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“Your Pace or Ours”

The Division of Orthopaedic Trauma & Fracture Surgery continues to be an exceptionally busy and dynamic subset of Penn Orthopaedics. The orthopaedic trauma service, now well settled into its new home at Penn-Presbyterian Medical Center, practice at the highest volume Level 1 trauma center in the Delaware Valley performing nearly 2000 cases annually. The case diversity is expansive, ranging from ankle and distal radius fractures through complex pelvic and acetabular injuries, peri-articular fractures, and managing multiply injured polytrauma patients (Figure 1). The division frequently collaborates with other subspecialities, including plastic surgery for complex revisions and wounds; neurosurgery for spondylopelvic disruptions; and geriatric medicine, for optimal care of our geriatric hip fracture population. In addition to strong surgeon leadership, the division succeeds due to the relentless efforts of dedicated advanced practice providers in both the inpatient and outpatient settings, who facilitate management of acute injuries, as well as run an outpatient fracture clinic daily to ensure that new and follow-up patients are seen in a timely and consistent manner. Additionally, orthopaedic trauma is supported by excellent social workers, case workers, physical therapists and nurses who enable our trauma patients to receive optimal care during what is often one of the most challenging times of their lives. However, the life-blood of the orthopaedic trauma program is the resident complement, who continue to support the service line through tireless effort. The trauma program resident compliment now includes a PGY-1, two PGY-2s, a PGY-3, a PGY-4, and a PGY-5 as chief resident on the service. Clinical roles and responsibilities are divided amongst all the residents on service with a focus on graduated responsibility and autonomy. Lastly, the trauma service is only able to provide 24-7-365 coverage thanks to the non-trauma faculty who sacrifice time from their family and additional obligations to take call nights and weekends to divide the workload.

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The trauma division remains a cornerstone of the residency program’s education. Every resident spends 6 to 12 weeks of their year as a member of the busy trauma service, and the rotation is a favorite amongst most residents, regardless of ultimate career goals, due to the high yield learning environment with faculty who value teaching and education. Drs. Donegan, Harding, and Mehta all participate in resident morning lectures, department grand rounds, as well as the General Medical Education Committee (GMEC).

In conclusion, the expertise and diversity of the Trauma Division continues to grow, and, despite the challenges (of COVID) and the changes, we are looking forward to another momentous year of patient care, innovation, research, outreach and education.