

ACFAS 2023 Meet the Fellow Questionnaire



American College of
Foot and Ankle Surgeons®

Fellow Name:

Jacob Perkins

Fellowship Program:

Orthopedic Foot and Ankle Center (OFAC)

City/State:

Columbus, OH

Program Director:

Dr. Mark Prissel, Dr. Christopher Hyer

How many Attendings do you work with regularly?

5

Describe the diversity of your cases so far in fellowship. (For example, has your experience included TAR? Is there an emphasis on: Pediatrics? Sports Medicine? Deformity correction? Complex reconstruction? What percentage of your cases are trauma? Rearfoot/ankle? Forefoot? Please be as descriptive as you'd like.

OFAC has a significant diversity within the category of elective reconstructive foot and ankle surgery. This includes total ankle replacement, sports medicine including medial/lateral stabilization procedures, flatfoot/cavus recon, tendon/ligament augmentations/repairs/transfers, and forefoot reconstruction procedures. I would say that this is where the program is extremely strong.

There is exposure to forefoot and rearfoot trauma, and while there are pediatric patients, there is not a devoted practice to pediatrics. Diabetic limb salvage I would say is the least amount percentage wise of this program.

How many days per week do you typically spend in the OR? In clinic? Do you have your own "fellow" clinic?

4-5 days per week in the operative room with full caseloads. There is a fellows clinic that is on Friday, and we rotate the clinic day among the fellows. This year there are two fellows, so that equates to 2 clinic days per month.



How many surgical cases do you typically scrub per month?

This can vary from month to month. But I'd say 40-50.

What conferences have you attended/are you encouraged to attend?

I've attended ACFAS so far. The prior AOFAS conference I almost went to from a paper I was secondary on, but it is encouraged/mandatory to be present to conferences where your manuscripts/posters have been accepted.

How would you describe your director's teaching style?

"Hands on". This fellowship is high volume and with that territory comes the need for the fellows to learn the dexterity/steps/techniques directly to be able to handle it efficiently and effectively.

How is research incorporated into your experience? What resources are provided/available?

Research is very coordinated and an integral part of OFAC. There is a formal monthly research meeting however there is a continuous and direct line of communication from each and every attending with the fellows throughout the year regarding ideas and publications.

Do you take any "call"? If so, how often? What type of call? (general vs. trauma, hospital vs. private practice?)

The fellows take biweekly call for the practice, and interspersed within the call week are some days we are on hospital call as a group for a community hospital.

How many hospitals/surgery centers are you credentialed at?

There are three hospitals and one surgery center for the fellows, however the attendings have more credentialing at other surgery centers that may open up to the fellows in the future.

What is your didactic schedule like? What academic opportunities are available to you during fellowship? (Cadaver labs, journal club, radiology conference, etc.)

The fellows are in charge of a monthly journal club, a weekly radiology conference, and multiple cadaver labs through industry sponsors. We have a yearly cadaver study that is focused on questions raised throughout the year that have traditionally been high yield in terms of publications.

Is your fellowship affiliated with a residency program? If yes, what are your responsibilities?

How often are you interacting with residents (What % of cases?)

No.



Are you able to collect cases for board certification?

We are able to collect cases. From our fellows clinic, these cases are worked up/booked and seen post operatively entirely by the fellows.

When should interested applicants visit? What does a visit look like?

We have not had visitation for a few years.

What is the interview process like at your program?

In my COVID 19 experience it was a formal application completion with the ACFAS format followed by a zoom interview that was primarily social. The interview process will be changing significantly this year with a sort of “gathering” of other similar reconstructive fellowship programs. This flyer was given out at ACFAS fellowship breakfast.

Do you have a co-fellow? What percentage of your cases are scrubbed with them?

Yes, and for the most part it is a very low percentage. I'd say 5% of cases.

What support is available for finding post-fellowship employment?

The attendings have a vested interest in directing us towards job opportunities. For instance, I found my job via a recommendation by an attending.

What qualities make an applicant a good fit for your program?

Be humble, take constructive criticism and act on it. Be focused after mistakes and find applicable ways to improve them. Be an inquisitive mind and learn to be able to manifest questions into research. Be professional in all aspects of fellowship, including paperwork, documentation, operating, clinic, call.

Why did you apply for fellowship? And why did you choose your fellowship program?

I chose this fellowship because I wanted to become more involved with the profession through research and I wanted to learn how to build and operate through a high-volume private practice and all the logistical work that goes into maintaining it, which is a lot. I chose this program specifically because of the amount of research and public presentation not only from the attendings but from graduated fellows.

Any advice for future fellowship applicants?

Maintain a positive and professional attitude at all times. Be self-aware and humble about things you need to work on. Foot and ankle surgery is more than just the operating room, take every aspect of it seriously and always strive to be better.

