



# Orthopaedic Associates of Wisconsin

## ~Summer Internship 2021~

The Orthopaedic Associates of Wisconsin (OAW) Internship, Mentorship, and Research Program is a unique and rigorous experience that exposes participants to the field of orthopedic medicine by immersing them in a professional medical environment. Program components are designed to introduce the academic and clinical activities typically experienced by physicians and medical students. This program is intended for individuals who have demonstrated an interest in pursuing a career as a Physician, Physician Assistant (PA), or Nurse Practitioner (NP). We pride ourselves in accepting participants who are responsible, mature, and dedicated.

### Program Description

Participants will have the opportunity to shadow physicians and physician assistants at Orthopaedic Associates of Wisconsin. OAW physicians have a variety of specialties and will host students. Students will be paired with physicians in specialties representing the students' interests. Students are encouraged to keep the hours of the clinicians in order to get an understanding of the practice of medicine, the sense of the specialty and the issues related to patient care. A lunchtime seminar series will complement the clinical experiences. Students will make brief presentations to their peers on topics selected and researched with the guidance of the physician mentor. Students also will have opportunities to perform clinical research projects again with physician mentor guidance.

In this program, you will be interacting with OAW physicians and observing them through every step of patient care. You will experience what physicians do on a daily basis as you encounter patient-physician interactions in the clinics, pre and post-operative units, operating rooms, and bedside meetings during rounds.

This is an extraordinary opportunity! Maturity, attentiveness, flexibility, and the ability to follow written and verbal directions are qualities that are absolutely imperative to your success and to avoid interruption of patient care. Professionalism is essential. OAW physicians are *voluntarily* participating in this program and we ask that students treat them with respect at all times.

**DATES:** June 14, 2021 - July 23, 2021 (internship subject to cancellation due to the current COVID pandemic; applicants will be notified if the internship has been cancelled)

**REQUIREMENTS:** Applicant must be **at least a rising junior undergraduate or post baccalaureate student.**

Please have an official COLLEGE TRANSCRIPT AND A COMPLETED APPLICATION sent to Orthopaedic Associates of Wisconsin.

**DEADLINE** for completion of your application is **March 26, 2021**. Due to the number of applicants, we will notify you only if you are accepted into the program by April 2, 2021. **There is no application fee.**

**Housing is NOT provided.** Transportation and lodging will be the participant's responsibility. Students will be required to submit a criminal background check as well as the required health forms.

**This is a NON-PAID Internship.**

**Please fill out the application below** and email to Dr. Robert Zoeller/Holly Bratz at: [hbratz@orthowisconsin.com](mailto:hbratz@orthowisconsin.com)

or send to: Orthopaedic Associates of WI, Attn. Dr. Robert Zoeller  
N15 W28300 Golf Road, Pewaukee, WI 53072



# Orthopaedic Associates of Wisconsin Summer Clinical Internship Program

## APPLICATION FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMERGENCY CONTACT – NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

UNDERGRADUATE UNIVERSITY: \_\_\_\_\_

UNDERGRADUATE ADDRESS: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

MEDICAL FIELD OF INTEREST: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

LIST ANY CLINICAL SHADOWING EXPERIENCE: \_\_\_\_\_

LIST ANY RESEARCH EXPERIENCE: \_\_\_\_\_

LIST ANY COMMUNITY SERVICE ACTIVITIES: \_\_\_\_\_

PLEASE PROVIDE TWO REFERENCES AND CONTACT INFORMATION:

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_