OrthoCarolina

Duke

Curtis

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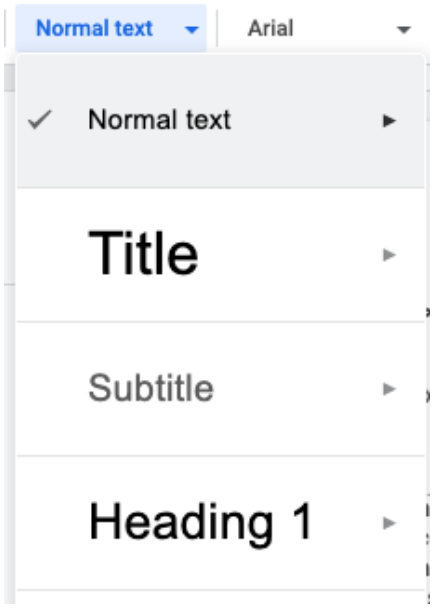

OrthoCarolina

Mostly balanced
OrthoCarolina (shoulder distal) - high-volume program with 10 attendings (one is ortho/plastics trained, one is plastics, one is shoulder/elbow and hand trained). Well-rounded with regard to trauma (level 1, q4 backup call), micro (Mayo micro course, solid amount of brachial plexus and nerve transfers, micro lab), shoulder, and complex versus bread and butter cases. Daily didactics and monthly "logic" sessions, with an overall good environment amongst fellows and accessible attendings. Potential drawbacks are that it doesn't have a long history of training hand surgeons (fellowship is ~6-7 years old, not a lot of congenital cases, not as much elbow

Duke

Mostly balanced
Duke (elbow distal) - There are ~8 attendings (2 plastics, 6 ortho), though Dr. Leversedge is moving to Colorado. Main rotations were previously Ruch, Richard, Mithani, and Leversedge, not sure how they will change the Leversedge rotation. Good trauma experience (level 1, q3 backup call), micro experience (micro lab, free fibula transfers), elbow experience, with several didactics and weekly anatomy labs. The attendings are very accessible. Potential drawbacks are resident-fellow overlap, not as high-volume compared to some other programs

Curtis

Micro/trauma heavy
Curtis (shoulder distal) - There are 15 attendings (5 plastics, 10 ortho). High replant/trauma volume (any isolated upper extremity injury goes to Curtis, a lot of replants, q5 backup call), excellent micro experience (high replant volume, micro lab), some shoulder, do a lot of complex cases (presented a second toe to finger transfer). There is a weekly fellows' clinic. Go to CHOP for one month for congenital experience. Potential drawbacks are perhaps not as many bread/butter cases, hierarchical feel, not much elbow, and very high replant volume

University of Washington

Micro/trauma heavy
University of Washington (elbow distal) - 9 attendings (3 plastic, 6 ortho). Very heavy trauma experience (complex trauma, level 1, Harborview, q4 backup call), heavy micro experience (replants/flaps associated with traumas), and revision elbow experience (Hanel). Attendings seemed accessible, with good camaraderie. Potential drawbacks are high complex trauma volume and lower bread/butter volume

Pitt

Full upper extremity (shoulder to finger)
Pitt (shoulder distal)- 14 attendings (3 plastics, 11 ortho). High-volume, true shoulder-to-fingertip fellowship with a robust/consistent shoulder experience, truly excellent elbow experience (Baratz), with good trauma as well (level 1, q3-4 backup call for 6 months, otherwise take "practice call" with phone calls for the other 6 months). Attendings seem accessible and fellows had a good camaraderie. Potential drawback includes not as much micro

Indiana

Full upper extremity (shoulder to finger)
Indiana (shoulder distal) - high-volume program with 10 attendings (all ortho), with a robust shoulder/elbow experience (approximately 25% shoulder/elbow), trauma experience (cover two level 1 hospitals, so end up being on primary call ~7-8 days/month, though might pull out of one of the hospitals), excellent didactics (weekly "logic" sessions, practical practice management lectures as well). Potential drawbacks include not as much micro, primary call

Cleveland Clinic

Full upper extremity (shoulder to finger)
Cleveland Clinic (shoulder distal) - 8 attendings (2 plastics, 6 ortho) with a shoulder-to-fingertip experience and a solid amount of shoulder/elbow (~1/3 the case load, Dr. Evans who did a lot of elbow is moving to Florida location, might do a 1 month rotation with him there). Has good trauma (level 1 trauma at MetroHealth), and great variety. Potential drawbacks include not as much micro, not as robust didactics

Truly academic

WashU (forearm distal) - 6 attendings (all ortho) that are all very active within the Hand Society. Dr. Gelberman is retiring so won't be on faculty when we start. Solid trauma experience (level 1, q4 backup call), robust micro experience (2 week trip to Coimbatore, India for micro course/observational period with Dr. Sabapathy in the beginning of the year, soft tissue coverage cases), excellent case complexity (congenital, plexus, nerve transfers), good didactics, has a fellows clinic, accessible attendings with great camaraderie amongst the attendings. Potential drawbacks include mostly forearm-distal pathology, not as high volume bread and butter, and high micro/flap volume

Mayo (mostly forearm distal, plus shoulder) - 12 attendings (3 plastics, 9 ortho) who are well-connected and active within the Hand Society. Good variety (replants, plexus, nerve work) and complexity, solid micro experience (Mayo micro course/flap course, micro lab), solid teaching (Dr. Rhee seems like an great teacher), good trauma experience (level 1, q5 backup), has some shoulder surgery (with Elhassan), excellent anatomy lab. Potential drawbacks include not a ton of bread and butter cases, not much elbow

Mostly balanced

Cincinnati (elbow distal) - 14 attendings with incredibly high case volumes, excellent culture, good variety, good trauma experience (q4 at a non level 1 hospital and q8 backup at the University hospital), robust didactics/courses (daily didactics, Dr. Stern's reading list), and a solid congenital experience. Potential drawbacks include possible retirement of Dr. Stern, not super high micro volume

Utah (mid humerus distal)- 4 attendings (all ortho) that gives a very robust mid humerus-distal experience, great trauma (busy level 1, q4 resident backup), good micro (micro course), solid congenital experience (probably the most robust, also do an international trip). Attendings are incredibly accessible and accordingly the culture is great here. Potential drawback might be heavier congenital experience than some might want

Vandy: This was mainly an upper extremity trauma/fracture fellowship from what I gathered. When ortho hand is on call they take clavicle distal, and it seems like there is a lot of trauma to go around. All of the staff seemed incredibly chill and like they would be easy to get a long with. Didn't seem super academic, despite the name. Zero peds experience. Questionable micro, although Desai was doing some plexus. One fellow per year, although maybe expanding to two in the future. Interviewed 46 people for 1 spot - yikes.

Rochester: A bit of a hidden gem, if you can handle Rochester. Warren Hammert is the real deal, and incredibly well respected within academic hand circles. A lot of the other faculty are locals, and although I'm sure are great to work with, aren't super well connected. Mostly wrist distal with some elbow, didn't seem like shoulder or humerus was an option. Only 1 fellow. Wasn't exactly what I was looking for.

Allegheny: Is trying to rebuild after Baratz left earlier in the decade and left a massive hole in the program. All of the staff seemed great - Tang is a little quirky, but I think he means well and is well rounded in his experiences (plexus/shoulder to finger tip). The fellows were not super inspiring this year to be honest, and I think soured some peoples' opinions. You'd get good training here for sure.

Ohio State: I think this program really flys under the radar. With stern stepping down at Cinci, I think this is the best training in Ohio now. Very strong, well rounded experience. Shoulder to finger, including fractures and arthroplasty. Integrated plastics experience, and that's going to be even stronger with Amy Moore joining as chair - when I interviewed she had just come over from WashU and was starting to work with the fellows. The other hand faculty seemed incredibly down to earth. OSU is investing 3billion dollars in their health care system, and it really shows. You'd get phenomenal training here, and I think the name is building.

Colorado: Another building program. Denver Health/UC is no joke when it comes to their trauma experience, although historically I think they have been lacking academically. That all changes with Leversedge joining as their hand/fellowship director. He anchors a very strong faculty group. Denver Health will train you on the craziest trauma

you'll find - replants, recon/flaps, mangled extremities, and allllll finds of fractures. Denver is obviously an insanely awesome place to live for a year as well.

UChicago: Another very well rounded programs. Dr. Wolf has been a very nice addition and adds a large academic practice. She is likely next in line for chair of ASSH, and would be a great mentor to have going into an academic practice. You spend 6 months at UC, and the other 6 months with the NorthShore group. UC is now a level 1 trauma center, and it sounds like almost overnight their trauma/replant volume went through the roof. Great hot and cold trauma experience, dedicated plastics faculty, and then a great private practice experience as well.

Cinci: The waters are still settling after Peter Stern stepped down two years ago, and I think people seem unsure where this program stands now. Stern seems very involved in the program still, but it is unclear how long that will last. Stern said multiple times he will have to retire at some point. With Stern involved, this program is still an absolute gem - that man is more loved by people throughout orthopedics than anyone else I've met, and for damn good reason. Most other fellowships now try and model their didcatics after Cinci. Little is the new PD, and thus peds is a much bigger experience. Minimal shoulder. Some flap/micro experience. Average research experience.

Pittsburgh: Baratz is the man - how many times can this be repeated. Fairly shoulder heavy. They recently opened a shoulder fellowship and Schmidt (SP?) & Sotereanos are the co-directors, which calls in to question if they are going to be active within the hand fellowship anymore. Probably below average trauma/micro experience, especially since it's split between 6+(there are 1-2 non-accredited fellows a year) as well as a plastics fellow. Good research opportunities. Sounds like a decent amount of driving. I thought Pittsburgh was a nice city, but not everyone agrees.

Rothman: A name that goes the distance in the world of orthopedics - I'm just not sure the hand program lives up yet. Philly Hand takes all the hand call at Jeff, and thus the Rothman fellows essentially see no/minimal trauma. Neither had done a replant this year by the time I interviewed. The do a lot of volume, but the case logs seems like a LOT of CTR/TFR/CMC arthroplasty type cases. Shoulder rotation through the legendary S&E staff, although this was less emphasized. No call. No weekends. The fellows joked they almost didn't know how to use the EMR because they never have to take care of anything. About as cush as fellowship could get, I just worry you're not going to be a well rounded hand surgeon coming out of this place.

Philly Hand: If Rothman is cush, Philly Hand is the trial-by-fire ass whooping counter-point. Very old and well regarded program within the hand world. 7 fellows. Osterman is a huge personality, and has built a very impressive group. Takes all the fellows out to dinner frequently, and to the nicest restaurants in Philly. Near weekly anatomy/implant lab where you can get any rep to bring in stuff for the fellows to mess around with. Everyone knows the huge detraction of this place before you even interview - primary call. Some of the fellows seemed to not like it, others seemed like they just accept it for what it is, and make the best out of it. Between 7 fellows (Sometimes an extra military fellow), and 1-2 Jeff residents, and it doesn't seem all that bad. Very busy, very high volume - the highest case numbers I saw of any program. Previously was more traditional forearm distal, although they now have plastics and S&E trained faculty which round out the experience. Spend a month at Shriner w/ Z & Kozin. Research opportunities. You can get good academic jobs coming out of here, but if you want to go into private practice, man will they teach you how to fly here.

MCW: Really two programs. 2 spots for plastics, 1 spot for ortho. The ortho program is not a hand fellowship - the ACGME needs to check them on that. They spend 80% of their time doing shoulder. The current fellow hadn't even looked through the OR doors at a replant, let alone performed one, and even things like scaphoid ORIFs and wrist trauma seemed minimal. The ortho director said they stay as a hand program so the fellow can get their CAQ. That's nice and all, except for the fact they didn't get any hand training in fellowship. The plastics program is actually really solid. Not a big name, but great well rounded shoulder-distal hand training. Brachial plexus, crazy trauma as MCW is the only level 1 trauma around. The plastics fellows still spend 6 months w/ the ortho attendings, so you get good upper extremity fracture experience as well as shoulder scopes/arthroplasty.

Minnesota: Did not get a good vibe of this program. Spread out. You take frequent primary call, and often have to round on the weekends with plastics attendings. The fellows talked about getting snarky emails from plastics

attendings - who they take call with but don't work with othewise - about how they didn't handle consults the way they'd like. Really not interested in being treated like a junior resident as a fellow.