



OTA Fellowship Program Requirements

Overview

In 2012 the Orthopaedic Trauma Association (OTA) began a process of recognizing orthopaedic trauma fellowships. The goal of this accreditation process is to promote high quality post residency training experience in orthopaedic trauma. This process is intended to ensure that all programs are structured with solid foundational educational platforms and have the depth and breadth of clinical exposure to support fellow education. Routine program review should encourage all programs to regularly evaluate and improve the educational experience offered for fellow training. The ultimate purpose is to support quality educational programs for training the next generation of orthopaedic traumatologists who will continue to advance care for all trauma patients.

Two distinct pathways meet educational quality standard requirements for participation in the OTA fellowship match. For a program to participate in the Match, the program must be either ACGME accredited or OTA accredited. Requirements for both pathways are outlined in this document.

ACGME Pathway

ACGME Accredited Orthopaedic Trauma Fellowship Programs are automatically eligible for the OTA Match (and need not also apply for OTA Fellowship Program Accreditation). Programs in the process of achieving ACGME accreditation must provide the OTA a copy of their submitted ACGME program application and proof of application fee payment to be considered for inclusion in the Match.

Details regarding the ACGME accreditation process are available at: <http://www.acgme.org/>

And detailed requirements for orthopaedic trauma can be reviewed at:

<http://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/14/Orthopaedic%20Surgery>

Programs seeking ACGME accreditation will have one year to participate in the match with accreditation pending. This status must be disclosed to applicants. If the program does not have ACGME accreditation by the next match cycle, the program must participate in the OTA accreditation process to continue to participate in the match.

OTA Accreditation Pathway

Fellowship programs must provide a minimum of 12 months of post- residency education and clinical experience in orthopaedic trauma. The clinical educational program must include the volume, case complexity, case mix, depth and breadth of orthopaedic trauma to adequately prepare the fellow for

independent practice as an orthopaedic traumatologist. Programs must provide ample clinical, educational and research opportunities to provide the fellow with proper training. The foundation of the program must be educationally based rather than driven by service or coverage needs. All fellowship positions must be approved by the fellowship committee and must be appointed by the Match process.

Facility

The primary site of practice must be a Level 1 or 2 trauma center. At least 50% of the time must be spent at the primary site. The primary site should admit at least 1,200 trauma patients yearly or have 240 admissions with an Injury Severity Score of more than 15. No more than 20% of the time may be spent at a non- level 1 or 2 facility. Sites must be in close proximity such that the fellow has limited driving time. The fellow should not be expected to practice at multiple sites in a given day. Sleep facilities must be available for the fellow if needed.

Faculty

There must be at least two qualified core faculty members in a program to train a single fellow. For each additional fellow, there must be at least one additional qualified core faculty member.

Core Faculty qualifications

Active or clinical OTA member or meet the same clinical and academic requirements

- A. Be certified by the American Board of Orthopaedic Surgery, the American Osteopathic Board of Orthopaedic Surgery, or the Royal College of Surgeons of Canada- Orthopaedics and hold a current certificate.
- B. Be a Fellow of the American Academy of Orthopaedic Surgeons, the Canadian Orthopaedic Association or the American Osteopathic Association.
- C. Be a citizen of or in practice in the United States or Canada.
- D. Act as the lead author of at least one, or co-author of at least three, scientific publication(s) in the field of or related to orthopaedic trauma, published in a peer reviewed journal within the forty-eight months immediately preceding the July 1st application deadline.
- E. Spend 50% of his/her professional time in clinical practice, teaching and/or research regarding matters directly related to orthopaedic traumatology.
- F. Maintain a full and unrestricted license to practice medicine in the United States or Canada or give evidence of full time medical service in the federal government, which does not require licensure.
- G. Must be actively participating in their hospital call panel and personally provide emergency on-call services.

Must be in practice for at least 3 years

Must participate in call (at least once per month averaged over the year)

Must perform at least 50 fracture cases with a trauma fellow

Additional Faculty Qualifications

Additional faculty may be important in fellow education. To qualify as an additional (non-core) faculty, the faculty must spend clinical or educational time (at least 20 hours per year) with the trauma fellow(s) engaged in orthopaedic trauma education.

Program Director Qualifications

Active or clinical OTA member or meet the same clinical and academic requirements as listed above under core faculty requirements

Must be in practice for at least 5 years

Must participate in call (at least once per month averaged over the year)

At least 50% of their clinical practice must be orthopaedic trauma

Must perform at least 50 fracture cases with a trauma fellow

Must participate in scholarly activity in an ongoing basis

Program Director Responsibilities

A single faculty member must be identified as the Program Director.

The Program Director is responsible for:

1. Ensuring that the fellowship program including the clinical, educational and research components. The Program Director must ensure program compliance with all OTA program requirements. The Program Director must oversee and ensure complete and accurate case log documentation by the fellow.
2. Completing all required documentation as requested by the OTA in a timely manner.
3. Ensuring that the fellow's educational experience is not hindered by other learners and that the fellow does not negatively impact the education of other learners such as residents, fellows, and students.
4. Maintaining an environment of scholarly inquiry and opportunity. The Program Director must demonstrate involvement in scholarly activity in addition to local teaching. Peer reviewed publications, book chapters and teaching at regional and/or local meetings satisfies this requirement.
5. Complying with the OTA and SF match code of conduct.
6. Participating in education about education. A minimum of 2 hours of CME education every 3 years is required. Participation in institutional (GME), regional or national education programming satisfies this requirement.
7. Notifying the OTA about significant change in the program within 1 month of the occurrence. This includes but is not limited to change in program director, addition/subtraction of core faculty, change in trauma level status of primary institution or fellow withdrawal from program.
8. Notifying matched applicants about loss of core faculty or any significant change to the educational program within 1 month. If significant changes occur after the interview but before the match, the program director must notify all applicants who interviewed.

9. Clearly specify eligibility requirements for the program. If the institution, fellowship or state has specific requirements regarding licensing or visas or other similar issues, that must be made clear to all applicants.
10. Clearly specify expectations regarding extent of independent practice. Applicants must be informed about expectations of serving in an attending capacity. Supervision/ assistance must be available at all times.

Resources

A Program Coordinator must be identified. The Program Coordinator must have adequate time allotted to administration of the trauma fellowship. Any change in Program Coordinator must be communicated to the OTA. Guiding policies and procedures must be available for the applicants and the fellows. This includes but is not limited to benefits, contracts, grievance policies and procedures, moonlighting, etc. Fellows should be given appropriate vacation time and medical leave as needed.

Fellow Requirements

Fellows must complete a minimum of one year of fellowship. This must include a minimum of 42 weeks of clinical work. If the fellow is unable to complete the full year, the fellowship committee must be notified and an action plan will be developed. To be eligible for fellowship training, the individual must have completed an accredited orthopaedic residency. Match participation is mandatory.

Education

The curriculum must include instruction in principles of orthopaedic trauma. Topics should include but not be limited to: a) basic science of trauma, b) damage control and care of the severely injured patient, c) indications for various types of internal and external fixation, d) management of severe soft tissue injuries and compartment syndrome, e) limb salvage, f) diagnosis and management of complications, and g) current research methods in orthopaedic trauma. In addition, specific education on the business aspects of an orthopaedic trauma practice is strongly encouraged.

In addition to the topics above, educational programming must include:

1. Dedicated educational program level of fellow provided by the faculty.
2. Weekly educational (case) conference at the level appropriate for fellow
3. M&M/ Patient safety and quality conference at a minimum of 10 times a year
4. Journal club/ critical assessment of literature review at a minimum of 10 times a year
5. Participation in hospital/multidisciplinary trauma conferences/ rounds.
6. Require fellows to participate in at least one national meeting a year (for example- OTA annual meeting, AAOS annual meeting, OTA fellows course, other fellow appropriate educational course)

Research

Fellows must take an active part in ongoing or new basic science or clinical research. Research effort and education regarding critical evaluation of the literature should represent an important element of

trauma training. Fellowship programs are strongly encouraged to incorporate a research requirement into their curriculum, including time and resources for the fellow. The fellow must be the lead author of a peer reviewed quality project. Options include:

1. Publication quality manuscript
2. Book Chapter
3. Publication quality video

The fellow will be required to submit a completed project to the OTA fellowship committee by the end of the academic year.

Clinical Responsibilities

Fellows must actively participate in call with a minimum of 50 calls per year. Fellows should not be on call more than one in three nights averaged over a month. They must have the opportunity to participate in after hour decision making and surgery. In all situations, an identifiable faculty member of the orthopaedic trauma program must be available at all times for supervision and consultation.

The fellow must participate in outpatient clinic/ office care of trauma patients. This is an important component of education regarding indications, non-operative management, decision making, rehabilitation and outcomes. The fellow must spend a minimum of 40 days with the core trauma faculty in the outpatient clinic setting.

The fellowship program must provide a large and appropriate surgical volume of orthopaedic trauma cases. Each fellow must use the OTA or the ACGME case management system to keep a complete and current log of all of the surgical cases in which they actively participate. Each fellow must log a minimum of 600 cases (CPT codes) over the academic year from the Qualifying Trauma Cases list (attachment 1). For all cases, an identifiable, faculty member of the orthopaedic trauma program is expected to be available for both supervision and consultation.

Fellows participating in an OTA Accredited Fellowship Program will submit a case log to the OTA online case recording database. Fellows will record only cases in which they are primary surgeon or first assistant (actively participate). For multiple procedure cases, the fellow may list each unique procedure separately. The fellowship director will enforce full compliance with completion of this log. Completed case logs will be due August 1st of each year.

The fellowship committee will review the case logs on an annual basis. The total number of cases and types of cases will be reviewed. In addition to the total number of trauma cases, the core trauma cases (attachment 2) will be evaluated and it is expected that all fellows meet the minimums in most if not all categories.

Evaluations

1. Evaluation of the Fellow

The fellowship director must conduct a confidential evaluation of each fellow on a semi-annual basis, using objective assessments of patient care, medical knowledge, and technical skills. In addition, the fellowship director must provide a final evaluation upon completion of the program. The evaluations will be maintained at each training site as part of the fellow's permanent record, and must be accessible for review by the fellow in accordance with institutional policy, as well as by the OTA Fellowship Committee or Compliance Committee upon request.

2. Evaluation of the Faculty

Each fellow must evaluate individual faculty members on an annual basis. This should include a review of teaching abilities, commitment to the educational program, professionalism, and commitment to research.

3. Evaluation of the Program

The fellow must complete an evaluation of the program. The fellowship director should use the fellow feedback as part of their annual review of the program. In addition, the program director should take a critical look at case volumes and mix, faculty participation, institutional resources and the educational program as a whole and consider opportunities for improvement.

All faculty and program evaluations will be maintained by the director and made available for review by the OTA Fellowship Committee and the OTA Fellowship Compliance Subcommittee.

The fellow must also complete an OTA survey of the program on completion of the fellowship year.

Annual Reporting

For the purpose of maintaining educational standards and continual program improvement, annual program reporting is required. All programs are required to provide an annual report to the OTA. The report will include but will not be limited to information regarding institution, faculty and the educational and clinical program. Demographic information about the faculty and institution will be expected. Scholarly activity of the faculty and the fellow will be collected. Case logs will be reviewed with actionable outcomes. The Program Director is responsible for ensuring the accuracy of the fellows' case logs. The end of year fellow survey will also be used for program evaluation. Additional information may be requested from the program.

Fellow Program Graduation

Each graduating class will be announced at the Annual OTA meeting and diplomas will be available following the meeting. To be on the graduation list the fellows must have submitted their case logs, have provided confirmation of passing ABOS Part 1 exam, or equivalent certifying board exam, completed the end of fellowship survey and have verification from their program director of completion of all requirements including evaluations.

Procedures

All programs participating in the orthopaedic trauma match must participate in the OTA accreditation process. All fellowship positions at an accredited program must be part of the match process. Programs may only accept the number of fellows for which they are approved. New programs must submit an application. Existing programs must complete annual review assessment. Increase in fellow complement requires approval from the Fellowship Committee. There is an annual fee of \$2000 per program.

Review Process

All new applications, annual renewals and requests for increase in number of fellows will be reviewed on an annual basis by the Fellowship Committee. The Fellowship Committee is responsible for reviewing applications, monitoring compliance with the accepted program requirements, adopting policy changes as appropriate, and making accreditation decisions. The Compliance Committee will adjudicate grievance issues as well as evaluate due process as needed.

Adverse Actions

If a Fellowship Program is found by the Fellowship Committee to be noncompliant on the basis of deficiencies found before or after initial accreditation or as a result of other information received, the Fellowship Program and the Fellowship Director will be notified in writing via a letter of concern. If deficiencies persist, the program may be placed on probation. In programs where there are multiple fellows, a decrease in complement may be recommended. Probationary status will be indicated on the Match website. Programs will be given opportunity to correct deficiencies to return to compliance with the OTA Program Requirements. After a year of probation, the program may be reinstated, terminated or remain on probation. Programs on probation can request a review earlier than a year if deficiencies are corrected. All actions will be clearly communicated by the Fellowship Committee to the Program Director in writing with opportunity for improvement. In situations where a program is substantially out of compliance such that fellow education is severely compromised, the adverse action process may be significantly expedited in protection of the fellow. If a program is terminated or decreases the number of fellowship positions, the OTA Fellowship Committee will work with impacted trainees to find an acceptable course of action.

Grievance and Appeal Process for Programs, Fellows and Applicants

Fellowship programs may request an appeal of any adverse action of the Fellowship Committee. Fellows and applicants can submit grievances regarding program requirement or match violations.

All grievances or appeals must be submitted as a written request to:

OTA

Fellowship Coordinator

9400 West Higgins Road

Rosemont, IL 60018

Appeals will be reviewed by the Fellowship Committee, the Compliance Committee and/or the Board of Directors as appropriate. All appeals will be addressed in a timely manner. Programs, faculty, fellows

and/or applicants may contact the OTA Fellowship Coordinator with questions regarding these processes.

CORE TRAUMA CASES

The following is a list of core cases considered necessary components of fellow education. For a program to have the depth and breadth of complex fracture and trauma exposure, all fellows must meet a minimum number of case participation in most of these areas. Programs that cannot provide experience in multiple areas will be out of compliance with program standard requirements.

Amputation

Fasciotomy

Open fracture debridement

Acetabular fracture

Pelvic ring disruption/ fracture

Hip fracture repair including arthroplasty

Femoral shaft fracture

Distal femur fracture (intraarticular)

Bicondylar tibial plateau fracture

Tibial shaft fracture

Pilon fracture

Talus fracture

Calcaneus fracture

Proximal humerus repair including arthroplasty

Humeral shaft fracture

Periarticular elbow

Distal Radius (3 part+)

Non-Union / Malunion

For a complete list of CPT codes that fall into the 18 Core Cases Listed, please see attachment 1.

Attachment 1

Below are the core trauma case competency CPT codes as approved and reviewed annually by the OTA Fellowship Committee:

Amputation 24900, 24920, 27590, 27592, 27598, 27880, 27881, 27882, 27888
Fasciotomy 25020, 25023, 25024, 25025, 27496, 27497, 27498, 27499, 27602, 27894
Open fracture debridement 11012, 11044
Acetabular fracture 27226, 27227, 27228, 27284
Pelvic ring disruption/ fracture 27215, 27216, 27217, 27218
Hip fracture repair including arthroplasty 27244, 27245, 27235, 27236
Femoral shaft fracture 27506, 27507
Distal femur fracture (intraarticular) 27513, 27514
Bicondylar tibial plateau fracture 27536
Tibial shaft fracture 27758, 27759
Pilon fracture 27827, 27828
Talus fracture 28445
Calcaneus fracture 28406, 28415, 28420
Proximal humerus repair including arthroplasty 23615, 23616, 23670
Humeral shaft fracture 24515, 24516
Periarticular elbow 24343, 24546, 24586, 24587, 24665, 24666, 24685
Distal Radius (3 part+) 25609
Non-Union / Malunion 24430, 24435, 25400, 25405, 25415, 25420, 27146, 27165, 27470, 27472, 27720, 27722, 27724