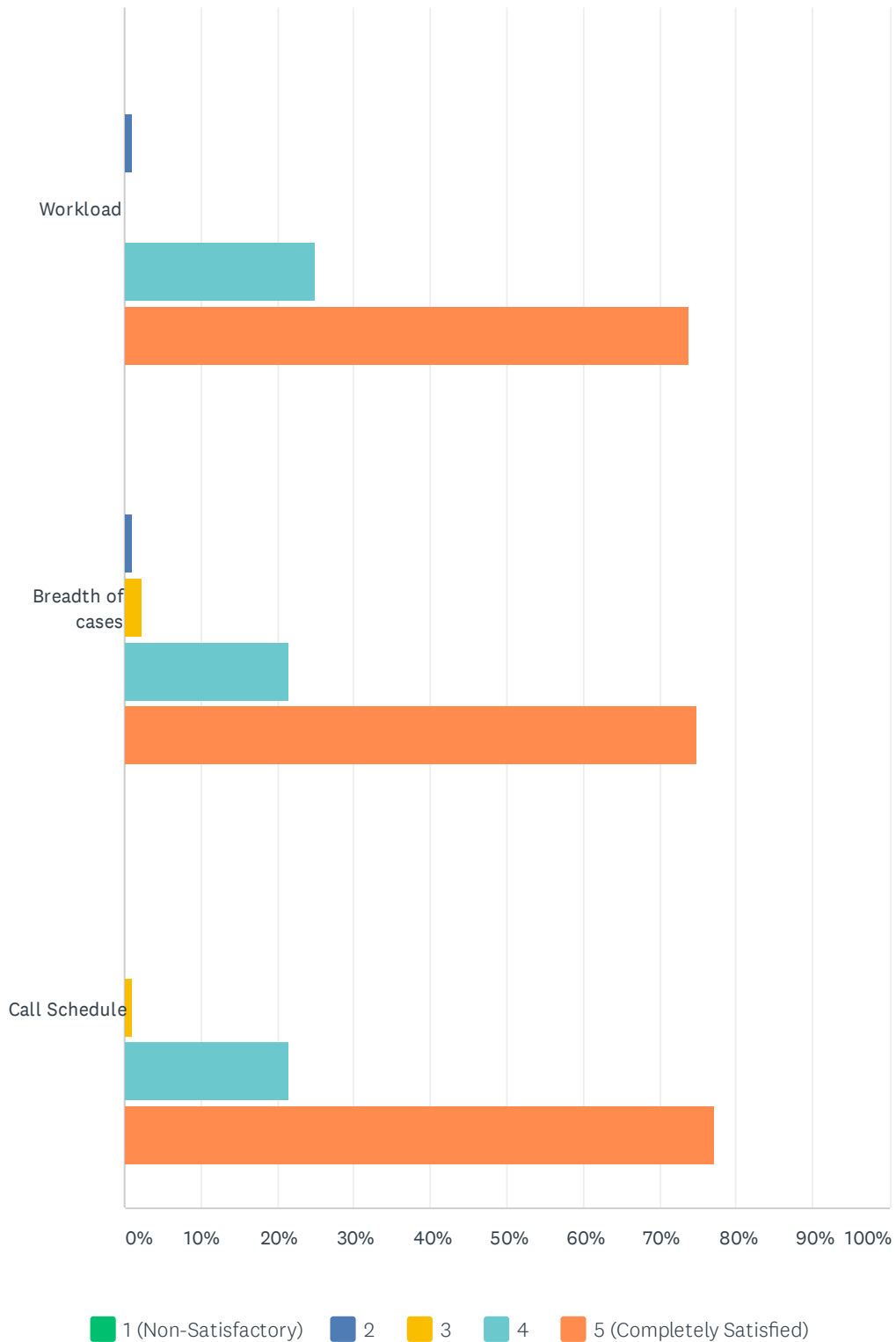


Q3 Please rank your experience during your fellowship year on a scale of 1-5, with 1 being non-satisfactory, and 5 being completely satisfactory.

Answered: 88 Skipped: 0

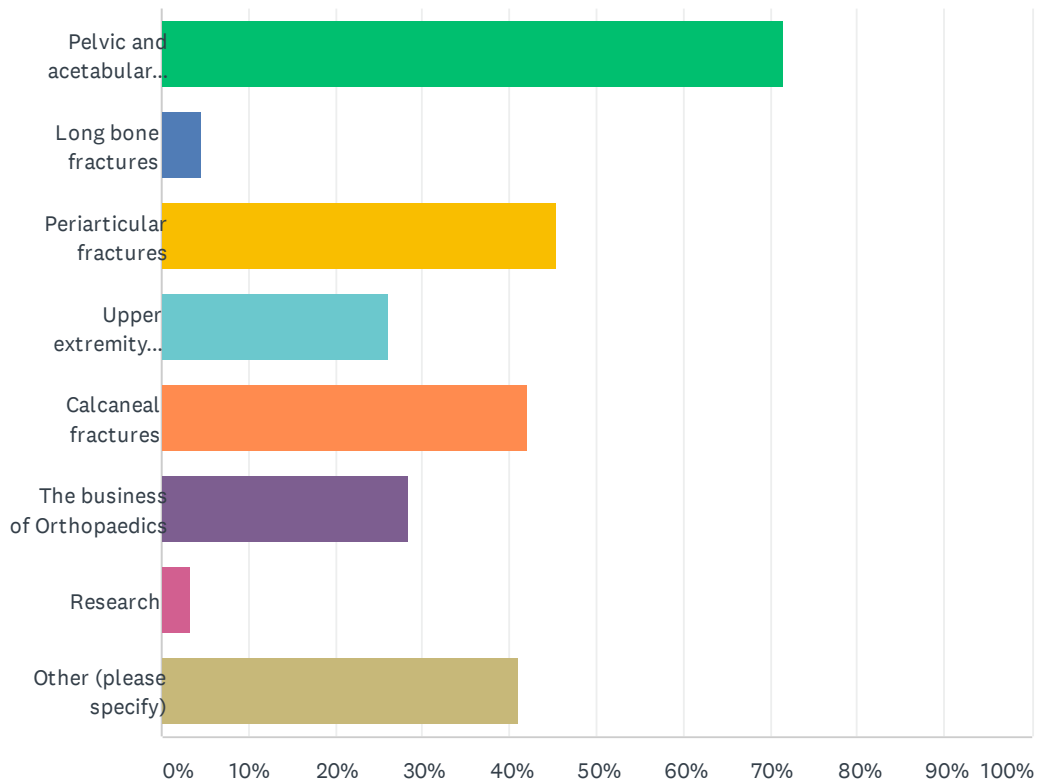


2020 Post Fellowship Survey

	1 (NON-SATISFACTORY)	2	3	4	5 (COMPLETELY SATISFIED)	TOTAL
Workload	0.00% 0	1.14% 1	0.00% 0	25.00% 22	73.86% 65	88
Breadth of cases	0.00% 0	1.14% 1	2.27% 2	21.59% 19	75.00% 66	88
Call Schedule	0.00% 0	0.00% 0	1.14% 1	21.59% 19	77.27% 68	88

Q4 Please check the 3 areas in which you desired additional training during your fellowship year.

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Pelvic and acetabular trauma	71.59%	63
Long bone fractures	4.55%	4
Periarticular fractures	45.45%	40
Upper extremity fractures	26.14%	23
Calcaneal fractures	42.05%	37
The business of Orthopaedics	28.41%	25
Research	3.41%	3
Other (please specify)	40.91%	36
Total Respondents: 88		

2020 Post Fellowship Survey

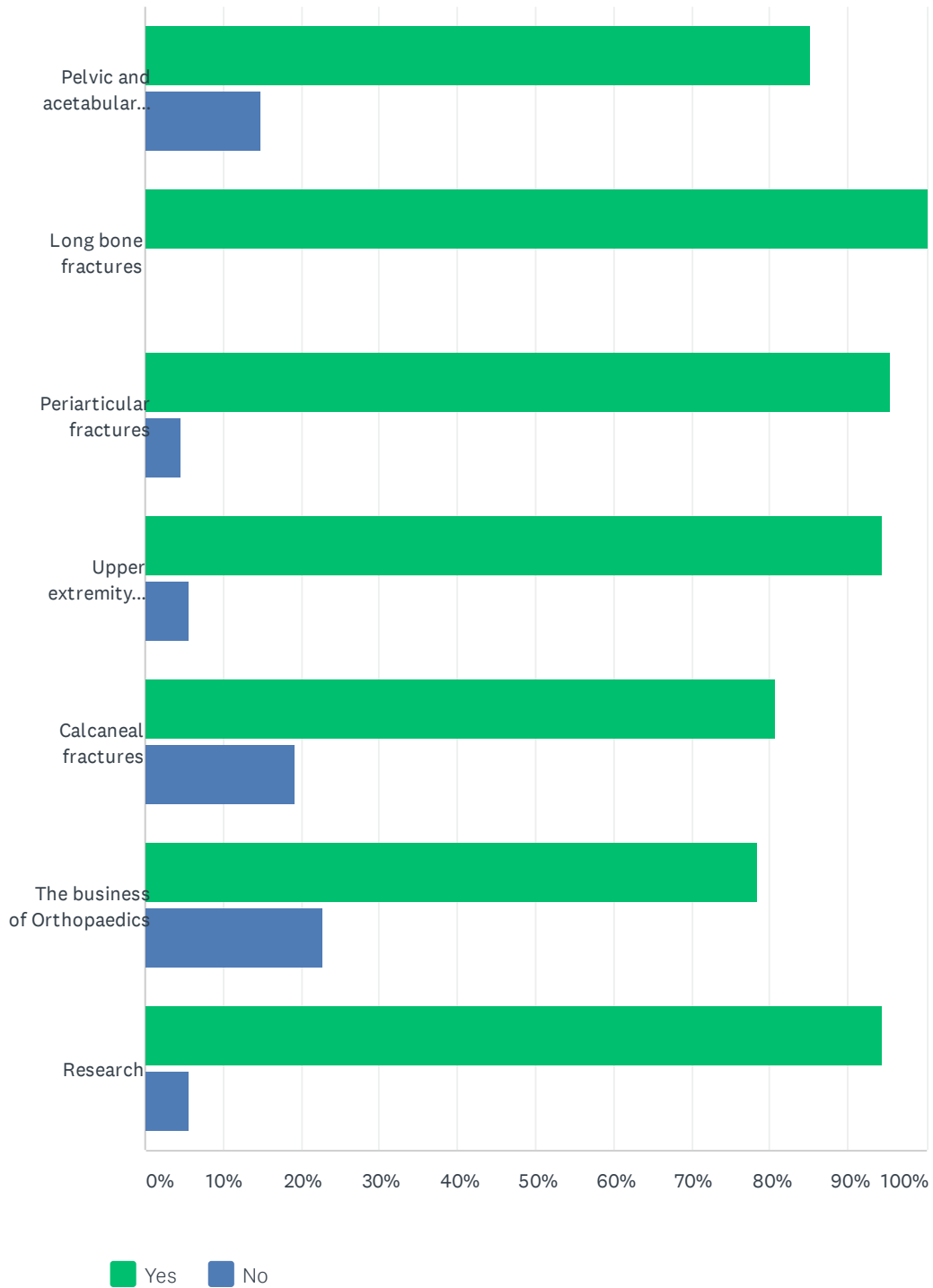
#	OTHER (PLEASE SPECIFY)	DATE
1	Can always do more cases and learn more tricks.	7/28/2020 2:12 PM
2	peri-prosthetic	7/22/2020 9:13 AM
3	none	7/22/2020 5:54 AM
4	Non union	7/22/2020 5:48 AM
5	Arthroplasty (in relation to trauma cases)	7/22/2020 5:46 AM
6	Malunions, bone transport. Did education on the topics but didn't have many cases	7/22/2020 5:45 AM
7	Ring fixator/deformity. Very well satisfied overall, these are just if I was really picky.	7/22/2020 5:43 AM
8	No others. I thought the experience was excellent. The faculty made a concerted effort to teach business as we went along but maybe something more focused towards the end of fellowship as we transition to attendings would be helpful. We may still do this before the month ends.	7/22/2020 5:29 AM
9	nonunion/malunion	7/22/2020 5:25 AM
10	Talus fracture	7/22/2020 5:21 AM
11	traumaplasty	7/20/2020 8:28 PM
12	Pilon	7/19/2020 1:57 PM
13	Scapular fractures, Femoral neck fractures in young patients	7/16/2020 8:46 AM
14	Had and excellent overall experience covering all areas so no areas of additional training needed.	7/15/2020 4:02 PM
15	Maybe, additional exposure to bone transport frame cases.	7/15/2020 8:50 AM
16	Elbow fractures	7/14/2020 6:53 PM
17	deformity correction	7/13/2020 7:58 PM
18	Femoral head fractures and surgical approaches requiring dislocation of hip.	7/13/2020 6:30 AM
19	Rib fixation Malunion/Deformity Correction	7/12/2020 3:34 PM
20	midfoot and forefoot	7/8/2020 12:08 PM
21	Ring fixators Pediatric trauma	7/5/2020 4:15 PM
22	Foot trauma	7/4/2020 8:10 PM
23	Other foot injuries including talar fractures and Lisfranc fracture-dislocations.	7/3/2020 9:25 AM
24	malunion/nonunion	7/1/2020 8:51 PM
25	Distal humerus/elbow arthroplasty	7/1/2020 7:56 AM
26	Nonunion/Malunion cases	7/1/2020 6:03 AM
27	All of the above. I received an awesome education but would love more reps with all of the above.	6/30/2020 7:30 PM
28	Pelvis and tab were adequate but I feel like I could always use more.	6/30/2020 6:22 PM
29	midfoot fractures, complex elbow	6/30/2020 4:44 PM
30	Ring external fixators	6/30/2020 4:10 PM
31	Periprosthetic fractures. It seemed that there was good depth to these three areas.	6/30/2020 1:36 PM
32	starr frame	6/30/2020 1:05 PM
33	TSA and rTSA for fractures	6/24/2020 1:01 AM
34	Nonunion, malunion, scapula fractures	6/23/2020 2:29 PM

2020 Post Fellowship Survey

35	circular frames	6/22/2020 6:52 PM
36	None.	6/22/2020 2:54 PM

Q5 Did the caseload / exposure to the following meet your expectations:

Answered: 88 Skipped: 0



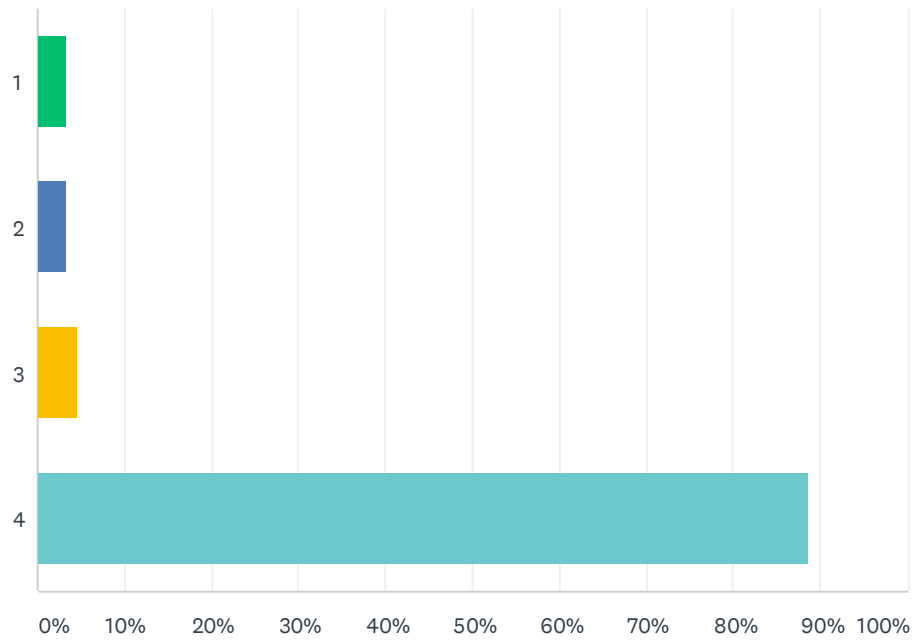
2020 Post Fellowship Survey

	YES	NO	TOTAL RESPONDENTS
Pelvic and acetabular trauma	85.23% 75	14.77% 13	88
Long bone fractures	100.00% 88	0.00% 0	88
Periarticular fractures	95.45% 84	4.55% 4	88
Upper extremity fractures	94.32% 83	5.68% 5	88
Calcaneal fractures	80.68% 71	19.32% 17	88
The business of Orthopaedics	78.41% 69	22.73% 20	88
Research	94.32% 83	5.68% 5	88

#	OTHER (PLEASE SPECIFY)	DATE
1	Learning to educate residents, set up cadaver labs, chalk talks, and saw bones labs (educate the educator curriculum) has been extremely helpful.	7/15/2020 8:50 AM

Q6 How many days per week did you attend morning signout rounds or patient ward rounds?

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
1	3.41%	3
2	3.41%	3
3	4.55%	4
4	88.64%	78
TOTAL		88

2020 Post Fellowship Survey

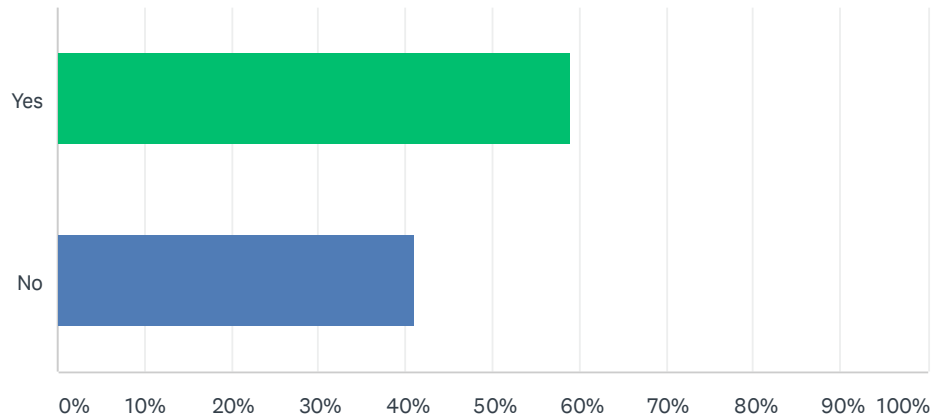
#	OTHER (PLEASE SPECIFY)	DATE
1	Daily	7/28/2020 2:14 PM
2	5-7	7/28/2020 2:12 PM
3	5-6	7/28/2020 2:10 PM
4	5	7/28/2020 2:04 PM
5	5	7/27/2020 2:01 PM
6	6	7/22/2020 5:54 AM
7	5	7/22/2020 5:53 AM
8	5 days per week for sign out	7/22/2020 5:50 AM
9	5	7/22/2020 5:43 AM
10	5	7/22/2020 5:29 AM
11	5	7/22/2020 5:27 AM
12	6	7/22/2020 5:25 AM
13	Every day I was working	7/22/2020 5:23 AM
14	We have Fracture conference M/T/Th/Fr and discuss the patients.	7/15/2020 4:02 PM
15	there were no formal signout rounds	7/15/2020 2:50 PM
16	5-7 days / week (if we worked that weekend)	7/15/2020 10:42 AM
17	5 to 7 days per week.	7/15/2020 8:50 AM
18	5-7	7/15/2020 6:37 AM
19	depending on the service	7/14/2020 6:53 PM
20	5-7	7/14/2020 12:39 PM
21	5	7/12/2020 3:34 PM
22	5-7	7/9/2020 5:09 PM
23	5	7/8/2020 12:08 PM
24	5 to 6	7/6/2020 5:19 PM
25	5 or 6 per week	7/6/2020 4:38 PM
26	5+ every day we had sign out	7/5/2020 8:49 PM
27	5	7/5/2020 4:15 PM
28	5	7/5/2020 8:13 AM
29	Morning signout rounds attended every day I worked (5-7 days per week)	7/4/2020 5:41 PM
30	Patient ward rounds 5 days per week with one surgeon for 4 months, 0 days per week for the rest of the time. Signout rounds 2 days per week.	7/3/2020 9:25 AM
31	5	7/1/2020 8:51 PM
32	7	7/1/2020 12:20 PM
33	5	7/1/2020 9:24 AM
34	5	6/30/2020 10:17 PM
35	6 days per week	6/30/2020 7:30 PM
36	5: M-F, as well as weekend call days.	6/30/2020 7:09 PM
37	5-7 depending if it was a weekend on. We went to signout and rounded every day we were	6/30/2020 5:09 PM

2020 Post Fellowship Survey

	working.	
38	every day	6/30/2020 4:44 PM
39	5	6/30/2020 4:10 PM
40	Nearly everyday I worked. 5-7	6/30/2020 1:36 PM
41	5 - daily signout rounds	6/30/2020 1:08 PM
42	5	6/25/2020 9:08 AM
43	6 days per week	6/23/2020 2:29 PM
44	Avg 6/week (5-7)	6/22/2020 6:52 PM
45	5	6/22/2020 5:32 PM
46	Monday to Friday (5 days/wk)	6/22/2020 2:54 PM

Q7 Did you take call during your fellowship as an attending?

Answered: 88 Skipped: 0

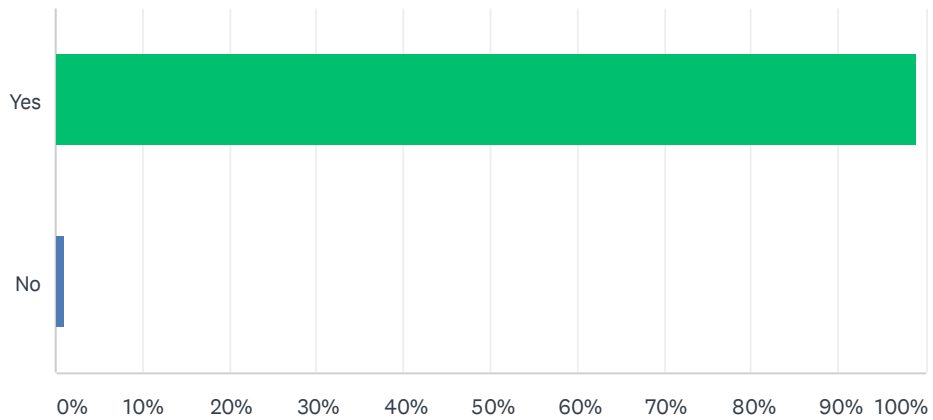


ANSWER CHOICES	RESPONSES
Yes	59.09% 52
No	40.91% 36
TOTAL	88

#	COMMENTS:	DATE
1	ACGME accredited program but I did cover some weekend cases	7/28/2020 2:14 PM
2	Very helpful	7/15/2020 11:29 AM
3	Excellent experience and was handled very well with regard to graduated autonomy.	7/13/2020 6:30 AM
4	like twice	7/8/2020 12:08 PM
5	At different site from fellowship	7/1/2020 7:56 AM
6	Moonlighting opportunity at nearby hospital. Fellowship call was 'backup resident call'.	6/30/2020 4:10 PM

Q8 Did you have enough supervision / back up in all areas of clinical duties?

Answered: 88 Skipped: 0

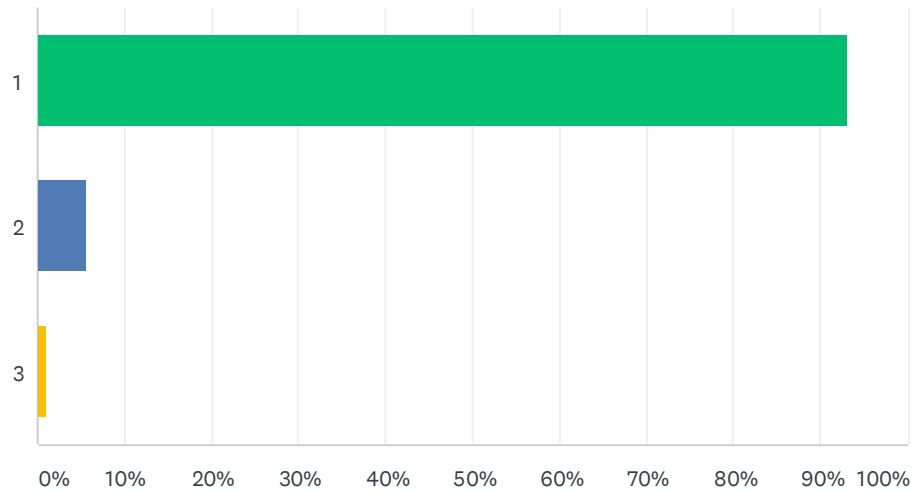


ANSWER CHOICES	RESPONSES
Yes	98.86% 87
No	1.14% 1
TOTAL	88

#	COMMENTS:	DATE
1	Always someone willing to help or answer any questions	7/15/2020 11:29 AM
2	back up always available in hospital, not so for clinic	7/12/2020 3:34 PM

Q9 When on call, how many hospitals are you covering?

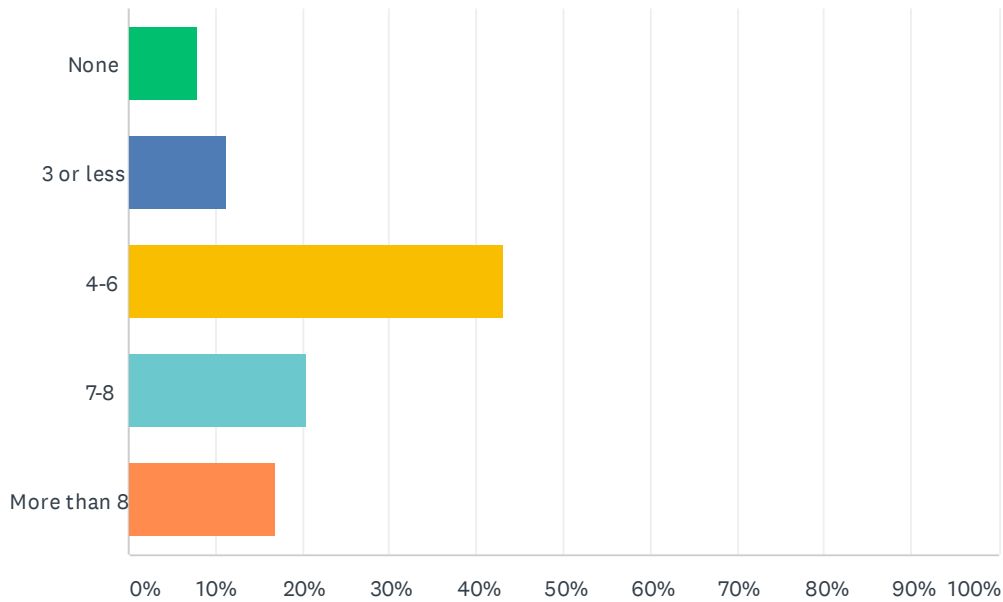
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
1	93.18%	82
2	5.68%	5
3	1.14%	1
TOTAL		88

Q10 How many call nights per month (average) did you take during your fellowship year?

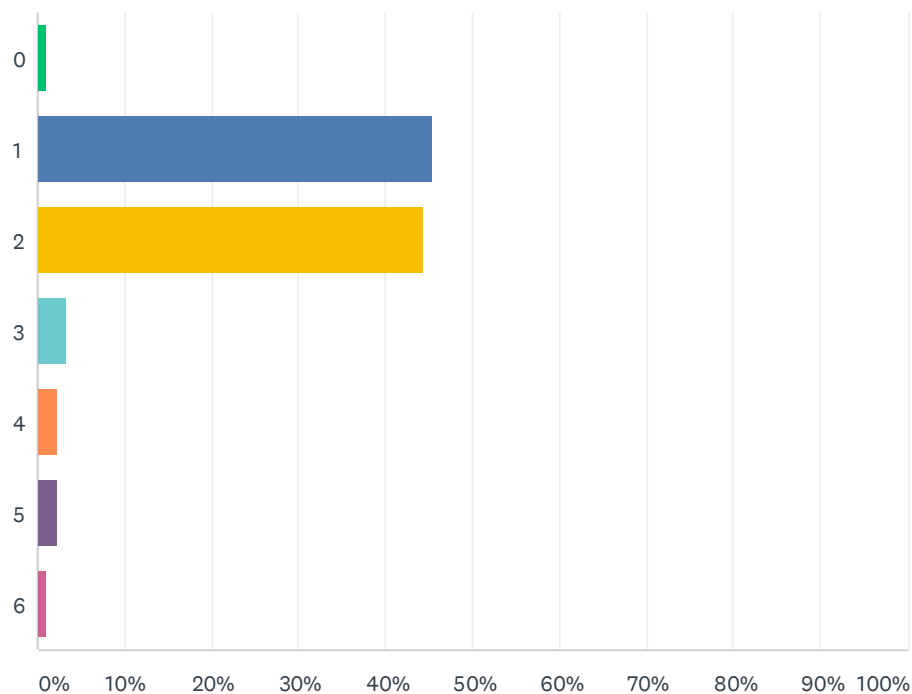
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
None	7.95%	7
3 or less	11.36%	10
4-6	43.18%	38
7-8	20.45%	18
More than 8	17.05%	15
TOTAL		88

Q11 On average, how many half day sessions were spent in clinic weekly? (Full day clinic =2)

Answered: 88 Skipped: 0

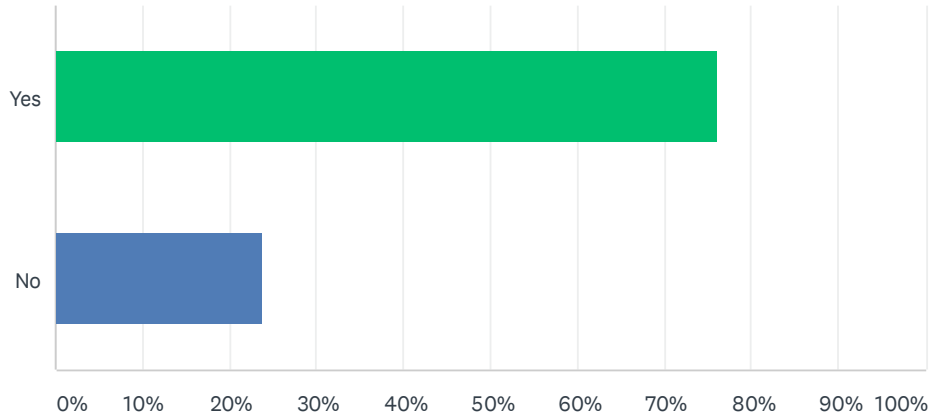


ANSWER CHOICES	RESPONSES
0	1.14% 1
1	45.45% 40
2	44.32% 39
3	3.41% 3
4	2.27% 2
5	2.27% 2
6	1.14% 1
TOTAL	88

#	COMMENTS	DATE
1	1-2	7/27/2020 2:01 PM
2	0.5, 1 1/2 day clinic biweekly	7/20/2020 8:47 PM
3	1 full clinic day per week	7/13/2020 6:30 AM
4	With one surgeon, we spent up to 4 half days session per week. We worked with this surgeon for 4 months.	7/3/2020 9:25 AM
5	If interesting cases occurred during clinic, we were allowed to attend them. Covid limited our clinic experience as well.	7/1/2020 9:24 AM

Q12 Is there a fellow level conference?

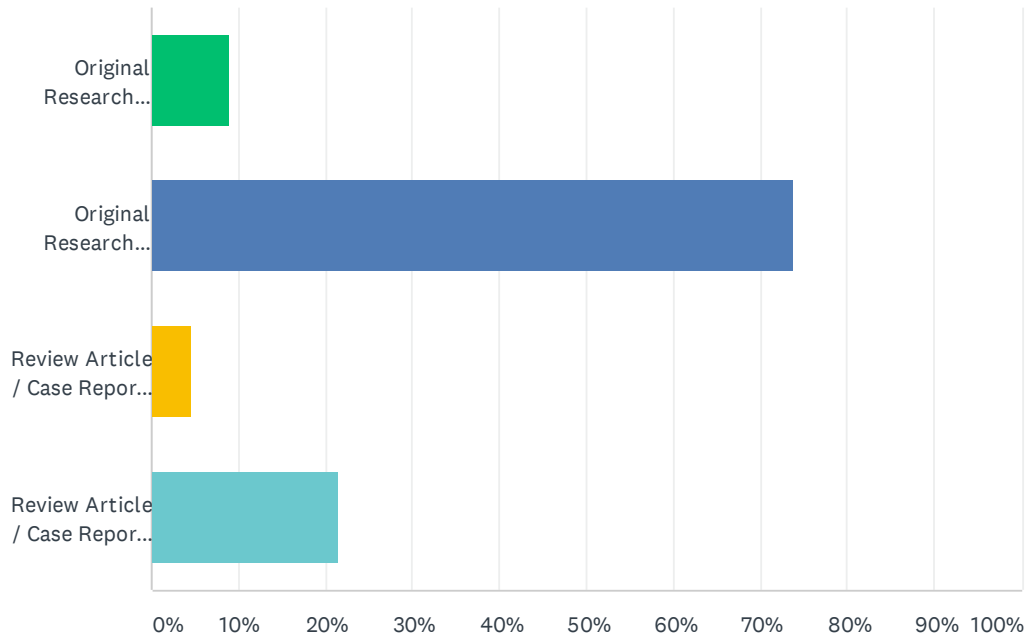
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	76.14% 67
No	23.86% 21
TOTAL	88

Q13 Did you complete a scholarly project during your fellowship year?

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Original Research Published	9.09%	8
Original Research Submitted	73.86%	65
Review Article / Case Report Published	4.55%	4
Review Article / Case Report Submitted	21.59%	19
Total Respondents: 88		

2020 Post Fellowship Survey

#	TITLE OF THE PROJECT: (REQUIRED)	DATE
1	A posterior muscle splitting approach to the acetabulum: Large case series.	7/28/2020 2:15 PM
2	Utility of routine head CT in geriatric trauma.	7/28/2020 2:14 PM
3	Erectile Dysfunction Following Acetabular Fracture	7/28/2020 2:12 PM
4	"Fully Covered or Just the Front? Surgeon Radiation Exposure Varies Greatly with Location, Choice of Protective Equipment, and Surgeon Position"	7/28/2020 2:10 PM
5	The current working title is frailty scores predict disposition and length of rehab stay in geriatric hip fractures. It will be submitted so the title may change in the future.	7/28/2020 2:04 PM
6	All projects are to be submitted to the Journal of Orthopaedic Trauma. 1. Authors: Zuelzer, Routt. Title: Preoperative Planning for Sacroiliac and Transsacral Screws in the Same Sacral Segment. 2. Authors: Vemulapalli, Zuelzer, Gary, Routt, Warner. Title: Prone Kocher Langenbeck with Minimum Debridement For Cranial and Anterior Acetabular Fractures. 3. Authors: Zuelzer, Warner. Title: Early In-Patient Screening for Detection of Post Traumatic Stress Disorder Symptoms.	7/27/2020 2:01 PM
7	External Fixator Assisted Reduction of Distal Femur Fractures: Technical Trick	7/22/2020 4:19 PM
8	Increased Surgical Site Infections for Pelvic Ring Fracture and Exploratory Laparotomy	7/22/2020 9:13 AM
9	Simultaneous Posterolateral and Posteromedial Approaches for Posterior Pilon Fractures: A Safe Technique for Effective Reduction and Fixation	7/22/2020 5:54 AM
10	None required- The title of the QI project was " Technical and Equipment Optimization in Cast Saw Safety." If you need to use that for the project.	7/22/2020 5:53 AM
11	I have submitted an original article titled "Adjunctive medial plating for distal femur fractures and distal femur fracture nonunions: Is there a role?"	7/22/2020 5:50 AM
12	No I didn't do any research	7/22/2020 5:48 AM
13	"Similar patient reported outcomes at long-term follow-up after external fixation versus internal fixation of the anterior ring component of APC injuries."	7/22/2020 5:46 AM
14	"Vascular Injuries in Trauma Patients with Open Lower Extremity Fractures: Are CT Angiograms Necessary for Management?"	7/22/2020 5:45 AM
15	Coagulopathy, as measured by thromboelastography, and its effects on long term outcomes in orthopedic polytrauma patients.	7/22/2020 5:43 AM
16	Periprosthetic Intertrochanteric Fracture Between Hip Resurfacing and Retrograde Nail is a case report accepted for publication Does Timing of Perioperative Hemodialysis Matter for Geriatric Hip Fracture Patients? is an original project that we are finishing and planning to submit for review	7/22/2020 5:41 AM
17	Scapular body fractures—should we be fixing more of these? Austin Heare ¹ , Stephen M. Oleszkiewicz ¹ , Roberto Carlos Hernández Irizarry ² , Peter A. Cole ³ ¹ Department of Orthopedics, University of Miami, Miami, FL, USA; ² Department of Orthopedics, Grady Memorial Hospital, Atlanta, GA, USA; ³ Department of Orthopedics, University of Minnesota, Minneapolis, MN, USA	7/22/2020 5:39 AM
18	The title is Physical Wellness in Orthopaedic Surgery:Challenges and Solutions	7/22/2020 5:37 AM
19	Post-Traumatic Total Hip Arthroplasty after Acetabular Fractures: Benefits of the Hardinge Approach Corresponding Author: Dr Humza Shaikh Co-authors: Humza Shaikh, M.D.; Steven Cotman, MD; Richard Wawrose, MD; Ivan Tarkin, MD; Peter Siska, MD	7/22/2020 5:34 AM
20	Here are the projects I worked on: 1. Management of Hemodynamically Unstable Pelvic Ring Injuries 2. Weight Bearing Following Syndesmotic Injury - Cadaveric Study 3. Osteobiologics: When, What & How 4. Anatomy of the Iliopectineal Fascia	7/22/2020 5:32 AM
21	Is Letournel's Golden Rule Really Golden?: Indirect Reduction of the Posterior Pelvic Ring	7/22/2020 5:29 AM
22	Nonoperative treatment of select LC-II pelvic ring injuries (OTA 61B2.2) results in a low rate of radiographic displacement	7/22/2020 5:27 AM

2020 Post Fellowship Survey

23	"Are Ballistic Fractures Associated with an Increased Risk of Long-Term Mortality? A Multivariable Analysis of 4067 Isolated Fractures"	7/22/2020 5:25 AM
24	I have submitted two original scholarly projects title Novel Use of Needle Arthroscopy as a Reduction Aid for Lower Extremity Peri-Articular Fractures and Outcomes of Various Antibiotic Cement Coated Intramedullary Implants on the Treatment of Long Bone Septic Nonunion. I also have currently ongoing prospective study.	7/22/2020 5:23 AM
25	The project/paper title is: A distinctive release profile of vancomycin and tobramycin from a new and injectable polymeric dicalcium phosphate dehydrate cement (P-DCPD).	7/22/2020 5:21 AM
26	Screw Pullout Strength and Shearing Displacement of the Fragments: A Biomechanical Comparison of Lag Screw Versus Positional Screw at Different Angles and Locations of Fixation	7/22/2020 5:18 AM
27	N/a	7/20/2020 8:47 PM
28	Failure Rate of the TFNA Intramedullary Nail in the Treatment of Intertrochanteric Femur Fractures	7/20/2020 8:28 PM
29	Antibiotic Nails for Orthopaedic Infections	7/19/2020 1:57 PM
30	3D Printed Fracture Models: A Low-Cost Tool for Improved Preoperative Planning	7/16/2020 11:09 AM
31	Original project in Progress "Percutaneous medial column fixation in distal femur fractures"	7/16/2020 8:46 AM
32	An International Survey of Pelvic Trauma Surgeons on the Management of Pelvic Ring Injuries	7/15/2020 4:02 PM
33	A biomechanical comparison of anterior pelvic ring fixation methods in Lateral compression type-2 (LC2) (AO/OTA 61B2.2a) pelvic ring injuries	7/15/2020 2:50 PM
34	Modified Use of a Fibular Strut in the Reduction and Stabilization of 2-Part Osteoporotic Proximal Humerus Fractures	7/15/2020 2:04 PM
35	Metabolic abnormalities in Fracture Nonunion	7/15/2020 11:29 AM
36	JBJS Team Approach: Spinopelvic Dissociations	7/15/2020 10:42 AM
37	Can We Predict Which Species of Bacteria Will Cause an Infection After Fracture Surgery? Can we predict and avoid the need for biplanar correction during iliosacral screw placement?	7/15/2020 8:50 AM
38	"CHECK-IN" – a surgical 'time-out' to address resident learning experience in IM nails.	7/15/2020 6:37 AM
39	Olecranon fracture fixation with mini fragment fixation versus pre contoured plates Ankle fracture fixation with mini fragment fixation versus pre contoured plates Clavicle fracture fixation with mini fragment fixation versus pre contoured plates Covid 19 impact on Orthopaedic fellowship training	7/14/2020 3:06 PM
40	A biomechanical comparison was of lag screws vs position screws in an osteoporotic model.	7/14/2020 12:39 PM
41	Simultaneous intramedullary nailing versus external fixation of ipsilateral femur and tibia fractures: a comparison of perioperative outcomes	7/13/2020 7:58 PM
42	Comparison of Three C-Arm Draping Techniques to Prevent Far Side Contamination	7/13/2020 6:30 AM
43	Induced Membrane Technique - Tips and Tricks for JOT	7/12/2020 3:34 PM
44	Complications of Regional Anesthesia in the Operative Treatment of Tibia Fractures	7/8/2020 12:08 PM
45	Acute ORIF of Tibial Pilon Fractures - Is Staging Necessary?	7/6/2020 7:17 PM
46	Outcomes of Masquelet Technique	7/6/2020 5:19 PM
47	The effluent of autologous bone graft preparations is a good source for skeletal stem cells, which are markedly different from mesenchymal stromal cells	7/6/2020 4:38 PM
48	Timing of surgical intervention for acetabulum and pelvic ring fractures	7/5/2020 8:49 PM
49	Occupational Radiation Exposure During Ziehm 3-Dimensional Fluoroscopy (in progress study)	7/5/2020 4:15 PM
50	Implications of Positive Toxicology Screening in the Trauma Population	7/5/2020 8:13 AM
51	Identification and Management of Injuries Associated with Femoral Shaft Fracture	7/5/2020 8:01 AM

2020 Post Fellowship Survey

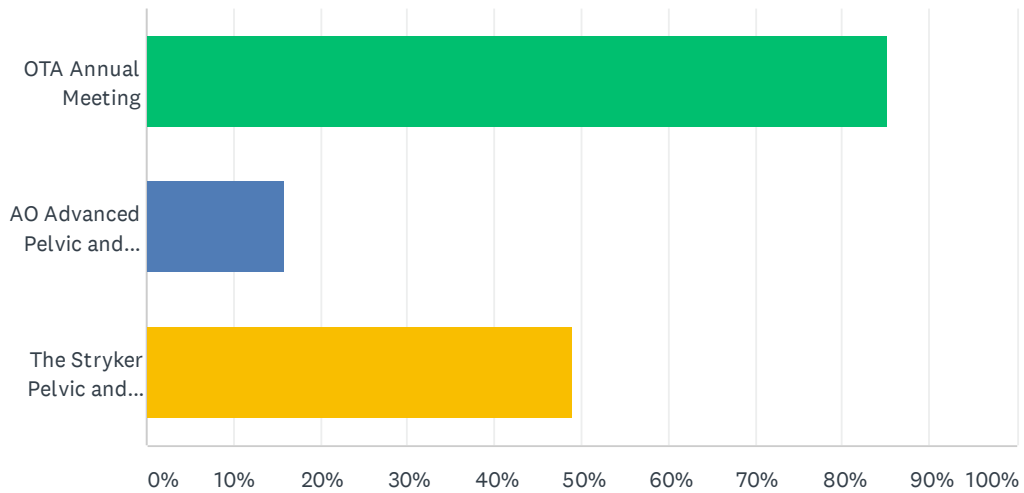
52	The Effect of Inferior Femoral Neck Plating on Vascularity of the Femoral Head	7/4/2020 8:10 PM
53	Original research currently being prepped for submission: Cerclage wire adjunct in traumatic femoral fracture: A comparison of union, complication and reoperation	7/4/2020 5:41 PM
54	Assessment of Sagittal Alignment of the Medial and Lateral Condyles of the Tibial Plateau using Radiographic Parameters: A Cadaveric Study	7/3/2020 9:25 AM
55	dual versus lateral plating for bicondylar tibial plateau fractures: factors influencing decision making	7/1/2020 8:51 PM
56	Proximal Tibia Fracture Dislocations	7/1/2020 1:10 PM
57	Case series of Compression femoral neck system	7/1/2020 12:20 PM
58	The Iliopectineal Fascia: A Cadaveric Anatomical Study	7/1/2020 9:24 AM
59	The Intercalary Fragment in Posterior Malleolus Fractures: Characterization and Significance	7/1/2020 7:56 AM
60	Tibia plateau retrospective project still in the works.	7/1/2020 6:03 AM
61	Ring fixators for the treatment of tibial plateau and proximal tibia fractures.	6/30/2020 10:37 PM
62	'What's new in Percutaneous Pelvic Surgery' - Orthopedic Clinics of North America 'Treatment of Chronic Unreduced Posterior Elbow Dislocation with an Internal Joint Stabiliser'	6/30/2020 10:17 PM
63	The Effect of Proximal Tibiofibular Joint Dislocation on Knee Mechanics: Reduction and Fixation Matters.	6/30/2020 7:30 PM
64	Vertical Shear Pelvic Ring Injury Adjacent to Retained Pelvic Hardware: A Case Report	6/30/2020 7:09 PM
65	Outcomes of distal femur fractures when treated with ORIF versus distal femur replacement	6/30/2020 6:22 PM
66	novel technique for retrograde femoral nail proximal interlock screws.	6/30/2020 5:09 PM
67	Techniques of Minimally Invasive Femur Fracture Reduction	6/30/2020 4:44 PM
68	Use of shape-memory staples for fixation of the anterior pelvic ring	6/30/2020 4:10 PM
69	Lateral nailing technique video	6/30/2020 2:21 PM
70	Book chapter in ICL. "New Developments in Hip Fracture Treatment to Reduce Morbidity and Mortality". Accepted, first edits were completed early June. "Damage Control Arthroplasty" – Using Girdlestone's Resection Arthroplasty as a Bridging Procedure: A Proof of Concept - The Girdlestone paper is mostly written at this point. Not submitted yet. "Lateral Femoral Nailing for Pertrochanteric Hip Fractures" - OTA video submitted	6/30/2020 1:36 PM
71	An Analysis of Combined Vascular/Orthopaedic Ballistic Injuries	6/30/2020 1:08 PM
72	the utility of biomarkers in diagnosing fracture-related infections: a pilot study	6/30/2020 1:05 PM
73	Outcomes Impact of Postoperative Cast Immobilization Following Diaphyseal Forearm Fracture FixationY	6/28/2020 1:05 PM
74	Combined Acetabular and Pelvic Ring Injuries	6/25/2020 9:08 AM
75	"Talus and Sustentaculum Fractures" video submitted to OTA for publication.	6/24/2020 1:01 AM
76	Cirrhotic patients with MELD-Na scores greater than 8 are associated with increased risk of poor outcomes in operatively treated tibia fractures	6/23/2020 6:15 PM
77	Technique for Removal of Entrapped Screw and Washer Fixation of the Posterior Pelvic Ring (published JOT). Failure of trauma AP pelvis radiograph to diagnosis sacral U/Y/H-type fracture (submitted)	6/23/2020 2:29 PM
78	Can iron chelators augment the re-vascularization and osseointegration of large osteochondral allografts for traumatic hip articular reconstruction in a canine model? A pilot study.	6/23/2020 10:40 AM
79	Effect of Experience on Patients Outcomes After Acetabular Fracture Fixation	6/22/2020 6:52 PM
80	Does provisional mini-fragment fixation prevent compression with dynamic compression plating? A biomechanical analysis.	6/22/2020 6:52 PM

2020 Post Fellowship Survey

81	Selective post-operative CT for pelvic and acetabular fractures - manuscript in revision	6/22/2020 5:32 PM
82	Gram-Negative Antibiotic Coverage in Gustilo-Anderson Type-III Open Fractures	6/22/2020 3:58 PM
83	Rib fracture nonunion series	6/22/2020 3:44 PM
84	Partnered on different projects	6/22/2020 2:54 PM

Q14 Indicate which course you attended during the year. Please check all that apply.

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
OTA Annual Meeting	85.23%	75
AO Advanced Pelvic and Acetabular Courses	15.91%	14
The Stryker Pelvic and Acetabular Course for Fellows	48.86%	43
Total Respondents: 88		

2020 Post Fellowship Survey

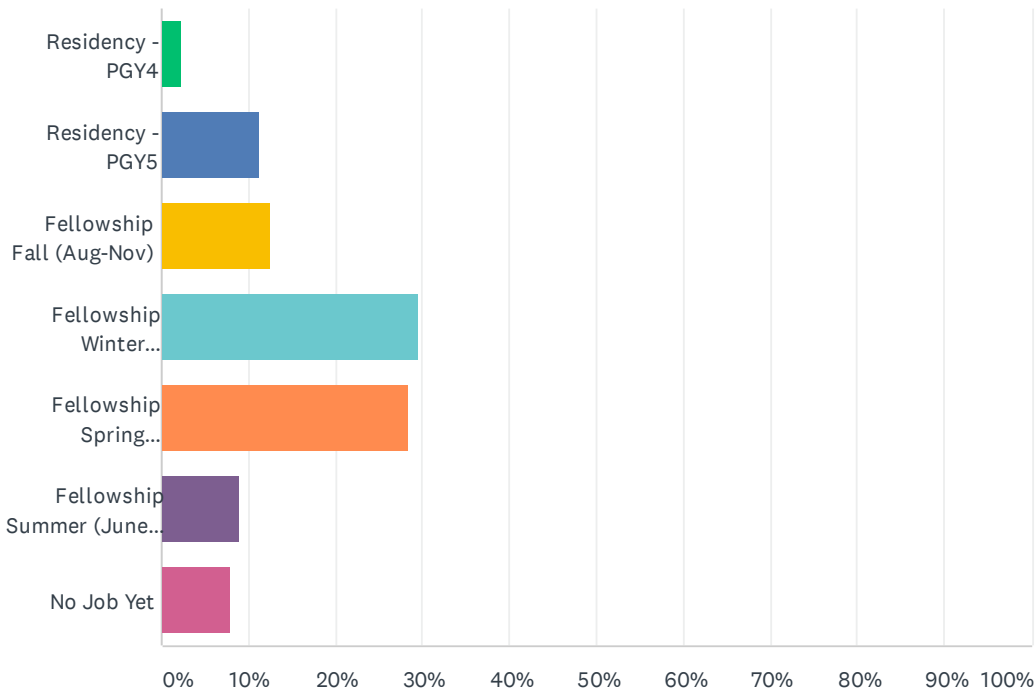
#	OTHER (PLEASE SPECIFY)	DATE
1	Scapula course	7/28/2020 2:14 PM
2	AO Fellows course	7/28/2020 2:12 PM
3	Zimmer pelvis course, AO Fellows Course	7/27/2020 2:01 PM
4	AO Fellows Course	7/22/2020 4:19 PM
5	none	7/22/2020 5:54 AM
6	AO Fellows Course	7/22/2020 5:43 AM
7	No courses Attended, Pandemic	7/22/2020 5:34 AM
8	Zimmer Pelvic and Acetabular Course for Fellows, AO Fellows Course	7/22/2020 5:29 AM
9	Houston Fellows Pelvic and Acetabular Course	7/22/2020 5:23 AM
10	No courses due to covid	7/20/2020 8:47 PM
11	Attended Stryker course via zoom	7/20/2020 8:28 PM
12	AO Knee Course	7/19/2020 1:57 PM
13	zimmer pelvic trauma instructional course for orthopedic fellows	7/15/2020 2:50 PM
14	Zimmer Pelvic and Acetabular Course for Fellows	7/15/2020 2:04 PM
15	Ao fellow course	7/15/2020 11:29 AM
16	Currently doing to AO pelvis course in online format due to COVID	7/15/2020 10:42 AM
17	AO Fellows Course	7/15/2020 8:50 AM
18	AO pelvis and acetabular course cancelled due to COVID19	7/15/2020 6:37 AM
19	AO fellows course	7/14/2020 12:39 PM
20	none	7/13/2020 7:58 PM
21	COVID outbreak precluded ability to travel to Pelvic Meetings. The lack of ability	7/13/2020 6:30 AM
22	Registered for stryker course but cancelled d/t COVID19	7/6/2020 7:17 PM
23	AO Fellow Course	7/6/2020 5:19 PM
24	AO fellows cadaver course	7/6/2020 4:38 PM
25	Zimmer Biomet Pelvic and Acetabular Course, AO Fellows Course	7/5/2020 4:15 PM
26	Zimmer Pelvic/Acetabular Course for Fellows	7/5/2020 8:13 AM
27	AO Fellows Course	7/4/2020 8:10 PM
28	I attended the AO Fellows Symposium. I was on call during the OTA Annual Meeting. COVID-19 led to cancellation of AO Pelvic and Acetabular Fracture Course.	7/3/2020 9:25 AM
29	AO Fellows Course	7/1/2020 1:10 PM
30	Smith and nephew Advanced SAIF course	7/1/2020 12:20 PM
31	Smith and Nephew	7/1/2020 7:56 AM
32	COVID	7/1/2020 6:03 AM
33	AO Fellows Course - Vegas 2/2020	6/30/2020 7:30 PM
34	AO Fellows Course; had planned on attending Stryker pelvic, AO fellows symposium, and Smith and Nephew frames courses but all were cancelled due to COVID-19.	6/30/2020 7:09 PM
35	AO fellows course	6/30/2020 6:22 PM
36	was supposed to go to the boston's fellow course but canceled due to COVID	6/30/2020 5:09 PM

2020 Post Fellowship Survey

37	AO Fellows Course	6/30/2020 4:44 PM
38	Smith & Nephew Lower Extremity Trauma Course	6/30/2020 4:10 PM
39	ICJR	6/30/2020 1:36 PM
40	AO Fellows Cadaver course (remainder canceled for Covid)	6/25/2020 9:08 AM
41	ZOOM virtual version	6/23/2020 2:29 PM
42	AO Fellows Symposium	6/23/2020 10:40 AM
43	planned to attend AO Pelvis but cancelled 2/2 COVID	6/22/2020 6:52 PM
44	Scheduled for the OTA Fellows conference but was canceled.	6/22/2020 6:52 PM
45	AO Davos Pelvic and Acetabular Course	6/22/2020 3:58 PM
46	Zimmer, Synthes and Acumed courses	6/22/2020 2:54 PM

Q15 At what point did you secure your future employment either as a verbal or written agreement?

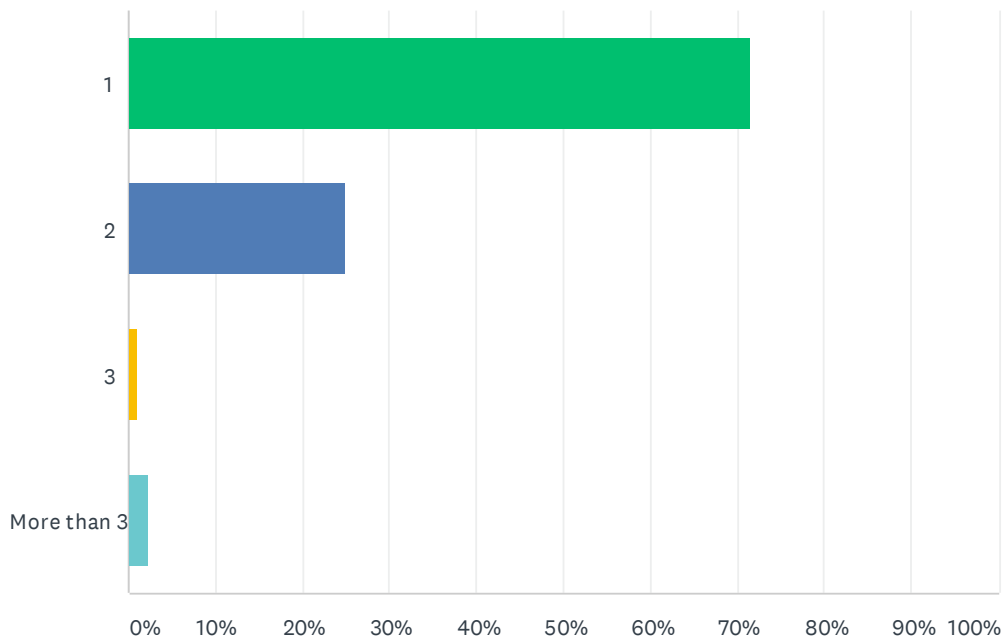
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Residency - PGY4	2.27%	2
Residency - PGY5	11.36%	10
Fellowship Fall (Aug-Nov)	12.50%	11
Fellowship Winter (Dec-Feb)	29.55%	26
Fellowship Spring (March-May)	28.41%	25
Fellowship Summer (June -July)	9.09%	8
No Job Yet	7.95%	7
Total Respondents: 88		

Q16 For the position you took, how many times did you interview at the location prior to making your decision?

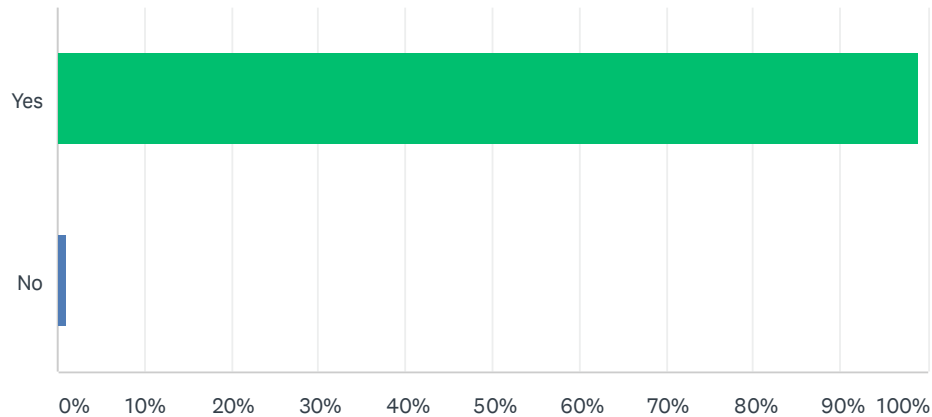
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
1	71.59%	63
2	25.00%	22
3	1.14%	1
More than 3	2.27%	2
TOTAL		88

Q17 Did you feel supported in obtaining a job from your fellowship faculty?

Answered: 88 Skipped: 0

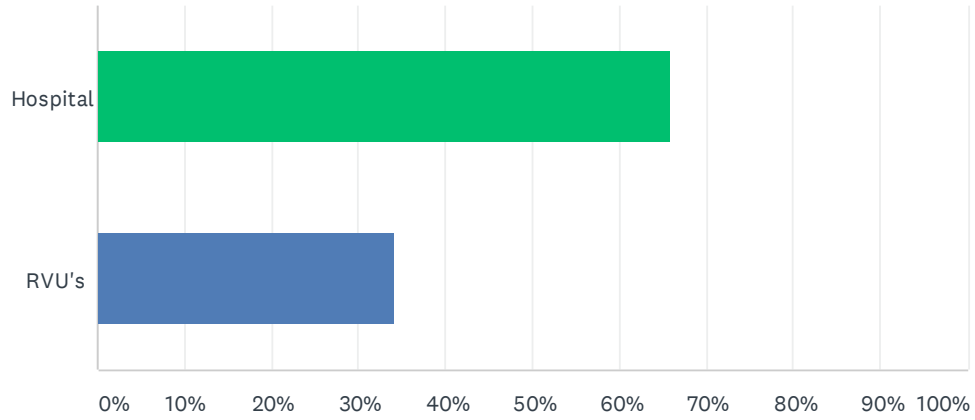


ANSWER CHOICES	RESPONSES
Yes	98.86% 87
No	1.14% 1
Total Respondents: 88	

#	OTHER (PLEASE SPECIFY)	DATE
1	\	7/22/2020 5:29 AM
2	I got the job because of my program director. Very supportive	7/15/2020 11:29 AM
3	Second Fellowship	7/6/2020 5:19 PM
4	I will be doing a second fellowship in Arthroplasty/Lower Extremity Reconstruction this upcoming year. After that I will have a job. I feel supported at present by the faculty of the current fellowship and believe they are helpful in securing employment.	7/3/2020 9:25 AM
5	na	7/1/2020 8:51 PM
6	I had a job lined up prior to fellowship. They would have supported me mightily though.	6/30/2020 6:22 PM
7	Already had this lined up.	6/30/2020 1:36 PM
8	Support offered, job already obtained	6/25/2020 9:08 AM
9	Very much so supported!	6/23/2020 2:29 PM
10	I am in the military so my fellowship faculty had no say in my job search but I am confident they would have helped if they could.	6/22/2020 6:52 PM

Q18 Is your pay based on contributions from the hospital or RVU's?

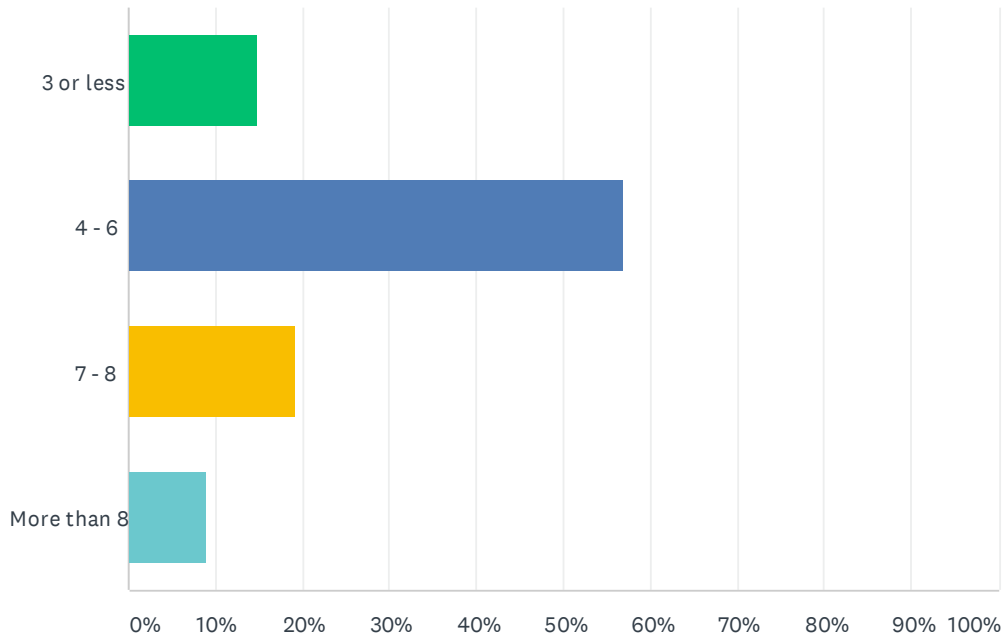
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Hospital	65.91%	58
RVU's	34.09%	30
TOTAL		88

Q19 Number of nights on call anticipated per month:

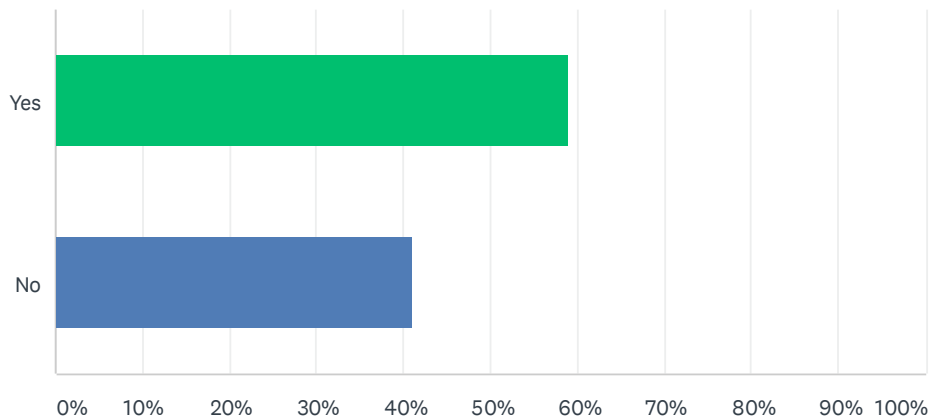
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
3 or less	14.77%	13
4 - 6	56.82%	50
7 - 8	19.32%	17
More than 8	9.09%	8
TOTAL		88

Q20 Will you receive call pay?

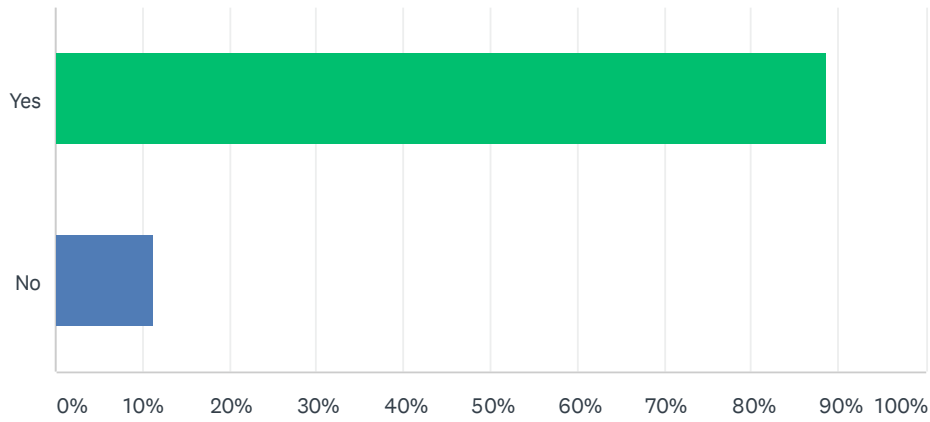
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	59.09%	52
No	40.91%	36
TOTAL		88

Q21 Will you have a dedicated trauma OR available to you?

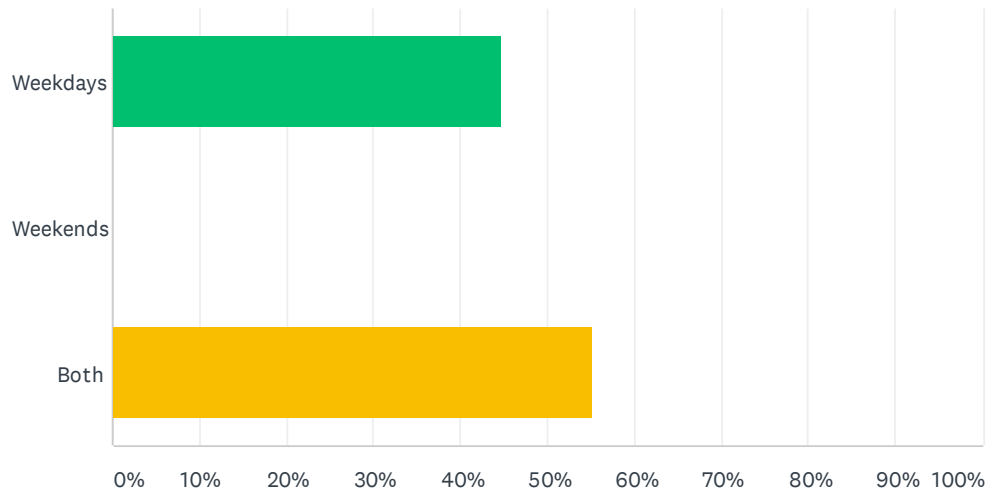
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	88.64% 78
No	11.36% 10
TOTAL	88

Q22 If you have a dedicated orthopaedic trauma OR, please check availability:

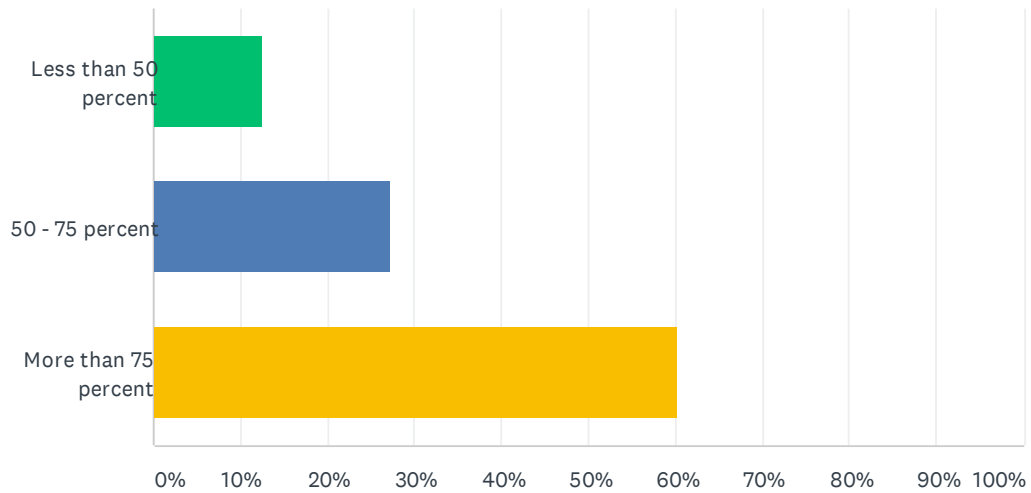
Answered: 76 Skipped: 12



ANSWER CHOICES	RESPONSES	
Weekdays	44.74%	34
Weekends	0.00%	0
Both	55.26%	42
TOTAL		76

Q23 What percentage of your practice do you anticipate being devoted to trauma?

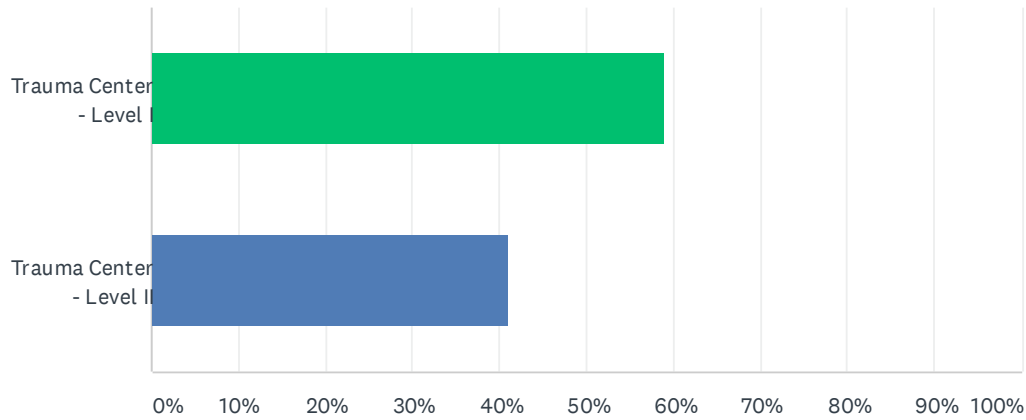
Answered: 88 Skipped: 0



ANSWER CHOICES		RESPONSES	
Less than 50 percent		12.50%	11
50 - 75 percent		27.27%	24
More than 75 percent		60.23%	53
TOTAL			88

Q24 Please describe your job setting.

Answered: 88 Skipped: 0

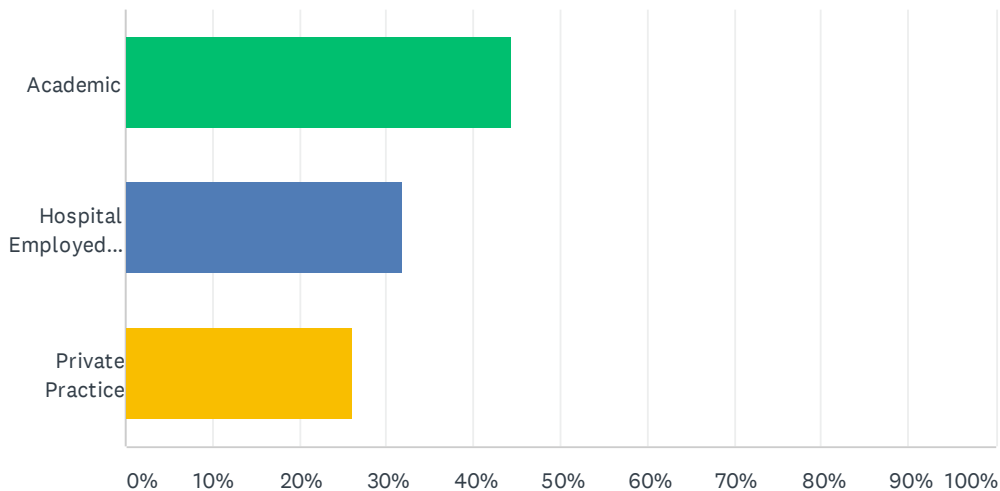


ANSWER CHOICES	RESPONSES
Trauma Center - Level I	59.09% 52
Trauma Center - Level II	40.91% 36
TOTAL	88

#	OTHER (PLEASE SPECIFY)	DATE
1	Level III transitioning to level II	7/28/2020 2:10 PM
2	Kaiser	7/20/2020 8:47 PM
3	Non trauma center	7/19/2020 1:57 PM
4	Level 2, currently applying for Level 1	7/16/2020 8:46 AM
5	NA, 2nd fellowship planned	7/6/2020 5:19 PM
6	Military Hospital	7/1/2020 6:03 AM
7	Level III Hospital	6/30/2020 1:36 PM
8	Military hospital	6/22/2020 6:52 PM

Q25 Please describe your job setting.

Answered: 88 Skipped: 0

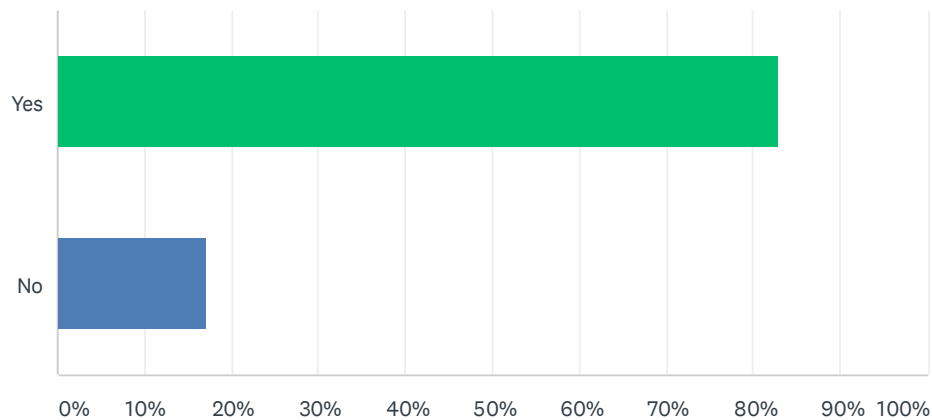


ANSWER CHOICES	RESPONSES
Academic	44.32% 39
Hospital Employed (Non-Academic)	31.82% 28
Private Practice	26.14% 23
Total Respondents: 88	

#	OTHER (PLEASE SPECIFY)	DATE
1	NA, 2nd fellowship planned	7/6/2020 5:19 PM
2	I will be doing a second fellowship in Arthroplasty/Lower Extremity Reconstruction.	7/3/2020 9:25 AM
3	University employed seconded to a community trauma center	6/22/2020 5:32 PM

Q26 Is your future job in the practice setting that you most wanted when you entered fellowship and decided on a career in trauma?

Answered: 82 Skipped: 6

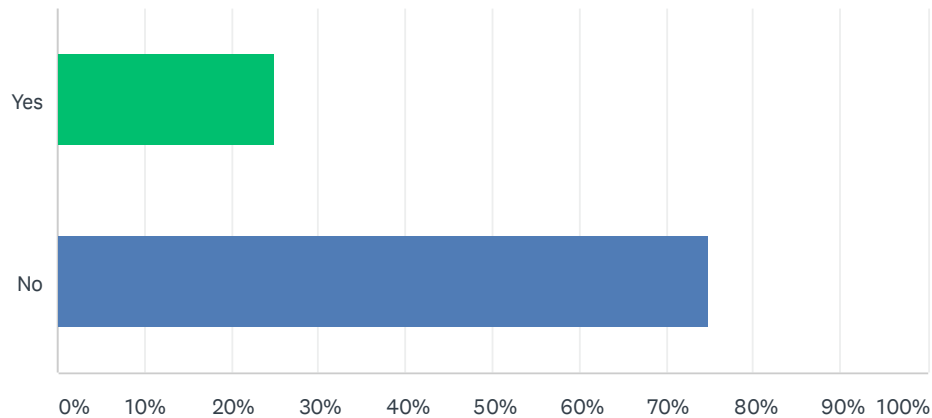


ANSWER CHOICES	RESPONSES	
Yes	82.93%	68
No	17.07%	14
TOTAL		82

#	OTHER (PLEASE SPECIFY)	DATE
1	Changed my mind partway through fellowship from wanting academic to more private practice/hospital-employed	7/28/2020 2:10 PM
2	Was willing to explore all options and find the best opportunity and fit, had no setting preference	7/22/2020 5:45 AM
3	I am completing second fellowship so no job obtained yet.	7/22/2020 5:43 AM
4	I wanted to pursue a Level 1 Trauma Position at a busy hospital.	7/15/2020 4:02 PM
5	I anticipated a career in academic trauma. Which I think will still be possible, but all research will be self motivated.	7/15/2020 8:50 AM
6	I am dual-trained (arthroplasty/trauma) and anticipated a career with a mix of trauma and revision arthroplasty which is what I secured	7/15/2020 6:37 AM
7	I had minimal opportunities to interview at Academic Centers. I had hoped there would be additional networking opportunities provided via the trauma faculty at my fellowship but that was minimal at best.	7/13/2020 6:30 AM
8	I attended the same program for residency and fellowship. I sought to obtain a position with the department but the timing was not favorable. This isn't the end, I am not giving up on the dream.	6/30/2020 7:30 PM
9	I was interested in an academic position at a level I Hospital with an associated orthopaedic residency program. While the level I Hospital I will be working for is associated with a university medical school with hundreds of residents/fellows, we do not yet have an orthopaedic surgery residency. We do have faculty appointment to work with medical students. Our goal is to start a residency in the next 5-10 years. Otherwise, it is exactly the practice setup, location, and type of Hospital I desired.	6/30/2020 7:09 PM
10	Would like to have further academic opportunity (teaching residents)	6/22/2020 5:32 PM

Q27 Did you feel like your job options were limited due to an overabundance of trauma fellowship trained job applicants?

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	25.00% 22
No	75.00% 66
TOTAL	88

#	COMMENTS	DATE
1	Limited because of Coronavirus	7/28/2020 2:15 PM
2	There were limited options for academic trauma Jobs and in the more private world there were limited jobs for exclusively trauma positions. Most wanted someone to have a trauma focus but who would do either sports or arthroplasty additionally	7/28/2020 2:10 PM
3	Plenty of options, both private, employed and academic. Interviewed at all types	7/22/2020 5:45 AM
4	My fellowships mentors were absolutely phenomenal in my job search. At least 5 of them personally reached out to the institution that I am joining and my job was created for me at the institution at their insistence.	7/22/2020 5:29 AM
5	If the question is, are we training too many trauma fellows, then I think we potentially are, but I don't know that I have the overall global insight into this.	7/22/2020 5:23 AM
6	doesn't necessarily apply to me since I'm a military member	7/15/2020 2:50 PM
7	NA, 2nd fellowship planned	7/6/2020 5:19 PM
8	This is a poorly made survey as I do not have a job yet, but still need to answer your questions as they are mandatory. This skews your results. I am doing a second fellowship next year - this should be added as a question.	7/4/2020 8:10 PM
9	I wanted a private practice job where I can peruse an elective practice and still manage complex orthopaedic trauma in the hospital setting.	6/30/2020 4:10 PM
10	I am doing both trauma and arthroplasty.	6/30/2020 1:36 PM
11	I knew there was a job opportunity and the ortho group was interested in recruiting me prior to fellowship.	6/24/2020 1:01 AM

Q28 Please provide comments about your fellowship.

Answered: 68 Skipped: 20

2020 Post Fellowship Survey

#	RESPONSES	DATE
1	Great experience	8/11/2020 12:41 PM
2	I felt XXX provided me with an great fellowship. The case volume and complexity was excellent, even with COVID-19. The faculty each treat cases differently, which allows for good exposure to different approaches and techniques (AIP +/- osteotomy vs ilioinguinal, aggressive nailing vs plating, humeral and elbow approaches, young femoral neck approaches, etc.). Mentorship was very strong as well. Independence was gradually and appropriately increased as the year progressed. Prior weaknesses of the program were also addressed with the addition of fellow level conferences and an increase in nonunion cases. The only thing missing were frames.	7/28/2020 2:14 PM
3	Loved it. We do a lot of complex work, and I feel ready to tackle anything thrown my way.	7/28/2020 2:12 PM
4	Would benefit from more formal didactics. Otherwise strong faculty and breadth of cases/pathology	7/28/2020 2:10 PM
5	Overall a really great experience	7/28/2020 2:04 PM
6	Superior fellowship that met or exceeded every expectation.	7/27/2020 2:01 PM
7	Dr. XXXXXX are great mentors and teachers. I am happy to have had them as my fellowship instructors. I enjoyed working at a Level 1 academic center where I was able to instruct residents.	7/22/2020 4:19 PM
8	I really enjoyed the fellowship at XXX. I was treated well by the attendings, had a great variety and volume of cases, and was able to attend many useful meetings/conferences throughout the year.	7/22/2020 9:13 AM
9	Overall, very strong program with great faculty. Good case volume with good variety and great autonomy.	7/22/2020 5:53 AM
10	Excellent year. Good balance of education, patient care, case load, case variety, case complexity, and autonomy. Always could use more pelvis and acetabulum work	7/22/2020 5:50 AM
11	One attending no longer seems interested in having a fellow or even doing cases. One is stretched very thin between his obligations here and his business interests. Sometimes I felt that the fellow fell through the cracks. Lots of good cases lost to a lack of resources at the hospital especially pelvis and tab. Advertised as a level 2 but definitely not the case, as it is state level two and and acs so we lack CT surgery, urology at times and plastics	7/22/2020 5:48 AM
12	My fellowship provided the unique goals and desires that I sought including the setting, breath, and depth.	7/22/2020 5:46 AM
13	Overall great case volume and variety. Great attendings to work with.	7/22/2020 5:45 AM
14	Overall an excellent experience with great high energy trauma cases and breadth of cases. Could have more formal education.	7/22/2020 5:39 AM
15	Overall, I was very happy with the fellowship and made strides on my approaches, familiarity, and volune of complex cases. I also very much enjoyed learning a new view of "how to think"	7/22/2020 5:37 AM
16	An outstanding Fellowship. Excellent mentoring from clinical faculty. An excellent balance between progressive techniques and traditional principles. Exposure to cases and appropriate graduated autonomy is second to none.	7/22/2020 5:34 AM
17	Outstanding fellowship experience - strong clinical experience and excellent mentorship.	7/22/2020 5:32 AM
18	This is the best Orthopaedic Trauma fellowship in the country. The faculty and support staff are invested and constantly working to make it better.	7/22/2020 5:29 AM
19	COVID-19 really had a significant toll in my fellowship experience both in case volume and complexity. The low number of trauma cases during the last 4 month period coupled with the service being split into teams that would rotate hospital coverage, made for a painfully slow spring and early summer period.	7/22/2020 5:25 AM
20	Excellent experience. Well prepared for future practice. Mentors for life.	7/22/2020 5:23 AM
21	High volume fellowship	7/22/2020 5:21 AM

2020 Post Fellowship Survey

22	it has been good until disturbed by COVID	7/22/2020 5:18 AM
23	Great fellowship experience. Balanced exposure to a wide variety of cases including pelvis/acetabulum, periarticular, upper and lower extremity as well as hot and cold trauma. The faculty are all talented surgeons and teachers in addition to being supportive and a pleasure to work with.	7/20/2020 8:28 PM
24	Wide variety of cases	7/19/2020 1:57 PM
25	Fantastic faculty in terms of breadth of training and operative styles. Entirely fellow-focused without distractions of scut work or residents. High-volume operative experience reflecting realistic community trauma. Flexible and helpful faculty in terms of job search and interviewing.	7/16/2020 11:09 AM
26	Pelvic and acetabular trauma limited by the refusal of one trauma attending (XXXX) who refuses to work with fellow. He treats approximately 30-40% of the pelvic and acetabular trauma.	7/16/2020 8:46 AM
27	Excellent Fellowship with great attendings/mentors. Busy Level 1 Regional Trauma Center with an abundant amount of Pelvis and Acetabulum Cases in addition to all the other long bone and periarticular cases I could have asked for. I had an excellent opportunity to learn from and work with my attendings while also continuing to develop my skills and hone my decision making abilities by doing my own cases. This fellowship was the perfect fit for me and exactly what I was looking for.	7/15/2020 4:02 PM
28	This was by far my best year in training. I would do this fellowship again if I was graduating residency soon	7/15/2020 2:50 PM
29	Phenomenal, great staff, case volume and complexity far exceeded expectations. Would absolutely choose to come here again if I had to do it over again	7/15/2020 11:29 AM
30	Excellent experience, staff were very committed to our education.	7/15/2020 10:42 AM
31	Remarkable fellowship experience! The educating the educators curriculum was great training for a future academic practice. The case breadth, variety, and graduated autonomy was exactly what I was hoping for.	7/15/2020 8:50 AM
32	Excellent fellowship - fantastic mentors that will last a lifetime. Will be sad for it to end. Great mentorship	7/15/2020 6:37 AM
33	Excellent diverse complex training year , exceeded expectations	7/14/2020 6:53 PM
34	Excellent fellowship.	7/14/2020 3:06 PM
35	Overall very satisfied with fellowship experience. I think it is impossible for anyone to see every possible operative case that they would want to see in one year. There are several cases that I would have liked to have more exposure to prior to completion of my fellowship. But overall the surgical experience exceeded my expectations.	7/14/2020 12:39 PM
36	Excellent volume of complex, high-energy trauma. Attendings extremely dedicated to education.	7/13/2020 6:30 AM
37	I am 100% satisfied with the training and wisdom I received this year.	7/5/2020 4:15 PM
38	Overall case volume was low, especially for pelvic/acetabulum, elbow and foot trauma. There was an overemphasis on clinic - some weeks involved 1.5-2 days in clinic. There was minimal graduated autonomy.	7/5/2020 8:01 AM
39	- Extremely limited scut work - High case load - Very experienced staff surgeons with diverse techniques and approaches to fracture management - Autonomous fellowship experience in choosing cases - Collegial environment	7/4/2020 8:10 PM
40	This fellowship allows for a well-rounded experience through working at XXXXXX The fellow benefits from working with several surgeons and therefore learns different ways to treat each type of fracture. The mentorship and opportunities provided by XXXXXXXX is unique and beneficial. There is very good exposure to periarticular fractures and management of nonunion/malunion in this fellowship.. However, there is not enough exposure to pelvic and acetabular fractures and foot fractures (calcaneal,	7/4/2020 5:41 PM
41		7/3/2020 9:25 AM

2020 Post Fellowship Survey

talar and Lisfranc fractures). Although XXX is a hub for orthopaedic research, there is a lack of direction and planning in research related to orthopedic trauma.

42	excellent	7/1/2020 8:51 PM
43	Lots of cases with all kinds of varying complexity that is great to learn from, but not as much acetabulum cases. Work with many different surgeons with different skill sets which is helpful to see. Great experience overall.	7/1/2020 12:20 PM
44	Phenomenal experience, very good breadth and volume of cases. Amazing attendings, diverse in their approach to trauma and very dedicated to teaching.	7/1/2020 9:24 AM
45	Fun fellowship with large breadth of cases. Dr. TXXX is a tremendous fellow leader and educator. Would recommend to others interested in high volume level 1 academic training.	7/1/2020 7:56 AM
46	Best fellowship one could ask for. Four attendings in different aspects of their career and all provide a breath of knowledge in treating trauma patients. Large trauma volume with wide range of cases.	7/1/2020 6:03 AM
47	excellent variety of pathology as well as number of acetabulum/pelvic fractures. Enough attendings to have 2 teams and have a variety of strengths and styles to learn from.	6/30/2020 10:37 PM
48	Excellent trainers who were keen to teach throughout. Volume has been effected by increase in number of Levels 1 in XXXX area, and also COVID. Still achieved over 500 cases.	6/30/2020 10:17 PM
49	This fellowship exceeded my expectations. I trained at this program as a resident and knew that it was a high caliber experience. Despite my insider knowledge as a resident the fellow experience was superb and better than anticipated.	6/30/2020 7:30 PM
50	Excellent mentorship, breadth of cases, and manageable call/work schedule.	6/30/2020 7:09 PM
51	My fellowship was wonderful. I would 10/10 choose it again.	6/30/2020 6:22 PM
52	Very high volume of trauma and complex trauma, however a lot of intra-articular fractures are given away to other services by some of the staff. It was also a tough year for pelvis/acetabulum as a new faculty came on in September and all of the other faculty pretty much gave it to them and we went from doing to the cases to observing the cases.	6/30/2020 5:09 PM
53	Overall happy with the quality of training this year. High volume of complex cases, pelvis/acetabulum, and reconstruction/nonunion. Emphasis on clinical indications, AO concepts, and technical excellence in the OR. Act as team leader of residents and mid-levels on trauma service. Low volume of calcaneus and midfoot for whatever reason. Opportunities for improvements in formal didactics as expanded on below.	6/30/2020 4:44 PM
54	No negative comments. My experience at Grant was great, we treated everything in a wide variety of ways, and I was provided a great experience to learn.	6/30/2020 4:10 PM
55	Great experience.	6/30/2020 2:21 PM
56	I enjoyed my fellowship at XXXXX. The depth of knowledge from the attending's is critical. I think that I received a good variety of trauma and a good number of arthroplasty used to treat trauma. We also did a good number of periprosthetic fractures.	6/30/2020 1:36 PM
57	Outstanding mentorship with progressive autonomy throughout the year. Nice volume of complex cases	6/30/2020 1:08 PM
58	Overall I feel That I experienced a good breadth of exposure, was granted graduated autonomy and feel ready to enter practice.	6/28/2020 1:05 PM
59	Lower upper extremity caseload than originally anticipated, but training adequate/provided skill set required for career. Very pleased with breadth, complexity, and volume of fellowship cases in all respects otherwise	6/25/2020 9:08 AM
60	My fellowship has been had amazing hands on training in the OR. Starting from day 1, I was the primary surgeon even on complicated cases. The attendings were always there assisting. The call burden is very high, but the salary is adjusted for this. There is a lot of floor work and inpatient rounding to do daily. Overall, I had a phenomenal experience and would choose this fellowship again if I could. I would recommend this fellowship to anyone who wants to become technically proficient in the OR and learn how to be an independent physician in a private practice setting.	6/24/2020 1:01 AM

2020 Post Fellowship Survey

61	Excellent experience, very good clinical volume, high complexity of patients. Caring, thoughtful faculty who take significant interest in fellow education and who are dedicated to growing skill sets as surgeons and teachers.	6/23/2020 6:15 PM
62	XXXXXX was my first choice for fellowship. I am very fortunate to be here. I will leave this place well-trained, prepared, and a member of a close community of surgical educators. I am grateful beyond what I can express in words.	6/23/2020 2:29 PM
63	Fantastic experience. Very happy with my fellowship decision.	6/22/2020 6:52 PM
64	I enjoyed my time very much. I think I had a very appropriate amount of supervision as well as breadth and depth of cases. I wish I had done more pelvis/acetabulum etc but I would say this regardless of how much I have done this year.	6/22/2020 6:52 PM
65	Well-balanced overall. Excellent cases. Needs improvement in the area of research support, assistance, completion, mentorship.	6/22/2020 5:32 PM
66	Great learning experience and significant volume of complex trauma cases. Feel very well trained for Level-1 trauma going forward.	6/22/2020 3:58 PM
67	Very good	6/22/2020 3:44 PM
68	Excellent volume, case diversity and exposure to a variety of different techniques taught by a group of expert orthopedic trauma surgeons. I feel well prepared to start my new job as an orthopedic traumatologist.	6/22/2020 2:54 PM

Q29 Please comment on how the OTA can help you to stay engaged post-fellowship.

Answered: 53 Skipped: 35

2020 Post Fellowship Survey

#	RESPONSES	DATE
1	I found the increased webinars and fellows webinar course to be great and will try to keep up and participate in future webinars	7/28/2020 2:14 PM
2	Educational opportunities both as learner and educator	7/28/2020 2:10 PM
3	Courses	7/28/2020 2:04 PM
4	Continue young/junior surgeon mentorship, engagement programs, education. Especially helpful are the Young Practitioners Forum.	7/27/2020 2:01 PM
5	continue with webinars	7/22/2020 9:13 AM
6	Continue advancing the OTA online education resources with more videos and access to case based discussions.	7/22/2020 5:53 AM
7	Would like to become an OTA member and continue my involvement	7/22/2020 5:50 AM
8	Continued community sharing of knowledge and state of the art practice of orthopaedic trauma.	7/22/2020 5:46 AM
9	I think it does a good job, webinars, conferences. As someone going into private practice hopefully there will be some opportunities to stay involved, maybe help with resident fracture courses etc	7/22/2020 5:45 AM
10	Make membership easy	7/22/2020 5:39 AM
11	Ive spoken to other current fellows and we would like the fellows course to be rescheduled for us in future, as we missed the cadaveric course	7/22/2020 5:37 AM
12	Wish to continue to be present in annual meetings and hopefully contribute in the long run.	7/22/2020 5:34 AM
13	Continued webinar involvement as well as conference and committee involvement offers.	7/22/2020 5:29 AM
14	Continued webinars and correspondence about being involved with committees, etc.	7/22/2020 5:25 AM
15	I would love to stay involved. I think early on in my career, faculty development opportunities would be great.	7/22/2020 5:23 AM
16	Online course	7/22/2020 5:18 AM
17	Continue with email updates regarding symposiums/courses/discussions and general updates regarding the OTA itself.	7/20/2020 8:28 PM
18	Educational webinars	7/19/2020 1:57 PM
19	Alerts about teaching opportunities and committees available and well-suited for early-practice traumatologists. Webinars.	7/16/2020 11:09 AM
20	I would love to stay engaged by continuing to go to the annual meetings and would also love the opportunity to potentially teach at different courses.	7/15/2020 4:02 PM
21	I plan to stay involved	7/15/2020 11:29 AM
22	Information related to opportunities within OTA during early career.	7/15/2020 10:42 AM
23	Regular invites to webinars.	7/15/2020 8:50 AM
24	Would love to be an OTA faculty for courses and education	7/15/2020 6:37 AM
25	Provide membership for an additional year	7/14/2020 3:06 PM
26	OTA Annual Meeting	7/13/2020 6:30 AM
27	Mentorship	7/6/2020 5:19 PM
28	Continue webinars	7/6/2020 4:38 PM
29	By continuing to reach out and actively include past trauma fellows via email, social media, etc.	7/5/2020 8:01 AM
30	Continued webinars and web-based case discussions.	7/4/2020 8:10 PM
31	Continued webinars on relevant topics Opportunity for grants for conferences / research	7/4/2020 5:41 PM

2020 Post Fellowship Survey

32	Continue fracture webinars	7/1/2020 12:20 PM
33	Continue making teaching opportunities available.	7/1/2020 9:24 AM
34	E-mails with new literature or techniques being used in orthopedic trauma	7/1/2020 7:56 AM
35	I hope I can contribute to teaching of residents through OTA courses and look forward to being invited one day if possible.	7/1/2020 6:03 AM
36	courses, videos, conferences	6/30/2020 10:37 PM
37	Mentorship for future leadership roles in OTA	6/30/2020 10:17 PM
38	Continue to provide online courses for continuing education. I plan to attend the OTA annual meeting yearly.	6/30/2020 7:09 PM
39	Continue attending level courses	6/30/2020 6:22 PM
40	Conferences and meeting.	6/30/2020 5:09 PM
41	Reach out via with opportunities for courses, volunteering/teaching opportunities	6/30/2020 4:44 PM
42	Keep me informed on educational opportunities - courses in person and online.	6/30/2020 4:10 PM
43	Fellow level online education	6/30/2020 2:21 PM
44	Not sure right now, I plan on trying to become a member of OTA and stay engaged.	6/30/2020 1:36 PM
45	Continued production of high quality webinars, coding/billing courses	6/30/2020 1:08 PM
46	Online forums, quality lectures and meetings.	6/28/2020 1:05 PM
47	Provide CME opportunities.	6/24/2020 1:01 AM
48	Continued community building	6/23/2020 6:15 PM
49	The outreach from the OTA during fellowship has been great. Hopefully more of the same as I transition into practice.	6/22/2020 6:52 PM
50	Continue to provide educational resources pertinent to practice. Online CME that is easily accessed and affordable.	6/22/2020 5:32 PM
51	Emails to stay up to date on meetings and webinars for continued learning.	6/22/2020 3:58 PM
52	N/A	6/22/2020 3:44 PM
53	E-mails and mailings	6/22/2020 2:54 PM

Q30 What is one thing you would change about your trauma fellowship training?

Answered: 64 Skipped: 24

2020 Post Fellowship Survey

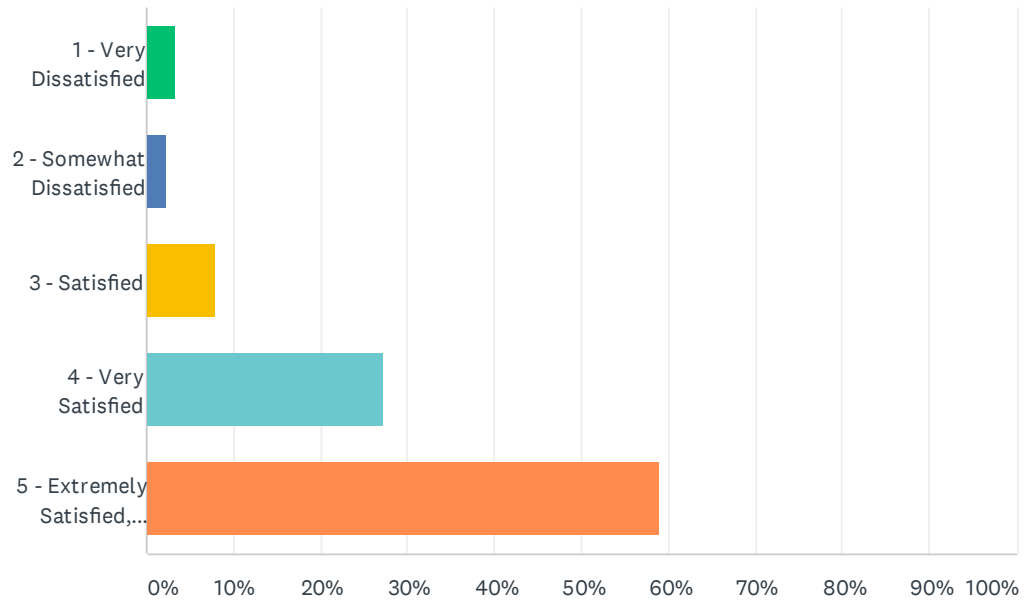
#	RESPONSES	DATE
1	The ability to take call as an attending.	7/28/2020 2:14 PM
2	Nothing	7/28/2020 2:12 PM
3	More didactics	7/28/2020 2:10 PM
4	More tab volume	7/28/2020 2:04 PM
5	Timing of Covid Virus.	7/27/2020 2:01 PM
6	Unfortunately due to COVID 19 pandemic, the trauma volume was very low for several months. Like all trauma fellows, I would like more pelvis and acetabulum. I would also add more upper extremity trauma, specifically shoulder and elbow. With the continued training of more trauma fellows, who are subsequently staffing area level II hospitals, less polytrauma/pelvic trauma patients are being transferred to Level 1 hospitals.	7/22/2020 4:19 PM
7	more fellow level conferences	7/22/2020 9:13 AM
8	Increased exposure to deformity correction cases.	7/22/2020 5:53 AM
9	More pelvis and acetabular cases	7/22/2020 5:50 AM
10	I would likely not do this fellowship again, wish I had done something more academic or at least at a real level 1/2 trauma center	7/22/2020 5:48 AM
11	Centralization of care.	7/22/2020 5:46 AM
12	Nothing. Extremely satisfied.	7/22/2020 5:43 AM
13	More formal education, more calcaneal fractures	7/22/2020 5:39 AM
14	Wish the pandemic didn't happen. However, it had very little impact on my training or caseload.	7/22/2020 5:34 AM
15	I wouldn't change anything about my individual experience. It was exactly what I wanted and I got exactly what I needed.	7/22/2020 5:29 AM
16	n/a	7/22/2020 5:25 AM
17	There is one rotation where we do a fair bit of driving to different hospitals. If I could change one thing, it would be to drive a little less while on that rotation.	7/22/2020 5:23 AM
18	COVID disruption	7/22/2020 5:18 AM
19	I would have liked to have had a cofellow	7/20/2020 8:28 PM
20	Increased autonomy	7/19/2020 1:57 PM
21	More cold trauma - frames, deformity correction, malunions.	7/16/2020 11:09 AM
22	More pelvic and acetabular experience.	7/16/2020 8:46 AM
23	At this point in time I can't think of anything I would have changed about this year.	7/15/2020 4:02 PM
24	Would want more calcaneus fractures	7/15/2020 11:29 AM
25	Nothing.	7/15/2020 10:42 AM
26	Amazing. Despite COVID.	7/15/2020 8:50 AM
27	None, other than the effect COVID19 had on our caseloads (but this was ubiquitous)	7/15/2020 6:37 AM
28	None	7/14/2020 3:06 PM
29	More fellow level conferences discussing cases	7/13/2020 7:58 PM
30	Improved fellow level didactics.	7/13/2020 6:30 AM
31	Less early days rounding	7/6/2020 4:38 PM
32	More exposure to pediatric trauma as I will be taking pediatric call	7/5/2020 4:15 PM
33	Nothing.	7/5/2020 8:01 AM

2020 Post Fellowship Survey

34	Increase graduated autonomy in the OR.	7/4/2020 8:10 PM
35	Topic schedule for teaching rounds - would ensure all topics are covered and allow more in-depth discussion	7/4/2020 5:41 PM
36	I would hope to have more exposure to pelvic and acetabular trauma.	7/3/2020 9:25 AM
37	no pandemic	7/1/2020 8:51 PM
38	Would have liked to have more independent operating to better prepare me to operate on my own.	7/1/2020 12:20 PM
39	More formal fellow level didactics	7/1/2020 9:24 AM
40	n/a	7/1/2020 7:56 AM
41	Absolutely nothing.	7/1/2020 6:03 AM
42	Ability to attend courses.	6/30/2020 10:37 PM
43	Potential for attending call, even if supervised by another attending.	6/30/2020 10:17 PM
44	More graduated autonomy. Ability to take call as attending with less oversight.	6/30/2020 7:30 PM
45	I would have appreciated some more autonomy during cases. This is certainly a hands on fellowship, but usually with close supervision by faculty.	6/30/2020 7:09 PM
46	Have multiple clinic experiences instead of just one.	6/30/2020 6:22 PM
47	more hand on with pelvis/acetabulum fractures.	6/30/2020 5:09 PM
48	Organized reading curriculum; protected time for didactics and conference; fellow level conferences were only scheduled for twice during the year, additional more regular sessions would have been good	6/30/2020 4:44 PM
49	Nothing	6/30/2020 4:10 PM
50	N/a	6/30/2020 2:21 PM
51	COVID-19, I would not change anything.	6/30/2020 1:36 PM
52	Higher volume of arthroplasty and forefoot surgery, as those cases mostly occur at group-associated surgery center rather than hospital setting in which I spend my time.	6/30/2020 1:08 PM
53	More exposure to senior level faculty for the entire year.	6/28/2020 1:05 PM
54	Broader exposure to upper extremity complex cases	6/25/2020 9:08 AM
55	The PA is difficult to work with, and there is a lot of floor work the fellow has to do.	6/24/2020 1:01 AM
56	n/a	6/23/2020 6:15 PM
57	Compensation was not really commensurate with the position and the local cost of living.	6/23/2020 2:29 PM
58	Fellows are assigned to a room every day. It would have been ideal to be able to choose which room we'd like to cover. This wasnt possible at my fellowship due to coverage requirements	6/23/2020 10:40 AM
59	I would have liked to attend a limb reconstruction course this year... unable to due to COVID.	6/22/2020 6:52 PM
60	Less COVID, otherwise nothing.	6/22/2020 6:52 PM
61	Better research productivity.	6/22/2020 5:32 PM
62	More complex multiplanar frame application	6/22/2020 3:58 PM
63	None	6/22/2020 3:44 PM
64	Nothing	6/22/2020 2:54 PM

Q31 Overall, how satisfied are you with your fellowship:

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 - Very Dissatisfied	3.41%	3
2 - Somewhat Dissatisfied	2.27%	2
3 - Satisfied	7.95%	7
4 - Very Satisfied	27.27%	24
5 - Extremely Satisfied, Exceeded Expectations	59.09%	52
TOTAL		88