

# COTA Grant Application 2022

For the 2022-23 Academic Fellowship Year

This is a PDF fillable form, if you would prefer the online application submission, please refer back to the COTA website to get that link.

**NOTE: Uploaded documents cannot be saved onto this PDF fillable form - they must be emailed as an attachment.**

Please submit the application and supplementary documents to Rachel O'Connell at [occonnell@ota.org](mailto:occonnell@ota.org) - the submit button at the end of this form will not work.

Grant Application deadline is January 31, 2022 at 12:00 PM CDT.

Email [occonnell@ota.org](mailto: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)**

## **COTA Grant Application 2022**

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### **Fellowship Faculty**

Faculty to fellow ratio requirements

Must be 2:1 for the first fellow; fellowship director must be an active OTA Member (or meet same requirements - review page 3 of [Fellowship Guidelines](#)) and 1:1 thereafter for core faculty: please review requirements for [Core Faculty](#).

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.**

**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? \***

**Does your program have an orthopaedic residency program?**

**Call Responsibilities:**

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

**Does your program have a PANP support system?**

**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 GENERAL calls per month for fellow as the most senior attending:**

**Estimated number of TRAUMA calls per month for fellow as the most senior attending:**

**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:**

**Please describe how your fellow interacts with general trauma service.**

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

**How does your fellowship program support provider well-being and work-life balance?**

**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

**How does your fellowship program foster diversity, equity and inclusion at your fellowship program?**

**Research 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 Injury Severity Score (ISS) greater than 17 admitted per year:**

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

Case List:

The case log should demonstrate 600 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 2020-21 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 [occonnell@ota.org](mailto:occonnell@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 and amount received for the 2021-22 academic year.

**Industry Direct Funding - Amount Received & From Which Industry Partner:**

**OMeGA**

**AOTNA**