



COTA Grant Application 2019

For the 2019-2020 Academic Fellowship Year

Before you begin the application, here are some helpful hints:

NOTE: To save application and go back later, you will need to do a 'Save As' using the tool bar on your computer. You may want to save the application on your desktop before you begin filling it out. When you are asked to select 'Save As Type' you should use the drop down menu to Webpage, HTML Only--and save the application right to your desktop. It will only **save at page breaks**, so take note of that when you are filling out application.

NOTE: Uploaded documents will NOT save, so when you are ready to submit your COMPLETED form, you should upload all the requested information at that time.

Please hit SUBMIT when you are done with the application.

Grant Application deadline is January 21, 2019 at 10:00 PM CST.

Email occonnell@ota.org with questions.

Fellowship Program Information

Fellowship program name: (Full legal name) _____

Postal Address: _____

City, State, Zip: _____

TAX ID# _____

Program Coordinator Name: _____

Program Coordinator Email: _____

Main person responsible for completing this grant (if NOT the program coordinator) _____

Email Address (if NOT the program coordinator) _____

Grant application deadline is January 21, 2019 at 10:00 PM CST to oconnell@ota.org.

COTA Grant Application 2018-2019

Fellowship Faculty

Faculty to fellow ratio requirements

Must be 2:1 for the first fellow; fellowship director must be an active OTA member and 1:1 thereafter; must be an **active** or **clinical** member of OTA

Please fill out the information below for each faculty member that is part of the fellowship program.

1. Program Director Full Name: _____

Is this faculty an OTA Member?

Is this position full time?

Take calls?

2. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

3. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

4. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

5. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

6. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

7. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

8. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

9. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

10. Faculty Full Name: _____

Is this faculty an OTA member?

Is this position full time?

Take calls?

Blinded Application from this section to completion.

Please remove all program identification from all answers to grant questions-including name(s) and location(s) of institution(s), faculty, program logos on attachment documents. Grant applications with program identifying information will be returned to submitter to be corrected. All completed applications are due January 19, 2018.

Is the institution ACS verified?

Is your institution a 501 C3?

Institution would be considered:

If you selected other (above), please specify: _____

Is the institution a state designated trauma level?

If you selected other (above), please specify: _____

How many Level 1 trauma centers are within 25 miles of your location? _____

How many Level 2 trauma centers are within 25 miles of your location? _____

Is the program enrolled in SF Match?

**This program is part of
which accrediting
agency?**

**Number of accredited
fellowship positions per
year?** _____

**Number of full time
orthopaedic trauma
faculty?** _____

**Of those full time
orthopaedic trauma
faculty how many are
OTA Active, Clinical, or
Research Members?** _____

Call Responsibilities:

**Estimated number of
GENERAL orthopaedic
calls per month as a
fellow?** _____

**Estimated number of
TRAUMA orthopaedic
calls per month as a
fellow?** _____

**Is call responsibility
supervised?**

**If you answered 'YES' to
above, how many months
are calls supervised?** _____

**Is orthopaedic trauma
faculty on call as back
up?**

**Estimated number of
calls per month for fellow
as acting attending:** _____

**Estimated number of
calls per month for each
trauma faculty:** _____

Educational Requirements:

Faculty hours/week devoted to lecture or instruction per fellow: _____

TOTAL hours/week all instruction: _____

Number of regular educational conferences: _____
Weekly

Number of regular educational conferences: _____
Monthly

Please describe the expectations, goals, and leadership role of the fellow in each of the following:

Pre and post-operative case conferences:

Morbidity and mortality conferences:

Journal club:

Does your fellow interact with general trauma service?

Please describe your fellows interaction with general trauma service.

Please describe how the fellow is involved in an integrated trauma system.

Other:

Number of anticipated conferences covered in fellow travel budget:

List the names of fellow level trauma course(s) anticipated/budgeted

Please upload your fellow level trauma curriculum provided by trauma faculty for trauma fellows.

Include curriculum and planned lecture schedule not limited to but including the following: (any LOGO from your program must be redacted from this document prior to upload)

1. Basic science of trauma
2. Damage control and care of the severely injured patient
3. Indications for various types of internal and external fixation
4. Management of severe soft tissue injuries and compartment syndrome
5. Indications for limb salvage-Are flaps/skin grafts performed by the plastic surgeons ortho department microvascular surgeons? Do the plastic surgeons participate in your didactic dissections on soft tissue management?
6. Diagnosis and management of the complications
7. Current research methods in orthopaedic trauma
8. Business aspects of an orthopaedic trauma practice

Research (not required, encouraged) with fellow as investigator or co-investigator:

Grants awarded in the past two years that fellow participated on:

of Publications in the past two years with fellow as author or co-author: _____

of Abstracts submitted to national meetings in the past two years: _____

of IRB or animal care committee applications completed/submitted in the past two years: _____

Surgical clinical responsibilities of fellow:

Note: Please include a description of the responsibilities of the fellows PLUS attach the planned daily schedule for the trauma fellow including time for clinical responsibilities, also including but not limited to: in patient care, operating room, emergency room, clinics, research, teaching, resident supervision, business training. REMINDER: if you are uploading a document from your institution, it MUST be BLINDED.

Fellow planned daily schedule:

Description of responsibilities of the fellow(s):

Does the program/institution bill for services provided by the fellow(s)?

Are fellow(s) acting under direct/observed supervision of the orthopaedic trauma faculty during daytime cases?

Are fellow(s) acting under direct/observed supervision of the orthopaedic trauma faculty during nighttime/weekend hours?

of patients with ISS greater than 17 admitted per year: _____

TOTAL # of cases performed by the trauma service each year: _____

Case List:

The case log should demonstrate 400 operative trauma CPT codes per trauma fellow, with fellow as primary or first assistant.

Note: IF you are an OTA accredited fellowship and you grant permission for the OTA case log information to be provided to COTA, you will NOT need to attach your case log history from 2017-2018 or complete the summary report, OTA will submit on your behalf.

For ACGME Fellowship Programs, along with submission of the final fellow(s) case logs, **you need to complete and upload the CPT Code Summary Template**. This report is a summary of the case log report and IF your program is a mutiple fellow program, the total column should be an AVERAGE.

It is important that the COTA review board have accurate numbers of the orthopaedic trauma cases tallied, per program. IF you need assistance with your program's case log history report, please email oconnell@ota.org for information.

[CPT Code Summary Report](#)

You will need to download this summary report, fill it out and then upload the completed report to this application.

Funding Budget:

List the anticipated use of grant funds.

Note: No INDIRECT costs may be covered by the fellowship grant.

Annual Salary: _____

Benefits: _____

Education: _____

Travel: _____

Research: _____

Grand Total: _____

COTA Funding Request: _____

This amount should not exceed \$75,000

- Please list sources of fellowship funding for the **past two years** and the year the funding was received.

1. Internal: _____

1a. Internal Year Received: _____

2. COTA _____

2a. COTA Year Received: _____

3. OMeGA _____

3a. OMeGA Year Received: _____

4. AO _____

4a. AO Year Received: _____

5. Other: _____

5a. Other Year Received: _____

Please confirm if your program has already been granted funding from another organization for the 2019-2020 Fellowship Year.

If you answered 'YES' to above, please specify organization: _____

THANK YOU!

Questions: Please call (847)430.5135 or email oconnell@ota.org

Application due date is January 21, 2019.

Notifications will be made in April 2019.
