

Foot & Ankle Reconstruction Fellowship Guidelines for Clinical Work & Research

Drs. Glazebrook, Morash and Burgesson at NS Health
(Updated 2025)

The below guidelines are meant to guide the Fellow to a clinical care and research working level that is considered appropriate for the Foot & Ankle Fellowship at NS Health with Drs. Glazebrook, Morash and Burgesson. It is the responsibility of the three surgeons to provide resources and an environment that is optimal for transfer of knowledge in the areas of Research, Foot & Ankle and Trauma clinical care to a level that will allow the fellow to embark on an academic practice in subspecialty Foot and Ankle Orthopedics. The NSFA fellowship has historically been an excellent relaxed environment for learning and patient care due to the nature of consultant and fellow professional behavior and mutual respect.

Fellows Objectives:

It is recommended that the Fellow presents a list of objectives that he is interested in achieving over the period of the fellowship to Drs. Glazebrook, Morash and Burgesson at the beginning of the fellowship. The surgeons will then be committed to assisting the fellow with achieving those objects by providing appropriate caseloads and resources.

Formal General Fellowship objectives

MSI Billings:

The fellow is responsible to collect stickers and present them to the surgeon's secretaries, for all cases done with the three surgeons which he/she participates. These billings will cover the cost of salary for the fellowship. While the fellowship salary is guaranteed personally by the three surgeons, (Drs. Glazebrook, Morash and Burgesson) any shortfall will be paid by them personally. Thus, it is strongly recommended that the fellow participate in fracture waitlists or any other surgical list of interest as a first assist in order to generate satisfactory billings to cover salary. The surgeon's secretaries can assist with the fellows assignments to the OR lists as an assistant on days that the fellow is free of clinical and research duties. Fellows may receive additional WCB or other 3rd party payments which must be submitted to Admi assistants Karla or Simone for deposit into the Fellows Department of Surgery Account. These 3rd party payments are NOT additional salary for fellows but are used to offset fellowship assist MSI revenue that does not meet fellow Salary.

Operating Rooms:

OR's start at 7:30 (8:30 am on Wednesday during academic year) and **the fellow is expected to assure history, physical and consent is complete by 7:15 am.** Often the resident will have this done but the fellow should verify this.

Fellow is expected to meet and examine all patients for operations by Drs. Glazebrook, Morash and Burgesson and verify that resident has proper operative plan and diagnostic imaging on display in OR.

Primary surgeon will be shared between Drs. Glazebrook, Morash and Burgesson, Fellow and resident on service according to case. Residents should be allowed to do routine cases and Fellows more appropriate for F& A subspecialty cases. Fellow should always guide residents through trauma cases intervening were appropriate.

The fellow is expected to remain scrubbed in OR until the wounds are closed and cast applied (if necessary).

Fellow will be expected to **dictate operative reports for cases where he/she is a primary surgeon. This dictation is to be complete within 48 hours of OR End time**

Private Office:

Fellow will be expected to participate in all private offices of the three surgeons by seeing patients and reviewing them with Drs. Glazebrook, Morash and Burgessson to devise a clinical care plan. **The fellow should arrive 5 min prior to 1st patient start time booked.**

Fracture Clinics:

Fellow will be expected to participate in all fracture clinics for the three surgeons by seeing patients and reviewing them with Drs. Glazebrook, Morash and Burgessson to devise a clinical care plan. **The fellow should arrive 5 min prior to 1st patient start time booked.**

On occasion, fellow may be expected to conduct fracture clinic visits independent of Drs. Glazebrook, Morash and Burgessson (eg. away times or possible rare concurrent OR's etc.)

Rounds

Fellow is expected to conduct rounds on all of Drs. Glazebrook, Morash and Burgessson inpatients 2X week (Recommended Tues & Thurs) and 5X when Dr. Drs. Glazebrook, Morash and Burgessson are away (M-F). The clinical care of patients and daily routine orders (Meds, x-rays, Discharge etc.) is the primary responsibility of the resident on rotation but the fellow should verify that clinical care of complex and acutely injured patients is appropriate. Any areas of concern should be reported to Drs. Glazebrook, Morash and Burgessson in a timely manner.

Call Duty:

Fellow is expected to carry pager/mobile on call for days that Drs. Glazebrook, Morash and Burgessson are on call (approximately 1 in 13). This includes ~ 4 weekends per year where the fellow will be operating with Drs. Glazebrook, Morash and Burgessson and resident Sat & Sun. Call schedules can be obtained from the surgeon's secretaries.

If the fellow is not going to be available for a weekend call day he must notify the three surgeons and their secretaries 3 months in advance to allow for a rescheduling of that call weekend with a switch by Drs. Glazebrook, Morash and Burgessson, or assignment to another consultant on weekend call.

Research

Fellow will be conducting research throughout the year 1 – 2 days per week that will coincide with Dr. Glazebrook's protected time for research and away days.

The Fellow will be allowed to propose his own research project and if requires more than a year he will maintain publication rights until published.

The Fellow will have access to Drs. Glazebrook, Morash and Burgessson research assistant for research matters.

Completing 2 papers/chapter for peer review publication will be considered a satisfactory performance for the year's research but 3 or more papers/chapters will be considered exemplary performance.

Time OFF

The fellow will have plenty of time off from 2 sources:

1. Drs. Glazebrook, Morash and Burgesson away time for vacation and CME events.
2. Full and half Days that Drs. Glazebrook, Morash and Burgesson are not scheduled for clinical duties (Protected Research time)

Given the fellow will have plenty of time off it is expected that the fellow will NOT MISS ANY CLINICAL DUTIES outlined in this document unless illness occurs that prevents the fellow from attending clinical duties. This is usually a rare occurrence based on past fellows' attendance records. If fellows have family or other outside matters that may conflict with fellows attending ANY CLINICAL DUTIES outlined in this document, it is the fellows' responsibility to mitigate this and make every attempt to attend all clinical duties outlined in this document.

The fellow is free to use time as described above as they feel fit but the expectation of research and MSI billings should be balanced with Time off.

It is strongly recommended, albeit not mandatory, that fellows take a vacation that coincides with Drs. Glazebrook, Morash and Burgesson away dates.

After hours academic and Social Commitments

It is expected that the fellow make every attempt to attend after hours functions such as :

- Grand Rounds
- Journal Club
- Orthopedic Social functions (dinners, Yabsley day, research day, resident BBQ, etc.)

Letters of Reference

Drs. Glazebrook, Morash and Burgesson will be happy to provide any and all Letters of reference requested by the fellows to assist with success in their academic, clinical and personal endeavors. The fellow MUST understand that breaches of professional conduct as outlined in these Guidelines for Clinical Work & Research will also be documented in letters of reference.

Attire

Business to Business Casual

Mark Glazebrook, MSc. PhD, MD, FRCS(c)

Joel Morash MD, FRCS(c)

Bernard Burgesson MD, FRCS(c)