

ACFAS 2021 Virtual Fellowship Fair: Get to Know the Fellow Questionnaire



American College of
Foot and Ankle Surgeons®

Fellow Name:

Tyler D. McKee, DPM, AACFAS

Fellowship Program:

American Health Network Foot and Ankle Reconstructive Surgery

City/State:

Indianapolis, IN

Program Director:

J. Michael Miller, DPM, FACFAS

How many Attendings do you work with regularly?

9

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.

We participate in all aspects of foot and ankle surgery. Largest portion of case load would be reconstruction and revisions, being PTTD recon/doubles/triples/AJ arthrodesis/pantalars. A lot of lapidus. Trauma typically a ankle fracture or two a week pending on the month. Calc fractures 10 or so a year. TAR mainly utilizing wright medical, paragon and STAR. Arthroscopic- typically with lateral ankle recon and some attendings do with ankle trauma. Typical day is at least one "large" case, a lapidus/bunion procedure and extra cases. Rarely do you have a day where you don't have at least one Large case. No real set main focus, expect to be exposed to all aspects including common peroneal neurolysis or triple nerve decompressions often. No diatebic wound care unless you seek it out from certain attendings.

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

I spend every day in the OR and can freely come and go to attendings clinics.



How many surgical cases do you typically scrub per month?

Depends on the month, about 80. Averaging about 4 cases per day at the end of the week. Depending on certain days if a case is expected to go long, you will have fewer cases that day compared to a more general elective surgery day where you can have upwards of 6-8 cases.

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

ACFAS is mandatory, others are optional and you have plenty of CME allowance to go to any conference or workshop you want. Time off is not a problem for conferences or courses.

How would you describe your director's teaching style?

Relaxed, encouraging and you are hands on.

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

2 publishable articles or IRB in progress by end of year. You have all of Indiana University and Community hospital research options at your disposal.

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

No call, weekends off. Occasionally will get an open fracture that needs to be washed out prior to reduction. The attending on call will contact you, you are not directly on call.

How many hospitals/surgery centers are you credentialed at?

3 main hospital systems, and about 8 surgery centers

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

once a month business meeting, once a month academic meeting where each fellow presents a case, and one from each residency will present a case. Viewed in person and online by previous fellows and previous residents. Cadaver labs are easily set up via with a company and typically can be accessed on a twice monthly basis.

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

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

It technically is not a part of a residency. However, the community residency downtown will double scrub cases with some of the fellowship attendings. But if a fellow is present at the case, the fellow is the lead 100% of the time. Fellows are not responsible for any aspect of the residency.



Are you able to collect cases for board certification?

No

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

We do not allow visits prior to the interview process.

What is the interview process like at your program?

Interviews are laid back and easy going. The applicant will come for the Wednesday night academic meeting, meet the current fellows and attendings. The next day you will be in surgery with Dr. Miller.

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

1 other fellow, and we never double scrub.

What support is available for finding post-fellowship employment?

Attendings will help as much as they can with their connections, as well you can reach out to previous fellows and work the fellowship network. As well Optum health has a great network around the country if you talk with the recruitment office.

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

Self motivated, humble, well rounded academically and surgically

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

I see the future of our profession becoming more competitive within itself and credentialing at hospitals being more looked at based on training. I wanted to ensure that I would be able to practice at the full extent of my training without hesitation. AHN offers a high amount of surgery on a daily basis. I am treated as an equal, not a Jr attending that has to take everyone in the groups call or do their inpatient hospital work. I get to do surgery every day and decide what cases i do.

Any advice for future fellowship applicants?

Prepare for each case, even if you have done the case a hundred times before. Remain humble throughout, the impressions you make can make people overlook other aspects of your application.

