Foot and Ankle Fellowship Training in Podiatric Medicine and Surgery: A National Survey
Comparison of Fellowship Trained and Non-Fellowship Trained Podiatric Surgeons: Part 1: Subjective Measures

N. Jake Summers, DPM, AACFAS, Nicole M. Protzman, MS, Stephen A. Brigo, DPM, FACFAS

RESULTS

Figure 1A. Residency Training Selection

Figure 1B. Residency Training Duration

Figure 2A. Years of Practice

Figure 3A. Decision Making: Timing

Figure 4A. Perceived Benefits of Fellowship Training

Figure 5A. Fellowship Selection Factors

Figure 5B. Fellowship Interests

Figure 6A. Reasons for Completing Fellowship

Figure 6B. Reasons for Not Completing Fellowship

Figure 7A. Fellowship Satisfaction

Figure 7B. Non-Fellowship Satisfaction

LITERATURE REVIEW

Foot and Ankle Surgery Fellowship | Coordinated Health, Bethlehem, PA

STATEMENT OF PURPOSE

The purpose of the present report is to examine and compare factors that influence a surgeon's surgical outcomes and practice satisfaction between fellowship-trained and non-fellowship-trained podiatric surgeons. Specifically, the report aims to evaluate the subjective perceptions of fellowship-trained and non-fellowship-trained podiatric surgeons regarding their surgical outcomes, practice satisfaction, and decision-making processes.

METHODOLOGY & HYPOTHESIS

A cross-sectional survey was designed to identify and compare factors that influence a surgeon's surgical outcomes and practice satisfaction between fellowship-trained and non-fellowship-trained podiatric surgeons. The survey was administered to a total of 100 practicing podiatric surgeons, 79 fellowship-trained podiatric surgeons, and 21 non-fellowship-trained podiatric surgeons. Data was collected using an online survey conducted via SurveyMonkey.

Statistical analyses were performed to compare responses between fellowship-trained and non-fellowship-trained respondents. Statistical significance was set at 0.05. Demographic data and response rates were compared using chi-square tests.

RESULTS

Decision Making: Timing - Fellows tended to be more satisfied with the length of their training programs. The most common reasons provided for completing a fellowship program were improved surgical outcomes (82.9%), availability of better surgical facilities (80.0%), and better job opportunities (60.0%).

Objective: Fellowship benefits were analyzed using a five-point Likert scale (1=Never Considered, 2=Rarely, 3=Occasionally, 4=Often, 5=Always). The most common benefits reported included: availability of better surgical facilities (95.6%), availability of better surgical facilities (95.6%), and better job opportunities (60.0%).

Objective: Fellowship satisfaction was assessed using a five-point Likert scale (1=Never Considered, 2=Rarely, 3=Occasionally, 4=Often, 5=Always). The most common reasons for considering fellowship training were: availability of better surgical facilities (95.6%), availability of better surgical facilities (95.6%), and better job opportunities (60.0%).

Decision Making: Timing - Fellows tended to be more satisfied with the length of their training programs. The most common reasons provided for completing a fellowship program were improved surgical outcomes (82.9%), availability of better surgical facilities (80.0%), and better job opportunities (60.0%).

Decision Making: Timing - Fellows tended to be more satisfied with the length of their training programs. The most common reasons provided for completing a fellowship program were improved surgical outcomes (82.9%), availability of better surgical facilities (80.0%), and better job opportunities (60.0%).

Decision Making: Timing - Fellows tended to be more satisfied with the length of their training programs. The most common reasons provided for completing a fellowship program were improved surgical outcomes (82.9%), availability of better surgical facilities (80.0%), and better job opportunities (60.0%).

OBJECTIVE: Fellowship benefits were analyzed using a five-point Likert scale (1=Never Considered, 2=Rarely, 3=Occasionally, 4=Often, 5=Always). The most common benefits reported included: availability of better surgical facilities (95.6%), availability of better surgical facilities (95.6%), and better job opportunities (60.0%).

OBJECTIVE: Fellowship satisfaction was assessed using a five-point Likert scale (1=Never Considered, 2=Rarely, 3=Occasionally, 4=Often, 5=Always). The most common reasons for considering fellowship training were: availability of better surgical facilities (95.6%), availability of better surgical facilities (95.6%), and better job opportunities (60.0%).

OBJECTIVE: Fellowship satisfaction was assessed using a five-point Likert scale (1=Never Considered, 2=Rarely, 3=Occasionally, 4=Often, 5=Always). The most common reasons for considering fellowship training were: availability of better surgical facilities (95.6%), availability of better surgical facilities (95.6%), and better job opportunities (60.0%).

REFERENCES

Error! Reference Source Not Found.


