

**Welcome to the
Pediatric Orthopaedic Surgery
Clinical Fellowship
At Cincinnati Children's Hospital
Medical Center**



**ACGME ID # 2653821039
Division of Pediatric Orthopaedic Surgery
3333 Burnet Avenue, MLC 2017
Cincinnati, OH 45229-3039**

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 or a pre-op/post-op conference. Once or twice a month we host a spine conference, a hip conference or a journal club. 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. Several research coordinators with expertise in research design and statistics help the Fellow to complete a high impact study. 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.sfmatch.org. Current instructions are posted on the website.

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 a clinical or 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.

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.

Email: james.mccarthy@cchmc.org

One Month Rotation-can be extended- HIP Service

Personal Message to Fellows: Welcome to my service. Our goal is to help kids and learn in a positive environment. 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

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 postoperative orders ASAP and take patients to the PACU
- Carry your scripts with you for postoperative medications.
- Check the patient postoperatively

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.

Hobbies/Interests:

- I enjoy mountain biking, kayaking, cross county, skiing, sailing, travel and spending time with friends and family

Roger Cornwall, M.D., 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.

Email: 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.

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



Dr. Jaime 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.

E-mail: jaime.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:

- If you have particular interest in clubfoot casting, let me know (we will try to each do one side of bilateral cases)
- It is best for your education to see the NEW patients (easier for me to see the follow-ups).
- Please present the patients concisely to me with your treatment plan.
- Type notes on patients you see in the clinic (templates are provided in the EPIC). If you borrow a note from a scribe, be sure to change the signature line to reflect "fellow" instead of scribe. The most important part of a note is to have details in plan (WB status, plan for next clinic visit, bracing, detailed surgical plan, etc.)

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 unless I specifically ask you to do one.
- You are expected to put a brief op note and postop orders into EPIC.
- You are expected to write postop meds (carry your script pad).
- Don't hesitate to ask me postop plans (weight bearing status, follow-up, 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 (or even before rotation).

Interests/Hobbies:

- Spinning, Pilates, power lifting, traveling, astronomy, reading, family time

Viral V. Jain, M.D., Associate 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.

Email: viral.jain@cchmc.org

One- Four Month Rotation on Spine Service

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

In the clinic:

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

Preoperative:

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

Intraoperative:

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

Postoperative:

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

Inpatients:

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

Research:

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

Kevin J. Little, M.D., Associate 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.

Email: 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 **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.
- 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 operative plan, you can do a lot of 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.

Hobbies/Interests:

- Fencing, family outings, sports (Boston Red sox)

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 1st 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.

EMail: charles.mehlman@cchmc.org

One Month Rotation (with permission from CTM only)

Personal Message to Fellows: Welcome to CCHMC: Pediatric orthopaedics is the coolest! Your fellowship is what you make of it. *Fellows will only work with Dr. Mehlman when he has a PGY2 assigned to his service.

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. Associate 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.

Email: shital.parikh@cchmc.org
One Month Rotation-Two Month Option

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.

Wendy Ramalingam, M.D., Assistant Professor



Dr. Wendy G. Ramalingam specializes in pediatric trauma and limb deformity. A Cincinnati native, she completed undergraduate and residency training in Cincinnati. She returned to join the Department in 2018 after completing fellowship at Children's Hospital of Colorado.

Email: Wendy.Ramalingam@cchmc.org

Rotation: TBD

Personal Message to Fellows: Welcome to Cincinnati and CCHMC! I am so excited to work with you throughout the year. Please don't hesitate to contact me with any question or concern.

In the clinic:

- See the NEW patients (easier for me to see the follow-ups). They are usually the most educational and allow you to develop your diagnostic and clinical decision-making skills.
- Please present the patients concisely to me with your diagnosis and treatment plan.
- Dictate notes on patients you see in the clinic and complete orders related to the encounter.

Preoperative:

- You are expected to have reviewed and know patient's history and imaging prior to surgery.
- Contact me ahead of scheduled cases to discuss plan, what to read, etc.
- Examine the patient before surgery in pre-op and introduce yourself. Make sure H&P and consent are complete and accurate.
- I will site mark the patient myself.

Intraoperative:

- I must perform the time-out before you start any surgical procedures.
- We will discuss surgical roles and expectations before each case.
- Your independence will increase as you demonstrate preparation, knowledge and skill.

Postoperative:

- You (or resident, if present) are expected to put a brief op note and postop orders into EPIC.
- You are expected to write postop meds (carry your script pad).
- Don't hesitate to ask me postop plans (weight bearing status, follow-up, etc.)
- If I do the case, I will dictate the operative report. If you do the case, you will dictate the operative report.

Inpatients:

- You should round on my inpatients 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.

Joel Sorger, M.D., Associate 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.

Email: joel.sorger@cchmc.org

Rotate with Dr. Sorger on HIP Service or as available (you must have at least 8 case documented with JS)

Personal Message to Fellows: Fellows can attend my clinic any time 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)
- Use the consult template for all new patients.

Preoperative:

- You are expected to know the history, physical exam and radiographic images of the patient. You will need to have knowledge about the condition, surgical exposure, and surgical technique and how to use any implants that are needed for the case. 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
- You need to stay until the incision is closed
- You need to escort the patient to the ICU or PACU and do the post op hand off to the nurses

Postoperative:

- You should put in the brief operative note in EPIC 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 out to the on call resident and go over the post op plan.
- You need to dictate the OP note before leaving the operating room

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 peds ortho surgeon and specialist in pediatric spine/scoliosis. Fellows follow Dr. Sturm at main and satellites.

Email: peter.sturm@cchmc.org

One-Four Month Rotation on Spine Service

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., Associate 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

Email: junichi.tamai@cchmc.org

One Month Rotation-can be extended- HIP Service

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.
- Document your notes during clinic as per the template provided in your handbook.
- 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 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.
- 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:

- You should put in the brief operative note in EPIC. Please discuss who will dictate the operative not.
- 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.

Hobbies/Interests:

- Soccer, basketball, baseball, softball

Eric J. Wall, M.D., Professor



Dr. Wall is the Director of Sports Medicine as well as the Director of the Pediatric Orthopaedic Fellowship Program. Fellows benefit from Dr. Wall's areas of specialty interest, which include: pediatric sports medicine, scoliosis.

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. He also is a leading contributor to the PLUTO (peds ACL) and JUPITER (patella instability) study groups. 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.

Email: eric.wall@cchmc.org

One-Three 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 case...attending, resident, or fellow
- Place axillary belt high in armpit for supracondylar fractures

Intraoperative:

- **Make sure ropivacaine is ready for end of case.**
- No circumferential dressing except ace wrap (no webril 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.

Hobbies:

- Camping, hiking, surfing and snowboarding

Patrick W. Whitlock, M.D., Assistant Professor



Dr. Whitlock's Interests are: Hip preservation; SCFE; developmental dysplasia of the hip; Legg-Calves-Perthes Disease; femoro-acetabular impingement. Research interests are: Regenerative medicine; biomaterials; musculoskeletal development; naturally-derived tissue scaffolds; clinical outcomes research.

Email: patrick.whitlock@cchmc.org

One Month Rotation-can be extended- HIP Service

Personal Message to Fellows: Welcome to CCHMC Pediatric, Adolescent and Young Adult hip service. Keep me informed everyday of 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).
- If you saw the patient you are responsible for the note in EPIC unless we saw together with a scribe then I am responsible.
- I would recommend keeping a camera and flash drive with you at all time. (Clinic and OR).
- Feel free to apply a cast with help of a cast tech. You want to understand the benefits, limitations and complications of each cast.
- Pay attention to the details and really try to understand why the patient is there and what they expect/need. Perfect your delivery and craft in relating to patients and families. Have fun, smile, and enjoy providing care to our patients.

Preoperative:

- You should see the patient and preform a brief physical examination in the pre-op / SDS / holding area. I will mark the patient and do the consent.
- You are expected to know the history, physical l 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.
- Remember, in a year you will be me.

Intraoperative:

- Don't start any case without me performing the TIME-OUT.
- For trauma cases, if you demonstrate knowledge and preoperative plan, you can do the case or help your junior colleague do it.
- Complex hip such as PAO, surgical dislocation and arthroscopy will be performed mostly by me, but pay attention as the exposure and retraction in these cases is exceedingly important. Your contribution to this aspect of the case is invaluable.

Postoperative:

- I will always dictate my operative note unless simple procedure or cast application in which case I will ask you kindly to do so if needed.
- You should put in the brief operative note in EPIC, and postoperative orders ASAP.
- Check the patient postoperatively in PACU for neurovascular check and always document this exam. Call me immediately if any issues.
- Rachel Schrand/Larosa James (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 complex hip or basic research are your interests or areas of focus, feel free to discuss research opportunities, preferably in the first week of your rotation.

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 case number 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 are completed at Orientation and this event is scheduled by the HR Department. You will be contacted by them direct with instructions for orientation.

WORK HOURS

The clinical fellow's regular work must comply with the 80 hour rule regulations. If duty hour violations occur, there is a reporting mechanism direct to GME on the GME website/CenterLink. Daily/Weekly workhours MUST BE logged in MedHub

TIME AWAY FROM PROGRAM

The clinical Peds Ortho fellows are allotted a total 26 working days per year for conference/CME/ personal course attendance. This time does NOT include hospital stipulated holidays.

PTO requests must be submitted to the Coordinator through MedHub. These dates are kept track of in MedHub. All time away from the program is subject to the approval of the Program Director. Fellows must utilize this PTO time when planning conferences. ALL travel requests must have prior written approval thru Med Hub. *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 requirement is to prevent a shortage of critical coverage for the Division during fellowship/resident changeovers.

\$ALARY

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 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 = \$6,200 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 without notice.

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.* The Clinical Fellows will receive a Visa check card in the amount of \$1,750 to assist them with the costs associated with their move to CCHMC. No forms, no receipts, nothing for the fellow or the program to worry about. GME will submit a spreadsheet to Accounting listing the new fellows and their home address each year. The check cards will be mailed to the fellows at the end of May each year.

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 will be explained in your HR packet which will be mailed directly to you. 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 (refer to current policies) 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..."



DICTATION & DICTATION TEMPLATES FOR ALL ORTHO

You will be assigned a dictation number when you start your fellowship (by HIM). Dictation is very important. Please make sure that you speak clearly and distinctly and follow ALL THE RULES, including the dictation templates clearly outlined for fellows and residents; this is required for appropriate billing outcomes and by other legal entities.

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:

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 before the meeting.

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

Additional Conferences:

- ✓ Crawford Lectureship –annual in June with fellows presenting their research projects
- ✓ Bi-Annual Fellow's Reunion in conjunction with Crawford Lectureship
- ✓ Hand Day in August
- ✓ Sports - quarterly
- ✓ CCHMC and UC Department of Orthopedic Surgery Visiting Professors
 - 3 or 4 yearly

Problem, Pre/Post Op Conferences: These conferences represent an outstanding clinical teaching conference with live patient presentations and is conducted every Wednesday. 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 **MM 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). Call Dr Denning for questions as she is the director of M&M.

UC Wednesday Grand Rounds: Every Wednesday morning Grand Rounds is held in the Medical Sciences Building, 5th floor, Room 5051 from 6:30am to 7:15am. 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 1st 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 and locations will be announced.

Spine Center Meetings –

Spine Center Team Meetings (Attendings, Fellows, Nurses, Research); Spine Case Review Meetings (Attendings & Fellows); Spine Audit Meeting (Attendings & Fellows).

Fellow's Presentations – give the Coordinator email copies of presentations that you make at any/ALL meetings you attend for documentation of your educational participation and experience. All documentation is uploaded to MedHub and shared w/Fellow.



SATELLITES

CCHMC has various outpatient satellites throughout the Tristate in order to serve the peds population better. Locations are: Anderson, Green Township, Eastgate, Fairfield, Kentucky, Liberty, Mason and Winslow. 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. You will probably spend most of your time at our Main and Liberty campuses. Consider living between these two locations to save time and gas money.

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 ACGME directly to the Fellow's email account after incoming fellows are entered into the ACGME ADS system by the program. 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-info is distributed with evaluations to attending; 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 the various attending in the Division 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 hospital's 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 bio-chemical 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 3rd 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
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>THE UPPER EXTREMITY</p> <ul style="list-style-type: none"> • Repair of Sprengel Deformity • Repair of congenital pseudarthrosis of the clavicle • Transfer of flexor carpi ulnaris for wrist flexion deformity • Supracondylar humeral osteotomy for correction of cubitus varus • Open reduction and internal fixation of displaced lateral condyle fracture of the humerus <p>THE SPINE</p> <ul style="list-style-type: none"> • Release of the sternocleidomastoid muscle • Spine, posterior fusion • Spine, anterior fusion <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> • Osteogenesis Imperfecta • Rod fixation • Limb deformity correction with external fixator 	<p>THE PELVIS & HIP & FEMUR</p> <ul style="list-style-type: none"> • Proximal femur osteotomy • Hip, open reduction • Hip, reconstruction • Salter osteotomy • Pelvic osteotomy or PAO • Pelvis ORIF <p>THE KNEE & FOOT</p> <ul style="list-style-type: none"> • Epiphyseal ACL reconstruction • Tibial osteotomy for Blount's Disease • Clubfoot PMR and other complex foot reconstruction (i.e. Cavus foot reconstruction) • Ankle complete synovectomy/talus OCD • Medial patella femoral ligament reconstruction • Guided growth knee and ankle <p><i>Developed 9/30/2010 by EJWall</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. The Inpatient PNP's work closely with the fellows and residents and are assigned to both day/evening shifts; they are an invaluable source of assistance to fellows.

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 out-patient 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. The Fellow can also do a "DOOD" rotation where they follow the attending on-call for the day and this will give them more trauma cases.

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 and only when they do not have a Hand Fellow assigned to their service.

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:

- Start running the list with the residents each morning at 5:45-6:15 am to assign tasks for each patient to the on call resident and to and PNP.
- 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.
- If fellow was on Chief call on nights or weekends, they should field questions from the residents on what fractures need reduction, re-reduction, or admission for surgery.
- The on call attending will review all cases seen by the resident in the ER the morning after. This is mandatory. Attendings must see every inpatient consult within 24 hours of request, and round on every inpatient every day in the 1st week after surgery.
- 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.
- The ortho Chief Resident makes the resident in house call schedule. The Fellows make the Fellow/Chief Resident home call schedule.

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.

DOOD Assignment – This rotation was recently added in 2013 at the request of a Fellow who desired more trauma cases. The Fellow follows the DOOD (Designated On-Call Ortho Doctor) assigned for each day. DOOD assignments are from 6am until 6pm and change daily. The DOOD handles trauma cases and FX clinics on any given day.

MOONLIGHTING

Moonlighting is may be permitted during this fellowship, but it counts in the 80 hour rule. Refer to GME Policy and Procedure 14.0 Off Duty Work 'Moonlighting' for Residents. Fellows with an Ohio License may be the exception with Program Director's approval.

EVALUATIONS

Fellows are evaluated after each assigned service is completed by their attending. Evaluations are all electronic through MedHub. Attendings get an email notice of the evaluation and a .pdf of the Fellow's cases done during their assigned rotation. Fellows will receive evaluations on both their assigned Attendings and one on the entire fellowship experience. *Completed evaluation are mandatory.* Evaluations completed by Attendings will be shared with the Fellows; however, the Fellow's completed evaluations on each attending are confidential and shared with the Program Director and/or Division Director only if there is a problem identified. 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.

MED HUB for CCHMC

Fellows will be required to log daily duty hours in this new electronic system. This system was adopted facility-wide by GME in 2014; compliance with assignments in this system is an ACGME requirement as well as a Program requirement. MedHub assigns log-ins, etc. and Fellows should contact the Coordinator direct for assistance with the program as required.

Handout created by JSM 01/14/03; updated 12/2011 by JSM; updated 2/2014 by JSM; updated 11/14/2014 by JSM; updated 2/23/2015 by JSM; updated 2/13/19 by EJW; revised 3/20/19 by JKB