

Gillette Children's Specialty Healthcare

Pediatric Orthopaedic Surgery Fellowship



Welcome to Gillette!

We are so excited to have you join us for your fellowship year. I hope that you find your fellowship training to be comprehensive, challenging, and ultimately an excellent platform for you to begin your career in pediatric orthopaedic surgery. It is certainly a career that is fulfilling like no other.

The following booklet will give you a general orientation to processes at Gillette, including expectations, schedules, and specifics about Gillette as a hospital. Information about your time at Children's Hospital will be provided in a second booklet.

As fellowship director, I am your point-person for any issues that come up during your training year. Please contact me at any time, with any concerns or questions that you may have. I rely on input from all of my colleagues, but ultimately your evaluations will be completed by me.

Best of luck!

– Ali Schiffern

GENERAL LAYOUT OF THE FELLOWSHIP YEAR

The fellowship is ACGME accredited through the University of Minnesota. The fellow will spend time at Gillette Children's Specialty Healthcare, Children's Hospitals and Clinics of Minnesota (both Minneapolis and Saint Paul campuses) and at the Mayo Clinic in Rochester, MN.

The fellow will spend the majority of their time in the Twin Cities at Gillette. Time will be divided between surgery and clinic, with time also set aside for teaching conferences, research, and gait analysis interpretation certification. Trauma/acute care experience will primarily come from time at Children's; the fellow is expected to be on call at Children's 1 weeknight/week and 1 weekend/month throughout the year. Additionally they will spend 1-2 half days per month in trauma clinic at Children's throughout the year.

The fellow will spend three months of their fellowship with the Department of Orthopaedic Surgery at the Mayo Clinic under the direction of Dr. Todd Milbrandt. The fellow will primarily work with members of the pediatric orthopaedic surgery faculty in surgery, clinic, and research, but may also work with additional staff on cases that pertain to the fellow's interests and training needs. Orientation for the Mayo Clinic will be arranged by the team at the Mayo Clinic. Housing for the three month period will be arranged by Gillette Hospital. The fellow's participation in call will be determined by the team at the Mayo Clinic.

The fellow will have Gillette orientation immediately upon beginning their fellowship year; this comprehensive orientation will introduce the Gillette EMR (Cerner) and also the information needed to start the year successfully. Information about needed apps (Telemed IQ secure text) will be discussed as well. Additionally they will have an orientation at Children's within their first week on service.

The fellow is ultimately responsible for planning their schedule in regards to surgical and clinical days. The goal is at least 1 full day in clinic per week; the other 4 days can be spent in a variety of surgical cases. The fellow will meet with the fellowship director ~1/4-6 weeks to review case logs and schedules and ensure adequate clinic time is occurring. Formal evaluations will occur twice per year. The fellow is expected to remain up-to-date in logging duty hours and cases. They must remain in compliance with ACGME regulations.

The fellow is welcome to attend morning conference every morning Monday-Thursday from 7:30-8:30 with the residents; this provides a comprehensive pediatric orthopaedic curriculum. As the material is repeated during the year, the fellow can opt out of the second round of conferences and focus on gait interpretations or surgery. Our goal is for the fellow to achieve gait analysis interpretation certification by the end of the year. This is supervised by Drs. Novacheck and Georgiadis. The fellow will be asked to organize journal club for the residents 6 times per year; topics of their choice.

Research is managed by Dr. Laine. The fellow will connect with Dr. Laine either prior to starting their fellowship year or immediately upon arrival to discuss project options. She will help facilitate completion of your project. The goal is at least one project that can be presented at a

major meeting and published after completion. The fellow is welcome to set aside time during their week to focus on research as needed.

The fellow has the option of managing the Children's call schedule. If they do not wish to do so, then the responsibility will go to the Henry Ford 4th year resident.

Comprehensive information about the fellowship (including a review of Milestones) and general ACGME policy through the UMN is available in the attached handbook.

CLINICAL EXPERIENCE AT Gillette Children's Specialty Healthcare

In order to allow more a broad experience, and autonomy of the fellow to self-direct their fellowship year learning experience, there are no assigned rotations for the fellow. They may work with any of the staff throughout the year, but are expected to get a broad experience with all of the staff. The residents are assigned to teams of physicians and are expected to plan their time around these physicians clinic/ OR. The fellow is expected to spend at least 1 full day (can be divided into 2 half days) in clinic each week. There are typically orthopaedic clinics in Saint Paul every day of the week; the fellow can attend any of these clinics that they would like. They are also welcome to go to clinics on the satellite campuses.

There is an acute orthopaedic clinic (ACOR) every day, usually from 2:30-5:30pm. This tends to be either 'cold' trauma, limping kids, or established Gillette patients with new acute concerns. These clinics are attended by the on-call Gillette staff MD and resident every day; the fellow is always welcome to attend.

The fellow is expected to attend each of the specialty clinics at least once during their fellowship year. These include:

Spina bifida clinic – third Tuesday of each month (Minnetonka)

Clubfoot clinic – Monday afternoons (Saint Paul) and Friday mornings (Minnetonka)

Spasticity Evaluation (SPEV) clinic – check schedule; multiple per month

Osteogenesis Imperfecta (OI) clinic – second Friday afternoon of each month (Saint Paul)

Additionally, the fellow may attend clinic with the hand providers (including brachial plexus/peripheral neuropathy clinic), deformity clinics with Dr. Dahl (Tuesdays), early motor delay clinic (third Mondays).

COMMUNICATION WITH ORTHOPAEDIC STAFF

The staff physicians expect that you will communicate with them every day about their patient's status. Whenever possible, the orthopaedic staff are present at 7:00am rounds. If they are not present, you should take responsibility for contacting them. Most often you will contact them via TelemedIQ text paging to let them know how the patient is doing. It would be wise for you to ask the surgeon at the completion of the case how it is that they want you to communicate with them.

To enhance the communication, please remember to ask the surgeon at the end of every case what the plan is. Please record that plan in your brief operative note. Be aware that many surgeons dictate the plan for post-operative care either in the last clinic note preceding the surgery and or in their operative dictation. ***However, it is very important that you verbally confirm the plan at the completion of the case.***

MORNING ROUNDS: Monday-Friday.

Be in the breakroom promptly at 7:00am. There are multiple providers present and we must be respectful of one another's time. Be prepared to present your patient. The information to be included as following:

- 1. Patient name***
- 2. Age***
- 3. Underlying disorder***
- 4. Surgeon***
- 5. Postoperative day number and procedure***
- 6. Update status on how the patient did overnight, this is the usual information such as, pain management, fluid status, etc.***
- 7. You should also present a brief review of the disposition, for example: what is the anticipated discharge date. What criteria need to be met prior to discharge? What is the return to clinic plan?***

You will quickly learn which additional specific details are needed. Some of the most common questions are:

1. Weight-bearing status
2. Knee immobilizers required or not
3. Casting plan
4. May the knee immobilizers be removed for transport?
5. Is imaging needed prior to discharge?
6. CPM?

PATIENT CARE ON THE WARD

1. Each resident/fellow needs to take responsibility for keeping the patient list up to date.
- 2. Every fellow/resident with an assigned patient will return to the ward every evening prior to leaving the hospital.***
3. Following that, sign outs to the on-call resident should occur either face to face in the Gold Pod if Acute Orthopaedic Clinic (ACOR) is taking place or via secure/encrypted communication.
4. Your arrival time on the ward in the morning is determined by the number of patients you need to see and therefore the amount of work you need to complete.
5. Except in unusual circumstances you should not plan to return to the ward after morning conference to do routine ward work.
6. However your presence on the ward at some time during the day maybe a necessity for urgent patient cares issues. As an example you might need to do an assessment of the patient's compartments to rule out compartment syndrome.
7. Discharge planning needs to begin early.

8. The medication reconciliation should be completed the night prior to planned discharge.
9. If it is unclear whether the patient may or may not be discharged the next day – assume they will be discharged and complete the orders.
10. Be certain to discuss the planned discharge medication and other details with the nurse who is caring for that patient, so that there is no missed communication about appropriate medications.
11. Whenever possible the nurses want to be at bedside with you when you are rounding on a patient. Sometimes that is not possible when multiple residents and staff are present prior to rounds in the morning. However, as much as possible, ask that a nurse accompany you.
12. If a parent is not present, you should not be examining a patient alone.

CONSULTATIONS

All consults to other service must have orders entered and you must use the AMION.com system to personally call the consultant and communicate the request for the consultation. That would include presentation of the patient's status and the reason for the requested consultation. At times, that consult might be for a specific question, such as, treatment of an asthma exacerbation, or recommended fluid management given the patient's age and health status. At other times, you may be requesting general care. If it is unclear to you why you are requesting the consultation, please speak with your orthopaedic staff surgeon.

An enhanced plan for collaboration with other services has been developed. Gillette patients often have very complex medical needs. The pediatric staff round with us each morning at 7:00am, and co-manage most of our post-operative patients. Everyone rounding needs to know which provider is playing what role. Therefore, during your patient presentation, you will need to state whether the patient is:

1. Not be followed by pediatrics.
2. Being followed by pediatrics for a specific issue, e.g. asthma.
3. Being followed by pediatrics for overall care.
4. A primary pediatric patient with ortho consulting.

As a rule, orthopaedic residents, fellow and staff have remained the admitting service for all ortho patients. It is expected that you will always address orthopaedic surgical issues for all patients regardless of the above status. For example, dressing, drains, cast, blood replacement, CMS check will always be your responsibility. Pain treatment and prevention is a joint responsibility between anesthesia and orthopaedics. The pediatric staff is always available on call for questions regarding appropriate cares. This might include receiving advice regarding fluid replacement, especially for young children or children with complex needs. But, ultimately, this also remains your primary responsibility. It is very important that you learn post-surgical care of pediatric orthopaedic patients during your fellowship.

SURGICAL EXPERIENCE

The case schedule for the upcoming week should be discussed with the fellow and residents the week prior (typically Thursday). All cases should have either fellow/resident/mid-level assigned; if unable to be physically present for the case a plan should be made for who will follow the patient while inpatient. Many cases involve two surgeons and multiple procedures on both legs; these cases should have two individuals assigned as able. Additionally, if there are big/interesting/rare cases, it is acceptable to have both the fellow and a resident involved; in that case they will discuss who will manage the patient while hospitalized. You must prepare for cases to participate. **The staff surgeons expect you to contact them at least one to two days prior to scheduled cases.** You will have insufficient time to prepare for a case if you wait to call the surgeon until the night before. So, please DO NOT DO THIS except in unusual situations.

SURGICAL ETIQUETTE:

The following are recommendations made by operating room nurses.

1. Please pull your gloves and a gown and hand them to the circulator upon entry into the operating room.
2. Write your name and title on the white board.
3. Don't cut through sterile fields – go around.
4. Help with the positioning and tourniquet placement.
5. Help to transfer patients to and from the cart.
6. Please put away your lead and cooling vest.
7. Please write the password for your phone and any necessary phone app on the white board if you want the circulator to answer any pages or phone calls while you are in the operating room.
8. Follow standard policy and procedures for the Gillette operating room.
 - a. For example, there are no exposed shirts under scrubs, everyone wears long sleeve jackets while in the operating room until you are scrubbed and your O.R. gown is applied.
 - b. There is to be no exposed jewelry, for example, no earrings, nose rings, etc. There can be no fake nails. Most importantly you must change scrubs anytime you leave the Gillette campus or anytime your scrubs become soiled. Please see the formal operating room dress code policy within this manual (Policy # S0097)
 - c. Change into new scrubs upon arrival to the hospital (if wearing scrubs in from home).
9. Assist with holding for the orthotist or the cast technician.
10. You must wear appropriate eye protection.
11. Foam your hands in and out of the operating room and with every patient contact.
12. **You must record a brief operative note for every patient prior to leaving the operating room.**

TIME AWAY

Fellows are allowed 15 weekdays of vacation per year, per University of Minnesota Orthopaedic Surgery Residency/Fellowship Policy. Additional time away is allowed for attendance of one national conference per year. Requests for time away are submitted in advance to Debra Berny and authorized by the fellowship director. If something urgent comes up (illness of self/family, death in family, urgent home/car/health issue etc.) please send an email to the fellowship director and provisions for time away will be made.

You may not violate duty hour restrictions. It is your responsibility to monitor, record, and submit duty hours. If you know that your presence will violate restrictions, it is your responsibility to tell the orthopaedic staff surgeon and leave the hospital, even when you are on call. If the traditional schedule of one resident or fellow covering a full week-end results in frequent potential violations we may need to schedule the week-end differently.

LECTURES/RESEARCH

The monthly AM Ortho lecture is available on the P:Drive/everyone/Orthopaedic Resident Lecture Information. You will find the reading material for the topics presented in the same area but under the Lecture Articles-PDFs folder. The monthly lecture schedule will also be in the ortho resident's office. The fellow may attend any of the lectures throughout the year, but is also excused for other activities if deemed better for learning for the fellow that day (including gait lab, early surgical cases, research).

Surgical Simulation Workshops are being held almost every month. The schedule will be posted in the ortho resident's office as well as on the P:drive/everyone/orthopaedic resident lecture information. Fellows are encouraged to attend these sessions, and can either participate as a learner or help with education of the residents. Sessions include SCFE, pelvic osteotomies, femoral fractures, SCH fractures, external fixators, and starting this year Ponseti casting.

GAIT INTERPRETATION

Please review the attached Master schedule of this clinic. Our goal is that you become certified in gait analysis during your fellowship year. This includes observation 2 full gait analysis tests, observation of a minimum 50 gait interpretations (at least 20 with the gait lab medical director Dr. Georgiadis, or prior director Dr. Novacheck), and then interpreting 25 gait studies with staff observation (at least 10 with the gait lab medical director). Final approval to be done by the gait lab medical director after completion of the above.

NURSE PRACTITIONER (NP) and PHYSICIAN ASSISTANT (PA-C) ROLE ON ORTHOPAEDIC SERVICE

The role of mid-level providers on the inpatient ward is under evolution. During your fellowship year it is likely that there will be a consistent presence of a mid-level on the ward during weekdays. These providers also see patients in clinic both independently and with ortho staff. They will often provide inpatient care to patients who do not have a resident or fellow following them. All are available to help with patient care questions/orders. It is expected that the fellow manage their own patient care needs (including discharge planning), and utilize the mid-levels only for assistance when needed.

DRESS CODE FOR CLINIC

Please review the Gillette dress code.

BUSINESS CLOSURE DAYS

Please review the guideline for the holidays at Gillette.

EVALUATIONS

The fellow will be evaluated using the ACGME Pediatric Orthopaedic Surgery Fellowship Milestones (Attached). Additionally, evaluations will occur by direct input from the orthopaedic staff that you are working with. Twice yearly 360 evaluations will be completed by a group of individuals from other departments (inpatient nursing, outpatient nursing, surgery) to assess

skills working within the healthcare team. Formal evaluations will occur twice yearly (December and July) with the fellowship director. The fellow will meet with the fellowship director on average every 4-6 weeks to review progress, case logs, research progress, and make sure fellow is on track for successful completion of fellowship year.

PHONE NUMBERS (from internal Gillette)

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Ortho Surg Unit 4East 2840
Radiology 3817
Radiology Reading Room 7396
Saint Paul Radiology After Hours 651-746-5110
IT 1715

Fellowship Coordinator Debra Berny 651-229-3948

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Other physicians you may need to contact

Hand

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(612) 581-3615

Deb Bohn, MD

Deb.bohn@tria.com

(612) 804-1778

Limb Reconstruction

Mark Dahl, MD

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(613) 240-5900

Spine

Joe Perra, MD

jhperra@tcsspine.com

(651) 402-1345

Tumor (all physicians at the University of Minnesota Masonic Children's)

During Daytime hours contact

Nancy Borstrom (1st)

(612) 273-8032

Dixie Chapman-Schultz (alternative)

(612) 676-5953

Dennis Clohisy, MD (Chairman)

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