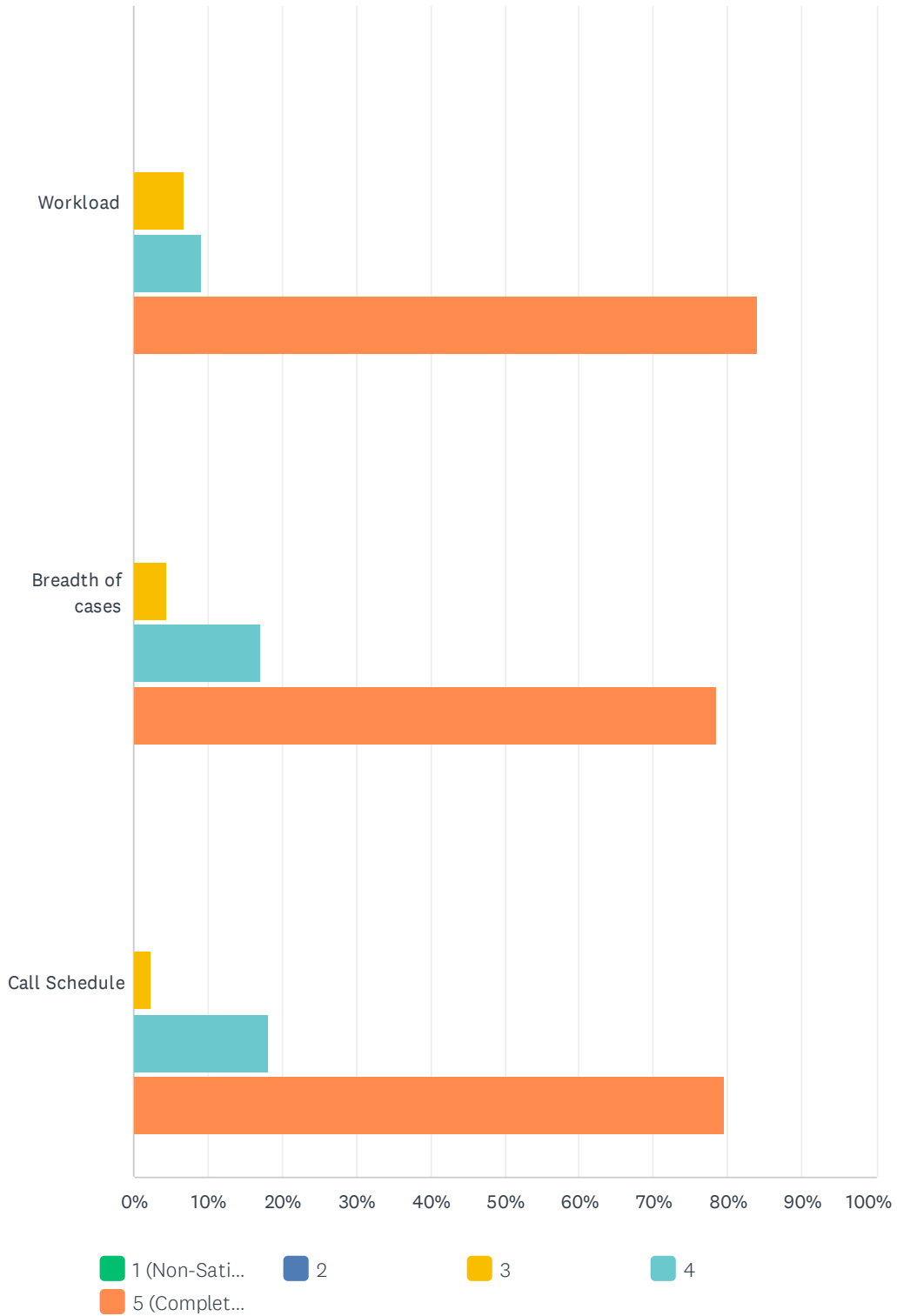


Q3 Please rank your experience during your fellowship year on a scale of 1-5, with 1 being non-satisfactory, and 5 being completely satisfactory.

Answered: 88 Skipped: 0

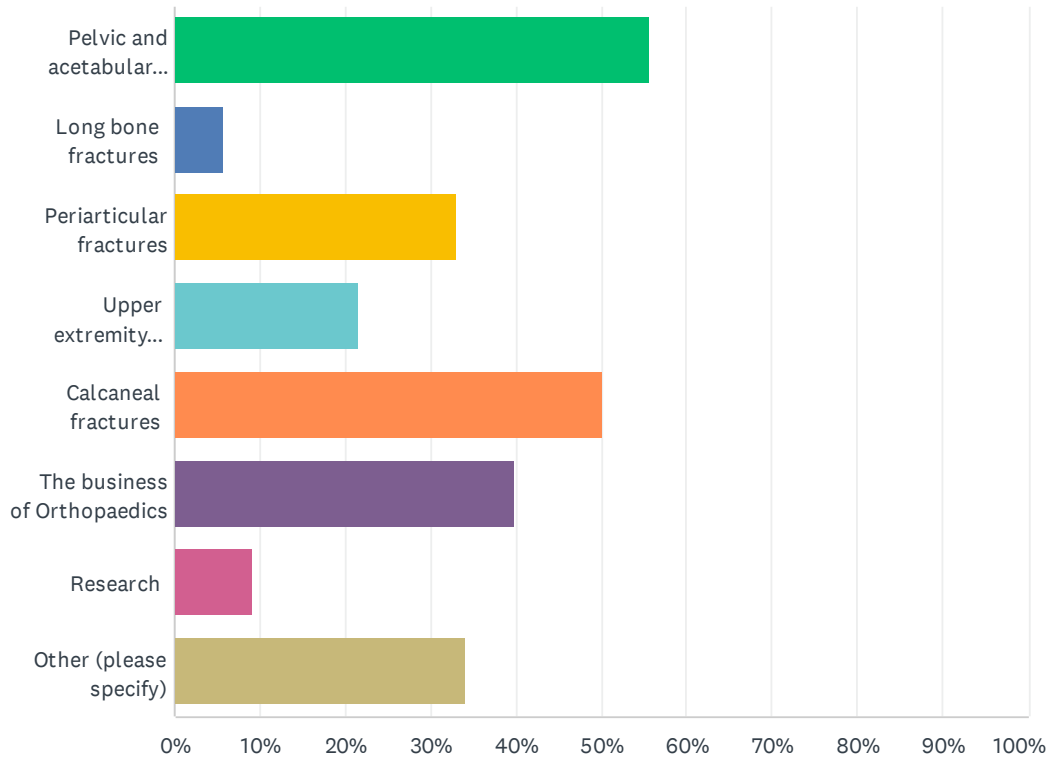


2021 Post Fellowship Survey

	1 (NON-SATISFACTORY)	2	3	4	5 (COMPLETELY SATISFIED)	TOTAL
Workload	0.00% 0	0.00% 0	6.82% 6	9.09% 8	84.09% 74	88
Breadth of cases	0.00% 0	0.00% 0	4.55% 4	17.05% 15	78.41% 69	88
Call Schedule	0.00% 0	0.00% 0	2.27% 2	18.18% 16	79.55% 70	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	55.68% 49
Long bone fractures	5.68% 5
Periarticular fractures	32.95% 29
Upper extremity fractures	21.59% 19
Calcaneal fractures	50.00% 44
The business of Orthopaedics	39.77% 35
Research	9.09% 8
Other (please specify)	34.09% 30
Total Respondents: 88	

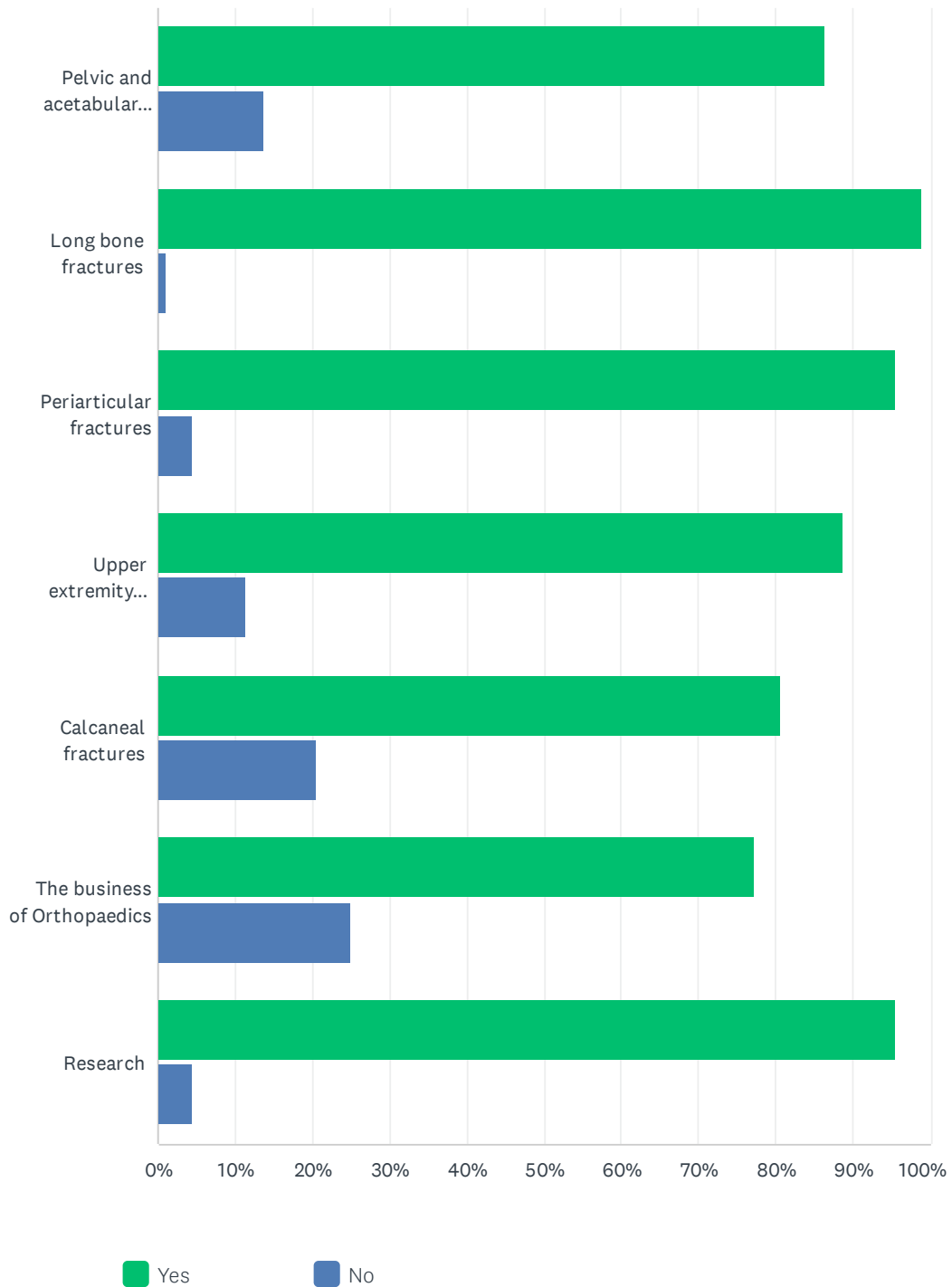
#	OTHER (PLEASE SPECIFY)	DATE
1	none!	7/23/2021 8:47 AM
2	Deformity Correction	7/22/2021 12:51 PM
3	None- plenty of exposure to everything	7/19/2021 2:56 PM

2021 Post Fellowship Survey

4	Soft Tissue Coverage	7/15/2021 2:35 PM
5	Talus fractures	7/15/2021 7:03 AM
6	None- All expectations met	7/14/2021 10:01 PM
7	Needed more proximal humerus fractures, calcaneus/other foot fractures, periprosthetic fractures	7/14/2021 7:32 PM
8	None	7/14/2021 7:13 PM
9	Deformity. Frames.	7/13/2021 6:28 AM
10	complex proximal humerus, terrible triads, calcaneal fractures, talus fractures, midfoot fracture dislocations, bicondylar plateaus	7/10/2021 9:47 AM
11	Mainly checking the 3 boxes to follow directions here - very satisfied with my experience. Business curriculum is probably lacking from most all except the Reno program	7/8/2021 10:37 AM
12	reverse for fracture, THA for fracture	7/7/2021 12:37 PM
13	Malunion Nonunion	7/7/2021 10:34 AM
14	Deformity	7/6/2021 10:17 PM
15	Complex elbow	7/6/2021 8:02 PM
16	Bone transport TS frames	7/6/2021 7:07 PM
17	deformity correction	7/6/2021 4:34 PM
18	talus fractures	7/5/2021 11:35 AM
19	Midfoot trauma (lisfranc)	7/5/2021 7:15 AM
20	terrible triad elbow fractures	6/28/2021 5:56 AM
21	hand	6/25/2021 10:14 PM
22	Arthroplasty	6/25/2021 7:30 PM
23	only the business , I selected the others because the stem requests 3	6/19/2021 6:57 AM
24	talus fractures	6/18/2021 1:55 PM
25	Malunion	6/18/2021 9:34 AM
26	Malunion, Nonunion, Deformity correction	6/18/2021 9:29 AM
27	Great cases	6/18/2021 5:40 AM
28	skin flaps, malunion surgeries, ring fixations	6/17/2021 7:14 PM
29	Midfoot and Forefoot trauma	6/17/2021 6:53 PM
30	Nonunion/deformity	6/17/2021 4:30 PM

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

Answered: 88 Skipped: 0



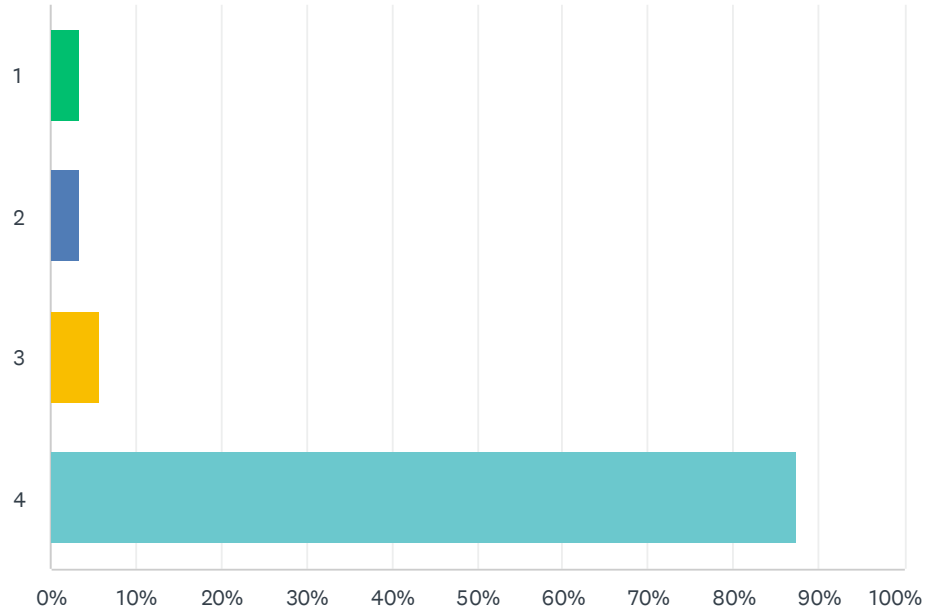
2021 Post Fellowship Survey

	YES	NO	TOTAL RESPONDENTS
Pelvic and acetabular trauma	86.36% 76	13.64% 12	88
Long bone fractures	98.86% 87	1.14% 1	88
Periarticular fractures	95.45% 84	4.55% 4	88
Upper extremity fractures	88.64% 78	11.36% 10	88
Calcaneal fractures	80.68% 71	20.45% 18	88
The business of Orthopaedics	77.27% 68	25.00% 22	88
Research	95.45% 84	4.55% 4	88

#	OTHER (PLEASE SPECIFY)	DATE
1	THA	6/19/2021 12:28 PM

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	5.68% 5
4	87.50% 77
TOTAL	88

#	OTHER (PLEASE SPECIFY)	DATE
1	5 to 6	8/4/2021 2:11 PM
2	5	7/26/2021 9:07 PM
3	5-6	7/23/2021 8:47 AM
4	5	7/19/2021 10:29 PM
5	6	7/19/2021 2:56 PM
6	6	7/15/2021 8:34 PM
7	5-6	7/15/2021 2:35 PM
8	Essentially would attend morning rounds via Zoom (due to Covid) 6-7 days per week.	7/15/2021 10:46 AM
9	5	7/15/2021 7:03 AM
10	5-7	7/14/2021 11:50 PM

2021 Post Fellowship Survey

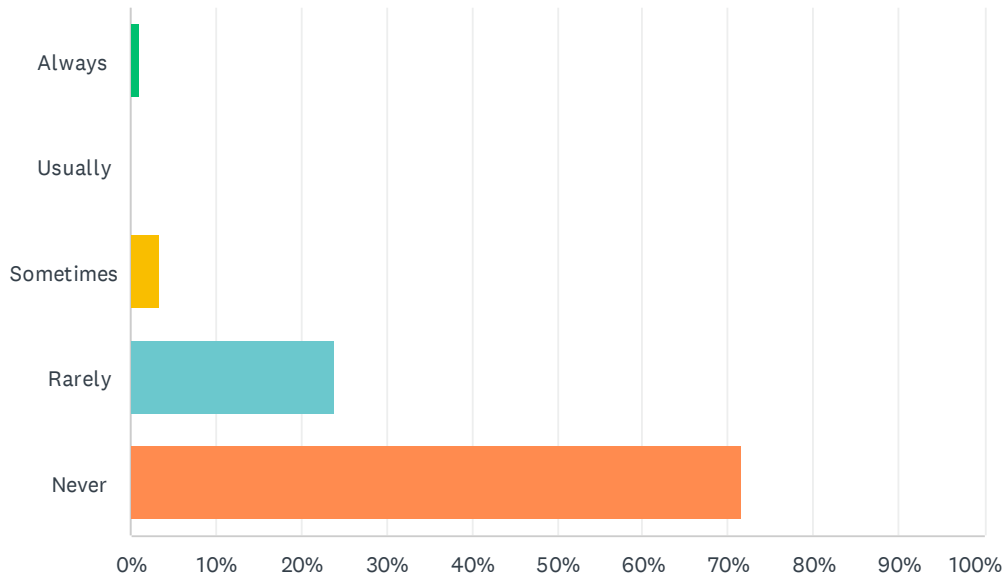
11	Virtual	7/14/2021 8:15 PM
12	5	7/14/2021 7:32 PM
13	5	7/14/2021 6:46 PM
14	5 days per week M-F	7/14/2021 1:27 PM
15	5-7 days per week	7/13/2021 6:28 AM
16	5	7/13/2021 6:25 AM
17	6 days per week.	7/12/2021 11:57 AM
18	5	7/11/2021 9:29 AM
19	5 days a week and on weekends when on call	7/10/2021 10:11 AM
20	1-2 depending on the week	7/8/2021 10:37 AM
21	6 on average	7/7/2021 10:34 AM
22	6-7	7/6/2021 10:17 PM
23	5	7/6/2021 9:45 PM
24	5+	7/6/2021 8:02 PM
25	5-7 depending on whether I was on call	7/6/2021 7:22 PM
26	Most weeks, 6 days	7/6/2021 7:07 PM
27	5	7/6/2021 6:57 PM
28	5	7/6/2021 4:55 PM
29	5-7	7/6/2021 4:34 PM
30	5	7/5/2021 11:35 AM
31	every day	7/5/2021 7:15 AM
32	5	6/30/2021 9:17 AM
33	5-6 days/week	6/28/2021 5:56 AM
34	Morning trauma conference but no patient ward rounds	6/25/2021 7:30 PM
35	5	6/24/2021 8:35 AM
36	5	6/22/2021 11:55 AM
37	5	6/21/2021 8:29 AM
38	5	6/19/2021 12:28 PM
39	5-7	6/19/2021 6:57 AM
40	5	6/18/2021 1:01 PM
41	minimum 5 days a week	6/18/2021 9:34 AM
42	I rounded and attended sign out every weekday and weekends if on call	6/18/2021 9:29 AM
43	5	6/18/2021 9:25 AM
44	5-7days	6/18/2021 5:40 AM
45	0	6/17/2021 9:04 PM
46	5	6/17/2021 7:34 PM
47	5 days	6/17/2021 6:53 PM
48	5	6/17/2021 4:59 PM

2021 Post Fellowship Survey

49	at least 5	6/17/2021 4:04 PM
50	Every weekday (wouldn't let me put 5)	6/17/2021 3:40 PM
51	5-7 days a week	6/17/2021 2:24 PM

Q7 During your fellowship, how often did you feel uncomfortable or that you were operating without adequate supervision (either directly or indirectly available)?

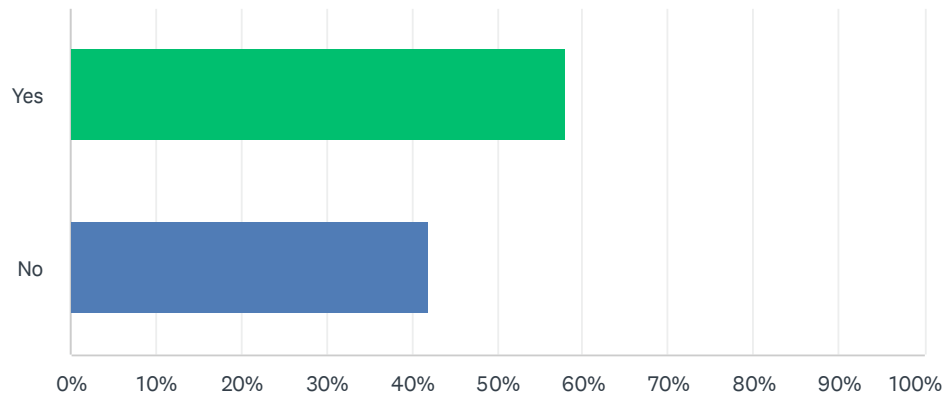
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Always	1.14% 1
Usually	0.00% 0
Sometimes	3.41% 3
Rarely	23.86% 21
Never	71.59% 63
TOTAL	88

Q8 Did you take call during your fellowship as an attending?

Answered: 88 Skipped: 0

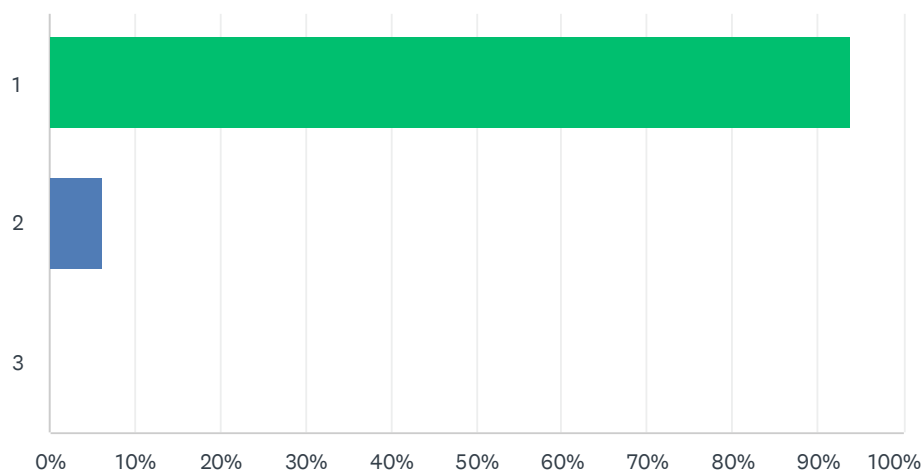


ANSWER CHOICES	RESPONSES	
Yes	57.95%	51
No	42.05%	37
TOTAL		88

#	COMMENTS:	DATE
1	I was also required to take pediatric trauma call. This was never discussed during the interview process, nor at any point until I noticed that I was also on call for the pediatric hospital.	7/28/2021 9:57 PM
2	senior resident level call, but with attending staff privileges	7/14/2021 1:27 PM
3	within how I was credentialed	7/8/2021 10:37 AM
4	Voluntary paid call at an affiliated community hospital, not required	6/25/2021 7:30 PM
5	This was an excellent addition to my clinical experience.	6/19/2021 12:28 PM
6	we had responsibilities in residency that mimicked the scenario, So I didn't push for the opportunity here, but would be advantageous in the future	6/19/2021 6:57 AM
7	With attending back up	6/17/2021 2:24 PM

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

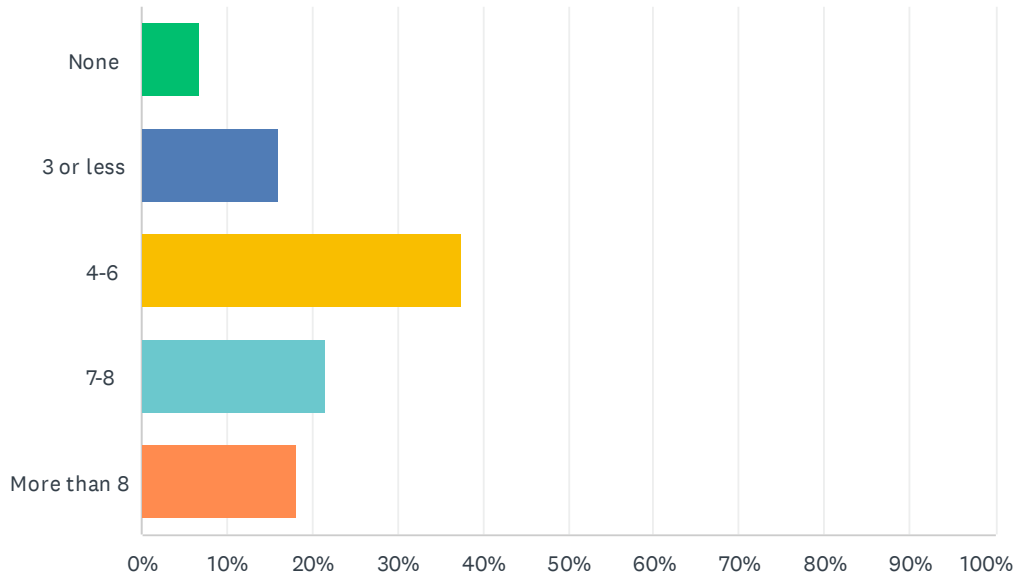
Answered: 80 Skipped: 8



ANSWER CHOICES	RESPONSES	
1	93.75%	75
2	6.25%	5
3	0.00%	0
TOTAL		80

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

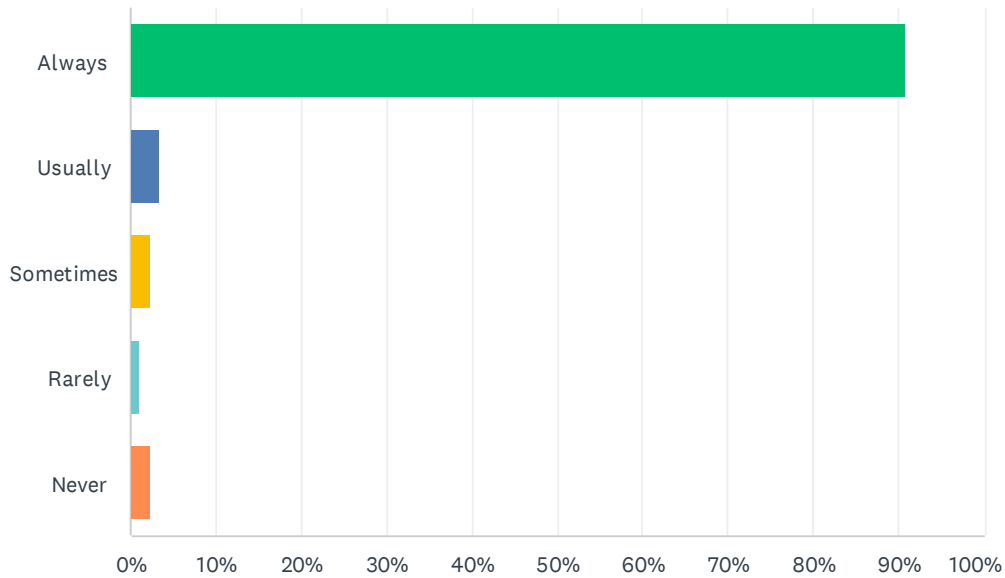
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
None	6.82%	6
3 or less	15.91%	14
4-6	37.50%	33
7-8	21.59%	19
More than 8	18.18%	16
TOTAL		88

Q11 If/when you took independent call, how often did you feel that you had adequate backup if you needed help with complex decision making or help with a case?

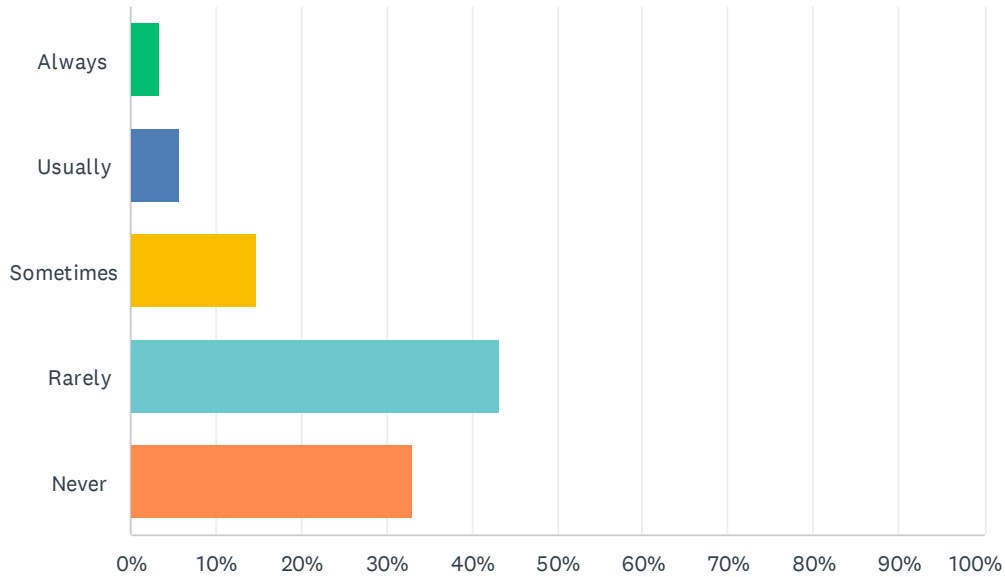
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Always	90.91%	80
Usually	3.41%	3
Sometimes	2.27%	2
Rarely	1.14%	1
Never	2.27%	2
TOTAL		88

Q12 How often during your fellowship did you not have attending evaluate case prior to patient leaving the room?

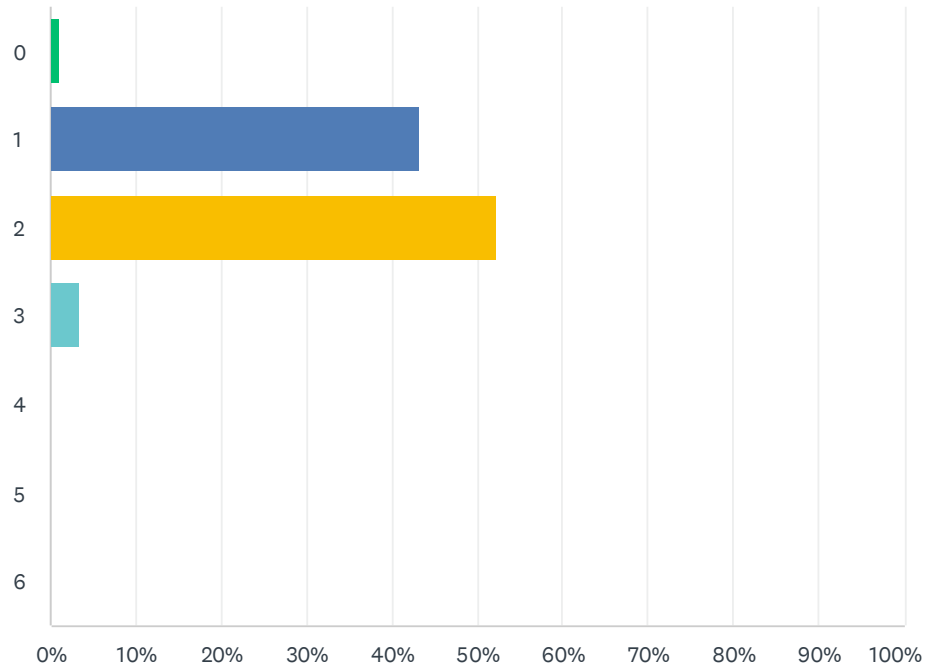
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Always	3.41%	3
Usually	5.68%	5
Sometimes	14.77%	13
Rarely	43.18%	38
Never	32.95%	29
TOTAL		88

Q13 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	43.18%	38
2	52.27%	46
3	3.41%	3
4	0.00%	0
5	0.00%	0
6	0.00%	0
TOTAL		88

#	COMMENTS	DATE
1	4 days in OR and 1 day in clinic, clinic was a full day but only once a week	8/4/2021 2:11 PM
2	1 day of clinic per week	7/14/2021 1:27 PM
3	4 full days of clinic every 3 weeks	7/10/2021 9:47 AM
4	3-4 days per three week cycle	7/7/2021 10:34 AM
5	1-2	7/4/2021 7:42 PM
6	one full clinic day per attending rotation, some days would cover fellow level or rare case if	6/19/2021 6:57 AM

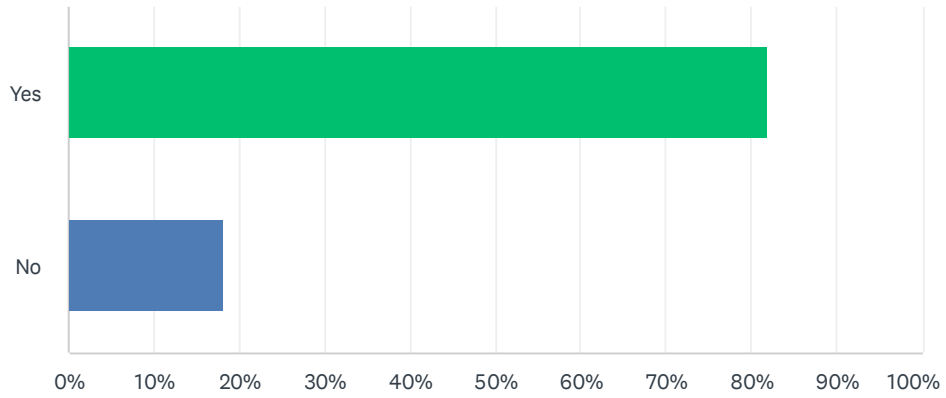
2021 Post Fellowship Survey

going concurrently (~20%)

7	Most weeks I spent 1 day per week in clinic	6/18/2021 9:29 AM
---	---	-------------------

Q14 Is there a fellow level conference?

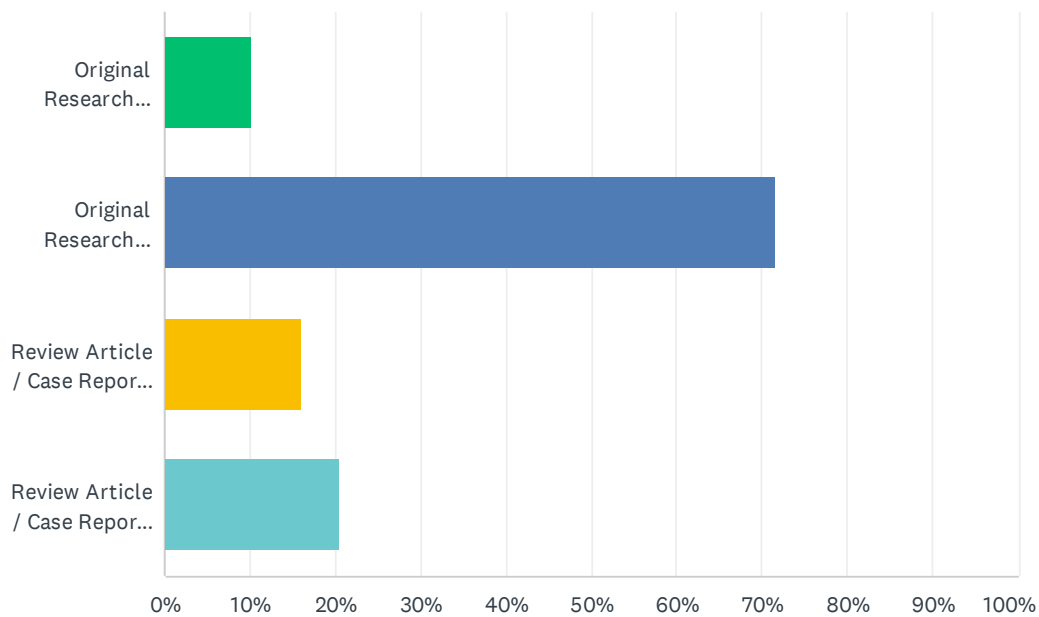
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	81.82%	72
No	18.18%	16
TOTAL		88

Q15 Did you complete a scholarly project during your fellowship year?

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Original Research Published	10.23% 9
Original Research Submitted	71.59% 63
Review Article / Case Report Published	15.91% 14
Review Article / Case Report Submitted	20.45% 18
Total Respondents: 88	

#	TITLE OF THE PROJECT: (REQUIRED)	DATE
1	Comparison of RIA versus BMC as orthobiologic augments for osteogenic and osteoinductive potential in bone healing	7/28/2021 9:57 PM
2	Can iron chelators augment the re-vascularization and osseointegration of large osteochondral allografts for traumatic femoral head and labral reconstruction in a canine model.	7/26/2021 9:07 PM
3	2 Cite Share Use of an Intraoperative Limb Positioner for Adjustable Distraction in Acetabulum Fractures with Femoral Head Protrusion: A Case Report.	7/23/2021 8:47 AM
4	Periprosthetic Distal Femur Fractures: Comparing outcomes: Distal femur replacement vs open reduction internal fixation	7/22/2021 12:51 PM
5	Can Laser-Assisted Indocyanine Green Angiography Be Used to to Quantify Perfusion Changes during Soft Tissue Rest in Spanning External Fixation in Pilon Fractures? A Pilot Study **(In progress)	7/19/2021 10:29 PM
6	Do hyperextension tibial plateau fractures have reduced posterior tibial slope compared to non-hyperextension injuries?	7/19/2021 2:56 PM
7	Not complete	7/16/2021 7:04 AM

2021 Post Fellowship Survey

8	Does Intramedullary Fixation to the Level of the Physeal Scar Improve Stability in Distal Tibia Fractures? A Biomechanical analysis. Compartment Syndrome in High Energy Tibial Plateau Fractures	7/15/2021 2:35 PM
9	"Disparities in Access to Ankle Fracture Surgery" Retrospective review exploring any association between age, race, gender, income, employment, and housing status with being offered ankle fracture surgery. Also, examining root causes for delays to receiving surgery or gaining access to surgical care. Project currently in progress with Dr. Joseph Patterson.	7/15/2021 10:46 AM
10	Orthobiologics for Fractures and Nonunion Management; Membrane Directed Bone Formation	7/15/2021 9:38 AM
11	Biomechanical study comparing 2 fixation techniques for supracondylar distal femur fractures	7/15/2021 7:09 AM
12	Epidemiology and Morbidity following Bilateral Femur Fractures Long-term Survival of the Native Hip Joint following Percutaneous Fixation of Geriatric Acetabular Fractures with Protrusio Peroneus Longus Tendon Avulsion in a Closed Talar Body Fracture: A Case Report	7/15/2021 7:03 AM
13	Outcomes of Musculoskeletal Trauma	7/14/2021 11:50 PM
14	Book Chapter: External fixators for lower extremity fractures Original research: "Wearable Devices Used to Measure Postoperative Pain Response in the Orthopaedic Trauma Patient"	7/14/2021 11:43 PM
15	69. DeBaun MR*, Goodnough LH, Nork SE, Kleweno CP, Hebert-Davies J. Immediate Skin Closure Yields Low Flap Rates in Open Tibias.	7/14/2021 10:01 PM
16	Increase in Gunshot Wounds at a Level 1 Trauma Center Following the COVID19 Pandemic	7/14/2021 8:15 PM
17	"Damage Control Arthroplasty" – Using Girdlestone's Resection Arthroplasty as a Bridging Procedure: A Proof of Concept	7/14/2021 7:41 PM
18	Can anterior pelvis fixation be performed safely in the setting of a genitourinary injury?	7/14/2021 7:32 PM
19	Biomechanical evaluation of pelvic plates and staples	7/14/2021 7:25 PM
20	Does Hindfoot Nailing Decrease Unplanned Return to the OR After Geriatric Open Ankle Fracture?	7/14/2021 7:15 PM
21	Heterotopic ossification after surgical fixation of acetabular fractures	7/14/2021 7:13 PM
22	Assessing the Risk of Nonunion Associated with the Use of Antibiotic Powder in Operatively Treated Tibial Plateau and Pilon Fractures	7/14/2021 6:46 PM
23	1) Book Chapter/Review: Retrograde Nailing of Distal Femur Periprosthetic Fractures 2) Original research: Leaving Against Medical Device; Fate of the Orthopedic Patient at a Level 1 Trauma Center	7/14/2021 1:27 PM
24	Analysis of Procedural Volume and Reimbursement for Hip Fracture Fixation from Medicare Part B: Trends from 2000 to 2019	7/14/2021 12:28 AM
25	Hip Fractures and the "Contusion Sign"	7/13/2021 7:39 PM
26	Early Fixation of Bicondylar Tibial Plateau Fractures	7/13/2021 9:20 AM
27	not yet submitted.	7/13/2021 6:28 AM
28	Can a wearable gait analysis device be used to assess patient recovery in the outpatient setting after operative fixation of tibial plateau fractures?	7/13/2021 6:25 AM
29	Isolated Femoral Neck Fractures Versus Combined Femoral Neck and Shaft Fractures: Comparison of Rates of Avascular Necrosis and Femoral Neck Nonunion	7/13/2021 5:31 AM
30	Defining Posterior Wall Fractures in Associated Both Column Acetabular Fractures	7/12/2021 11:57 AM
31	Acute Deformity Correction and lengthening with motorized nail: Surgical Technique OTA Core curriculum tibia shaft fractures	7/11/2021 9:29 AM
32	Fate of Tibial Tubercle Fragment in Schatzker V/VI Tibial Plateau Fractures	7/10/2021 10:11 AM
33	Characterization and optimization of geriatric autologous bone marrow aspirate for enhanced osteogenic potential	7/10/2021 9:47 AM
34	Femoral Neck Fracture Review	7/8/2021 10:37 AM

2021 Post Fellowship Survey

35	Technical Note on Placement of Low Profile Triangular Osteosynthesis for Unstable Posterior Pelvic Ring Injuries	7/8/2021 9:45 AM
36	Sacral Fracture Completeness in Lateral Compression Type 1 Pelvic Ring Injuries Has Weak Interobserver Reliability	7/7/2021 12:37 PM
37	AAOS ICL 71 Do All Fractures Need Surgery? How Do I Decide?	7/7/2021 10:34 AM
38	Immediate Fixation of Acetabular Fractures via an Anterior Approach: Does This Increase Morbidity or Mortality? Use of an intra-operative limb positioner for adjustable distraction in acetabulum fractures with femoral head protrusion. Type III open diaphyseal tibia fractures treated with single-stage immediate intramedullary nailing and primary closure yield low rates of flap coverage.	7/6/2021 10:17 PM
39	Outcomes Following Percutaneous Fixation of Superior Pubic Rami Fractures	7/6/2021 9:45 PM
40	Not finished, no title yet. Retrospective cohort looking at fragility and mortality in op and nonop treated pelvic rings.	7/6/2021 8:02 PM
41	Ankle Fractures treated with an external fixator have higher rate of post operative infection.	7/6/2021 7:57 PM
42	Risk of Iatrogenic Sciatic Nerve Injury During Posterior Acetabular Fracture Fixation: Does Patient Position Matter?	7/6/2021 7:22 PM
43	Locked Plating System with Dynamic Compression Screws for Femoral Neck Fractures: Case Series	7/6/2021 7:07 PM
44	A Multicenter Retrospective Analysis of Risk Factors for Poor Outcomes Following Tibial Pilon Fractures	7/6/2021 5:45 PM
45	Uses of external fixators in acute injuries	7/6/2021 5:19 PM
46	Posterior Wall Acetabulum Fracture with a Persistent Sciatic Artery: A Case Report The Use of Staples for Internal Fixation of Midfoot Fracture/dislocations: Is it Safe and Effective?	7/6/2021 4:34 PM
47	Assessment of Distal Femoral Fracture Union and Reasons for Failure: Do We Need Locking Screws Proximally?	7/5/2021 11:35 AM
48	Gunshot Fractures (AAOS Resident Curriculum) Mapping of Pelvic Ring Injuries from High-Energy Trauma Utilizing Unfolded CT Image Technology The Forequarter Lateral Implosion Injury	7/5/2021 7:15 AM
49	PROPHYLACTIC STABILIZATION OF FEMORAL NECK IN GERIATRIC POPULATION	7/4/2021 7:42 PM
50	Tension T plate fixation of patella fractures	6/30/2021 9:17 AM
51	Cerclage Wire Adjunct in Traumatic Femoral Fracture: A Comparison of Union, Complication and Reoperation. Survivorship of Geriatric Acetabular Fractures with Protrusio.	6/28/2021 5:56 AM
52	Intraoperative CT for percutaneous fixation of the pelvis: a retrospective case series	6/27/2021 8:54 PM
53	bilateral femur fracture	6/25/2021 10:14 PM
54	Dual Plating of Periprosthetic Distal Femur Fractures Leads to Near Anatomic Coronal Plane Alignment Indirect Coronal Reduction Technique Using a Volar Locking Plate in Distal Radius Fractures: A Case Series	6/25/2021 7:30 PM
55	Pediatric tibial plateau fracture-dislocation: A Case Report; Book chapter on Young FN fxs published; other projects in progress	6/25/2021 8:46 AM
56	The T-Bar External Fixator for Definitive Management of Tibia Fractures with Soft Tissue Compromise	6/24/2021 8:35 AM
57	Does Procalcitonin Predict Fracture-Related Infection?	6/21/2021 8:29 AM
58	Retrospective study, Comparison Between Regular Bone cultures and New Technique (Microgen) in Detecting Causative Microorganisms For Infection in Trauma Patients.	6/20/2021 8:32 AM
59	Outcomes of ballistic femoral shaft fractures.	6/19/2021 12:28 PM
60	Mal-reduction, not fixation technique is associated with increased complications and worse functional outcomes in high energy posterior pelvic ring injuries. JOT - accepted for	6/19/2021 6:57 AM

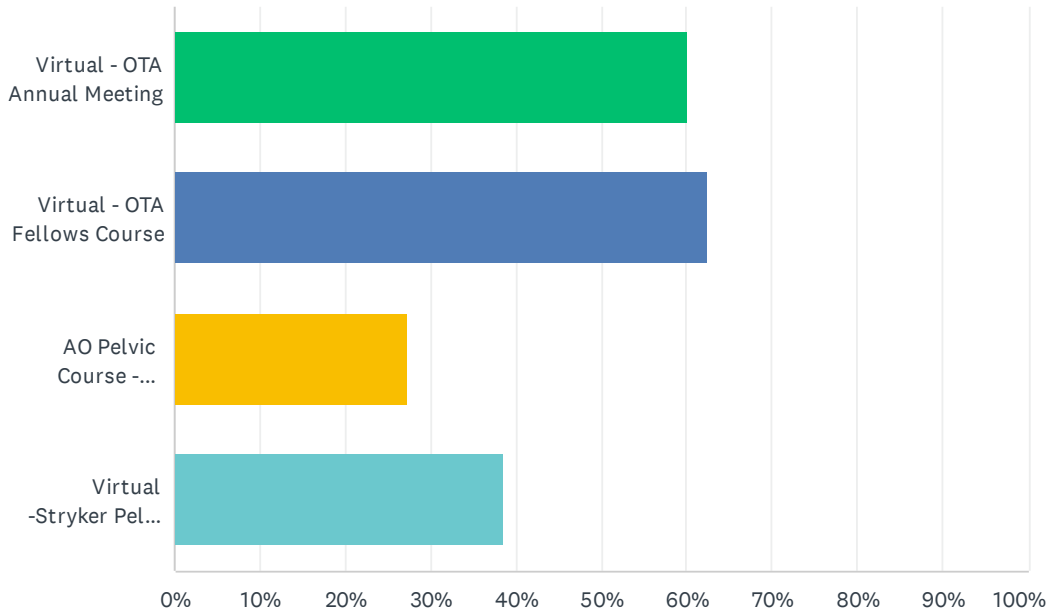
2021 Post Fellowship Survey

presentation at meeting Basic science and use of autogenous bone graft - chapter Cases Solved! AAOS instructional course - subtrochanteric femur fractures

61	Patient Reported Outcomes after Femoral Shaft Fractures	6/18/2021 2:37 PM
62	Multiple Fluoroscopic Views, including an External Rotation-Adduction View, are Required to Detect Uncontained Screws in the Femoral Neck	6/18/2021 1:55 PM
63	Considerations in Surgical Timing for Femoral Shaft Fractures	6/18/2021 1:01 PM
64	Telemedicine preserves access to post-operative care for orthopaedic trauma patients regardless of socioeconomic status.	6/18/2021 10:17 AM
65	A Prediction model of infection in open tibial shaft fractures	6/18/2021 9:34 AM
66	Adeyamo A, Bertha N, Perry KJ, Updegrove G. Implant Selection for Proximal Humerus Fractures. Orthop Clinics 2021;52:167-175.	6/18/2021 9:29 AM
67	#1 Proximal Humerus Fracture Treatment Trends in US Trauma Centers. #2 Factors Associated with Surgical Treatment of Proximal Humerus Fractures in Nationwide Trauma Centers	6/17/2021 7:14 PM
68	Mapping of Pelvic Ring Injuries from High-Energy Trauma Utilizing Unfolded CT Image Technology	6/17/2021 6:53 PM
69	AAOS Review Chapter 20: Management of Osteoporotic Fractures	6/17/2021 4:59 PM
70	1. The financial impact of the treatment of infection on the practice of orthopedic trauma 2. High value Tibial nails reduce cost without compromising patient outcomes: experiences at a level 2 trauma center	6/17/2021 4:30 PM
71	Impact of Anesthesia Selection on Operatively Treated Hip Fractures	6/17/2021 3:40 PM
72	1. Extra-articular unstable Iliac Fractures: Associated conditions, fixation constructs and outcomes 2. Knee dislocations AAOS Resident Review 3. Open Fractures AAOS Resident Review	6/17/2021 2:24 PM

Q16 Indicate which course you attended during the year. Please check all that apply.

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Virtual - OTA Annual Meeting	60.23% 53
Virtual - OTA Fellows Course	62.50% 55
AO Pelvic Course - Virtual or in person	27.27% 24
Virtual -Stryker Pelvic and Acetabular Course for Fellows	38.64% 34
Total Respondents: 88	

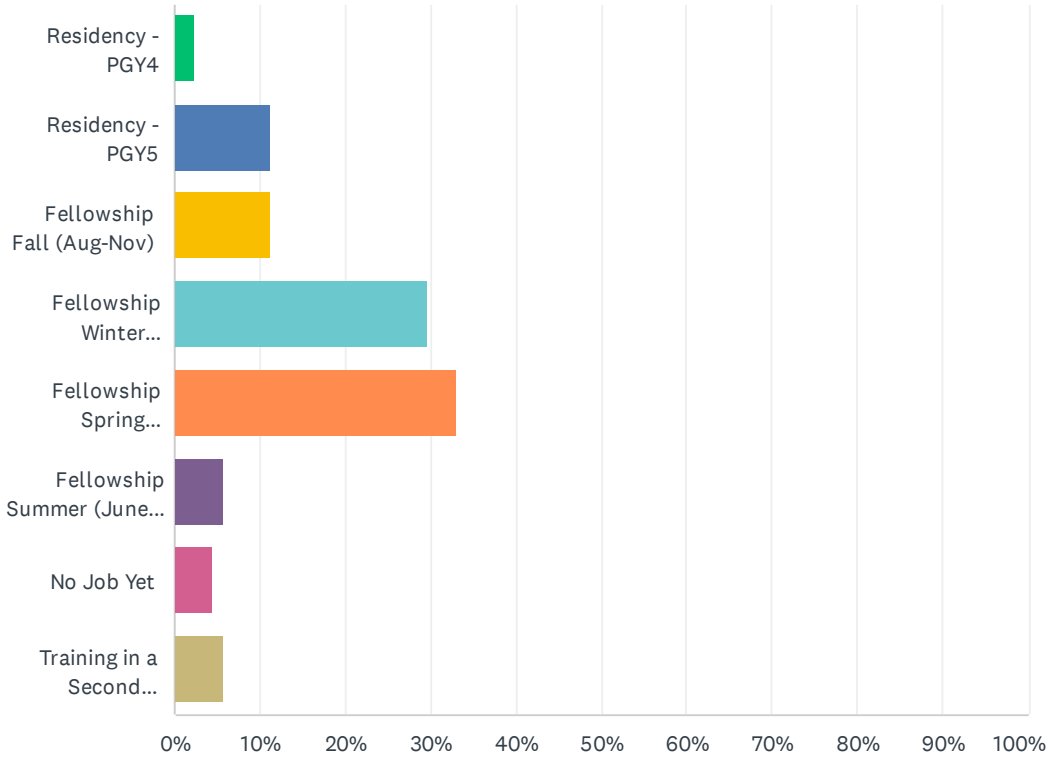
#	OTHER (PLEASE SPECIFY)	DATE
1	AO Advanced. None of courses listed above	7/19/2021 10:29 PM
2	In person Stryker pelvis course in Cincinnati	7/15/2021 7:09 AM
3	none	7/14/2021 10:01 PM
4	Zimmer pelvic course	7/14/2021 7:25 PM
5	AO Trauma North America Inaugural Fellows Forum	7/14/2021 6:46 PM
6	Arthrex Fellows Course	7/13/2021 9:20 AM
7	none	7/13/2021 6:28 AM
8	None	7/11/2021 9:29 AM
9	AO Trauma NA Fellow's Forum, AO Pelvic and Acetabular Fracture Management - Essentials	7/8/2021 9:45 AM
10	none	7/7/2021 12:37 PM

2021 Post Fellowship Survey

11	AO Trauma Fellows Forum	7/6/2021 9:45 PM
12	In person lab portion of Stryker pelvis course in addition to the virtual part	7/6/2021 5:45 PM
13	AO North America Trauma Fellows Course	7/5/2021 11:35 AM
14	Zimmer Pelvis and Acetabular Course for Fellows	6/27/2021 8:54 PM
15	arthrex	6/25/2021 10:14 PM
16	AO Trauma North America Annual Fellows Forum	6/25/2021 7:30 PM
17	Arthrex truma fellow course	6/20/2021 8:32 AM
18	was present at regional stryker pelvis course	6/19/2021 6:57 AM
19	LLRS	6/18/2021 9:29 AM
20	Arthrex fellows course	6/18/2021 9:25 AM
21	Skeletal dynamics, arthrex trauma	6/18/2021 5:40 AM
22	only virtual courses offered	6/17/2021 4:59 PM
23	AO fellows Forum	6/17/2021 2:24 PM

Q17 At what point did you secure your future employment either as a verbal or written agreement?

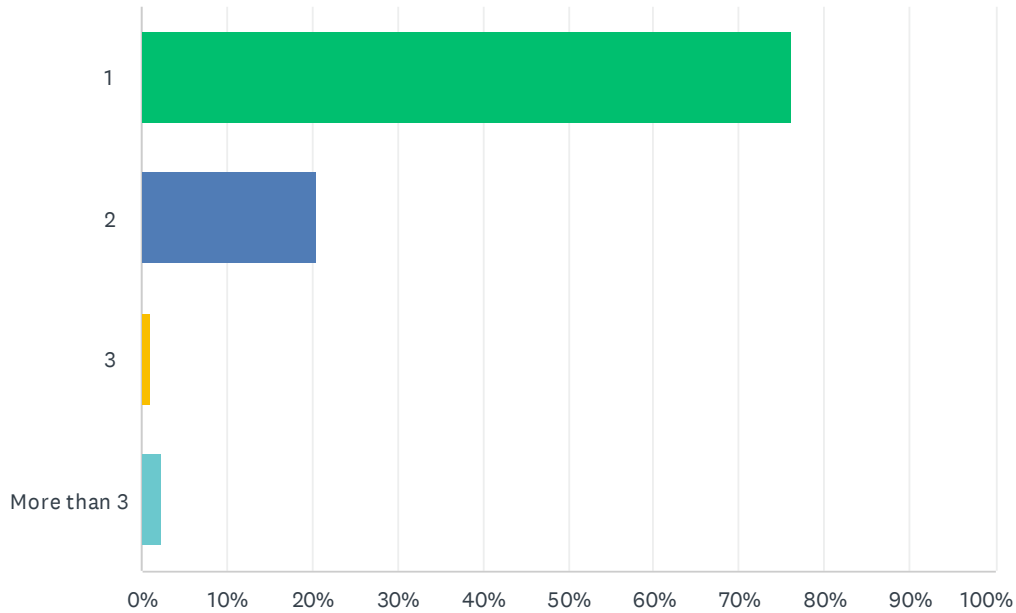
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Residency - PGY4	2.27% 2
Residency - PGY5	11.36% 10
Fellowship Fall (Aug-Nov)	11.36% 10
Fellowship Winter (Dec-Feb)	29.55% 26
Fellowship Spring (March-May)	32.95% 29
Fellowship Summer (June -July)	5.68% 5
No Job Yet	4.55% 4
Training in a Second Fellowship	5.68% 5
Total Respondents: 88	

Q18 For the position you took, how many times did you interview at the location prior to making your decision?

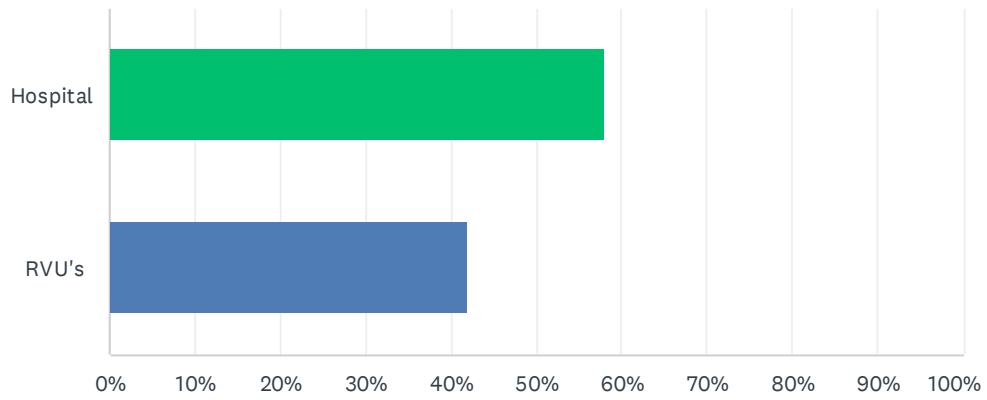
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
1	76.14%	67
2	20.45%	18
3	1.14%	1
More than 3	2.27%	2
TOTAL		88

Q20 Is your pay based on contributions from the hospital or RVU's?

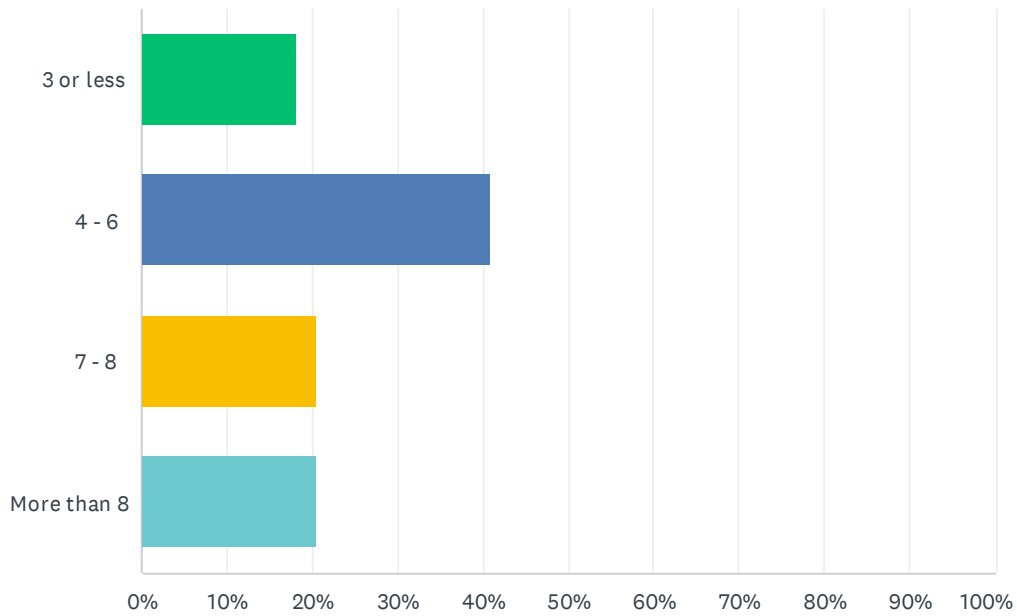
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Hospital	57.95%	51
RVU's	42.05%	37
TOTAL		88

Q21 Number of nights on call anticipated per month:

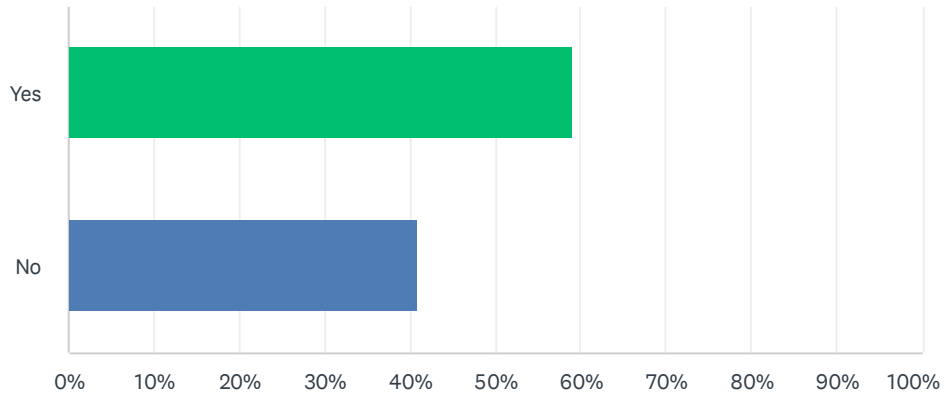
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
3 or less	18.18%	16
4 - 6	40.91%	36
7 - 8	20.45%	18
More than 8	20.45%	18
TOTAL		88

Q22 Will you receive call pay?

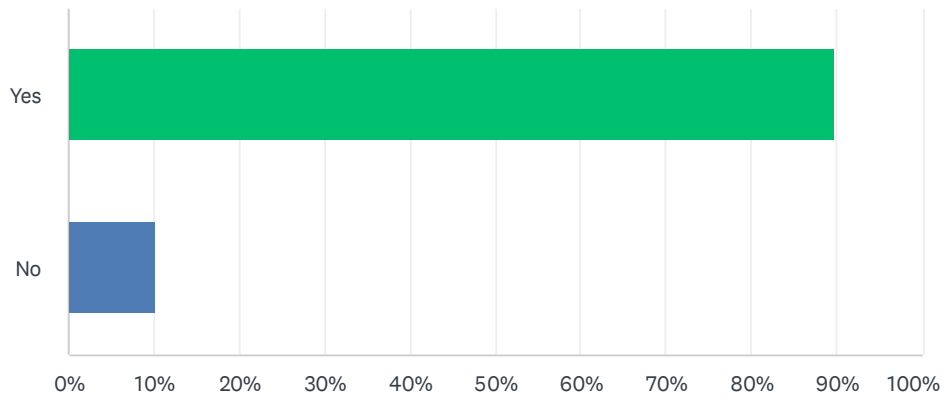
Answered: 88 Skipped: 0



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

Q23 Will you have a dedicated trauma OR available to you?

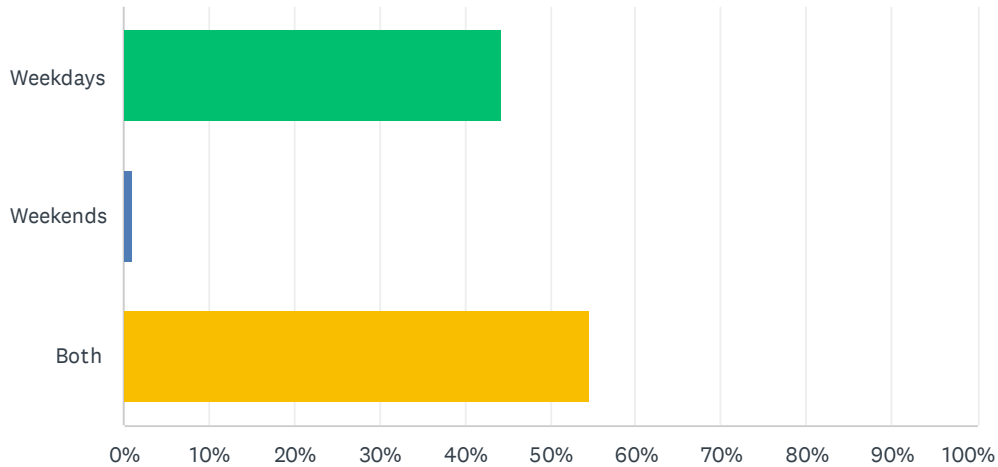
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	89.77%	79
No	10.23%	9
TOTAL		88

Q24 If you have a dedicated orthopaedic trauma OR, please check availability:

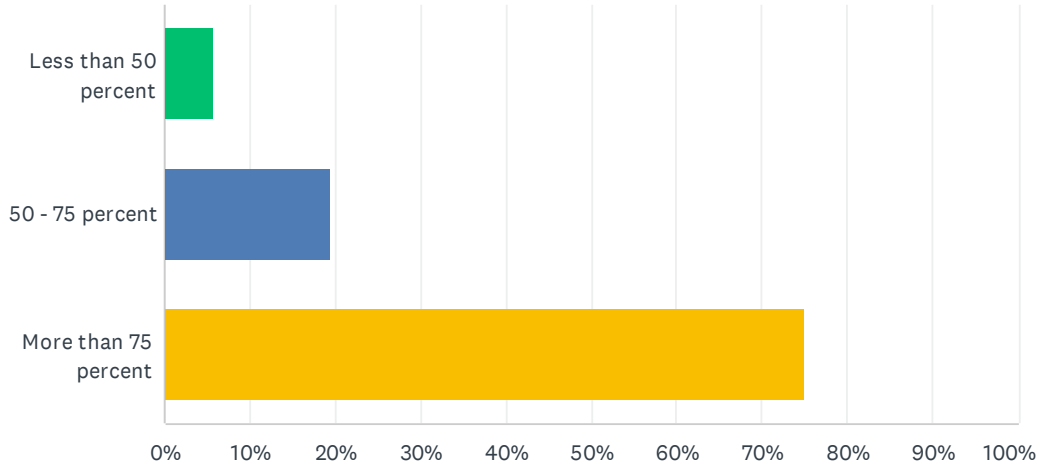
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Weekdays	44.32% 39
Weekends	1.14% 1
Both	54.55% 48
TOTAL	88

Q25 What percentage of your practice do you anticipate being devoted to trauma?

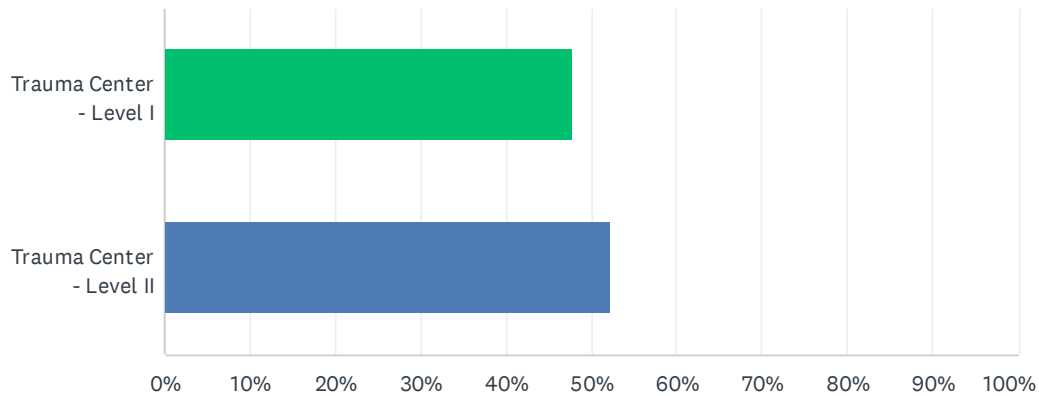
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES
Less than 50 percent	5.68% 5
50 - 75 percent	19.32% 17
More than 75 percent	75.00% 66
TOTAL	88

Q26 Please describe your job setting.

Answered: 88 Skipped: 0

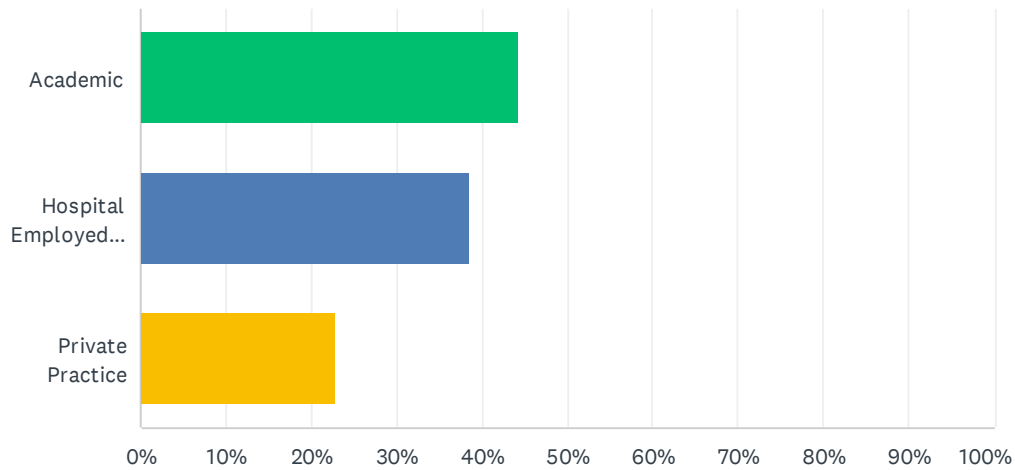


ANSWER CHOICES	RESPONSES
Trauma Center - Level I	47.73% 42
Trauma Center - Level II	52.27% 46
TOTAL	88

#	OTHER (PLEASE SPECIFY)	DATE
1	tertiary center, not a level 1 or 2 but won't let me advance	7/14/2021 7:26 PM
2	Mostly level II, may be able to get some Level I	7/8/2021 10:39 AM
3	Community Rural Hospital	7/6/2021 7:59 PM
4	Level 2 and level 3	6/30/2021 9:19 AM
5	Second fellowship, question isn't applicable but survey requires response.	6/24/2021 8:37 AM
6	N/A	6/17/2021 7:17 PM

Q27 Please describe your job setting.

Answered: 88 Skipped: 0

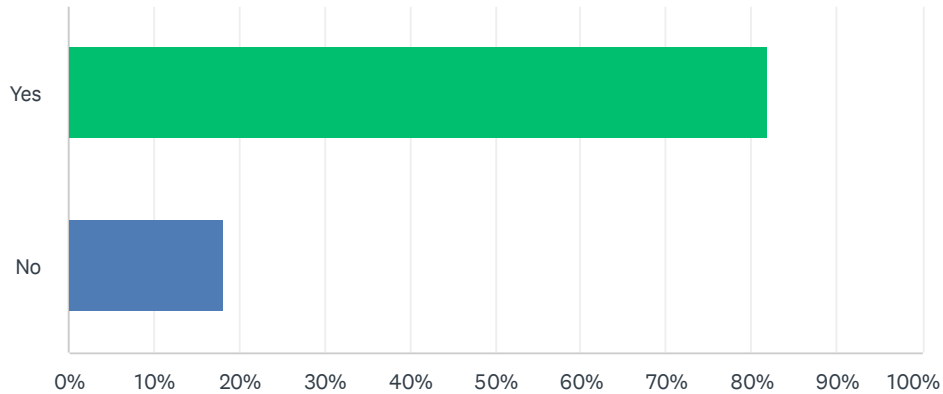


ANSWER CHOICES	RESPONSES
Academic	44.32% 39
Hospital Employed (Non-Academic)	38.64% 34
Private Practice	22.73% 20
Total Respondents: 88	

#	OTHER (PLEASE SPECIFY)	DATE
1	Second fellowship, question isn't applicable but survey requires response.	6/24/2021 8:37 AM
2	Privademic	6/18/2021 9:36 AM
3	N/A	6/17/2021 7:17 PM
4	Resident Teaching	6/17/2021 6:54 PM

Q28 Is your future job in the practice setting that you most wanted when you entered fellowship and decided on a career in trauma?

Answered: 88 Skipped: 0

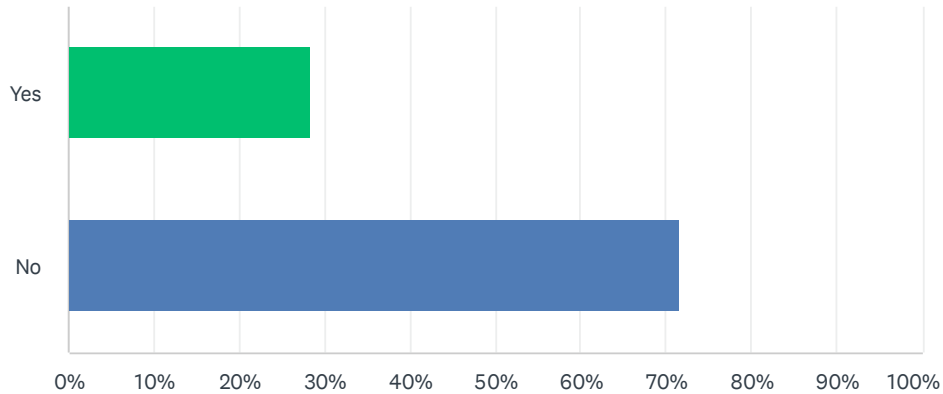


ANSWER CHOICES	RESPONSES
Yes	81.82% 72
No	18.18% 16
TOTAL	88

#	OTHER (PLEASE SPECIFY)	DATE
1	Has the opportunity to become my ideal practice setting after two years	7/12/2021 11:59 AM
2	I had planned on an academic career but my interests and priorities morphed over the course of the year. Long goal is to potentially unofficially merge with an academic facility and look toward some degree of academic involvement.	7/7/2021 10:38 AM
3	I went from wanted academic trauma to wanting hospital employed private practice and was supported in my choice by my fellowship mentors.	7/6/2021 8:04 PM
4	Second fellowship, question isn't applicable but survey requires response.	6/24/2021 8:37 AM
5	I thought I'd have to settle for a private or non academic setting , so I originally had pursued those options more aggressively	6/19/2021 7:02 AM
6	COVID-19 Pandemic	6/18/2021 2:39 PM
7	No, but there were no jobs available in the area I had hoped for	6/18/2021 9:36 AM
8	N/A	6/17/2021 7:17 PM

Q29 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	28.41%	25
No	71.59%	63
TOTAL		88

#	COMMENTS	DATE
1	There are too many trauma fellows graduating each year and not enough new jobs. And many surgeons out there doing trauma who are not fellowship trained	7/19/2021 2:59 PM
2	I think the COVID pandemic made interviewing in person for jobs more difficult than typical.	7/15/2021 10:50 AM
3	There were very few jobs available in the Mountain West area.	7/15/2021 7:11 AM
4	covid seemed to most limiting factor with some academic places on hiring freeze	7/14/2021 12:29 AM
5	But I feel case volume and quality is harmed nationally due to overabundance of trauma fellowship trained surgeons.	7/13/2021 9:22 AM
6	Also limited by COVID and non-trauma orthopedic surgeons taking trauma call at several hospitals in the area I am working including a level 1 trauma center.	7/12/2021 11:59 AM
7	Job options were very limited, most likely due to the COVID pandemic.	7/8/2021 9:50 AM
8	No I had several offers.	7/6/2021 5:46 PM
9	Not as many opportunities as I expected but I'm very happy with the job I found	7/5/2021 7:17 AM
10	N/A	7/4/2021 7:46 PM
11	Felt more limited due to COVID pandemic	6/25/2021 7:33 PM
12	Second fellowship, question isn't applicable but survey requires response.	6/24/2021 8:37 AM
13	yes and no yes if you're looking for a level 1 academic position no if you're looking to be a fracture surgeon in a more rural private practice	6/19/2021 7:02 AM
14	COVID-19 Pandemic	6/18/2021 2:39 PM
15	They were limited due to COVID	6/18/2021 9:36 AM

2021 Post Fellowship Survey

16	N/A	6/17/2021 7:17 PM
17	Limited by number of positions available possibly due to Covid	6/17/2021 4:32 PM
18	I was worried about COVID impacting the job search. Many of the advertised academic jobs were looking for mid-career people, not new graduates.	6/17/2021 3:42 PM

Q31 What is one thing you would change about your trauma fellowship training?

Answered: 88 Skipped: 0

#	RESPONSES	DATE
1	Earlier and more frequent formal feedback on strengths and weaknesses. More in-person events (but covid prevented this). Better research organization with regular meetings with faculty, stats and IRB teams.	8/4/2021 2:14 PM
2	1) Make this an ACGME accredited fellowship to eliminate the possibility that the fellow is required to be present for case staffing purposes 2) Eliminate fellow interaction with 2 of the faculty 3) Prioritize fellow education 4) Additional resident on service to allow the fellow to float to the most educational cases 5) Prioritize fellow conferences	7/28/2021 10:14 PM
3	The complexity of trauma in Cox Health is often greater and more consistent, I would suggest spending more time in Springfield.	7/26/2021 9:15 PM
4	nothing	7/23/2021 8:48 AM
5	Nothing	7/22/2021 12:58 PM
6	Not much. I had an overall great experience.	7/19/2021 10:32 PM
7	Absolutely nothing	7/19/2021 3:00 PM
8	Doing fellowship during the virus made the case mix a little different.	7/16/2021 7:06 AM
9	Nothing	7/15/2021 8:36 PM
10	OR turnover	7/15/2021 2:38 PM
11	It may have been helpful to take independent call a few times during the year.	7/15/2021 11:31 AM
12	The majority of proximal humerus fracture cases typically were scheduled for the same OR day/time as pelvis and acetabular cases making it difficult to justify going to those humerus cases and miss out on a pelvis/acetabulum case. If those upper extremity cases could be scheduled on a different day/with an additional attending that might help solve the issue.	7/15/2021 11:07 AM
13	More structured formal education	7/15/2021 9:40 AM
14	There was a private practice ortho trauma surgeon who does not work with the fellow, so I missed out on all cases he managed; however, he just ended his affiliation with this hospital so that will no longer be a problem.	7/15/2021 7:15 AM
15	Increase pelvis/acetabulum case volume	7/15/2021 7:08 AM
16	Increase number of attending calls and independent operating. More didactic fellow directed sessions.	7/14/2021 11:53 PM
17	Less overlap with residents	7/14/2021 11:47 PM
18	Expectations that residents are to come to the OR if there is only a fellow and attending operating. Better educational experience and work flow.	7/14/2021 10:03 PM
19	More attending call	7/14/2021 8:17 PM
20	Fellows dictate OR weekly schedule, not residents	7/14/2021 7:45 PM
21	More foot fractures, periprosthetic fractures and proximal humerus fractures.	7/14/2021 7:37 PM
22	none	7/14/2021 7:27 PM
23	Less issues with OR flow.	7/14/2021 7:25 PM
24	Nothing	7/14/2021 7:14 PM

2021 Post Fellowship Survey

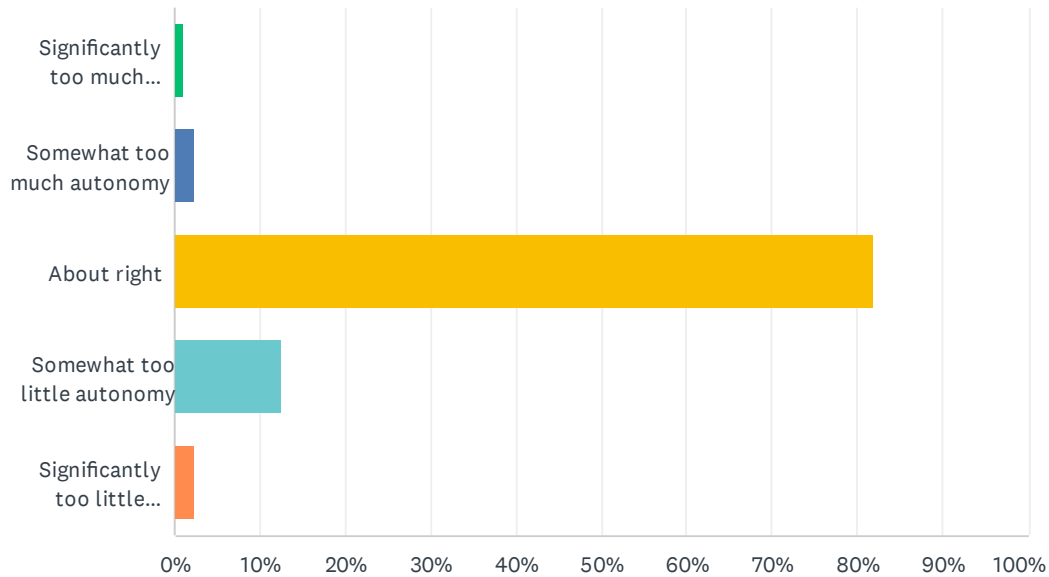
25	At the moment we spend time with only 1 attending in clinic. I think it would be beneficial to rotate through all the attendings for clinic days throughout the year.	7/14/2021 7:05 PM
26	More time with upper extremity trauma surgeons	7/14/2021 1:48 PM
27	would be more ideal to be at a single major trauma center but that is how the metropolitan area is structured with centers	7/14/2021 12:33 AM
28	Decrease volume of work in order to have more time to read and plan for cases.	7/13/2021 7:42 PM
29	Powerpoints were time consuming and not always beneficial for routine cases.	7/13/2021 9:23 AM
30	Make it less than a year	7/13/2021 6:30 AM
31	Less floor work. Have protected education time.	7/13/2021 6:28 AM
32	More education and one-on-one teaching sessions	7/13/2021 5:33 AM
33	More mentorship outside of the OR. More education on the business of orthopedics.	7/12/2021 12:02 PM
34	Nothing	7/11/2021 9:31 AM
35	More pelvis and acetabular work	7/10/2021 10:16 AM
36	Increase flexibility for fellows to attend high level cases using clinic week as a flex week. 4 days of clinic in a week is probably excessive.	7/10/2021 9:52 AM
37	I wish I had more than 24hrs in a day - I would have spent a little more time with upper extremity and Recon staff	7/8/2021 10:59 AM
38	I wish there was more attending oversight in the very beginning, especially for complex cases.	7/8/2021 9:57 AM
39	Keep it the same.	7/7/2021 1:53 PM
40	a few reverse shoulder arthroplasty for proximal humerus fractures	7/7/2021 12:50 PM
41	I think a better concrete protected weekly fellows conference and a more concrete regular journal club would be nice. Hard to say how Covid impacted these things for this year.	7/7/2021 10:41 AM
42	Less floor/rounding responsibilities and more time for research when not operating	7/6/2021 10:20 PM
43	Less weekend call	7/6/2021 9:47 PM
44	More regular and more organized fellow specific education would have been nice.	7/6/2021 8:06 PM
45	Fewer call	7/6/2021 8:00 PM
46	There were times when there were not enough assistants in the operating room, so the attending would have to be first assist on more "basic" cases, which had a potentially negative effect on autonomy and decision making.	7/6/2021 7:27 PM
47	to be honest, not much to really change, its pretty good the way it stands currently.	7/6/2021 7:15 PM
48	Increase autonomy	7/6/2021 6:58 PM
49	Maybe a little more clinic.	7/6/2021 6:10 PM
50	Getting more exposure to pelvic and acetabular fractures	7/6/2021 5:22 PM
51	Additional business of trauma practice curriculum	7/6/2021 4:59 PM
52	nothing	7/6/2021 4:39 PM
53	Nothing.	7/5/2021 11:43 AM
54	Amount of acetabular cases	7/5/2021 7:21 AM
55	- A little more autonomy towards the end of the year - More exposure in upper extremity trauma, especially arthroplasty related	7/4/2021 7:52 PM
56	The weekend call schedule needs to be better structured for the fellow.	6/30/2021 9:26 AM
57	I wish we had transitioned to taking some independent call at the end of fellowship to allow for more autonomy. Or have some sort of protocol for how to give us autonomy to ensure that	6/28/2021 6:04 AM

2021 Post Fellowship Survey

	happens.	
58	It sounds odd to say this but sometimes I wish we did not run two rooms so that I could take a breather between cases to review and prepare- cases sometimes flip rooms such that a case I prepared for I may not even end up scrubbing.	6/27/2021 8:57 PM
59	None	6/26/2021 6:13 PM
60	add night calls	6/25/2021 10:20 PM
61	I would have liked the ability to have some arthroplasty built into he schedule in the second half of the year but realize this is a trauma fellowship.	6/25/2021 7:40 PM
62	More structured didactics - potential a reading list to review "classic" and new articles on a weekly basis.	6/25/2021 8:54 AM
63	Limited exposure to frames/malunion.	6/24/2021 8:39 AM
64	Ability to explore other cases, i.e. more hand or more joints, foot & ankle, etc. with other attendings that are not traumatologists.	6/22/2021 11:57 AM
65	More autonomy in the operating room for complex cases later in the fellowship	6/21/2021 8:57 PM
66	more unstructured academics	6/21/2021 8:31 AM
67	Nothing, I loved every minute of it.	6/20/2021 2:34 PM
68	none	6/20/2021 8:42 AM
69	I would like to see more opportunity for coverage of upper extremity trauma.	6/19/2021 12:33 PM
70	a time set aside to practice completely independently, whether a call weekend at outside facility or a fellow clinic etc a time to make decisions without direct supervision	6/19/2021 7:10 AM
71	More conferences / networking, less pandemic restrictions	6/18/2021 2:47 PM
72	Fellows should not be doing weekly literature review presentations. It should be rotated to decrease this burden.	6/18/2021 2:00 PM
73	N/A	6/18/2021 1:03 PM
74	Nothing	6/18/2021 10:24 AM
75	Taking call with non-trauma attendings. Depending on who the faculty is, this can be a rewarding experience or an unpleasant experience.	6/18/2021 9:40 AM
76	COVID was the only thing I would change and the only thing that caused limitations.	6/18/2021 9:38 AM
77	nothing.	6/18/2021 9:28 AM
78	Attending call	6/18/2021 5:41 AM
79	More autonomy in performing cases.	6/17/2021 9:08 PM
80	More complex pelvis and acetabular cases	6/17/2021 7:39 PM
81	Some exposures to skin flaps, ring fixations, and malunion surgeries	6/17/2021 7:24 PM
82	Having a fellows case conference or some kind of case review would be great.	6/17/2021 7:09 PM
83	The seasonal variation of trauma is the only downside	6/17/2021 5:19 PM
84	More arthroplasty (hip, shoulder)	6/17/2021 5:04 PM
85	More access to foot/ankle trauma, some taken by the F&A fellow	6/17/2021 4:33 PM
86	incorporate the hand fellow into the call pool	6/17/2021 4:07 PM
87	Less weekday call (although it was from home so not that big of a deal). We did not come in that much from home.	6/17/2021 3:43 PM
88	More upper extremity trauma. But extremely satisfied with the number and complexity of lower extremity and pelvis/acetabulum cases	6/17/2021 2:29 PM

Q32 Some degree of autonomy may be helpful in gaining the confidence and experience with independent decision making. How well did your fellowship strike the balance for you between too much autonomy or too little?

Answered: 88 Skipped: 0

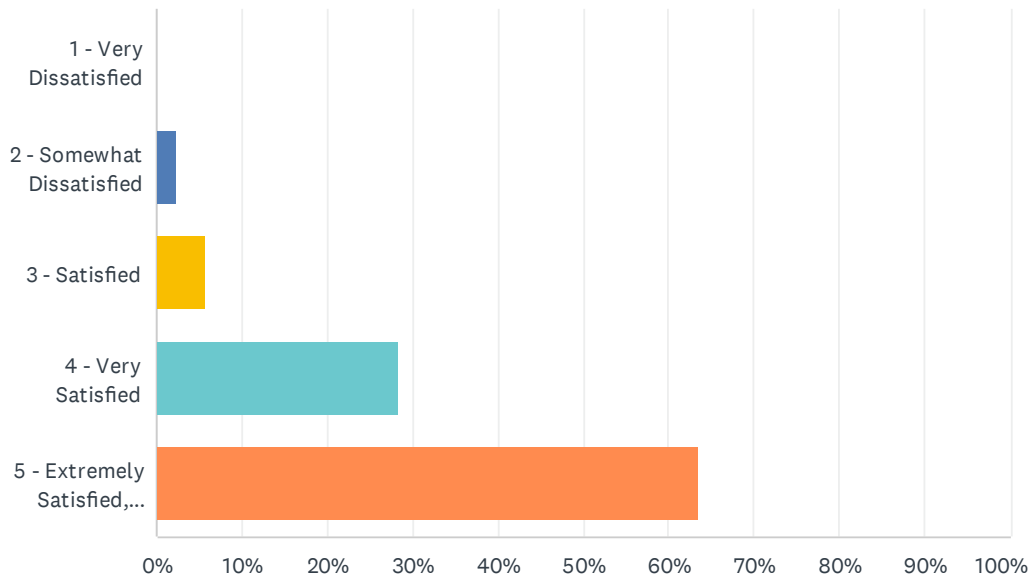


ANSWER CHOICES	RESPONSES
Significantly too much autonomy	1.14% 1
Somewhat too much autonomy	2.27% 2
About right	81.82% 72
Somewhat too little autonomy	12.50% 11
Significantly too little autonomy	2.27% 2
TOTAL	88

#	OTHER (PLEASE SPECIFY)	DATE
1	excellent balance with transition to graduated autonomy	7/14/2021 12:33 AM
2	Would have been nice to have had a bit more autonomy as the year progressed, but at the same time it was incredible to work with such skilled attendings for the whole year.	7/12/2021 12:02 PM
3	Perfect balance	7/6/2021 4:59 PM
4	There were times I was looking for more autonomy during less cases, but the faculty do a good job of trying to let the fellow operate even when present for the case.	6/18/2021 9:40 AM

Q33 Overall, how satisfied are you with your fellowship:

Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 - Very Dissatisfied	0.00%	0
2 - Somewhat Dissatisfied	2.27%	2
3 - Satisfied	5.68%	5
4 - Very Satisfied	28.41%	25
5 - Extremely Satisfied, Exceeded Expectations	63.64%	56
TOTAL		88

Q34 Please comment on how the OTA can help you to stay engaged post-fellowship.

Answered: 32 Skipped: 56

#	RESPONSES	DATE
1	n/a	7/23/2021 8:48 AM
2	Please continue sending emails with involvement opportunities. Life circumstances are continuously evolving and when personal time allows, I would like to be more involved in the trauma community ands OTA	7/22/2021 12:58 PM
3	Continue opportunities for involvement	7/15/2021 2:38 PM
4	Email updates.	7/15/2021 7:15 AM
5	Simplify / streamline the membership renewal process. Solicit and develop new grads on committees	7/14/2021 11:47 PM
6	discount to OTA as no salary yet and expensive.	7/13/2021 7:42 PM
7	Teaching and committee opportunities	7/13/2021 9:23 AM
8	Hopeful to continue to attend annual meetings and staying connected through fellowship connections and joining a trauma partnership where other partners are OTA members.	7/10/2021 10:16 AM
9	Opportunities for OTA involvement, teaching, career building and networking	7/6/2021 10:20 PM
10	continue having meetings that I can attend. Hopefully will be an active member	7/6/2021 7:15 PM
11	I would love to be involved with the OTA in the meetings and case discussions.	7/6/2021 5:22 PM
12	Email contact is best	7/6/2021 4:59 PM
13	Having opportunities for young surgeons to engage in teaching sessions, courses, etc.	7/6/2021 4:39 PM
14	Keep up the great work regarding webinars. Thank you.	7/5/2021 11:43 AM
15	OTA membership and networking	7/4/2021 7:52 PM
16	I would like to participate in educational opportunities and the business aspect of OTA.	6/30/2021 9:26 AM
17	educational courses and jobs	6/25/2021 10:20 PM
18	Emails with events and opportunities.	6/25/2021 7:40 PM
19	Emails with opportunities to participate in teaching/learning. I would love to help with webinars and/or in person courses for future fellows/residents despite the fact that I won't be at an academic institution for my job.	6/25/2021 8:54 AM
20	Biannual meeting	6/20/2021 8:42 AM
21	I would like to keep learning and honing my skills. Opportunities to do that will be most appreciated.	6/19/2021 12:33 PM
22	I plan to be involved in education throughout my career and even after I retire, lord willing. 7854107472 is me courses in fun places	6/19/2021 7:10 AM
23	I hope to stay involved in the OTA but not sure which OTA roles are appropriate for early career traumatologists. Ill stay in touch with my fellowship faculty and hope to get involved in projects through them and continue networking by these means.	6/18/2021 9:40 AM
24	I use the webinars the most.	6/18/2021 9:28 AM
25	.	6/18/2021 5:41 AM
26	Tell me how to get involved with OTA.	6/17/2021 9:08 PM

2021 Post Fellowship Survey

27	Hands-on workshop and online educational materials would be great	6/17/2021 7:24 PM
28	Email updates are best.	6/17/2021 7:09 PM
29	Emails	6/17/2021 5:19 PM
30	continue routine emails with updates/OTA news/webinars/new journals/etc	6/17/2021 5:04 PM
31	continue to provide excellent webinars	6/17/2021 4:07 PM
32	I would love a mentorship program	6/17/2021 2:29 PM