

Orthopaedic Pediatrics Goals and Objectives

A. Educational Goals of the Pediatric Orthopaedic Fellowship Program:

The University of Tennessee-Campbell Clinic Department of Orthopaedic Surgery Fellowship in Pediatric Orthopaedics is a **12-month fellowship**. Time is spent with the director of the fellowship in an office practice heavily weighted toward pediatric problems (est. 90% to 95%). There is adequate exposure to pediatric trauma (acute and reconstructive pediatric surgery), metabolic and genetic conditions, tumors, neuromuscular disorders, and conditions that affect the spine, hip, foot and ankle, and hand. The program includes non-operative and abundant operative experiences. The fellow (with a resident on the “pediatric” service) spends a portion of each week at the **Pediatric Orthopaedic Specialty Clinics at LeBonheur Children’s Hospital**, which provides abundant and unique educational experiences in scoliosis, myelomeningocele, clubfoot, degenerative diseases, and congenital conditions. The fellow supervises residents and participates in surgery as scheduled on a daily basis.

The goals of this fellowship are:

1. Upon completion of the program, the fellow will be competent in evaluating and Treating a multitude of pediatric orthopaedic problems.
2. Fellow will have training and supervision in surgical technique.
3. Fellow will be comfortable in formulating various post-injury and post-operative rehabilitation.
4. Fellow will have had an extensive opportunity to improve and develop his skills in lecturing, teaching, laboratory research, and publication.

B. Educational Objectives:

Patient Care: The program aims to familiarize the pediatric fellow with basic concepts of orthopaedic conditions and treatment methods that are unique to children, providing the widest possible variety of clinical cases. Fellows become proficient in the care of pediatric orthopaedic patients, refining clinical acumen and surgical skills in pediatric orthopaedic procedures. The primary education method is a direct preceptorship with the pediatric orthopaedic faculty. Under faculty supervision and with one-on-one instruction, fellows become more accomplished in the development and implementation of treatment plans, initiating diagnostic and therapeutic interventions, as well as pre- and post-treatment care of pediatric patients. Fellows have computer access to patient records and imaging studies to aid in patient care decisions. The pediatric fellows are regarded as adjuncts to the faculty rather than “extra” residents. They assist the faculty in instruction and supervision of residents. The number of pediatric orthopaedic surgical cases is such that both fellows and residents are assured adequate surgical experience.

Medical Knowledge: To ensure that the pediatric fellow remains knowledgeable in the evolving biomedical, clinical, and associated sciences, didactic lectures, discussion groups, and surgical skills workshops (using anatomic or animal models) are held. Pediatric and other orthopaedic faculty members, visiting lecturers, and residents regularly present lectures, and an annual pediatric orthopaedic seminar is held each spring. Journal Club meetings provide opportunities for reading and analysis of the current literature. In addition, fellows are strongly encouraged to attend the Annual Meetings of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. Fellows also provide didactic instruction, presenting teaching lectures on appropriate topics and leading discussion sessions at the monthly subspecialty journal reviews. They are required to participate in clinical or basic science research. Laboratories, library, and computer access are provided as resources for study and research.

Practice-Based Learning and Improvement: Clinical teaching and clinical experiences reinforce the application of medical knowledge to patient care. Fellows are encouraged to continually review the literature, a practice that is reinforced by encouraging participation in Journal Club.

Interpersonal and Communication Skills: Fellows develop their communication skills by observing the interaction of staff members with patients, other staff members, and personnel. In addition, at least one didactic lecture a year that reviews verbal and nonverbal communication skills is given. Every other year, a representative of Bayer institute conducts a four-hour, patient-physician communication symposium, which fellows are strongly encouraged to attend.

Professionalism: The goal of the fellowship in this category is to enhance the personal ethics and value systems of the fellows. Departmental conferences, lectures, and discussions are held yearly by a university-based ethicist, clinical administrative personnel, and a communication specialist. In addition, topics, such as ethnic sensitivity, are discussed at Core Curriculum Conferences. The best method of encouraging professionalism is by role-modeling. Daily observation of honesty, responsibility, and integrity, sets the standard for acceptable behavior.

Systems-Based Practice: Raising the awareness of fellows about the interdependencies within the health care system is an integral part of their training. Billing and coding methods as well as meticulous record keeping, compliance with HIPPA regulations on patient confidentiality and JACHO guidelines for patient safety mechanisms are discussed at departmental meetings and appropriate lectures are given. Each fellow completes a computer-based instructional module and test on Institutional Review Board principles and requirements for research on human subjects. Once a month mortality and morbidity are discussed at Monday Night meeting. These methods of instruction provide fellows with information to enhance their role as patient advocates.

Evaluation of the Pediatric Fellow: Evaluation of the Pediatric Orthopaedic Fellow is primarily through faculty observation of the fellow's progress. Quarterly evaluations are

submitted by teaching faculty members and include evaluation of skills in basic science, clinical orthopaedics, information gathering, problem solving, clinical judgment, surgical techniques, emergency care, relating to peers, and colleagues, as well as evaluation of responsibility, moral and ethical values, and overall competencies.

Emergency room responsibilities: Pediatric trauma patients are treated at LeBonheur Children's Medical Center. The fellow, with consultative and direct supervision by the faculty, is a senior member of the pediatric orthopaedic trauma team and is responsible for determining proper triage procedures, necessity for consultations, selection of appropriate diagnostic procedures, and indications for and timing of orthopaedic surgical procedures. The fellow also provides supervision and instruction for orthopaedic residents who are part of the pediatric trauma team.

Outpatient clinics: In outpatient clinics, the pediatric orthopaedic fellow is responsible for examination and evaluation of pediatric orthopaedic patients, formulation and implementation of treatment plans, and follow-up evaluation, under the supervision of pediatric orthopaedic faculty.

Operating rooms: Under the supervision of the faculty, fellows develop surgical skills by assisting and instructing residents and by performing pediatric orthopaedic procedures.

Private offices: In private offices, the pediatric orthopaedic fellow's activities are supervised directly by the fellowship director or another member of the pediatric orthopaedic surgery attending staff. The fellow assists the faculty and residents in evaluation of pediatric orthopaedic patients, formulation of treatment plans, and followup care.

C. Specific Responsibilities:

Clinical:

- See patients with pediatric orthopaedic staff as assigned.
- Work-up new patients: obtaining history and physical examination data, ordering appropriate x-rays, and discussing management with the attending staff physician.
- Perform all procedures as directed.
- Complete preoperative history and physical examination and ensuring appropriate preoperative x-rays are available.

Hospital:

- Daily rounds on all in-patients.
- Make post-operative check on all patients before discharge.
- Each evening, check on post-operative patients from that day.
- See all consults on in-patients and evaluate condition, collect lab data, order appropriate x-rays, scans, and relevant consults.
- Discuss patient with attending staff physician.

Surgery:

- Serve as first assistant to staff, primary surgeon as directed.
- Oversee post-operative orders and brief operative notes.
- Dictate all operative notes as directed.
- Ensure appropriate x-rays are on OR viewboard.

Conferences:

- Specialty Conference (5:30 – 6:30 PM each Monday.) Attend as duties allow and fellow desires.
- Clinicopathology Conference (6:30 – 8:00 PM each Monday). **Attendance is mandatory.**
- Core Curriculum Conference (5:30 PM – 7:30 PM every Thursday except Journal Club week) **Attendance is mandatory** as assigned; otherwise, strongly encouraged.
- Journal Club (5:30 PM – 7:30 PM one Thursday per month) **Attendance is mandatory** for the meeting when pediatric journal topics are reviewed. Otherwise, attendance is encouraged as duties allow and fellow desires.

Teaching:

- Assist residents in surgery at LeBonheur Children's Hospital when requested and available.

Research:

- Time and facilities are available for clinical and basic science research projects in the University of Tennessee Anatomy and Pathology Department. Campbell Foundation support staff is available to assist in this research.
- Fellow is required to work on at least one research project during the fellowship year. **It is expected that this research will result in a presentation, a publication, or both.**

D. Requirements:

Applicants eligible for this fellowship must have completed an ACGME accredited residency program in orthopaedic surgery, or an AOA accredited residency in osteopathic surgery, and be eligible to obtain DEA certification and medical license in the State of Tennessee. They may be required to obtain hospital privileges at the following institutions affiliated with the parent program:

**University of Tennessee Campbell Clinic Faculty Appointment
LeBonheur Children's Medical Center
Baptist Memorial Hospital (East, Collierville, Germantown Branches)**

Regional Medical Center at Memphis
Methodist Hospitals of Memphis
Methodist Surgery Centers (Germantown, North, LeBonheur)
Campbell Clinic Surgery Center
Memphis Surgery Center
Midtown Surgery Center

Credentialing requirements may vary, as surgery schedules vary. Status of fellow may vary at different institutions according to institutional stipulations at that organization.

The Deadline for receipt of completed applications is December 1. We will take applications after that time until the position is filled. The National Resident Matching Program number will be provided to the applicant in the event this fellowship is filled through that program.

E. Faculty:

The Pediatric Fellowship Program Director is **James H. Beaty, M.D.** Professor, Department of Orthopaedic Surgery, University of Tennessee-Campbell Clinic. Dr. Beaty has been on staff at Campbell Clinic since July, 1982, and is currently Campbell Clinic Chief of Staff. His practice is almost exclusively dedicated to pediatric orthopaedic problems. **William C. Warner, M.D.**, Associate Professor, Department of Orthopaedic Surgery, University of Tennessee-Campbell Clinic is a member of the teaching staff. Dr. Warner has been on staff since July, 1989. Both Dr. Beaty and Dr. Warner are graduates of the UT-WCC residency program. **S. Terry Canale, M.D.**, Professor and Chairman, Department of Orthopaedic Surgery, University of Tennessee-Campbell Clinic, a graduate of Jefferson Medical College, is also a member of the pediatric orthopaedic team. The fellowship director establishes appropriate curriculum for the pediatric fellow according to the guidelines of the ACGME. All faculty are board certified in orthopaedic surgery.