

Editorial

Voices in Orthopaedics™...The Residency Programs: Training for the Future of Orthopaedic Surgery: Residents' Perspective on the UT Austin Dell Medical School Orthopaedic Surgery Residency

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The landscape of orthopaedic surgery residency training is evolving. As the field grapples with questions of value, access, workforce preparation, and the growing complexity of the healthcare system, residency programs are increasingly challenged to produce not only technically skilled surgeons, but also thoughtful physician leaders capable of navigating a rapidly changing environment. The University of Texas at Austin Dell Medical School Orthopaedic Surgery Residency was built with such a goal in mind. Though a newer program, our leadership have made an effort to structure the program around a set of principles: high-touch mentorship, exposure to diverse practice environments, value-based care, and resident-driven leadership, that together attempt to create a unique training experience.

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When people talk about orthopaedic residency training, the conversation often centers on operative volume, fellowship match rates, and reputation. Those things matter, but after spending a few years in training, we've found that the factors that shape our experience day-to-day are often less obvious: mentorship, autonomy, the patient population, and the environment in which we learn.

As residents at UT Austin Dell Medical School, we've had the opportunity to train in a program that is still relatively young and continuing to evolve. That comes with both challenges and opportunities. Looking back on our experience so far, several aspects of the program have stood out and have helped shape the surgeons we are becoming.

MENTORSHIP IN A SMALLER PROGRAM

One of the advantages of training in a smaller residency is that in a larger residency it is difficult to get lost in the crowd. Over time, our faculty have come to know us not only as residents but as individuals with different strengths, interests, career goals, and learning styles.

The faculty-to-resident ratio has allowed for a level of mentorship that many of us did not fully appreciate until we experienced it. Attendings know where we are in our development and often provide feedback that is tailored to our specific needs rather than generalized expectations. As residents progress, this translates into increasing operative responsibility and a sense of ownership over patient care that we feel is critical for growth.

Another aspect of the culture that has stood out to us is the willingness of faculty to teach. Many of our attendings volunteer significant amounts of their time to resident education. Whether in the operating room, clinic, fracture conference, or informal conversations between cases, there is a genuine investment in helping residents improve. As trainees, that commitment does not go unnoticed.

It is worth noting that a significant portion of our faculty are private practice physicians with an academic affiliation, offering their time to teach without direct financial compensation. They are here because they want to mentor and shape the next generation of orthopaedic surgeons. Whether in the operating room, clinic, fracture conference, or informal conversations between cases, there is a genuine investment in helping residents improve. As trainees, that commitment does not go unnoticed and is an encouraging reminder of the type of culture we value at this program.

LEARNING ORTHOPAEDICS IN A VALUE-BASED CARE ENVIRONMENT

One feature that attracted many of us to UT Austin was the Musculoskeletal Institute (MSKI). Before residency, most of us had little exposure to value-based healthcare beyond

hearing the term in medical school lectures. Training within the MSKI has given us a much more practical understanding of what that concept actually means.

The way the MSKI works is rather than functioning as isolated specialties, providers from multiple disciplines work together to manage musculoskeletal conditions. Orthopaedic surgeons, physical therapists, rheumatologists, pain specialists, psychologists, nutritionists, and care coordinators are all often involved in the same patient's care under the same roof and at the same patient visit.

As residents, this environment has encouraged us to think beyond surgical decision-making alone. We are regularly exposed to discussions about outcomes, resource utilization, care coordination, and barriers to access. Whether or not we ultimately practice in a value-based system, these experiences have broadened our understanding of healthcare delivery and reinforced the idea that successful treatment often depends on much more than a technically successful operation.

The patient population also contributes significantly to our education. Many patients face financial, social, or logistical barriers to care. Learning to navigate those challenges while still providing high-quality treatment has been an important part of our training and has forced us to think creatively about how we care for patients.

EXPOSURE TO DIFFERENT WAYS OF PRACTICING ORTHOPAEDICS

One of the most educational aspects of residency has been getting exposure to different orthopedic surgery practice settings. Throughout our training, we rotate through a variety of environments, including Level I and 2 trauma centers, academic practices, private practice groups, ambulatory surgery centers, and hybrid practice models. As medical students, many of us had only a limited understanding of these differences. Residency has provided a much clearer picture of the realities of orthopaedic practice.

These experiences have been particularly valuable because they demonstrate that there is no single "right" way to build a career in orthopaedics. Different practice models offer different advantages and challenges. By working with surgeons in each setting, we gain perspective not only on surgical techniques and patient management but also on the practical realities of building and sustaining a practice.

The Austin patient population itself adds another layer of diversity. As one of the fastest-growing metropolitan areas in the United States, Austin draws a wide range of demographics: young athletes, aging adults, a significant Spanish-speaking population, uninsured and underinsured patients, and everything in between. The variety keeps training interesting and prepares us for the range of patients we will encounter after residency.

MICROSURGICAL AND LIMB RECONSTRUCTION: A HIDDEN STRENGTH

One of the less immediately obvious aspects of the UT Austin program is the volume and complexity of microsurgical and limb reconstruction cases available to residents. Unlike programs that share this operative experience with plastic surgery residents, at our institution residents have primary exposure to this case mix. Complex soft tissue coverage, microsurgical reconstruction, and limb salvage cases arising from the trauma, oncology, hand, and joint reconstruction services all fall within our training scope.

Not every resident will ultimately pursue these subspecialties, but the exposure broadens our surgical perspective and helps develop skills that are applicable across many areas of orthopaedics.

OPPORTUNITIES TO PARTICIPATE IN PROGRAM DEVELOPMENT

Being part of a newer residency program creates a different experience than training in an institution that has operated the same way for decades. Our program emphasizes training future leaders, while also listening and building on feedback of any year resident.

While established programs benefit from long-standing traditions, newer programs often have more flexibility. Throughout our time here, resident feedback has frequently led to meaningful changes in curriculum, scheduling, educational initiatives, and program structure. There is a sense that residents have a genuine voice in the direction of the program.

For many of us, this has been one of the more rewarding aspects of training. Rather than simply inheriting a system, we have had opportunities to help shape it. Those experiences have reinforced the importance of engagement, communication, and leadership within healthcare organizations.

Within our program, our chief residents take on roles with genuine institutional responsibility. There are opportunities to lead a range of program activities and for meaningful involvement in resident recruitment for all residents. These decisions help shape the culture and future of the program itself.

Some of our residents have participated in the Feagan Leadership Program. This program further supports that development by exposing residents to topics that are not traditionally emphasized during surgical training, including communication, organizational leadership, systems thinking, and healthcare management. These experiences

have helped us think more broadly about our future roles as physicians.

The expectation is not that residents at our program will simply complete our clinical training and move on. The expectation is that we will leave equipped to lead departments, shape institutional cultures, advocate within healthcare systems, and contribute to our specialty at a national level.

RESEARCH AND COLLABORATION

The relationship between Dell Medical School and the broader University of Texas at Austin creates opportunities for collaboration that extend beyond traditional clinical research.

Residents have worked alongside engineers, basic scientists, health services researchers, and other investigators across campus. Depending on individual interests, projects can range from biomechanics and outcomes research to healthcare policy and implementation science.

For some residents, research is a major focus of training. For others, it serves as a way to better understand the evidence that guides our practice. Either way, the resources available through the university create opportunities that are difficult to replicate in many standalone medical centers.

CONCLUSION

No residency program is perfect, and no training environment is ideal for every resident. What we have appreciated most about our experience at UT Austin is not any single feature, but rather the combination of close mentorship, diverse clinical exposure, meaningful responsibility, and the opportunity to help shape a growing program.

Our training has taught us how to manage fractures, replace joints, reconstruct limbs, and care for patients in the operating room and clinic. Just as importantly, it has exposed us to different healthcare systems, different practice models, and different approaches to leadership and patient care.

As we move toward independent practice, those broader lessons may prove just as valuable as the technical skills we develop during residency. They have certainly shaped how we think about orthopaedics, healthcare, and the type of surgeons we hope to become.

— The Residents of the UT Austin Dell Medical School Orthopaedic Surgery Residency Program

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