

# Information about your Institution's Orthopaedic Trauma Surgery Leader (OTL) at Level I Trauma Centers that is Needed Prior to your Institution's ACS Site Visit

### Rationale for this information

There is a current CD that requires that orthopaedic trauma care at Level I trauma centers be led by an orthopaedic surgeon who has completed an Orthopaedic Trauma Association (OTA) approved fellowship. However OTA "approval" of fellowships has only existed since 2013-2014. This purpose of this form is to gather information that the Committee on Trauma, Verification Review Committee (COT-VRC) uses to determine if the OTL at your institution fulfills this criteria.

<u>CD 9-5:</u> In a Level I trauma center, the orthopaedic care must be overseen by an individual who has completed a fellowship in orthopaedic traumatology approved by the Orthopaedic Trauma Association (OTA)

#### PLEASE RETURN THIS FORM WITH THE FOLLOWING:

- OTL'S CURRICULUM VITAE (CV) INCLUDE PUBLICATIONS
- FELLOWSHIP CERTIFICATE (IF APPLICABLE)
- CURRENT BOARD CERTIFICATION

New OTL Applicants, please complete entire form.

#### Previously COT VRC approved OTLs only complete questions 1-3.

- 1. Name of Trauma center:
- 2. Name of Orthopaedic Trauma Leader (OTL)
- 3. Current ACS Verification Status:
  - a. Level I Adult
  - b. Level I Pediatric
    - i. If Level I pediatric, is there a formal transfer agreement with an adult
      - a. Yes
      - b. No





### **Fellowship Information:**

Prior to checking 'Yes' please verify the fellowship is listed by clicking here <a href="https://ota.org/education/fellowship/fellowship-directory">https://ota.org/education/fellowship/fellowship-directory</a> and select 'Program Directory'.

- 4. Did the OTL complete an OTA Accredited/ Approved fellowship on or after 2013-2014?
  - a. Yes
    - i. If 'Yes':
      - a. Name of Institution:
      - b. Fellowship completion year:
      - c. Duration of fellowship in months:
  - b. No
- 5. Did the OTL complete an orthopaedic trauma fellowship prior to 2013-2014?
  - a. Yes

i.lf 'Yes':

- a. Name of Institution:
- b. Level of trauma center:
- c. ACS verification status:
- d. Fellowship completion year:
- e. Duration of fellowship in months:
- b. No
- 6. Provide the number and names of trauma faculty members at the OTL's institute during their fellowship:
  - a. Faculty members:
  - b. Please list their names:

- 7. Did the OTL take trauma call during their fellowship?
  - a. Yes
  - b. No







- 8. Did the OTL regularly go to clinic during their fellowship?
  - a. Yes
  - b. No
- 9. Was an identifiable faculty member of the orthopaedic trauma program available at all times for supervision and consultation?
  - a. Yes
  - b. No

## **Operative Orthopaedic Cases during Fellowship:**

- 10. Did the OTL have 400 operative orthopaedic cases, 300 of which were related to orthopaedic trauma surgery?
  - a. Yes
  - b. No
    - 1. If 'No', approximately how many orthopaedic trauma cases did the OTL perform?

#### **Current Practice Information:**

- 11. Is greater than 50% of the OTL's current practice dedicated to providing care to orthopaedic trauma patients?
  - a. Yes
  - b. No
- 12. Does the OTL take orthopaedic trauma call at the current institution?
  - a. Yes
    - 1. If 'Yes', how many days of trauma call on average/months?
  - b. No

### National Leadership, Education and Research Experience in Orthopaedic Trauma Surgery:

- 13. Does the OTL serve on any trauma related committees in orthopaedic trauma surgery:
  - a. Leadership:
    - 1 Yes
      - a. If 'Yes', list leadership position(s) (outside of current institution):
    - 2. No







- b. Local position(s) (outside of current institution)
  - 1. Regional position(s):
  - 2. National position(s):
  - 3. International position(s):
- c. List regional, national, or international Trauma Committee memberships:

#### Research/Publications:

- 14. Does the OTL have publications related to orthopaedic trauma?
  - a. Yes
    - 1. Include a list of peer-reviewed publications as part of the OTL's curriculum vitae (CV).
    - 2. How many in the last three years?
  - b. No

## **Experience as an Educator:**

- 15. Has the OTL participated in any trauma-related educational activities outside of the current institution in the past three years as an instructor/educator NOT as a participant?
  - a. Yes
    - 1. If 'Yes', list activity and year:
  - b. No

#### Additional Information:

16. Any other information that you believe is relevant and would like to bring to the review committee's attention:



