

**Glazebrook / Morash Capitol District Health Association (CDHA) Foot & Ankle
Reconstruction Fellowship**
-Guidelines for Clinical Work & Research-

The below guidelines are meant to guide the Fellow to a clinical care and research working level that is considered appropriate for the Glazebrook and Morash/CDHA Foot & Ankle Fellowship. It is Dr. Morash & Glazebrook's responsibility 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.

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 Dr. Morash & Glazebrook at the beginning of the fellowship. Dr. Morash & Glazebrook 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 Jessica Glennie, Dr. Glazebrook's secretary, for all cases done with Dr. Morash & Glazebrook which he/she participates in that do not. These billings will cover the cost of salary for the fellowship. While the fellowship salary is guaranteed personally by Dr. Morash & Glazebrook any shortfall will be paid by him 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. Jessica Glennie, Dr. Glazebrook's secretary, can assist the fellows assignments to the OR lists as an assistant on days that the fellow is free of clinical and research duties.

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 Dr. Morash & Glazebrook and verify that resident has proper operative plan and diagnostic imaging on display in OR.

Primary surgeon will be shared between Dr. Morash & Glazebrook, 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 resident through trauma cases intervening were appropriate.

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 is primary surgeon.

Private Office:

Fellow will be expected to participate in all Dr. Morash & Glazebrook private offices by seeing patients and reviewing them with Dr. Morash & Glazebrook to devise a clinical care plan. Fellow should arrive 5 min prior to 1st patient start time booked.

Fracture Clinics:

Fellow will be expected to participate in all Dr. Morash & Glazebrook fracture clinics by seeing patients and reviewing them with Dr. Morash & Glazebrook to devise a clinical care plan.

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

Rounds

Fellow is expected to conduct rounds on all of Dr. Morash & Glazebrook inpatients 2X week (Recommended Tues & Thurs) and 5X when Dr. Morash & Glazebrook is 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 Dr. Morash & Glazebrook in a timely manner.

Call Duty:

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

If the fellow is not going to be available for a weekend call day he must notify Dr. Morash & Glazebrook and Jessica Glennie, Dr. Glazebrook's secretary, 3 months in advance to allow for a rescheduling of that call weekend with a switch by Dr. Morash & Glazebrook call 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 Dr. Morash & Glazebrook 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. Dr. Morash & Glazebrook away time for vacation and CME events.
2. Full and half Days that Dr. Morash & Glazebrook are not scheduled for clinical duties (Protected Research time)

The fellow is free to use this time as he feels 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 vacation that coincides with Dr. Glazebrook's or Dr. Morash's 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.)

Attire

Business to Business Casual

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