

Fellowship Application Process

Facts: Number of Programs and Positions

According to the ACGME, there are 620 graduating orthopaedic residents each year in the United States. Of these 620 residents, over 540 residents (greater than 90%) enter a fellowship. Traditionally, only about 4% of graduating residents chose a fellowship in orthopaedic traumatology. However, in 2007, there were 90 applicants, representing 18% of the graduating residents who began their residency August 2009. There are currently 51 US orthopaedic trauma fellowship programs offering 81 US positions.

Choosing a program

There are several factors to consider when choosing an orthopaedic trauma fellowship program. While this might seem like a daunting task, many of the orthopaedic trauma fellowship programs provide an excellent education and foundation upon which to build a career. However, there is no official OTA accreditation process for trauma fellowships at this time. Some of the fellowships have ACGME accreditation, but this is not indicative of the quality of education and is irrespective of the OTA.

The OTA website has an updated list of the fellowship training programs, their faculty and a description of the case volume, expectations, and general experience.

- It is important for you to consider what type of training you are interested in for your future. Do you want to be a pelvic/acetabular specialist, deformity correction specialist, peri-articular surgeon, or soft-tissue specialist (e.g., able to do your own gastrocnemius or soleus flaps)? Do you want spine trauma to be part of your training? Will you be taking care of hand injuries as well? In general, do you want to be a “traumatologist” or a “fracture surgeon”? These are some considerations, but having some defined goals and objectives for your fellowship experience may help in decision-making.
- Do you want a career in academic medicine, private practice, or a mixture? You may want to experience (or at least interview at) each of these types of programs as you apply for fellowship to make an informed decision, particularly if you are undecided about the practice that you are looking to join.
- Do you want to be in a fellowship program with other trauma fellows? Having other fellows available is a great way to build relationships for the future, but all the fellows need to take into account the global experience.
- Do you want to apply to a large program with multiple faculty members or do you prefer more of single surgeon type experience? Mentoring relationships can be explored and created in either setting.
- Certain fellowship programs and institutions are extremely dependent on the fellows in the day-to-day functioning in the delivery of orthopaedic trauma care. Do you want to be at a training program that is fellow dependent or independent? Some fellow dependent programs will give their fellows faculty privileges so they

- can take primary call, do surgical procedures without the presence of an attending, and bill independently. Some training programs will expect their fellows to take call, round, write notes, evaluate patients in the emergency room, clinic, or on the floor, dictate operative reports or discharge summaries. Fellow independent programs definitely place less demands on the fellow, but may not provide a global experience, particularly if you are going to be practicing at a busy university or private practice where some of this will fall on your shoulders.
- Geography can be very important. Most trauma fellowship programs are quite busy and it can be a stressor on the significant other. In which region of the country do you want to spend that year of training? And subsequently, where would you eventually want to settle and build your practice? The AMA database has revealed that most physicians-in-training settle into a region within a 100 mile radius of their last training location. Consider visiting the site or the institution prior to making a decision. If an interview is offered at the site, that might be a better opportunity to interact with fellows and residents and faculty rather than at the OTA.
 - How important is research in your ultimate career goals? Do you want to train at a program with a research coordinator, a dedicated clinical or basic science research section, or a site that is participating in multi-center trials? If you are a person who wants to learn how to write grants and see how an established program functions, that is a consideration.
 - If you already have a job after fellowship or are seriously considering offers from a few institutions, what are the needs that you will be filling when you join? Are you going to an institution that is looking for a general traumatologist or will you be doing only pelvic & acetabular work or will your focus be on foot & ankle trauma?

Application process

In 2007, the OTA approved a match process which began for applicants for the 2010 Match year (applications 2008) year. SF Match is the administrator of the match. Please refer to the SF Match website (www.SFMATCH.org) for the computer application and current timetable. For the 2011 Match (application 2009) the application is currently available on the SFMatch website beginning June 1, with all forms completed by September 1st for release to the programs. The selection deadline at this time is the April 6, 2010.

There are at minimum, 3 recommendation letters required. Start early in establishing relations with faculty, especially in the subspecialty you are interested in. Trauma is a small world and most people know each other. Word of mouth and personal interaction goes a long way, but your letters are part of the application process. Try and obtain letters from individuals who can provide some personal experiences with you. You may be at an institution that does not have a traumatologist, so personal letters from faculty members are essential.

Questions to Ask on the Interview

- What is the role of the orthopaedic trauma fellow in the delivery of orthopaedic trauma care?
- Since you will be interviewing as a PGY-4 and will still be at least 18 months from starting your fellowship, consider asking about the stability of the program, hospital, and faculty. This can be a difficult question to answer as a lot can change quickly. Are there any faculty planning to retire or actively looking to leave? Are there any plans to hire new faculty or expand the service?
- What is the total case volume and case breakdown? How many pelvic/acetabular cases, long bone fractures, periarticular fractures, nonunions, and deformity correction procedures performed? If something is not up to par, are there plans to send the fellow off site to gain this experience? What is the proportion of blunt vs. penetrating trauma injuries and hot vs. cold trauma?
- How is the clinic(s) run? What is the clinic schedule? Are you in charge of the resident clinic or will there be staff there? Is there a “private” clinic?
- Will your trauma team have a physician assistant or junior resident to assist with the work? How is the orthopaedic trauma service set-up? What is your role on the service?
- Is there a set rotation or service schedule? If there is more than one fellow, is the fellowship experience and training the same for all the fellows (do they work with the same traumatologists and have equal time on the same services)?
- Are there dedicated rotations in some of the subspecialty trauma services (e.g., hand, foot & ankle, spine)? Are there fellows within each of these disciplines who will be competing for the same cases or time with the same faculty member? Are there additional call responsibilities or duties on these services?
- What is the role of the fellow within the residency program? What is the perception of the fellow by the residents? Are there certain cases or clinical experiences that are ear-marked for the residents rather than the fellows?
- What is the call schedule? How much independent call is there vs. being on call with the staff? If the staff are on call, how often do they participate in on call cases or are you operating independently? If you are taking independent call, is there back-up faculty or fellow support in place?
- Will your fellowship include rotations at different clinics or different sites? How many institutions will you be responsible for covering? What is the structure of the out-sourcing of cases?
- Is a research project expected and if so, what type of institutional support is available to assist you with research? Is there a list of published and presented manuscripts over the last several years? What projects did the previous fellows undertake? Were they able to complete them? Is there dedicated research time?
- What has been the experience of prior fellows? (Ask for names and contact information so you can personally speak to prior fellows.)
- What type of jobs did prior fellows get? Is there a list of the previous fellows available and where they are now?
- What are the educational resources available to you? Is there a didactic schedule, regularly scheduled journal clubs, fracture conference or other teaching sessions?

- Will the fellows be responsible for teaching residents, putting together lectures, or being on faculty at local courses?
- Will you have the opportunity to attend any academic meetings (e.g., AAOS, OTA, a pelvic and acetabular course, etc)? Will the travel expenses be reimbursed? How will coverage of the OR and clinics be handled while you are away?

Your final decision

Before you choose an orthopaedic trauma fellowship program, take time to make this decision and talk to several others before you accept a position. It may only be a year, but it is an important one, that has far reaching implications. It is the year that will most influence your future career directions within orthopaedic trauma.