be the 1<sup>st</sup> fellows in the nation to be trained on this new device which could revolutionize the surgical treatment of scoliosis in children.

Dr. Wall is a co-founder of the ROCK group (Research of Osteochondritis of the Knee), a multi-center sports medicine group focused on curing OCD in the next decade. A clinical fellow on Dr. Wall's service is responsible for attending Dr. Wall's outpatient clinics (main and satellites), including (1) Orthopaedic Clinic, (2) Scoliosis Clinic, and (3) Sports Medicine. The fellow is also responsible for pre-operative planning and scrubbing for all of Dr. Wall's scheduled operative cases (at main and Liberty), rounding on in-patients, writing orders as required (in the OR and inpatient), and keeping him informed of all/any conditions of his patients.

[eric.wall@cchmc.org](mailto:eric.wall@cchmc.org)

### Three-four Month Rotation

**Personal Message to Fellows:** Welcome to CCHMC, Division of Peds Ortho. There is a ton to learn and you should have fun every day!

#### **In the clinic:**

- Let me know if you will be late or absent
- Introduce yourself to patient and parent as the fellow working with Dr Wall.
- Read history and look at x-rays before entering room.
- Formulate diagnosis and plan.

#### **Preoperative:**

- Review cases about a week in advance. Ask me about any complex or questionable case. Review anatomy and approach, Scan literature for any recent publication on subject and bring to my attention. Call or review cases with me the day before surgery..
- **Pull up X-rays and MRI on PACS**
- Keep spine patients warm with "French Fry Lights"
- We need to decide who will do most of cast...attending, resident, or fellow

#### **Intraoperative:**

- **Make sure ropivacaine is ready for end of case.**
- No circumferential dressing except ace wrap (no webriil wrap, no kerlix wrap etc.)

#### **Postoperative:**

- **Follow your surgical patients every day**
- Proper kg dosing of pain meds
- Dictate op note if you did most of case. I will try to make this clear at end of case

#### **Inpatients:**

- Round on your surgical patients

#### **Research:**

- Set up meeting if you are interested in a project. Review prior literature, write out IRB proposal with help of CRC. Meet with me on weekly basis to review progress.

**DIVISIONAL FELLOWSHIP ADMINISTRATIVE ISSUES**

- The clinical fellow is treated as a junior faculty member within the Division of Pediatric Orthopaedic Surgery and is expected to accept and respond to this responsibility in an appropriate fashion. Under the supervision of specific faculty members the fellow will attain and exercise this responsibility in a graduated fashion. Initial close supervision of the fellow's decision making process concerning simple and complex pediatric orthopaedic problems is expected to evolve into a more independent but still supervised one concerning these same problems as the fellow develops into a budding pediatric orthopaedic surgeon.
- The fellow's immediate supervisor in patient matters is the full-time faculty member on whose service the fellow is assigned a rotation. All urgent and emergent questions/ issues concerning patients on the service are to be addressed directly with the pertinent faculty member. All questions or issues concerning the fellowship should be addressed to the Fellowship Director as the first choice and, if the issue is not resolved, the Division Director. Refer to the Graduate Medical Education Policies and Procedures as follows if further assistance is required:
  - 04.0 Due Process/Grievance Procedure Regarding Medical or Clinical Disputes
  - 20.0 Resident/Fellow Grievance Procedure Regarding Non-Clinical Issues
- Attending oversight and direct participation in the evaluation and management of patients is determined by the experience level of the Fellow and will vary with the complexity of the case.
- Fellows will be assigned to work with one or two attendings in one-three month blocks. These rotations can be adjusted to accommodate each Fellow's specific interests.
- Fellows surgical exposure is reviewed at their evaluations and requires documentation of their cases to their ACGME case log system. Fellow Coordinator will provide ID's and passwords. It is expected that you keep your database up-to-date!
- Eighty to ninety percent of fellow's training is supervised by their assigned attendings within the Division. During the other 10-20% of their time, fellows are free to schedule surgery time with other attendings to vary their surgical exposure or to pursue research interests.
- Training Requirements, which include two complete days of in-house Orientation for employees, are as follows:

<ul style="list-style-type: none"> <li>○ EPIC: Inpatient Medical/Surgical Fellow, Resident, &amp; APN/NP (Classroom Training 4 hrs)</li> <li>○ Epic E-Training (Recommended prior to classroom training)                             <ul style="list-style-type: none"> <li>Epic: IP Working through Navigators</li> <li>Epic: IP Managing Orders</li> <li>Epic: Epic Case Ambulatory for non-resident, Providers—MD, DO, APN, and PA</li> </ul> </li> <li>○ Error Prevention Training</li> <li>○ Epic: Community Surgeons and Proceduralists</li> <li>○ ELM Training (all Web based)</li> <li>○ Restraint Use Education for Prescribers</li> <li>○ Fluoroscopy</li> <li>○ HIPAA Training</li> <li>○ CITI (Research) Human Subjects &amp; CCHMC Research</li> </ul>	<ul style="list-style-type: none"> <li>○ Safety Education</li> <li>○ General Emergency Preparedness Fire Safety &amp; Evacuation</li> <li>○ Accountability in Action</li> <li>○ Online- New Hire Safety Test</li> <li>○ Diversity Orientation, Discrimination/Harrassment Awareness in the Workplace</li> <li>○ Blackboard (divisional training)</li> <li>○ PACS (divisional training)</li> <li>○ Quality Assurance and Radiation Protection Manual for Human Use Ancillary Workers Awareness Training</li> <li>○ Error Prevention for Surgeons &amp; Proceduralists <i>*training module is mandatory for all residents, fellows and rotators in all surgical divisions</i></li> </ul>
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**WORK HOURS**

The clinical fellow's regular work must comply to the 80 hour rule regulations. If duty hour violations occur, there is a reporting mechanism direct to GME on the GME website/CenterLink

**TIME AWAY FROM PROGRAM**

The clinical Peds Ortho fellows are allotted a total 21 working days per year for conference/CME/ personal course attendance. This time cannot be sold back to the hospital – it's a "use it or lose it" benefit.

PTO requests must be submitted to the Coordinator in writing (e-mails are acceptable). These dates are kept track of on the "Outdates" schedule located on Ortho's eChirp page.

All time away from the program is subject to the approval of the Program Director. Fellows must utilize this PTO time when planning conferences. Refer to the Divisional Travel Policy for clarification. ALL travel requests must have prior written approval.

*Fellows may NOT take the last two weeks of their fellowship off without written approval from the Program Director three and one half (3-1/2) months before the last day of the fellowship. This is 1<sup>st</sup> come/1<sup>st</sup> serve! This requirement is to prevent a shortage of critical coverage for the Division during fellowship/resident changeovers.*

#### **SALARY**

The Clinical Fellow Salary Scale ranges from a PL5 thru PL9 levels and each current year salaries are listed on the website at [www.cincinnatichildrens.org](http://www.cincinnatichildrens.org) under Education, Clinical Training Programs, Fellowship/Post Doctoral Training, Orthopaedic Surgery or you can contact the Resident Coordinator for the most current salary.

#### **EXPENSE ACCOUNT**

**Clinical Peds Ortho Fellows = \$3550** Funds may NOT be used to purchase laptops, cell phones, etc. and you must have written authorization from the Coordinator before you purchase anything to insure reimbursement. Funds can be used for travel, book purchases, supplies, etc. Lab coats are also taken out of these funds. Each Fellow receives two coats. These funds are provided by the Division of Peds Ortho Surgery and not the hospital and they are subject to change.

#### **REIMBURSEMENT/RECEIPTS**

MUST BE SUBMITTED for all purchases and, in some instances, if the confirmation doesn't specify you paid by credit card, you may be asked to provide proof with your cc statement. Your personal information will be eliminated on this statement before it is submitted with the reimbursement request.

#### **MOVING EXPENSES**

*\*Receipts are critical for proper reimbursement.* You should be contacted by Sibcy-Cline Realtors by the time you get your fellowship packets. Sibcy-Cline will take care of the moving process for ALL fellows throughout the hospital. If any questions, contact the Coordinator. Verify with Sibcy-Cline to make sure that your move to Cincinnati is eligible for reimbursement. This benefit is available and can provide reimbursement up to \$1500 (if eligible); it is provided as hospital policy.

#### **ID BADGE and PARKING FEES**

All clinical fellows must pay an initial deposit of \$15 for their ID picture badge that will be used to access the hospital and parking garages. A \$10 (subject to change) parking fee per pay period will be deducted from the clinical fellow's paycheck for on-campus parking. The badge fee is refundable upon return of the ID badge at the end of your fellowship; the reimbursement is mailed direct to the fellow's forwarding address and is processed by the Accounts Payable Dept. You are required to wear your CCHMC Badge at all times while on CCHMC properties. Fellows are initially badged during orientation. Bring your driver's license or passport as ID and be prepared to be fingerprinted and have a background check –standard procedure.

#### **HEALTH INSURANCE**

This insurance is offered to all clinical fellows, effective the first officially-recognized day of your training program. Enrollment must be made in accordance with standard procedure. You received information about this in your Fellow's packets. Refer to your GME contract for specifics.

#### **GROUP TERM LIFE INSURANCE**

This insurance the amount of \$50,000, and an equal amount of accidental death/dismemberment coverage, will be provided effective the first day of active employment. CCHMC pays for the entire cost of this coverage and the clinical fellow may designate his/her beneficiary. This insurance is convertible to an individual policy when the fellow leaves the institution. Refer to your GME contract for specifics.

**TRAVEL/ACCIDENT INSURANCE**

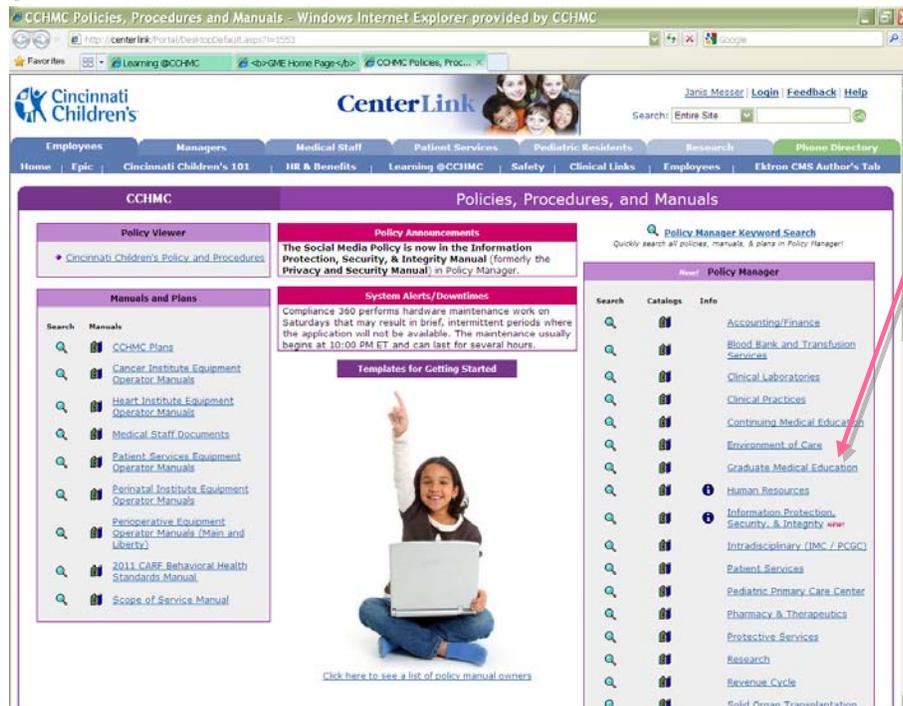
This insurance covering life/dismemberment in the amount of \$750,000 will be provided for fellows. CCHMC pays for the entire cost of this coverage. This coverage includes all transportation made while on hospital business or relocation travel, including transport flights and air-care transportation (including chartered flights using an airplane or helicopter), and air/land ambulances or other vehicles. It does not cover travel to/from work or as a pedestrian. Refer to your GME contract for specifics.

**TRAVEL POLICY**

For specifics, refer to the Divisional Travel Policy; a copy is provided in Attachment Section (this policy is subject to change without notification).

**GRADUATE MEDICAL EDUCATION POLICIES & PROCEDURES**

Refer to the CCHMC CenterLink page for specifics: Click on "Learning@CCHMC" blue tab; then "GME Home Page..."



**SURGERY AT CCHMC - Site Marking and Time Out**



Specifically that an orthopaedic fellow or resident is not permitted to mark the surgical site unless instructed by the attending surgeon (which will only occur in an extreme urgent situation).

Attendings must be present for "time out and critical portion of the case" as determined by the Attending.

**Tenets of Surgical Safety – March 31, 2010, Patient Safety**

PREAMBLE: The surgeons at Cincinnati Children's will provide safe and effective care to their patients. We believe compliance with these Tenets will facilitate a safer surgical environment and represent the surgical contribution to ensuring Cincinnati Children's will be the safest possible patient care environment.

1. **Consent:** The attending surgeon or resident /fellow assisting with surgery will complete the consent process.
2. **Specify Procedure and Location:** The attending surgeon will mark the surgical request form (SRF) to specify the procedure and location.
- 3.
4. **Marking the Surgical Site:** The attending surgeon is responsible for marking the surgical site.
  - It is recommended that this occur at least 15 minutes prior to scheduled start and/or prior to consulting with your previous operative patient's family.
  - If there is a combined case and the attending surgeon is unavailable, the attending surgeon may designate another physician to mark the site. The attending must verify the site at the time-out for his/her procedure.
  - In exceptional circumstances, the attending surgeon may designate an operatively-involved surgeon to mark the site.
  - In any case when a staff member requests a site mark, a site mark will be made in the normal fashion.
5. **Confirming the Plan with the Family:** The attending surgeon will confirm the surgical plan with patient and family members present prior to surgery.
6. **Time-out:** The attending surgeon must be present for the time-out.
7. **Supervision:** The attending surgeon must be present for the key portions of the procedure regardless of billing requirements.
8. **Announce foreign bodies:** The surgeon will announce the placement of any unmarked or uncounted foreign body into a patient cavity.
9. **Verify if count inaccurate:** When appropriate, the surgeon may require an imaging study for any inaccurate count of operative foreign bodies.
10. **Handoffs:** The attending surgeon or fellow will participate in OR to ICU patient hand-offs.
11. **Simulation Training:** Surgeons will participate in simulation training for individual and team performance enhancement as it becomes available and as it is appropriate for the surgical discipline.

**DICTATION FOR ALL ORTHO**

You will be assigned a dictation number when you start your fellowship (by HIM). Dictation is very very important. Please make sure that you speak clearly and distinctly and follow ALL THE RULES concerning dictation form as this is required for appropriate billing outcomes and by other legal entities.

1 Play	2 Record Toggle	3 Rewind & Play
4 Stop	5 Ready/New	6 End Job
7 Continuous Forward	8 Beginning of Job	9 Disconnect
* Edit Fields	0	# Ignore

- **KEY PAD Dictation Process is as follows:**
- **DIAL 636-4630 to access the Enterprise Voice System**
- **ENTER your assigned ID number (from HIM) followed by the # key.**
- **To "DICTATE" – Press # 1 (to "REVIEW," Press # 3 and follow prompts accordingly)**
- **ENTER the "Work Type" number followed by the # key**



**DICTIONATION TEMPLATES FOR ORTHO PEDS SURGERY FELLOWS**

The Division has many templates for Attending/PA's, etc., but fellows only use #s 216, 224, and 802 Operative Notes  
as of March 31, 2011

<p style="text-align: center;"><b>#216 Resident/ Fellow: NEW or FOLLOW-UP PATIENT NOTE (Fracture and Non-Fracture). FOLLOW-UP FRACTURE and POST-OP (both within 90 days of new visit/Non-Billable).</b></p> <p>DictatedDate</p> <p>RE: PatientLastName, PatientFirstName DOB: DOB MRN#: FullMRN ACCT#: VisitID DATE OF SERVICE: ServiceDate</p> <p>BODY: History / Physical Exam/ Laboratory Data/X-rays/Medical Decision-Making</p> <p>Dictated by: Dictator's name</p> <p>I have seen and examined the patient and/or participated in all key portions of the visit/procedure. I have reviewed the resident/fellow note and agree.</p> <p>Sincerely, Physician Name</p>
<p style="text-align: center;"><b>#224 -Resident/Fellow dictating CONSULT Letter ORTCRF</b></p> <p>DictatedDate</p> <p>RE: PatientLastName, PatientFirstName DOB: DOB MRN#: FullMRN ACCT#: VisitID DATE OF SERVICE: ServiceDate</p> <p>CHIEF COMPLAINT:</p> <p>Dr. (Ortho doc XYZ) saw (PATIENTS NAME) in consultation at Dr. (REFERRING PHYSICIANS NAME) request for (PATIENT'S PRIMARY COMPLAINT).</p> <p>BODY: History / Physical Exam/ Laboratory Data/X-rays/Medical Decision-Making</p> <p>Thank you for allowing (Ortho doc XYZ) to consult on this patient</p> <p>Dictated by: Dictator's name</p> <p style="background-color: #e0ffe0;"><b>I have seen and examined the patient, and I agree with the resident/fellow's documentation above.</b></p> <p>Sincerely, Physician Name</p>

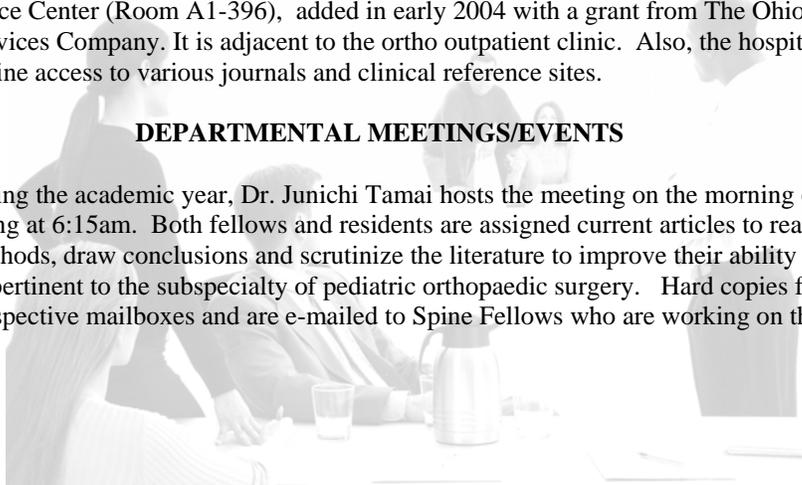
**EDUCATIONAL RESOURCES**

The pediatric orthopaedic educational resources available to the orthopaedic fellows at Children's Hospital Medical Center are extensive and comprehensive. They are as follows:

- **Library resources** Children's Hospital has the Pratt Library in the C Building available (24/7) for all badged personnel and our Division has The Ohio National Financial Services Orthopaedic Education and Conference Center (Room A1-396), added in early 2004 with a grant from The Ohio National Financial Services Company. It is adjacent to the ortho outpatient clinic. Also, the hospital's Center Link has on-line access to various journals and clinical reference sites.

**DEPARTMENTAL MEETINGS/EVENTS****Journal Club**

Held monthly during the academic year, Dr. Junichi Tamai hosts the meeting on the morning of the 4th Thursday beginning at 6:15am. Both fellows and residents are assigned current articles to read, research, report on new methods, draw conclusions and scrutinize the literature to improve their ability to critically review materials pertinent to the subspecialty of pediatric orthopaedic surgery. Hard copies for Journal Club are put in respective mailboxes and are e-mailed to Spine Fellows who are working on the adult rotation.



### **Multidisciplinary Conferences**

Occasionally the fellows may be expected to attend these conferences if they present a topic particularly interesting to the subspecialty.

### **Visiting Professors**

Visiting Professorships are hosted each year by CCHMC Orthopaedics:

- Hip Day in April
- Spine Day in April
- Bi-Annual Fellow's Reunion in April (*Hip & Spine Day events fall the same time at Bi-Annual reunions*)
- Hand Day in August
- CCHMC and UC Department of Orthopedic Surgery VP's throughout the year/including Grand Rounds



### **Fellow's Tuesday Conference**

Each Tuesday evening, the peds and spine fellows and the Fellowship Director will meet to discuss difficult cases, diagnostic dilemmas, etc. The fellow is expected to not only use this conference to more fully understand the decision-making process utilized in selecting various treatment plans for disorders of the spine, but to also present interesting and challenging cases encountered during the previous week.

### **Problem, Pre/Post Op Conferences**

These conferences represent an outstanding clinical teaching conference with live patient presentations and is conducted every Wednesday morning beginning at 9:15am in Rm. A1-396. Orthopaedic morbidity and mortality cases are presented by the Chief resident and discussed at the beginning of this conference each week. Following this discussion patients are presented (wet and dry) by orthopaedic fellows and residents. The audience consists of faculty members and nurses and support departments.

Pertinent x-rays are reviewed by residents, fellows, and attendings. The clinical fellow is asked to offer their treatment plan for the patient in a public forum. Faculty members then each offer their opinions/supply feedback to the fellow. This conference is aimed at training the fellow to prioritize and synthesize clinical information for the purpose of developing rational and literature supported (evidenced based) treatment plans.

In an effort to streamline M and M conference and to capture a greater number of our potential complications fellows should log into the online reporting system. It is found on the Ortho home page on CenterLink(eChirp) on the right side of the page under the "Chief Resident" section. It is a simple system to use – contact Paul Yelton by e-mail for access. It's important to capture this information for our Division. This program replaces the need for an elaborate slide presentation. This information stays within the Division and is not discoverable (legally).

### **UC Wednesday Grand Rounds**

Every Wednesday morning Grand Rounds is held in the Medical Sciences Building, 5<sup>th</sup> floor, Room from 7:15 to 8:15am. The clinical fellow is expected to attend Grand Rounds along with other clinical personnel from the Division.

### **Bone Tumor Clinic and Conference**

Effective October 2005 on the 1<sup>st</sup> Wednesday of the month fellows may attend Bone Tumor Clinic with Joel Sorger, MD. Fellows will attempt to attend the Bone Tumor Conferences which will take place each Wednesday from 4:00-5:00pm in The Ohio National Financial Services Orthopaedic Education and Conference Center, A1-396.

**Spine Center Meetings beginning 2012**

Spine Center Team Meeting (Attendings, Fellows, Nurses, Research) 3rd Thursday 7.00 AM to 7.45 AM  
Ortho Office Conference Room

Spine Case Review Meeting (Attendings & Fellows) 1st Thursday 5.30 PM to 7.00 PM  
Ortho Office Conference Room

Spine Center Team Meeting (Attendings, Fellows, Nurses, Research) 2nd and 4th Wednesday 7.00 AM to 8.30 AM

Ortho Clinic Conference Room A1.396

Spine Audit Meeting (Attendings & Fellows) 3rd Thursday 5.30 PM to 7.00 PM

Ortho Clinic Conference Room A1.396

**Research Meeting**

This meeting takes place in A1-396, Ohio National Conference Room, and it is held every Wednesday (unless otherwise noted) beginning at 8:30am. All pediatric orthopaedic fellows are expected to attend this meeting.



**Fellow's Documentation** – give the Coordinator eMail copies of any/all presentations that you make at any/ALL meetings you attend for documentation of your educational participation and experience.

**SATELLITES**

CCHMC has various outpatient satellites throughout the TriState in order to serve the peds population better.

Locations are	OP Anderson	(extn 61530),
	OP Eastgate	(extn 66005)
	OP Fairfield	(extns 66430/431,432)
	OP Liberty	(extns front 803-9641; back 803-9590; OR 803-9800)
	OP North/Mason	(extn 66878)
	OP West/Harrison	(extn 66510)
	OP West Chester	(extn 69102)
	OP Winslow	(extn 69405)

CCHMC does NOT reimburse for gas when traveling to/from these clinics as they are included in your normal job duties. Verify with your attending if he/she requires you to report for duty when they are scheduled at a satellite. It will vary.

Rotations in the **State of Kentucky** - **Fellows from any fellowship are NOT PERMITTED to work in the State of KY; they will not issue training certificates for residents unless you are in a KY program.** If you are assigned to an attending who works in KY, you are not permitted to follow them to this satellite.

**Liberty Campus**



### SURGICAL DATABASE

Because the fellowship programs are ACGME accredited, we comply with the ACGME Resident Case Log System. Both Allopathic and Osteopathic fellows are required by our Division to log their surgical cases into the ACGME database during their fellowship year with us. All procedures from clinic (which are rare), ED and the OR should be logged. Operative procedures are not logged by the case, but by CPT or procedure codes. For example, a knee scope ACL reconstruction with a Meniscal repair should be logged as two separate procedures. User ID's and passwords are issued by the Coordinator with instructions on how to access the website. Up-to-date entries are required and checked during evaluations. These logs are essential to verify the exposure a fellow receives during his pediatric orthopaedic fellowship. The databases are downloaded on a routine basis by the coordinator and kept on file in each fellow's folder; information collected can be used for statistical operations as required by the division. *KEEP YOUR SURGICAL DATABASE UP-TO-DATE AT ALL TIMES PLEASE!*

### RESEARCH

**Clinical research and on-site research lab:** In January of 2002, the department expanded both its basic science and clinical research programs through an "Invest in Excellence" grant from the Surgical Services Division here at CHMC. Additions include an on-campus basic science research facility as well as dedicated research assistants for each attending. All full-time faculty members are available to preceptor clinical research projects for the fellow.

Specific support for the fellow concerning Outcomes Research and Health Services Research projects is provided by Charles T. Mehlman, DO, MPH [Director, Musculoskeletal Outcomes Research] as well as, the Medical Center's Department of Health Policy and Clinical Effectiveness.

Patient populations for research projects conducted by the fellow may be identified via ICD-9 and CPT code based computer searching provided by the billing coordinator or other services provided by Children's Hospital Medical Center Department of Medical Records.

Studies requiring structured patient follow-up visits with concomitant data gathering may involve the Medical Center's NIH-supported General Clinical Research Center (GCRC), a dedicated patient research unit located within Children's Hospital.

The General Clinical Research Center fosters the growth of medical research and good research skills of investigators. It provides all of the modern resources of clinical investigation, including biochemical studies, electron microscopy, molecular biology and genetics, and mass spectrometry. Additional resources are available at the Center for Clinical and Translational Science and Training. The Center for Clinical and Translational Science and Training (CCTST) was established in October 2005 to serve the support and educational needs of the entire clinical and translational research community of the UC Academic Health Center.

**Research expectations for Pediatric Ortho Surgery Fellows :** The fellow is expected to formulate appropriate research questions and, with the assistance of faculty members, develop research strategies to answer them. Preferably, at least one appropriate research question should be decided upon by the fellow and appropriate faculty members prior to matriculation or, at the very latest, the end of the first month of fellowship. The fellow is expected to complete at least two non-case report projects during the course of the fellowship such that completed manuscripts are submitted to an orthopaedic journal prior to completion of the fellowship. Failure to meet requirements may result in delayed receipt of a Fellowship Certificate.

In addition to the creation of new knowledge through research the fellow is also expected to develop critical evaluation skills for the purposes of critiquing the research of others. Such skills are of critical importance to the pediatric orthopedist who must make treatment decisions involving his/her patients based on published research. Fellows will be allowed to assist in JBJS, JPO, Spine and Clinical Orthopedic Related Research (CORR) manuscript reviews as assigned by the Program Director.

Fellows are expected to follow approved IRB procedures established by CCHMC and work through the dedicated research coordinator for their Principle Investigator (PI).

Fellows should contact their attending’s respective research coordinator as soon as possible to begin mandatory training for clinicians entering into research. Refer to the Division’s eChirp page or Center Link’s Research page for critical training info/links.

**CORE LECTURES**

The broad educational goals for the fellow are as follows: patient care, education, and research. The fellow is expected to achieve a level of excellence [not just competence] in each of these areas as they relate to Pediatric Orthopaedic Surgery. As outlined earlier, or each fellow specific goals and strategies for achieving them are established through discussion/counseling with faculty members both before and during the fellowship" The following are considered the minimum educational goals to be achieved during the fellow's training period.

- **First 6 months lecture series:** The first six consecutive months consist of didactic lectures presented 2-3 times or more weekly by staff and guest physicians (mornings from 6:30am-7:30am) with assigned readings from Lovell & Winter’s *Pediatric Orthopaedics 3<sup>rd</sup> Ed with Atlas, Skeletal Trauma in Children* by Greene & Swiontkowski and Rockwood & Wilkins *Fractures in Children* (see CORE Curriculum for breakdown of lectures and assignments). Schedules are posted monthly on Ortho’s eChirp page. This curriculum was developed by Charles Mehlman, DO,MPH, Resident Education Director. Lectures are repeated every six months.
- **Second 6 months lecture series: Tips Techniques & Complications (TT&C)** *They are one-on-one high-level, lectures designed exclusively for the pediatric ortho surgery Fellows* and are presented by an Attending to discuss surgical techniques, problem solving, and brainstorming. Topics are presented below. Both fellows must be present for these lectures – if there is an attendance problem, the lecture will be rescheduled. Contact the Coordinator in this case. Presented February – July .

CORE Peds Orthopaedic Surgery Fellowship	Tips, Techniques & Complications Series
Cornwall, Roger: Hand & Upper Extremity	Upper Extremity Fracture Complications
Little, Kevin: Hand & Upper Extremity	Peds Hand & Upper Extremity Topics (2) TBA
Crawford, Alvin: Spine/Scoliosis, & NF	Physical Exam of the Spine; Selection of Fusion Levels; Staying out of Trouble
Denning, Jaime: Trauma, Foot/Ankle	Femur & Supracondylar Humorous Evidence Based Guidelines; Gunshot Wound Injuries; Monteggia Fractures-Pearls/Pitfalls
Jain, Viral: Limb Length, Spine, General ortho	Skeletal Dysplasia; Muscular Dystrophy; Growing Rods
McCarthy, James:, CP, Spine, multidisciplinary	CP & Gait lab; Hip Dysplasia, including Pelvic; Limb Deformity
Parikh, Shital: Sports Medicine, Trauma	Multi Ligamen Knee; Shoulder Instability; Sports Fractures
Sorger: Joel, Tumor	Bone Tumor & related topics
Tamai, Junichi: General Ortho, Multidisciplinary patients	DDH; Clubfoot; Infection
Wall, Eric: Sports Medicine & Spine Staple	JOCD Knee/Ankle/Elbow; All Epiphyseal ACL Recon; MPFL in Skeletally Immatur; Quick & Closed Nancy Nail Techniques; Supracondylar/Lateral Condyle/Medial Epicondyle Advanced Techniques; Triplane/ Tillaux Advanced Surgical Techniques

### PROCEDURAL LIST FOR PEDIATRIC ORTHOPAEDIC SURGERY FELLOWSHIP

The pediatric orthopaedic fellows participating in the ACGME accredited program # 2653821039 will have 'priority' over all rotating residents to scrub in and be first assistant to any Divisional attendings, even if they are not assigned to that attendings' service at the time of the procedure.

<p><b>THE UPPER EXTREMITY</b></p> <ul style="list-style-type: none"> <li>• Repair of Sprengel Deformity</li> <li>• Repair of congenital pseudarthrosis of the clavicle</li> <li>• Transfer of flexor carpi ulnaris for wrist flexion deformity</li> <li>• Supracondylar humeral osteotomy for correction of cubitus varus</li> <li>• Open reduction and internal fixation of displaced lateral condyle fracture of the humerus</li> </ul> <p><b>THE SPINE</b></p> <ul style="list-style-type: none"> <li>• Release of the sternocleidomastoid muscle</li> <li>• Spine, posterior fusion</li> <li>• Spine, anterior fusion</li> </ul> <p><b>MISCELLANEOUS</b></p> <ul style="list-style-type: none"> <li>• Osteogenesis Imperfecta</li> <li>• Rod fixation</li> <li>• Limb deformity correction with external fixator</li> </ul>	<p><b>THE PELVIS &amp; HIP &amp; FEMUR</b></p> <ul style="list-style-type: none"> <li>• Proximal femur osteotomy</li> <li>• Hip, open reduction</li> <li>• Hip, reconstruction</li> <li>• Salter osteotomy</li> <li>• Pelvic osteotomy or PAO</li> <li>• Pelvis ORIF</li> </ul> <p><b>THE KNEE &amp; FOOT</b></p> <ul style="list-style-type: none"> <li>• Epiphyseal ACL reconstruction</li> <li>• Tibial osteotomy for Blount's Disease</li> <li>• Clubfoot PMR and other complex foot reconstruction (i.e. Cavus foot reconstruction)</li> <li>• Ankle complete synovectomy</li> <li>• Medial patella femoral ligament reconstruction</li> </ul> <p><i>Developed 9/30/2010 by EJ Wall</i></p>
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### THE PEDIATRIC ORTHOPAEDIC EXPERIENCE

**Operative Pediatric Orthopaedics** In order to develop appropriate evidence-based treatment plans, the clinical fellow is expected to:

- extensively research the literature (reading assignments or recommended reading)
- prepare a comprehensive preoperative evaluation/plan
- Intraoperative management or to outline fully the intended surgical procedures with which they will be involved
- follow-up with post-operative care and monitoring (including writing orders as required)
- Interactions with the patient and the family before, during, and after treatment

Through this process the Fellow not only increases their pediatric orthopaedic intelligence quotient, but also their ability to ask faculty members appropriate level questions that reflect true understanding of both the technical and cognitive aspects of pediatric orthopaedic surgery.

**Inpatient Pediatric Orthopaedics** -The clinical fellow is expected to make rounds on orthopaedic in-patients whose surgery they were involved with and/or patients under the care of their assigned service. This provides invaluable information concerning post-op care of pediatric orthopaedic patients. The ability to appropriately recognize and treat post-operative complications is also acquired via such interaction with in-patients as well as discussion with faculty members. The fellow will also participate in formal teaching rounds (refer to the Education Schedule) and ask appropriate questions of faculty members so as to solidify key concepts.

**Outpatient Pediatric Orthopaedics** -The clinical fellow is expected to progressively increase his/her ability to independently assess pediatric orthopaedic patients and formulate treatment plans in the outpatient setting. This process will begin with the fellow observing/ learning from the respective faculty members and progress towards the fellow performing independent patient evaluations, synthesizing pertinent information, and formulating a treatment plan that is simply confirmed or only modified slightly by faculty members. Fellows are required to: assist with their attending's clinics, research rare conditions on patients they may see, and participate in research (clinical or lab).

**Emergency/Trauma for Pediatric Orthopaedics** - Although trauma has NOT been the focus of this fellowship, we realize the Clinical Fellow will experience trauma cases in his/her practice (either private or a hospital affiliation). We have added a trauma physician to our staff – Jamie Denning, M.D., and fellows will have an opportunity to work with Dr. Denning for a one month elective and also to scrub in on any cases as available.

**Hand Rotation:** Although Hand is NOT the focus of this fellowship, the clinical pediatric orthopaedic fellows may rotate with Dr. Roger Cornwall or Dr. Kevin Little for one month as an elective.

**On-Call Assignments** - Pediatric Orthopaedic Fellows are required to provide the Chief resident backup call every other weekend each month (Friday after 5pm/ Saturday/ Sunday/ Monday to 6am) and during the Chief's vacation and outdates (which occurs quarterly) per ACGME requirements.

Chief's duties:

- o Running the list with the residents each morning at 5:45am to assign tasks for each patient to the Floor man and to CNS and PNP.
- o Each resident rounds on the patients on their service and reports back to the group. If a resident has a particular concern about a patient, Fellow and resident should go and see that patient together and try to solve the problem.
- o Review all x-rays of patients admitted the night before with the residents; Review x-rays of patients not admitted who had difficult or questionable reductions in the Emergency Department.
- o On weekends, fellow and the residents on call round as a group on all of the patients. Fellow must be available to come in at any time to assist in the ED or the OR. Ortho Chief assigns residents to do the Weekly Statistics during his absence and makes a cross-cover schedule for the residents prior to leaving.

Currently, the rotating residents are assigned on-call duties and the Chief is their backup in case of an emergency. Since the Fellow has Chief Backup, he will be exposed to some trauma that comes in during his backup weekend.

### MOONLIGHTING

Moonlighting is **NOT PERMITTED** during this fellowship. Refer to GME Policy and Procedure 14.0 Off Duty Work 'Moonlighting' for Residents.

### EVALUATIONS

Fellows are evaluated after each assigned service is completed by their attending. Evaluations should be done face to face with the Fellow and the Attending and signed/dated when completed. A copy of the resident's database will be attached to the evaluation for reference. A copy of the evaluation will be sent to both the attending and the fellow before their meeting date. Evaluations should be returned to the Coordinator by the attending and not the fellow. Fellows are evaluated on the ACGME competencies and their ten most common surgery procedures. Fellows are expected, at the end of their rotation, to complete an attending evaluation on-line (Blackboard-ID/passwords are same as your IS access) for everyone they worked with and also required to complete an on-line evaluation on their fellowship experience. We encourage honesty and frankness from the fellow as we want to make sure recommendations, if feasible, are implemented. We value our fellows and want to make this the best training experience for them and future pediatric orthopaedic physicians.

### BLACKBOARD ACADEMIC SUITE

Fellows will be required to complete evaluations on each attending they have rotated with as well as an evaluation on the fellowship experience as a whole. Responses to evaluations cannot be traced to an individual; however, there is a report on each fellow that shows if you have accessed an evaluation and this is how it is determined that you have taken responsibility to complete this ACGME requirement. Please be frank and honest. We cannot improve the fellowship if we don't know about the problems. You will receive an e-mail from the Blackboard Support Staff with your Logon and password information. Do NOT wait until the last minute to complete these requirements. If you have any difficulty with your access, contact the Coordinator immediately ( Extn. 6-1383 or eMail me at [janis.messer@cchmc.org](mailto:janis.messer@cchmc.org)).

*Last Revision/Update 12/2011; Handout/01/14/03; Created: G.:Janis' Computer\FELLOWS\Fellowship Program*