

McGill Orthopaedic Arthroscopic Surgery Fellowship

Name of Program Director: Dr Ronald Dimentberg

St. Mary's Hospital

Co-Director:

Dr Moreno Morelli

Locations: St. Mary's Hospital; Lasalle General Hospital; Concordia Sports Medicine Center

Type of Fellowship: Surgical Fellowship emphasizing the arthroscopic and reconstructive techniques used to treat sports related injuries in recreational athletes.

Number of fellowship positions requested: 1

Name of hospital involved in training: St. Mary's Hospital

Research activity: Minimum 1 research project submitted for publication and/or presentation.

Mission: Fellowship will ensure that trainees master the knowledge base, the surgical skills and the rehabilitative measures to optimally treat both recreational and competitive athletes.

Outline how intended fellowship will enhance residency training

Fellows will enhance resident education by direct OR teaching, functioning in an incremental fashion as the Fellow becomes more confident and comfortable arthroscopically. Fellows are responsible for journal clubs scheduled at St Mary's Hospital on a monthly basis. Fellows will choose the topic and the articles and assign them to the resident staff for presentation. Fellows will actively participate in weekly Grand Rounds and be called upon to examine and formulate a differential diagnosis and treatment plan in conjunction with the resident staff. Fellows are encouraged present a topic and didactically teach both residents and medical students. The fellow will also be responsible for helping to prepare resident academic half-day didactic teaching in Sports medicine and departmental Grand rounds at McGill. Additionally, we expect the trainees to complete at least one research project which will lead to publication.

Names of Teaching Faculty

Doctor Larry Coughlin – Orthopaedic Surgeon; specializing in open and arthroscopic knee, shoulder and elbow surgery. Research interests in surgical education, PRP.

Doctor Ronald Dimentberg – Orthopaedic Surgeon; Chief of Orthopaedic Surgery, St. Mary's Hospital; specializing in arthroscopic and reconstructive knee surgery. Interests in ACL fixation, Telerehabilitation, Arthroplasty Infection, cartilage restoration, osteotomy, multi ligament injured knee.

Doctor Larry Lincoln – Orthopaedic Surgeon; specialized in arthroscopic and reconstructive knee and shoulder surgery.

Doctor Moreno Morelli – Orthopaedic Surgeon; Co- Director Arthroscopic Surgery Fellowship, specialized in sports medicine, knee surgery, shoulder arthroplasty and arthroscopy. Interests in allograft reconstruction, biomechanics and rehabilitation of the injured athlete.

Doctor Jennifer Mutch-Orthopaedic Surgeon; Fellowships in Upper Extremity Arthroscopic Surgery, Trauma and Reconstructive Surgery.

Academic Facilities

- Outline facilities for clinical and academic pursuit:

The Sports medicine service clinical activities and its manpower across the MUHC and affiliated hospital are as follows:

St. Mary's Hospital Staff

Nine Orthopaedic Surgeons:

5 specializing in Joint replacement Arthroplasty

4 specializing in Arthroscopic Surgery

3-4 Orthopaedic residents at St. Mary's Hospital

1-2 Medical Students

Activities St. Mary's Hospital

OR:

The OR is divided into "sports" rooms and "arthroplasty" rooms, in keeping with the main focus of our Orthopaedic Division.

5 dedicated "sports" OR days per week Monday through Friday at St. Mary's Hospital

(5 dedicated Arthroplasty OR's. Given room overlap, the fellow will have additional exposure to knee, hip and shoulder arthroplasty)

1 dedicated Trauma room

Sports medicine Office:

CBI Sports Medicine Clinic/Office 2 days per week.

St. Mary's Orthopaedic Rounds

Every Wednesday 7:45 – 9:00 AM

McGill Sports Medicine Grand Rounds

3rd Tuesday each month 18:00 – 19:00 Hours in conjunction with The Montreal General Hospital

McGill Orthopaedic Grand Rounds:

Every 2nd Thursday 7-8 AM at Shriners Hospital. Combined Rounds of all surgical divisions across all McGill's Hospitals. Sports Medicine group/Fellow in conjunction with St Mary's Staff present a topic twice during the academic year.

Outpatient clinic responsibilities:

Fellows will attend clinics/offices 2 days per week. Fellows function as junior staff. As such, they will have patients scheduled for them to see and they must coordinate their schedule as the staff does. All patients will be reviewed by the attending Orthopaedic staff. During the 1st 6 months they will attend clinic/office with Dr Dimentberg and Dr Morelli. During the 2nd 6 months they will attend offices/clinics with Drs Lincoln and Coughlin.

Library access, materials relevant to fellowship training and multi media learning materials available

The fellow has full access to all Orthopaedic resource materials through the McGill Medical Library and the St. Mary's Hospital library. The Fellow can access all major Orthopaedic and Sports Medicine journals via McGill 's online access provided through St Mary's Library staff.

The fellow has direct access to materials in the St. Mary's Orthopaedic Resident Room, which includes an Arthroscopic Surgery, set up and dry lab.

Additionally, access is available to a vast library of peer reviewed Orthopaedic videos via the AAOS Orthopaedic Video Theater online.

Availability of a Skills lab if applicable

In October each year, St. Mary's Sports Medicine, in conjunction with Conmed/Linvatec and a visiting guest faculty put on an Annual Arthroscopic Cadaver Course for residents and Fellows. During the morning session, the Fellow functions as a staff member teaching Arthroscopic set up, equipment management, diagnostic skills and basic triangulation skills to our junior (R2, R3) residents at 1 of 6 Arthroscopic cadaver stations. During the afternoon session, the Fellow learns and practices advanced Arthroscopic skills, which in the past have included meniscus repair, ACL reconstruction, rotator cuff repair and instability surgery.

Fellow Duties and Responsibilities

The Fellow will take "on-call" duty, one weekend per month at St Mary's Hospital along with one of the Sports Medicine staff. St Mary's is a level 3 trauma center with no polytrauma, no spine trauma no head injury trauma.

Include whether the fellow is the senior supervisor of residents

The fellows will function both as junior staff, but also as senior residents coordinating management of emergency and elective cases, emergency and outpatient consults, as well as supervising the residents in managing the in-patients on the service.

Outline whether there are fixed rotations at various institutions

The fellow is based at St. Mary's Hospital. The fellow will accompany the assigned Sports Medicine staff to their office/clinic and OR. This may include OR at a hospital or surgical center other than St Mary's. Schedules and assignments of the fellows would remain flexible and remain at the discretion of the fellowship director, in order to ensure that there is no conflict with other resident education and exposure.

Describe any support staff available to the fellow

There is a research coordinator at St Mary's Hospital who can help the fellow in his/her research endeavors. There is a research grant financial assistance available on a selective basis to submitted and accepted projects hospital wide. There is some discretionary research assistance via the St Mary's Hospital Fellowship Fund. There is a fellowship/residency coordinator available to assist in University administrative needs.

Proposed meetings to be attended by the fellow

Fellows must attend the annual Montreal General Hospital and St Mary's Arthroscopy Courses. Fellows are also encouraged to attend one Sports Medicine meeting, e.g. the AANA Fall or Spring meetings, AOSSM Annual meeting, AAOS annual meeting with AOSSM Specialty day. Financial assistance may be available for this.

Research productivity and publications expected by the fellow

Fellows are required to submit at least one manuscript for publication as a requirement of their Fellowship.

Curriculum

Intended caseload

Fellows are expected to perform or be 1st assistant in 400-600 cases

Intended percentage of varieties of cases

Arthroscopic Knee Surgery	50%
<i>Open Knee</i> Reconstructive Surgery	10%
Arthroscopic Shoulder Surgery	20%
Open Shoulder Reconstructive Surgery	10%
Other Joints and Trauma	10%

RD. August 2016.