



IC 04: Getting into the Best Hand Fellowship and Making the Most of the Year

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Session Handouts

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ICL04: Getting into the Best Hand Fellowship and Making the Most of the Year **Tips on Putting Together a Great Application and Logistics of Scheduling Interviews**

Steven Regal, MD

- Get organized
 - Know the application process/deadlines
 - ASSH.org / NRMP.org
- Putting together a great application
 - CV, transcripts
 - Obtaining letters of recommendation
 - More than the “paper” application
- How many programs should you apply to?
 - Cost
 - Days off work
- How to schedule interview days
 - ASSH fellowship program interview dates
 - Planes, trains, and automobiles
 - Plan ahead

References

1. Meals C, Osterman M. Hand surgery fellowship application process: expectations, logistics, and costs. J Hand Surg Am 2015;40 (4):783-789
2. <http://www.nrmp.org/fellowships/hand-surgery-match/>
3. Nies MS, Bollinger AJ, Cassidy C, Jebson PJJ. Factors used by program directors to select hand surgery fellows. J Hand Surg Am 2014;39(11):2285-2288.
4. <http://www.assh.org>

What Makes a Great Fellowship?

Peter Tang, MD, MPH, FAOA

What kind of training are you looking for in your fellowship?

- Are you looking for training wrist and distal? (there are many of those fellowships)
- Are you looking for elbow and distal?
- Are you looking for whole upper extremity? (that is harder to find)
- If you want congenital or brachial plexus there are only a limited number of fellowships that can provide that training; pursuing additional training may be desired

Didactics

Most fellowships will have good clinical volume. So, the opportunities for learning in the office and in the OR are available and your attendings will teach using those opportunities. I would recommend looking for a fellowship with a solid didactic program which includes weekly lectures. The weekly hand conference schedule should be planned out for the year, so the topics are assigned to fellows, residents and attendings. Preparation before the lecture with reading and review of the material will maximize the educational value. I send out the previous year's presentation and suggested reading the weekend before the conference. The worse conference programming would be one with no set schedule for the year. Attending attendance to hand conference is important for your learning. Any additional conferences such as a fracture conference or an indications conference can supplement the education.

Clinical Experience

Obviously, as a fellow you would like a wide range of exposure to pathology, cases, and patients. Most hand practices will have the common diagnoses and procedures so you will be well versed in treating these conditions. However, I would argue that the difficult or uncommon diagnoses will only be at the Academic Center. The natural order of care is that the straightforward diagnoses are commonly treated in the community but the high complexity

cases are treated at the Academic Center. There are a number of reasons why these patients end up at the Academic Center. Some of them include availability of complementary services (plastics, vascular, infectious disease, etc), poor or no insurance status, greater level of expertise, and greater resources. I would recommend a fellowship based in an Academic Center rather than in a private practice setting for the experience. Since most fellowships are tied to a residency program this makes them most likely to be located in the Academic Center so this is usually not an issue.

Office/Clinic Experience

I firmly believe that a knowledgeable, ethical surgeon is developed in the office. Most psychomotor skills are not taught and have to do with the natural ability of the individual. Of course, psychomotor skills can be improved and some tricks can be bestowed onto trainees. However, one can watch a YouTube video and learn how to do an operation. The real art of hand surgery is learning when and when not to operate. Which fractures will do fine without surgery? How much finger contracture is needed to make it worthwhile to pursue a release? Another important lesson is seeing how things look post-op. This is how a flexor tendon repair looks at 2 weeks. This is how it looks at 6 weeks. Is this too much swelling after a distal radius fracture? Is this incision infected or just dehiscent? It is also important to learn how to talk to patients. How do you explain the risks of surgery? How do you tell them when something did not go as planned during surgery? How do you decide when a patient can return to work? Office hours is an essential part of a fellowship. My fellowship is an apprenticeship model so that the fellow does what the attending does. Therefore, they will be with the attending in the office and OR which gives them the continuity of care – seeing patients pre-operatively and knowing the indications, performing their surgery and managing their rehabilitation post-operatively.

Operating Experience

Despite office hours being crucial, training in the operating room will always be a part of a surgical fellowship. Observing and performing the procedures is an obvious part of the

fellowship training. Seeing the relevant anatomy will further their knowledge base. Other teaching points include learning patient positioning, familiarization of the instruments and OR tables, and understanding OR turnover.

Journal Club

Journal club which should be once a month, is important for reviewing the latest research as well as classic papers. Fellows can critically evaluate scientific papers so they will be able to evaluate new papers during the lifetime of their careers. Attendings can provide historical perspective on the topic to illuminate where the paper fits in the grand scheme.

Research

Most fellowships require one publishable research paper. The clinical component of fellowship is time consuming so it is only really possible to work on one research project of good quality. Projects that are ongoing are probably the best for the fellows to join. Prepared Fellowship Directors are thinking about projects before new fellows arrive. Research time which is usually time away from the office, can facilitate projects getting done. This is especially true for cadaveric projects. The research project can help the fellows become an expert in the particular topic, practice the scientific method, experience the difficulties of research, and practice writing and presenting. Also important is the positive contribution to the knowledge of the field.

Title - Getting into the Best Hand Fellowship & Making the Most of the Year

Joseph E Imbriglia MD
Clinical Professor of Orthopedic Surgery
University of Pittsburgh

- no financial conflicts to disclose

Choosing a fellowship

Priorities:

- learn surgical techniques in a high volume fellowship with multiple attendings
- in addition to surgical technique, learn operating room efficiency
- time in the office is absolutely necessary

Evaluation of patients to learn who you can help :

- office efficiency is as important as OR efficiency. Your staff and EHR system are incredibly important .

“ Not every patient responds the same way to the same operation ,
Not every surgeon can make the same operation work .”

- if you are a plastic surgeon go to a fellowship that is more oriented to reconstructive bone and joint work.

In the fellowship:

- read about every case before entering the OR
- spend at least 1/3 of your time in the office working with attendings
- develop an efficient system for evaluating patients
- learn WALANT
- write at least 1 paper

Why the emphasis on efficiency?

- physician shortage
- increase in number of administrators vs physicians
- graph showing Medicare reimbursement vs inflation
- the national debt

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What I Look for In the Application and Interview

Peter C. Rhee, DO, MSc

- Definition of the “Best” Hand Surgery Fellowship
- What is our goal in matching the “Best” hand surgery fellow?
 - Fellowship objective based
- The Domains of Assessment
 - Cognitive, Affective, and Psychomotor
- Application
 - Screening process
 - Limited by time and amount of applicants
 - What stands out the most?
 - Performance on core clinical clerkships
 - Shows effort on non-interested rotations
 - Reflects good emotional intelligence and ability to work with others
 - USMLE/COMLEX Scores
 - Relates applicants ability to take standardized tests in high stakes occasions
 - Letter of Recommendations
 - Read between the lines
 - Who wrote the letter – Do I trust them?
 - Research Experience
 - ASSH and/or AAHS involvement
 - Personal statement
 - Shows who the person is and how they think
- Interview
 - Assessment of the applicants ability to:
 - Communicate
 - Understand and react to my personality
 - Convey their interest and passion for hand surgery
 - What I want to know is
 - Are they teachable?
 - Will they work well with others?
 - Will they be committed to the fellowship year?
 - Do they embody the goals of the fellowship?
 - Can we get along for a fellowship and their career?

References

1. Dirschl DR, Dahners LE, Adams GL, Crouch JH, Wilson FC. Correlating selection criteria with subsequent performance as residents. Clin Orthop Relat Res 2002;399:265-71.

2. Egro FM, Vangala SK, Nguyen VT, Spiess AM. Hand surgery fellowship selection criteria: A national fellowship director survey. Arch Plast Surg 2017;44:428-433.
3. Nies MS, Bollinger AJ, Cassidy C, Jebson PJJ. Factors used by program directors to select hand surgery fellows. J Hand Surg Am 2014;39(11):2285-2288.



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Instructional Course: IC04: Getting into the Best Hand Fellowship and Making the Most of the Year

Date: 9/5/2019

Session Time: 4:45 - 6:00 PM

Moderator: Steven Regal, MD

Talk Title: How to Be a Great Fellow

Speaker: Asif M. Ilyas, MD : asif.ilyas@rothmanortho.com

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