McGill Osseointegration and Hip and Knee Complex Arthroplasty Fellowship

This one year clinical fellowship is intended to fully trained and graduated orthopaedic surgeon worldwide. Its starts on July 1st and end on June 30th of the following year. The fellowship positions are competitive based and attributed in September (about 18 months before the start). Preference is given to surgeons planning to work in an academic environment with or without a confirmed position. It is restricted to surgeons heading back to their country after training. Only applicants with their files completed and validated by the McGill Post-Graduate Office prior deadline will be considered. Interviews may be done by Skype.

Two fellowships trained orthopaedic surgeons comprise the orthopaedic team. Dr Robert Turcotte specializes into orthopaedic Oncology and Osseointegration (OI). Only his OI activities will be covered by this fellowship. Dr Adam Hart is specialized in lower limb complex arthroplasty. Osseointegration clinics are hold every other week at the Lindsay-Gingras Montreal Rehabilitation Institute into a multidisciplinary environment. The Arthroplasty clinics are run at the Montreal General Hospital (MGH). Surgical procedures are performed at the MGH (2/month for OI and 1-1.5/week for complex arthroplasty). Complex reconstruction following failed arthroplasty or post-traumatic deficit and elective extremity amputation for non-tumoral condition are also part of the clinical load.

Fellows will participate to data collection for multiple trials participation from patients such as functional assessment.

The fellow is expected to complete at least one clinical or basic science research project and to submit the manuscript for publication before completion of the fellowship. Registration and travel expenses for presentation of a completed paper at orthopaedic meeting will be covered.

The fellowship includes 4 weeks of vacation and 10 meeting days.

After completion of a 12 months rotation, the fellow will be able to:

1. Master the knowledge relating to common disorders affecting the hip and knee and that pertains to amputees.
2. Evaluate a patient with a painful total hip or knee arthroplasty, derive a pertinent differential diagnosis, and order appropriate investigations accordingly.
3. Evaluate amputees to identify suitable candidates for osseointegration.
4. Become familiar with the tools used to evaluate QOL and function of amputees and recognized indications and limitation for osseointegration.
5. Evaluate a young patient with a structural abnormality of the hip including dysplasia, femoroacetabular impingement, and common childhood disorders.

6. Evaluate and perform elective amputation with state of the art skills.

7. Master the preoperative planning process including patient optimization, implant selection and templating. This includes active participation into the design of custom implants and the preparation of submissions to Health Canada for approval.

8. Communicate professionally with patients and their families and with the collaborating teams within or outside of the institution.

9. Become proficient in the posterior, trans-gluteal, and direct anterior approaches for total hip replacement and appropriate handling of soft tissue, bone, vessels and nerve with amputation/osseointegration.

10. Become proficient in performing complex primary hip and knee arthroplasty as well as osseointegration of lower and upper extremity.


12. Understand the rehabilitation protocols following osseointegration

13. Become familiar with hip preservation surgery; indications and techniques.

During this rotation, the Osseointegration and Adult Lower Extremity Reconstruction fellow will be expected to:

1. Attend and participate in clinics and ORs.

2. Participate in patient care on the ward and rounding.

3. Involvement in preoperative planning and templating.

4. Help supervise and teach residents and students on the service.

5. Help organize and participate in the journal club and other formal resident teaching such as seminars, hospital rounds and M&M rounds.

6. Participate actively to the many clinical and basic research projects.

7. Conduct a significant research project and presents results at national or international meetings and submit his work for publication.
8. Agree that acquisition of knowledge and skills for residents will have priority over the fellow. This in accordance of the level and capacities of the residents.

9. Provide feedback of his rotation to the orthopaedic residency program director.

**Evaluation of performance**

The fellow will receive formal evaluations according to McGill policies. These will be based on the CanMeds. These evaluations will be forwarded to the Program director after it has been discussed with the fellow. The fellow will also have opportunities to evaluate his fellowship with the Orthopaedic Residency Program Director.