McGill Paediatric Orthopaedic Surgery Fellowship

**Primary Teaching Faculty**
Dr. Reggie Hamdy Chief of Staff Shriners Hospital. Specialization: Limb deformity, Pediatric Hip disorders, Osteogenesis Imperfecta, Skeletal Dysplasias, and Arthrogryposis.

Dr. Jean Ouellet Assistant Chief of Staff Shriners Hospital. Specialization: Scoliosis.

Dr. Francois Fassier Emeritus Chief of Staff Shriners Hospital. Specialization: Osteogenesis Imperfecta, Bone Metabolic disorders, and Limb deformity.

Dr. Thierry Benaroch Site Director Montreal Children’s Hospital. Specialization: Cerebral Palsy, Developmental Dysplasia Hip and Clubfoot.


Dr. Mitchell Bernstein. Specialization: Limb Deformity and Trauma.

Dr. Thierry Pauyo. Specialization: Adolescent Sports Medicine, Hip Arthroscopy and General Pediatric Orthopaedics

Dr. Neil Saran, Fellowship Director Pediatric Orthopaedics. Specialization: Scoliosis and Adolescent Hip Preservation.

**Hospitals**

1. The Montreal Children’s Hospital (MCH). The MCH is an acute care hospital offering services in all paediatric subspecialties. It is a level 1 trauma center for children. Pediatric orthopaedic clinical activities in this hospital consist of two operating days per week and a daily fracture clinic.

2. Shriners Hospital for Children (SHC). The SHC is an acute care children’s hospital specialized in musculoskeletal conditions. Clinical activities in this hospital include elective surgeries and clinics in all pediatric orthopaedic subspecialties including general orthopaedics, pediatric hip, adolescent hip preservation, limb-length discrepancy, spina bifida, cerebral palsy and rhizotomy, hand and upper limb, spine deformities and scoliosis, amputee and prosthetics, and sports medicine.
All trauma cases are performed at the MCH as well as complex cases that may need special care or the intensive care unit. All elective outpatient visits and the majority of elective surgical cases are performed at the Shriners Hospital.

On occasion, the fellows will accompany staff to other MUHC sites for relevant limb deformity, hip preservation or neuromuscular surgery cases. Similarly fellows will accompany staff to Marie Enfant (CHU Sainte-Justine) for relevant outpatient pediatric orthopaedic clinics.

**Program Overview**

The McGill Pediatric Orthopaedic Surgery Fellowship offers a **one year** fellowship covering all aspects of pediatric orthopaedic surgery. The fellowship is arranged in 3-4 month blocks whereby the fellow spends that entire block with a specific set of mentors. Each team consists of 2-3 staff members with whom the fellow then works during that rotation. The rotations are setup such that the staff combinations provide a complimentary experience overall. The rotations are setup to provide the fellow with approximately 2 days of clinic and 2 days of operative experience per week. Each week the fellow has ½ to 1 day available for study time and research.

The fellowship provides a wide-ranging exposure to all areas of pediatric orthopaedics. The fellow has ample opportunities to become proficient in clinically and surgically managing all aspects of pediatric orthopaedic including:

- Musculoskeletal trauma
- Musculoskeletal infection
- Pediatric hip pathologies (DDH, SCFE, Perthes...)
- Neuromuscular disorders
- Lower limb deformity
- Limb length inequality
- Upper extremity disorders
- Adolescent hip preservation
- Metabolic bone disorders
- Skeletal dysplasias

The McGill Pediatric Orthopaedic Fellowship also offers a **two year** fellowship with 6 month subspecialty training blocks and a possible 6 month research block.

- General Pediatric Orthopaedics (6 months)
- Adolescent Hip or Spine (6 months)
- Lower Limb Deformity or Spine (6 months)
Research or General Pediatric Orthopaedics (6 months)

**Fellowship Mission**

The Pediatric Orthopaedic Fellowship is designed to ensure that by the end of the 12 or 24 month period, the trainee masters the clinical knowledge required to treat pediatric and adolescent patients with varying musculoskeletal disorders.

In addition to mastering Pediatric Orthopaedics, the Fellowship is intended to enhance residency training. One of the secondary roles of the fellow will be to augment the resident learning experience by participating and providing didactic and hands-on teaching in the OR and clinic settings. Also, fellows are responsible for one formal teaching session with the residents every month to take place on a Wednesday or Friday morning.

**Clinical Activities Schedule**

**ORs and Clinics**

**Ortho OR Days**: Daily Ortho OR at SHC. Occasionally 2 Ortho ORs a day.

**Spine OR Days**
- Mondays: MCH
- Tuesdays: occasional SHC
- Wednesdays: MCH and SHC
- Thursdays: SHC
- Fridays: occasional SHC

**Shriners Elective Clinics**: Daily

**MCH Fracture Clinic**
- Mondays: 0830-1200
- Tuesdays: 0830-1200
- Wednesdays: 1300-1600
- Thursdays: 1300-1600
- Fridays: 1300-1600

**MGH Young Adult Limb Deformity/Hip Preservation OR/Clinics**
Variable (Drs Bernstein and Saran)

**External Clinics**
- Marie-Enfant clinics of CHU Sainte-Justine
  Variable (1-2/month, Drs Hamdy and Janelle)
Formal rounds

Fracture Rounds
Mondays 07:00-08:00

Bedside Rounds
Tuesdays 06:45-07:15

Shriners Grand Rounds (Schedule to follow)
Occasional Alternating Thursdays 07:00-08:30

Orthopaedic Grand Rounds (Schedule to follow)
Alternating Thursdays 07:00-08:30

MCH M&M Rounds (Schedule to follow)
One Thursday every 2 months 07:30-08:30

Indication and Postop Rounds
Thursdays 16:00-18:00

Resident Teaching

Wednesdays 07:00-08:00
Fridays 07:00-08:00

Duties and Responsibilities of the Fellow

OR Responsibility of the Fellow
Fellows are responsible to attend OR in order to gain new knowledge as well as to share their knowledge and experience with staff and residents who are sharing OR activities.

Fellows will attend the OR when their primary or secondary supervisor is in the OR. On days where both supervisors are in the OR, it is up to the fellow to decide which OR to attend.

Outpatient Clinic Responsibilities
Fellows are responsible to attend clinic in order to gain new knowledge as well as to share their knowledge and experience with staff and residents who are sharing clinical activities.

Fellows will attend clinic when their primary or secondary supervisor is in clinic and there is no concurrent OR.
Each fellow will cover one fracture clinic per week. This will be determined by the weekly schedule prepared by the fellow and will be on a half-day when the team has no clinical duties.

**Weekly Schedule**
Each fellow will create a weekly schedule based on their team's clinic and OR schedule including one fracture clinic during the week. This schedule will be made available to the fellowship director prior to the weeks start by emailing it to the administrative assistant of the fellowship director.

**Inpatient Responsibilities**
The fellows will be responsible for daily rounding and perioperative care of their postoperative patients which includes daily charting, discharge prescriptions and discharge summaries.

**Call Responsibilities**
- The fellow will be required to cover first call only if there is a shortage of residents for first call. Typically, this means first call no more than 1-2 times per month.
- They will cover first call on Thursday mornings during the resident's academic half day teaching. A schedule for the first and second half of the year will be made and distributed to locating at the MCH and SHC.
- They will cover first call during the Orthopaedic-In-Training-Exam and the resident retreat.
- The fellows will be second on call once every 4 weekends (Friday to Sunday).

**Research Expectations**
It is expected that each fellow will complete at least one clinical research project during the fellowship that will be presented at a national meeting and published in a peer-reviewed journal.

**Resident Teaching**
In addition to daily teaching in the clinic, ward or OR setting, each fellow will give one formal teaching session every four weeks on a Wednesday or Friday morning (0700-0800) to the pediatric orthopaedic residents. A schedule for the first and second half of the year will be distributed by the fellowship director. The topic will be decided by the fellow in consultation with the residents.

**Journal Club**
The fellows will organize two journal clubs with the help of the fellowship director. There will be one journal club in the fall and one in the spring.

**Objectives of the one year McGill Pediatric Orthopaedic Fellowship**
The fellows are expected to expertly manage the following pathologies by the end of the fellowship:

- Basic and Complex fractures
- Musculoskeletal infections
- Congenital, acquired and developmental deformities of the hip, knee, and foot
- Leg length discrepancies
- Orthopaedic aspects of pediatric neuromuscular disorders
- Osteogenesis Imperfecta
- Benign musculoskeletal tumors

The fellows are expected to understand and know how to manage the following pathologies by the end of the fellowship:

- Complex Limb deformity
- Adolescent Hip Preservation
- Scoliosis

**Objectives of the two year McGill Pediatric Orthopaedic Fellowship**

The fellows are expected to expertly manage the following pathologies by the end of the fellowship:

- Basic and Complex fractures
- Musculoskeletal infections
- Congenital, acquired and developmental deformities of the hip, knee, and foot
- Leg length discrepancies
- Orthopaedic aspects of pediatric neuromuscular disorders
- Osteogenesis Imperfecta
- And depending on the blocks chosen
  - Complex limb deformity
  - Adolescent hip preservation
  - Scoliosis