Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery

Residency Manual

CPME Council on Podiatric Medical Education ***Accredited***

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Amended: December 27, 2023

This Residency Manual meets the Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies, Council of Podiatric Medical Education:

https://www.cpme.org/files/320%20Council%20Approved%20October%202022%20-%20April%202023%20edits.pdf

https://www.cpme.org/files/2023-2a_CPME_330_Procedures_for_Approval_of_Podiatric_Medicine_and_Surgery_Residencies_7_2023.pdf

CPME Website: https://www.cpme.org/

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Dear Residents:

Welcome to our esteemed podiatry residency program! We are thrilled to have you join our team of dedicated healthcare professionals, and we extend our warmest congratulations on your acceptance into our program.

As a podiatry resident, you have embarked on a journey that will shape your career and contribute to the health and well-being of countless patients. We believe that your skills, knowledge, and passion for podiatric medicine will make a significant impact on our institution and the communities we serve.

During your time with us, you will have the opportunity to work alongside experienced podiatrists, physicians, specialists, and other healthcare providers who are committed to excellence in patient care, research, and education. Our program is designed to provide you with a comprehensive and immersive learning experience, where you will be exposed to a wide range of medical conditions in various outpatient and inpatient settings.

We understand that residency can be both demanding and rewarding. It is a time of growth, where you will encounter new challenges and acquire invaluable skills that will shape your professional career. Our dedicated faculty and staff are here to support you every step of the way, providing mentorship, guidance, and a nurturing environment that fosters your professional and personal development.

As a resident, you will have access to state-of-the-art facilities, cutting-edge medical technology, and a wealth of educational resources. We encourage you to make the most of these opportunities, engage in research projects, participate in conferences, and take part in clinical discussions to enhance your knowledge and understanding of podiatric medicine.

In addition to your clinical responsibilities, we also prioritize your overall well-being. We understand that maintaining a healthy work-life balance is crucial for your success as a resident. We encourage you to take care of yourself physically, emotionally, and mentally. Our institution offers a range of wellness programs, counseling services, and social activities to support your well-being throughout your residency.

Once again, welcome to our podiatry residency program. We are confident that your dedication, hard work, and compassion will make a significant impact on the lives of patients and contribute to the advancement of healthcare. Please do not hesitate to reach out to us if you have any questions or concerns. We are here to support you on this incredible journey.

Sincerely,

Sohail Rao, MD, MA, DPhil
Chief Academic Officer & DIO

Gary M. Lepow, DPM, MS, FACFAS
Program Director

RESIDENT STIPENDS

The annual stipends are subject to change depending on program funding. The Hospital Administration has the power and discretion to increase or reduce annual resident stipends, if deemed necessary.

VACATION/ SICK DAYS

Residents are provided with two (2) weeks “vacation” along with one (1) “floating holiday”, five (5) “sick days” and three (3) bereavement days/year. All vacation and sick days are put in a bank that is tracked by the Hospital.

Vacation may only be taken at a mutually agreeable time arranged with the Resident’s Program Director.

Vacation may not be scheduled during the initial four (4) weeks or the last four (4) weeks of each contracted year hereunder. No unused vacation days may be carried forward from year to year, and unused vacation is forfeited. Unused sick days may be carried forward from year to year. No compensation will be given or paid in lieu of vacation or sick days.

Vacation requests must be requested by July 30th of the current academic year and approved by Program Director.

Residents may not take vacation when other residents are on vacation (more than one resident may not take off on the same calendar day). Exceptions will need to be coordinated with chief resident, GME coordinator and the Program Director.

Vacations may not be taken during the initial four (4) weeks or the last four (4) weeks of each contracted year. No vacations are allowed in June or July by any residents. Also, no vacations are allowed during a 2-week block rotation.

First year residents are not allowed to take vacation on SJMC Podiatry rotation.

Residents must be available until at least till; 7:00 PM the day of departure if they are intending to depart on a Friday.

Any additional days missed/taken off (vacation or sick days) will be without pay (pro-rated daily salary will be deducted from resident’s salary).

WORK HOURS
Residents are expected to work 80 work hrs./week. Approximately 70 work hrs./week will be devoted to clinical activating and 10 work hrs./week to educational pursuits.

SICKNESS OR EMERGENCIES
Resident needs to contact via telephone the attending in charge of their rotation and the chief resident directly and email the Program Director and the GME Office.

Additional sick days must be made up.

Prolonged leaves of absences will require residents to make up time beyond the projected date of graduation.

Residents are still required to complete rotations and complete competencies.

EDUCATIONAL ALLOWANCE
Education allowance will be available for all residents in training. A $500 maximum/year/resident to be applied toward books, boards, conference presentations and registration, and lodging, maximum of 5 days to be taken at a mutually agreeable time. This must be approved by the Program Director in advance. The educational Allowance does not carry over to the next academic year.

TPMA meetings are usually free for residents. All residents are encouraged to attend at least one TPMA meeting per year.

DIDACTIC SCHEDULE

A: Weekly/Monthly:
- Case Conference 6:00 pm every Tuesday
- E-Present Lecture 6:30 pm every Thursday
- Board Review 6:00 pm every other Wednesday
- Journal Club 6:00 pm last Monday of the Month
- Skills Lab 6:00 pm once a month

B: Annually:
- Falls Prevention
- Resident Well-Being
- Pain Management & Opioid Addiction
- Cultural Humility
- Training in Research Methodology

TRAINING SCHEDULE:

YEAR 1: JULY 1, 2024 - JUNE 30, 2025					
General Surgery 7/1-7/31	2 wks. 8/1-8/15 Imaging 2 wks. 8/16-8/30 Infectious Diseases	Internal Medicine 9/2-9/30	Emergency Room 10/1-10/31	Podiatric Medicine & Surgery 11/1-11/29	Podiatric Medicine & Surgery 12/2-12/31
Podiatric Medicine & Surgery 1/1-1/31	Podiatric Medicine & Surgery 2/1-2/28	Podiatric Medicine & Surgery 3/3-3/31	2wks 3/31-4/11 Anesthesia 2wks: 4/14-4/25 Vacation	Wound Care 4/28-5/23	Podiatric Medicine & Surgery 5/26-6/27
YEAR 2: JULY 1, 2025 - JUNE 30, 2026					
Orthopedics 7/1-7/31	2 weeks: 8/1-8/15 Pathology 2wks 8/18-8/29 Behavioral Med	Physical Medicine & Rehabilitation 9/1-9/30	2wks 10/1-10/15 Radiology 2wks 10/16-10/31 Vacation	Podiatric Medicine & Surgery 11/3-11/28	Podiatric Medicine & Surgery 12/1-12/31
Podiatric Medicine & Surgery 1/1-1/30	Podiatric Medicine & Surgery 2/2-2/27	Podiatric Medicine & Surgery 3/2-3/31	Podiatric Medicine & Surgery 4/1-4/30	Podiatric Medicine & Surgery 5/1-5/29	Podiatric Medicine & Surgery 6/1-6/30
YEAR 3: JULY 1, 2026 – JUNE 30, 2027					
Podiatric Medicine & Surgery 7/1-7/31	Podiatric Medicine & Surgery 8/3-8/28	Podiatric Medicine & Surgery 8/31-9/25	Podiatric Medicine & Surgery 9/28-10/23	Podiatric Medicine & Surgery 10/26-11/20	Podiatric Medicine & Surgery 11/23-12/18
Vascular Surgery 12/21-1/15 Hope Vascular & Podiatry	Podiatric Medicine & Surgery 1/18-2/12	Podiatric Medicine & Surgery 2/15-3/19	2 wks. 3/22-4/2 Podiatric Medicine & Surgery 2 wks. 4/5-4/16 Vacation	Podiatric Medicine & Surgery 4/19-5/14	Podiatric Medicine & Surgery 5/17-6/18

- National and personal holidays/ vacations will be accounted as and when needed.

LOGS

All residents are required to keep up-to-date logs (activity, clinical, surgical). Every patient seen must be logged.
Logging on the Podiatry Residency Resource is required by each resident on a weekly basis.

Logs will be inspected and verified every Sunday by the Program Director and/or Site Director. Updated logs are to be completed by midnight every Saturday.
Failure to keep logs up to date will lead to disciplinary action.

EVALUATIONS

Evaluations must be completed, and competencies ascertained for every rotation. This is performed on New Innovations online (https://www.new-innov.com/pub/)
Evaluations must have the correct rotation dates and signature of the rotation supervisor.
Evaluations must be turned in on assigned dates. Failure to do so may lead to disciplinary action.

IN-TRAINING EXAMS

Residents are required to take in-training examinations annually and must obtain at least a 50% pass score on the American Board of Foot and Ankle Surgery (ABFAS) and meet at least 50% of the mean score on the American Board of Podiatric Medicine (ABPM) or they may be placed on Academic Probation.

ACADEMIC ACTIVITY

The mission of this program is to create life-long learners who have acquired the necessary critical thinking skills to make informed decisions. In this context, residents will be expected to engage in research and scholarship activities that results in the generation and dissemination of new knowledge. The residents will be expected to activity participate in and seek to attend the following:

- Journal Clubs
- Lectures/Conference
- Grand Rounds
- Abstract development, submission, and presentation in regional and national conferences
- Development and submission of manuscripts in peer-reviewed indexed journals
- Annual Research Day @ The Heights Hospital

All residents will be required to obtain required certifications to conduct clinical research in compliance with the requirements of 21 Code of Federal Regulations (21 CFR) as mandated by the Office of Human Research Protection, State Department of Health & Human Services.

All senior residents are required to submit a paper for publication in a peer-reviewed journal by March 1st of the 3rd year with final draft submitted by May 15th in order to

graduate and receive the residency completion certificate. The publication must be approved by the Program Director.

All proposals shall be consistent with the guidelines of a peer review journal.
Each group of residents (1st, 2nd & 3rd) shall apply and complete a poster exhibit for the annual American College of Foot & Ankle Surgeons (ACFAS) meeting and/or the Southwestern Athletic Conference (SWAC).

LEADERSHIP TRAINING

In addition to continue to develop hard skills, the program is also focused on facilitating the enhancement of human skills such as empathy, compassion, integrity, trust, communication, teamwork, etc. To build this capacity, residents will be required to actively participate in organized interactive events under the aegis of the Institute for Leadership Development at the Village Health.

TIGER CONNECT

TIGER CONNECT is a Mobile and Web Based app that gives you all of the speed and convenience of text messaging in a HIPAA compliant manner.
This is a new way for Residents and Physicians to communicate via a multi-platform, secure, real-time text messaging system.

TIGER CONNECT enhances employee communication and productivity, while maintaining compliance with HIPPA, and is available on most mobile device platforms.

TIGER CONNECT can be used on all Apple and Android devices. It can also be used on laptops, tablets, and desktops.

All residents must keep TIGER always CONNECT active (this includes nights, holidays, and weekends—whether the resident is “on call” or not).

All messages on TIGER CONNECT must be answered within 15 minutes.

Failure to return a message, for any reason, is unacceptable and will result in disciplinary action.

If TIGER CONNECT has a functional problem, the resident must notify the Chief resident, Program Director and/or GME Office immediately.

When residents are unavailable, out of town, or out of range, the chief resident must be notified immediately with an alternate contact phone number.

Avoid unnecessary messages; residents should not message others to their TIGER CONNECT.

TARDINESS
Tardiness to rotations, didactic meetings, conferences, or surgeries will not be tolerated.

Residents will receive disciplinary action for unexcused absence or tardy.

All residents are expected to be on time for all academic meetings.

If a resident is running late for any reason, the Chief Resident/Program Director must be notified prior to the start of the meeting.

Any delay or inability to get to a surgical case on time must be reported to the Chief Resident and the hospital/surgery center as soon as possible.

SUPPORTING OPTIMAL RESIDENT WELL-BEING:
Optimal resident well-being is essential for promoting their physical, mental, and emotional health throughout their training. The Office of Graduate Medical Education in partnership with the Program Director and the faculty have developed the following recommendation to ensure optimal resident well-being:

Work-Life Balance: Encouraging a healthy work-life balance is crucial. Ensuring reasonable work hours, providing adequate time off, and promoting the use of vacation and personal days will help residents maintain a fulfilling personal life outside of their professional responsibilities.

Supportive Work Environments: Creating supportive work environments that foster collegiality, open communication, and mutual respect can positively impact resident well-being. Encouraging teamwork, mentorship, and a culture of support will help reduce stress and enhance job satisfaction.

Mental Health Support: Prioritizing mental health support is crucial. Offering confidential counseling services, access to mental health resources, and awareness programs that destigmatize mental health issues will encourage residents to seek help when needed. Providing resources for stress management and resilience training will also contribute to their well-being.

Adequate Supervision and Feedback: Providing appropriate supervision and constructive feedback is essential for resident well-being. Regular check-ins, guidance, and mentorship from attending physicians or senior residents will help residents feel supported, nurtured, and valued in their training.

Wellness Initiatives: Encouraging residents to participate in wellness activities will foster a sense of self-care and help residents prioritize their own health.

Autonomy and Empowerment: Empowering residents to actively participate in patient management, contribute to treatment plans, and engage in shared decision-making will enhance their sense of fulfillment and professional growth.

Peer Support and Networking: Creating formal or informal support systems where residents can connect, share experiences, and provide mutual support will create a sense of camaraderie and mitigate feelings of isolation.

Continuing Education and Career Development: Providing access to educational resources, conferences, and professional development opportunities will foster a sense of purpose, growth, and advancement in their careers.

Advocacy for Residents: Institutions will advocate for residents' rights and well-being at the institutional and national levels. This includes addressing issues such as workload, reimbursement, and work conditions to create an environment that supports resident well-being.

TRANSITION OF CARE:

Effective transition of care is crucial for patient safety, continuity of care, and ensuring that essential information is accurately conveyed. Here are some key considerations for facilitating successful transitions of care:

Standardized handoff processes: Implementing standardized handoff procedures and tools helps ensure consistency and completeness during transitions. This may include using structured communication techniques, checklists, handoff templates, and electronic health record (EHR) systems to facilitate the transfer of patient information.

Clear communication: Residents should engage in clear and concise communication during handoffs. This involves sharing relevant patient information, such as diagnosis, treatment plan, medications, pending test results, and anticipated changes in condition. It is important to encourage active listening, ask questions for clarification, and provide an opportunity for the receiving resident to ask questions.

Face-to-face handoffs: Whenever possible, face-to-face handoffs are preferred over written or electronic methods. Direct communication allows for immediate clarification of information and promotes a personal connection between residents, fostering a sense of responsibility and accountability.

Contextual information: Along with clinical details, providing contextual information about the patient can be valuable. This includes psychosocial factors, patient preferences, cultural considerations, and any recent events or changes that may impact the patient's care.

Handoff environment: Creating a conducive environment for handoffs is essential. Minimize distractions, find a quiet location, and allocate dedicated time for the handoff process. This ensures that residents can focus on the task at hand and reduces the risk of errors or omitted information.

Supervision and feedback: Residents should receive appropriate supervision and feedback during the handoff process. Attendings or senior residents can provide guidance and ensure that handoffs are conducted effectively. Feedback allows residents to reflect on their performance, identify areas for improvement, and refine their handoff skills.
Documentation: Accurate and timely documentation is crucial during transitions of care. Residents should document the handoff process, including the information exchanged, decisions made, and any follow-up actions required. This helps maintain a clear record of patient care and enables subsequent providers to access relevant information.

Quality improvement and education: Continuous quality improvement efforts should be implemented to evaluate and enhance the effectiveness of handoff processes. Residents should receive ongoing education and training on best practices, communication skills, and strategies to improve handoff quality and patient safety.

OTHER GENERAL GUIDELINES AND POLICIES

DICTATIONS: All dictations are to be completed on the same calendar date as the surgery, admission, consultation, or discharge. No Exceptions. Failure to comply results in disciplinary action. Save all confirmation numbers. .

MOONLIGHTING: Moonlighting is **NOT** permitted during your Residency.

PGY1, 2, 3: All residents will record 30 activities (surgeries, doctors office patients, wound care patients, county patients etc.) minimum per week.

Anesthesia rotation: a minimum of 50 patients will be documented over this rotation.

Imaging /Radiology: a minimum of 100 patients will be documented over this rotation. Document what you reviewed and type of image e.g., x-ray, Doppler, MR, CT, and Bone Scan under procedural notes.

Pathology: a minimum of 50 patient specimens will be and documented over this rotation. Document pathology specimen reviewed DX under procedural notes.

Physical Medicine and Rehabilitation: a minimum of 50 patients will be documented over this rotation. Document what you treated under procedural notes.

ED Rotation: 100 patients including pathology treated will be logged during this rotation.

BIOMECHANICS: The Biomechanic requirement of completing 75 Biomechanic examinations shall be completed in the 1st Year of residency training.

INPATIENT ROUNDING: All patients under a resident's service must be seen on a daily basis, including weekends. Each and every time a patient is seen, a note is to be documented in the patient's chart using the Subjective, Objective, Assessment, and Plan (SOAP) format. In patient rounds will be coordinated by the attending clinician, chief resident, and residency director as needed.

Rounds are to be made once daily Monday through Friday and at least once on Saturdays and Sundays depending on the circumstances. Rounds should be performed prior to surgery each morning except on patients that have an active infection. The Resident should do a chart review on these patients of recent labs, diagnostic testing, etc. on the patient and report to the attending if there has been a change. Dressing changes on infected wounds should be held until after surgery. Prep work (bandages, gauze, etc.) on patients should be completed and in the room prior to the arrival of the attending physician.

If a resident notices problems with a patient's lab work, EKG, chest x-ray, or any other problem, they should contact the attending doctor. The attending physician will then inform the resident of the measures to take or the people to contact. A resident should NEVER take action or cancel a surgical case on their own.

Resident's will NOT write prescriptions for themselves, family, friends, patients, nurses, employees, or other personnel without direct orders from an attending physician.

The hospital emergency rooms will be covered on assigned times. The residents assigned to hospitals must be available and in town at all times, including weekends. All ED contacts must be logged.

Assessment examinations may be given to residents at any time for the purpose of assessing resident progress and adherence to instructional guidelines and curriculum of the program.

Residents are responsible for checking all laboratory values, consent forms (for completeness and accuracy), and other pertinent documents for all patients and surgical cases. This must be done prior to the patient being medicated.

Residents must always address all attending physicians as Dr. followed by their last name and NOT become unduly familiar or casual with attending.

Residents must show initiative and ask questions when unsure. Residents should always make daily rounds with the attending physicians when possible.

Residents should know attending physicians' preferences and anticipate their needs during surgical cases.

Residents must examine pre-operative and post-operative diagnostic studies and be able to discuss the surgical case with the attending. All pre-operative radiographic angles and measurements should be completed by the resident prior to the case.

If a resident has a problem with an attending, the Chief Resident and/or Program Director should be notified and consulted. This holds true for all complaints, problems, or concerns.

Residents are required to be at their assigned hospital rotation no later than1 hour prior to podiatric surgical cases or as directed by rotation. Before surgery, all rounds should be completed, and all pre-operative labs, consents, and H&Ps should be completed and checked.

Residents should not leave their assigned hospital or rotation during the day unless it has been cleared by the chief resident and/or Program Director. Additionally, senior residents at the hospital must be notified of the resident's whereabouts.

Residents must contact attending physicians with any questions or problems with his/her patients. Residents should never initiate treatment or therapy without clearing it with the attending doctor first.

Residents should never contradict an attending physician's statement, diagnosis, or chosen procedures. Residents should never try talking a patient out of a scheduled surgery or talking a patient into additional procedures. Residents should not schedule additional surgery or add procedures to the consent form unless directed by the attending doctor.

Residents should contact the Chief Resident immediately if they are asked to provide treatment or therapy that they feel is inappropriate.

Each resident (regardless of training year) at an assigned facility must be available to assist in general or emergency cases at the request of the hospital and/or medical doctor. Residents are not allowed to use residency time to set up their own practices or conduct business that is not directly related to the residency program.

Any resident with a case cancellation, time/procedure change, or if there are additional cases on the schedule must contact the Chief Resident and all senior residents as soon as possible. This is usually done by leaving a message on the voice mail system and paging all applicable residents.

Residents must notify the Chief Resident immediately if their daily rotation or clinic is

cancelled or closed for re-assignment.

Aggressive behavior or disrespect to any attending (whether podiatric or otherwise) will not be tolerated for any reason.

Transferring care of inpatients during a rotation switch is critical and must be performed in detail. Residents are responsible for complete and thorough transfer of care during rotation switches.

GENERAL INFORMATION

Residents are not allowed to bring family members (or significant others) to work. There is absolutely no guest sleeping or entertaining in the residents' lounge at the Heights Hospital and at any of its affiliated sites.

Residents must study cases unfamiliar to them prior to the case.

Any resident suspected of illegal drug use will be subject to mandatory and random drug screening. If found positive, the resident in question will be immediately dismissed from the residency program.

If a resident changes their home or mobile phone number, it is the resident's responsibility to inform Program Director, the Chief Resident, and the Office of Graduate Medical Education at The Heights Hospital immediately.

Residents are required to be at their scheduled rotations as assigned at all times. Residents found not to be at their assigned rotations are subject to disciplinary action.

All assignments given by senior residents to junior residents must be done promptly and without excuses. Senior residents must inform the Chief Resident of assignments given to junior residents via email.

Residents must take pride in their presentations/lectures/handouts and didactic participation and assignments by making sure they are thorough, complete, and current.

All residents are subject to quizzes, discussions, tests, etc. to ensure competency and to ensure that residents are staying current with didactic material.

Resident meetings are to be held at least once weekly. Meetings will be announced via monthly calendar and email.

Resident non-compliant to the Heights Hospital Guidelines and Rules will result in disciplinary action. Disciplinary action may include, but are not limited to suspension of surgical participation, assignments to clinics or weekend assignments, written assignments, oral presentations, library research assignments, etc.

All residents that intend to go out of town on an "off" weekend must inform the Chief Resident prior to leaving town and give an alternate contact phone number.

DRESS CODE: All residents must wear clinical attire to office rotations, clinics, conferences, dinners, and other functions. Men must wear freshly pressed slacks and dress shirts. Women must wear comparable business suits or appropriately lengthened dresses and/or surgical scrubs when applicable.

Lab coats must be worn at all times while in the Hospital.

SURGERY

All residents are required to arrive 1 hour prior to all podiatric cases to perform the following (unless the attending physician specifies otherwise):

- Contact attending of the patient's arrival
- Writing the admit/pre-op note
- Checking the consent
- Making sure the proper instrumentation is in the OR
- Pre-op and Post-op orders
- Hanging x-rays and/or MRI films in the OR
- Application of tourniquets and shaving feet
- Administration of local anesthetics (including the drawing up of local anesthetics)
- Double checking allergies, NPO status, labs, and assessing the patient's aspirin use when:
  - Dictating H&Ps
  - Dictating operative reports
  - Discharge notes and orders

Residents are required to perform history and physicals on surgery patients.

Junior residents must be prepared to present the patient to the senior resident (when applicable).

All paperwork and dictations should be completed by the same resident to avoid different signatures, names, and confusion in the chart.

If two (2) or more residents scrub the same surgical case, the resident performing the majority of the work is responsible for the dictations. Residents must discuss and know who is responsible for dictations following each and every case.

All surgical cases for the next day will be assigned by 20:00 hrs. the day prior.

All add-on surgical cases should be called to Chief Resident regardless of the time of day or night.

Senior residents have priority over junior residents in all podiatry cases. Junior residents must be present and/or scrub in all podiatry cases if not needed elsewhere.

All residents are required to keep a time log on new innovations. These are to be turned in and checked by the Program Director weekly.

MANDATED PGY-1 RESPONSIBILITIES:
IN HOUSE THE SPRING+HEIGHTS HOSPITAL PODIATRY RESIDENT RESPONSIBILITIES

On call at hospital or within 15 minutes between 7A-7P Mon-Fri

Daily Rounding: All rounding must be completed by 9am. If cases scheduled in am, all rounding is to be performed before any surgical case. Inpatient infected wound dressing changes are performed after surgery.

Communicate daily with attending regarding inpatient care. All supplies for dressing changes as well as information on patient (vitals, labs, imaging etc.) must be ready before the attending arrives for rounding.

Consults must be seen within 15 minutes of being informed and consultation H&P must always be dictated.

Hand-off communication with on-call resident should occur before 7pm on Friday. Information must be thorough and up to date.

No tasks are left for the on-call physician, even if this means staying later than 7pm to ensure everything is finished. Supplies for on-call resident are to be placed in each patient's room before 7pm Friday.

All foot, ankle, and leg cases at The Heights or any of its affiliated hospitals/facilities are to be covered regardless of specialty. Meetings, mandatory clinics, and rounding take priority over non-podiatric surgical cases. (Bypass, BKA, etc.)

While in surgery; communication with 2nd year resident/1st year ASC resident should be fluid regarding covering all consults, rounding, clinics, and wound care.

Pre-operative anesthesia H&P form as well as dictated podiatric H&P must be performed before the start of the case, this requires arriving 1 hour before the case starts.

Tuesday and Thursday Randal Lepow PM clinic coverage.

DPM wound care clinic when applicable

If surgery, emergency, rounding, or new consultations interfere with wound care clinic/Lepow clinic, communication with 2nd year resident and 1st year ASC must be held to prevent any service going uncovered.

Contact all surgery centers by 3pm for next day scheduling. If anticipated inability to contact; communication with co-residents to facilitate.

Fill out Google calendar with all surgical cases, inform chief resident when all cases have been entered.

Contact upper-level residents as well as chief resident of all consults/traumas/add-on cases.

Assist all Skills Learning labs set up and clean up.

Host visiting students and give tour of The Heights Hospital and its affiliated facilities.

In-patient list must be up to date at 7PM every day.

PGY-1 ASC PODIATRY RESIDENT RESPONSIBILITIES:

On call from 7A-7P for all consults and daily rounding.

When not in surgery, wound care, or assisting at SJMC, time must be sent in clinic. AM and PM every day. All cases must be logged including in office clinic patients.

Attend all surgical cases as assigned by chief resident.

Assist 1st year IN-HOUSE resident as needed as a back-up from 7A-7P at the hospital.

This can include wound care clinic, Lepow clinic, rounding, surgical cases, ER consults, inpatient consults or other tasks determined by the upper-level resident.

PGY-1 CORE (NON-PODIATRIC) RESPONSIBILITIES:
Contact rotation chief 1 week before start date.

Perform all responsibilities as mandated.

All podiatric meetings are still required unless rotation denies the request for absence.

Log all patient contact. Each patient must be logged under appropriate section in PRR.

CALLS:
Weeknights 7PM-7AM; All Sat, Sunday

Begins Friday night at 7PM

Contact IN-HOUSE resident prior to 7pm Friday for complete hand-off. Obtain all information on patient during hand-off.

Make sure list is up to date Sunday at 7PM with all vital pt. info.

Round on all in-house patients daily.

Contact attendings of all patients the night before to facilitate rounding.

Scrub all foot and ankle cases during call hours (The actual start time of the surgery dictates which resident will scrub, not the scheduled time).

Check OR schedule Sat and Sun for any add-on cases. Contact chief of add-on case and add to google calendar.

Rules and Regulations for the Conduct of Residents:

Professionalism: Residents are expected to maintain a high level of professionalism at all times. This includes demonstrating respect for patients, colleagues, and other healthcare professionals, maintaining confidentiality, and displaying ethical behavior.

Patient care: Residents are responsible for providing high-quality patient care under the supervision of attending physicians. They must follow established clinical guidelines, provide accurate and timely documentation, communicate effectively with patients and their families, and participate in interdisciplinary care teams.

Education and training: Residents are expected to actively engage in their educational and training activities. This includes attending lectures, conferences,

and other educational sessions, completing assigned readings, participating in clinical discussions, and seeking opportunities for self-directed learning.

Supervision and reporting: Residents work under the supervision of attending physicians and are required to report their activities, progress, and concerns to their supervisors regularly. They must promptly communicate any significant changes in a patient's condition or any errors or adverse events that occur during their clinical practice.

Compliance with policies and procedures: Residents must adhere to the policies and procedures of their institution and residency program. This includes following protocols for infection control, medication safety, patient consent, and other relevant guidelines.

Professional development: Residents are encouraged to engage in professional development activities, such as research projects, quality improvement initiatives, and community service. They may be expected to present their work at conferences or contribute to scholarly publications.

Residents should not gossip about or degrade other residents, attendings, or staff to other residents, attendings, nurses, or other doctors.

Residents should maintain professional social medial accounts (see hospital policy).

Residents are subject to periodic checks on their dictations. Emphasis will be on progress and completeness.

During rotations (other than hospital rotations) residents may be invited by attending physicians to follow up on special cases. Residents may (at the discretion of the Chief Resident/Program Director) be excused and/or special arrangements made to visit patients at office follow ups or at subsequent procedures. This is especially true in preparation of case studies for presentation or journal write ups. If conflicts arise with assignment rotations, this may not be possible.

All residents must keep the following current and active (the following must not expire):

- Texas Department of Licensing and Regulations Temporary License and/or Texas Podiatric Medical License
- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)

All residents must keep up-to-date credentials packet with them at all times.

Hospital Orientation

Residents are required to attend the New Employee General Orientation and the Resident Orientation. Residents are subject to the Spring+ Heights Hospital policies.

MECHANISM OF APPEAL/DUE PROCESS FOR DISCIPLINARY ACTION

The disciplinary process in Graduate Medical Education will be approached under the intention of creating changed behavior through open and honest communication of deficiencies in knowledge base or actions.

As a part of this process and in fairness to all parties involved, deficiencies will be documented on a counseling report. This report will be signed by all parties. It is noted that the resident's signature does not represent their agreement with the contents of the report, but rather that they have received the document and been spoken to regarding the situation.

Every resident has at least 72 hours to respond in writing to any counseling report and has the right to include their written response in their file.

The disciplinary process within the Office of the GME will consist of 4 Steps.

Step 1. The first three counseling reports on given topics are considered informal counseling (unless the action is extreme and compromises the program or patients). Unless clearly stated under Section 2A of the Counseling Report all counseling reports are to be considered as informal.

Step 2. Further disciplinary action may occur beyond informal counseling. The next two levels are a written warning and final written warning. These two steps are combined to represent the "reprimand" stage of the process.

Step 3. Probation

There are two types of probation:

A. Academic Probation

Academic Probation becomes effective when an individual fails to obtain a minimum score on the in-training exam given yearly (that minimum score will be defined by each respective program), or they fail/do not successfully complete a rotation due to academic reasons. Academic probation will be for a period of one year; however, after 6 months at the Program Director's discretion, based on objective criteria, the individual will be able to have their probationary status removed. However, if this does not occur, they will remain on academic probation until the next in training exam or the conclusion of the full

year of probation.

Any individual on academic probation will have certain restrictions, including no away rotations, no CME time and loss of chief resident responsibilities.

Any individual that fails to obtain the Program's designated "passing" score on the in-training exam two years in a row will be referred to the faculty for consideration for dismissal.

B. Disciplinary or Clinical Probation

Disciplinary or Clinical Probation may be invoked for various infractions, usually under the direction of the Program Director. It will be for a period of a minimum of two (2) months. If there are no recurrences during that time, the probationary status will be removed. However, should there be any recurrences during that 2 months then the probation period will be extended to six (6) months. After 6 months, a further review with the individual's advisor and Program Director will occur, and a decision whether to be removed or continued from probationary status will occur.

Any individual on disciplinary or clinical probation will have certain restrictions, including no away rotations, no CME time and loss of chief resident responsibilities.

Step 4. Suspension or Termination

Handling of Grievances

See Grievance Policy (below)

Special Note:

Regardless of the process described above the Program Director retains the authority to immediately remove a resident from patient care responsibilities, or restrict a resident's scope of responsibilities, if in the opinion of the Program Director this action is in the best interests of quality patient care and/or patient safety.

GRIEVANCE POLICY

If the Resident has a particular problem or grievance, he/she should attempt to solve it by consulting first with the Chief Resident, then with their Program Director, and then, if necessary, with the Chief Academic Officer and Designated Institutional Official - GME. After that process has been carried to completion, then and only then may the Resident request the Chief Academic Officer and Designated Institutional Official - GME to call an Appeal Committee, constituted according to the House Staff Fair Procedure Plan, to resolve the matter by making a final recommendation Chief Academic Officer and Designated Institutional Official - GME.

The Appeal Committee will comprise of the following people:

1. One (1) resident from PGY-2 and/or PGY3
2. One (1) Faculty other than the Program Director – Also the serve as Chair;
3. GME Coordinator – Office of Graduate Medical Education; and
4. Member of the staff of the Heights Hospital and/or its affiliated entities

The action and/or decision of the Appeal Committee shall be agreed upon by a majority vote of not less than three (3) members of the committee.

The House Staff Fair Procedure Plan is as follows:

- In the event a Resident's performance as house officer is unsatisfactory, the Program Director and/or the staff of the Office of Graduate Medical Education will notify the Resident in writing of the deficiencies and necessary remedial actions. Disciplinary action may consist of a reprimand, probation, suspension, or termination. The recommendation for disciplinary action will be proposed in writing by the Resident's Program Director. Suspension or termination will be reviewed and approved by the Chief Academic Officer and Designated Institutional Official - GME. If, in the opinion of the Program Director or the Chief Academic Officer and Designated Institutional Official - GME, the Resident's continued clinical activities would expose patients to unnecessary medical risks, the Resident may be temporarily relieved of clinical responsibilities. If so relieved, the Resident will receive, within seven (7) working days, a statement detailing the alleged deficiencies. Action taken under this section does not preclude further action. The disciplinary action will be final upon the Resident's receipt of the written disciplinary action recommendation unless the Resident requests a hearing by the Appeal Committee.

- If a Resident is subject to disciplinary action, the Resident may, within seven (7) working days of receipt of written notice of such action, petition, in writing, Chief Academic Officer and Designated Institutional Official - GME to arrange a hearing before the Appeal Committee. A hearing will be provided in not less than three (3) working days nor more than ten (10) working days after receipt of the Resident's written request. The chairperson shall notify the Resident of the time, place, and the date of the hearing at least two (2) working days prior thereto. Failure to appear promptly at the appointed time designated for the Appeal Committee hearing without substantiated good cause shall be deemed to constitute voluntary acquiescence in the adverse action involved. The Resident may retain legal counsel and may confer with counsel at any time outside the hearing room; however, attorneys will not be permitted in the hearing room. The Resident may be accompanied and/or represented by a member in good standing of the House Staff and may call witnesses in their defense. The Resident's Program Director

and/or Site Director's may be witnesses at the hearing and may present information to the Appeal Committee. In the absence of the Resident's Program Director due to illness or emergency, there will be a specified time of delay in order to appoint another member of the Academic Staff or to allow the Resident's Program Director to return to duty.

- The Appeal Committee shall recommend disciplinary action to the Chief Academic Officer and Designated Institutional Official - GME for final determination. The Chief Academic Officer and Designated Institutional Official - GME shall notify the Resident and the Resident's Program Director of the recommendation of the Appeal Committee, in writing, within two (2) working days after the date of the hearing.

- Final determination will be made by the Chief Academic Officer and Designated Institutional Official - GME within thirty (30) working days. Compensation, salary, and benefits will not be withheld until a final determination has been made by the Chief Academic Officer and Designated Institutional Official - GME.

REMEDIATION PLAN

Resident failure to achieve rotation competencies will result in remediation. If resident fails remediate rotation twice, resident may be subject to automatic dismissal from the residency program.

Remediation may include additional weeks/months to repeat failed rotations after scheduled graduation dates.

Residency completion certificates will not be awarded until competencies are achieved in all rotations and all competencies obtained.

Unsatisfactory Rotation Evaluation leads to: Directed remediation program development with a rotation director.

Resident self-remediation followed by:

Reassessment $\longrightarrow$ Successful $\longrightarrow$ Continue Program

Unsuccessful leads to: Remediation program development with program and rotation directors

Reassessment $\longrightarrow$ Successful $\longrightarrow$ Continue Program

Unsuccessful leads to: Recommendation of dismissal from program

Remediation Form (Appendix A) shall be completed for every resident on remediation prior to the start of each period of remediation. It is recommended that any resident placed on remediation should have access to a mentor, who is not involved in the resident's direct evaluation and, if necessary, that appropriate counseling be arranged. Final outcome of the remediation process must also be documented in the Final Outcome – Remediation Form (Appendix B)

OFFICE OF GRADUATE MEDICAL EDUCATION

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OFFICE OF GRADUATE MEDICAL EDUCATION

APPENDIX A: REMEDIATION FORM

REMEDIATION FORM

By signing this document (last page), the resident indicates that he/she understands the nature and structure of the remedial period. This does not in any way; preclude the resident from pursuing an appeal of the decision for remediation. An appeal must be submitted in writing to the Program Director.

Dr._____, a PGY_____ resident in_____(program name) requires a remedial rotation in _____. The dates of this remedial period are from _____ to _____. This remedial period is required because of:

- Failure to achieve a satisfactory level of competence during the original rotation on _____ (dates).
- Consistent difficulties identified throughout residency training in the following areas: _____
- Inadequate attention to, or failure to maintain the standards of the profession, including in particular, the following points:

  _____

  _____

The following specific weaknesses have been identified:

1. _____
2. _____
3. _____
4. _____
5. _____

(Add more as necessary)

REMEDIATION FORM FOR DR. _____

I. Objectives of the Period of Remediation:

A. The Resident

During the remedial period, Dr. _____ agrees to:

1. Increase their reading in the area of _____, paying particular attention to the following (check all that apply)
   - Basic science
   - Clinical presentation
   - Evidence based medicine
   - Management and approach
   - Pathophysiology
   - Therapeutics
   - Other: _____

Reading should be done from the following sources:

_____

_____

2. Improve their clinical performance by:

_____

_____

3. Improve the following behaviors during clinical rotations:
   - Interactions with patients
   - Interactions with peers
   - Interactions with allied health professionals
   - Interactions with faculty and attending staff
   - Punctuality/ Accessibility/ Participation
   - Sense of Responsibility
   - Other _____

4. Participate in examinations: (specify type, frequency) _____

5. Meet with Dr. _____ at _____ (specify daily, weekly, monthly) intervals during the remedial period to discuss progress and ongoing objectives.

6. Other: (specify) _____

B. The Remedial Supervisor

During the remedial period, Dr. _____ (Remedial supervisor) agrees to:

1. Provide supervision of Dr. _____ during the remedial period from _____ to _____.

2. Meet with Dr. _____ weekly to review and discuss progress or lack thereof in attaining the objectives of the remedial rotation, and to keep records of these meetings, and to submit these weekly to the resident's program director.

3. Help Dr. _____ in achieving the objectives of remediation by : (check all that apply):
   - ○ Clarifying the difficulties, the resident is having with knowledge base
   - ○ Providing extra teaching in clinical matters
   - ○ Providing supervision and training in procedural skills
   - ○ Counseling regarding attitudes
   - ○ Directing the resident to other specific sources of information on teaching
   - ○ Assessing Dr. _____ by means of _____
   - ○ Other: _____

4. Attest at the end of the remedial period whether the resident has or has not met the objectives of the period of remediation.

II. Outcome of the Remediation:

Upon completion of the remediation period, the following outcome may occur, as determined by the Residency Program Director, in consultation with the Residency Program Committee, depending on the resident's performance: (check all possible outcomes)

- ○ Reinstatement as a resident in the program with no loss of time or extension of training
- ○ Reinstatement as a resident, with training extended as recommended by the Program Director and the Residency Program Committee based on time lost due to unsatisfactory performance
- ○ An additional period of remediation
- ○ Placed on probation

- Other (specify): _____

Signatures:

By signing this document, the resident indicates that he/she understands the nature and structure of the remedial period. This does not in any way; preclude the resident from pursuing an appeal of the decision for remediation. An appeal must be submitted in writing to the Program Director.

_____	_____
Signature of Resident	Date
_____	_____
Signature of Remedial Supervisor	Date
_____	_____
Signature of Program Director	Date
_____	_____
Signature of CAO//DIO	Date

OFFICE OF GRADUATE MEDICAL EDUCATION

APPENDIX B: FINAL OUTCOME OF REMEDIATION

FINAL OUTCOME OF REMEDIATION

This form has been completed by the Program Director and has been ratified by the Graduate Medical Education Committee at its meeting on: _____ (date).

Dr._____ has completed a period of remediation in the area of _____ from _____ to _____.

The final outcome of the period of remediation is as follows:

Specific areas of weaknesses	Resolved	Partially Resolved	Not Resolved
1.			
2.			
3.			
4.			
5.			

Specific objectives of the period of remediation	Exceeds Expectations	Fully Meets Expectations	Fails to Meet Expectations
1. Reading and demonstration of core knowledge			
2. Clinical performance			
3. Interactions with a. Patients b. Peers c. Allied health professionals d. Attending staff e. Other			
4. Punctually/Accessibility/ Participation			
5. Sense of Responsibility			
6. Other (specify)			

Add additional pages if needed

FINAL OUTCOME OF REMEDIATION FOR DR. _____

New Weaknesses identified since period of remediation began (if any):

1. _____
2. _____

Final Outcome of the period of Remediation:

Overall, the period of remediation is considered:

☐ Successful ☐ Unsuccessful

The result of the remediation is:

- Reinstatement as a resident in the program with no loss of time or extension of training
- Reinstatement as a resident, with training extended as recommended by the Program Director and the Graduate Medical Education Committee based on time lost due to unsatisfactory performance. The extended period of training will occur from _____ (date) to _____ (date).
- An additional remedial period, from _____ (date) to _____ (date)
- Placed on probation
- Other (specify): _____

Comments (by Program Director or Resident):

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signatures:

By signing this document, the resident indicates that he/she has met with the program director to discuss the final outcome of the period of remediation and has reviewed this document. This does not, in any way, preclude the resident from pursuing an appeal of the decision for remediation. An appeal must be submitted in writing to the Program Director.

_____	_____
Signature of Resident	Date
_____	_____
Signature of Remedial Supervisor	Date
_____	_____
Signature of Program Director	Date

OFFICE OF GRADUATE MEDICAL EDUCATION

Appendix C: Rotation Competencies and Assessment

Wound Care

The podiatry resident will rotate through the advanced wound care center and limb salvage program at the Heights Hospital under the direction of Randall Lepow, M.D. During this rotation the podiatry resident will have hands on experience in treating a vast array of non-healing wounds.

Goal of Wound Care

Upon completion of this experience the podiatric resident will be expected to be able to perform a complete history and physical examination, be familiar with modern wound care techniques and products. The Resident will be sent to a wound care seminar and have a hyperbaric course in PGY-2.

Competencies: Wound Care

1. Perform and interpret the findings of a complete medical history and physical examination
2. Recognize the need for (and/or order) additional diagnostic studies, when indicated.
    - 2.1 Laboratory studies
    - 2.2 Arterial/venous studies
    - 2.3 Nutrition status
    - 2.4 Culture/sensitivity MIC studies
    - 2.5 Gram stains
    - 2.6 Nuclear imaging
    - 2.7 CT
    - 2.8 MR
    - 2.9 Tcoms
3. Recognize the need for (and/or order) hyperbaric treatment when indicated.
    - 3.1 Understand principles of hyperbaric medicine
    - 3.2 Recognize approved indications for hyperbaric medicine
    - 3.3 Recognize risks of hyperbaric medicine
4. Formulate and implement an appropriate management plan for patient.

_____ _____

Program Director Resident

Vascular Surgery

Vascular surgery experiences are achieved at the Heights Hospital and the Spring Hospital under various vascular surgeons. This rotation will consist of making daily rounds with the vascular surgeons and surgical residents at the hospital, pre-operative evaluation, post-operative follow-up and participation in the surgical procedures performed.

Responsibilities
The podiatric resident will monitor surgical schedules and participate in the surgical care and inpatient monitoring of vascular surgery patients at the Heights Hospital and the Spring Hospital.

Goal of Vascular Surgery
Upon completion of this experience the podiatric resident will be expected to be able to demonstrate:

- understanding of the management of preoperative and postoperative surgical patients with emphasis on complications
- Enhanced surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.
- Understanding of surgical procedures and principles applicable to non-podiatric surgical specialties.

Upon completion of this experience the podiatric resident will be expected to be able to accurately work-up and diagnosis major lower extremity vascular disorders, develop an appropriate management plan for lower extremity vascular pathology and perform as surgical first assistant.

Competencies: Vascular Surgery

1. Evaluate a patient suspected of having a vascular problem and arrive at an appropriate diagnosis.
2. Order and interpret the result of non-invasive vascular examinations
    a. Ankle arm index
    b. Segmental blood pressure
    c. Pulse volume recording
    d. Photophlethysmography
    e. Doppler wave form analysis
3. Manage vascular conditions within their scope of practice.
4. List the indications and contraindications for surgical intervention of a vascularly compromised patient.
5. Discuss the acute care needs of vascularly compromised patients.
6. Assist in the surgical management of patients undergoing vascular surgical procedures as a surgical assistant including performance of the following skills
    a. Suturing
    b. Retracting
    c. Tissue handling

d. Procedures under supervision

7. Identify patients who require referral to the vascular surgeon.

The podiatric surgical resident should be able to

1. Evaluate a patient suspected of having a lower extremity vascular problem and arrive at an appropriate diagnosis.
2. Manage lower extremity vascular conditions as part of the vascular team.
3. List the indications and contraindications for surgical intervention of a vascularly compromised patient.
4. Manage the acute care needs of vascularly compromised patients.
5. Perform as first assistant in the surgical management of patients undergoing vascular surgical procedures.
6. Identify patients who require referral to the vascular surgeon.

_____ _____

Program Director Resident

Podiatric Surgery PGY-1 and PGY-2/PGY-3

These experiences are achieved throughout the 3-year training. Emphasis in the PGY-1 year is geared to operating room orientation and general podiatric surgery. Emphasis during the PGY-2 and PGY-3 years is on refining podiatric surgical skills and on more comprehensive reconstructive cases as training progresses. It will involve the pre-operative, peri-operative and post-operative care of patients in the inpatient and outpatient settings. *Residents are expected to be certified in CPR prior to surgical rotations. CPR training is available at the Heights Hospital.*

There will be evaluations of PGY-1 and PGY-2/PGY-3 to ensure continued development, growth and graduating levels of independence.

Goal of Podiatric Surgery

1. The podiatric resident should become proficient in the evaluation of foot and ankle deformities including the indications and contraindications for surgical intervention. The resident should be able to articulate appropriate pre, peri and post-operative management plans and develop skills in the performance of surgical procedures.

Competencies: Podiatric Surgery

Upon the completion, the resident will be able to do the following.

1. Perform a thorough history and physical examination of the foot and ankle, evaluate the patient's problem, and describe the deformities accurately and in proper format.
2. Determine if the patients' condition requires surgical intervention
3. Describe the appropriate choice of procedure
   - Nail pathology
   - Skin lesions
   - Neuromas and heel pain
   - Digital deformities
   - Lesser metatarsal deformities
   - First ray pathology: Hallux Valgus, Hallux limitus, and Hallux rigidus deformities.
   - Diabetic foot infections
   - Gangrene of one or more toes
   - Charcot foot deformity
   - Equinus
   - Tumors
   - Trauma
4. Effectively communicate the advantages, disadvantages and risks associated with the procedure(s)
   A. Diabetic foot infections with or without osteomyelitis

B. Gangrene
C. Charcot foot deformities
D. Equinus
E. Tumors
F. Trauma, including sprains, tendon ruptures and fracture

5. Write the appropriate preoperative orders and perioperative management of:
    A. The healthy patient
    B. The diabetic patient
    C. The occlusive arterial disease patient
    D. The hypertensive patient
    E. The cardiac patient
    F. The immunocompromised patient
    G. The arthritic patient
6. Perform under direct supervision basic surgical skills
    A. Proper selection and performance of skin and deep tissue incisions.
    B. The use of manual and power surgical instrumentation.
    C. Dissection of tissue layers, osteotomy completion, and hardware implantation.
    D. Proper selection of suture materials and use in closure of various tissue layers.
    E. Application of post-operative dressings as appropriate for various procedures.
7. Write post operative orders
8. Perform post operative dressing changes
9. Accurately evaluate the immediate post operative course including early signs and symptoms of complications
    A. The uneventful postoperative course
    B. Post operative infection
    C. Post operative swelling
    D. Post operative pain
10. Provide home going instructions, prevention, and patient education

1.1 Develop and present an appropriate surgical management plan to include procedure selection, pre, peri and post op considerations including any medical/specialist consultation and psychosocial issues.
1.2 Demonstrate proficiency in performing surgical skills during operative procedures including forefoot, midfoot and rearfoot procedures:
1.2.1 Sterile prep
1.2.2 Incisions
1.2.3 Dissection
1.2.4 Tissue handling – soft tissue
1.2.5 Tissue handling - Bone
1.2.6 Suturing
1.2.7 Internal Fixation
1.2.8 Appropriately manage foot and ankle conditions in the in-patient and out-patient settings

1.2.9 Work effectively as a professional surgical team member.
1.2.10 Demonstrate appropriate communication skills with patients, families, and hospital staff members
1.2.11 Perform specific procedures
1.2.11.1 Soft Tissue
1.2.11.2 Excise skin lesions
1.2.11.3 Excise soft tissue mass
1.2.11.4 Digital Surgery
1.2.11.5 Arthroplasty
1.2.11.6 Arthrodesis
1.2.11.7 Condylectomy
1.2.11.8 Exostectomy
1.2.11.9 Partial Amputation
1.2.11.10 Total amputation
1.2.11.11 Metatarsal Surgery
1.2.11.12 Distal metatphyseal osteotomy
1.2.11.13 Arthrodesis
1.2.11.14 First ray procedures
1.2.11.15 Keller Arthroplasty
1.2.11.16 Soft tissue bunion surgery
1.2.11.17 Distal metaphyseal osteotomy
1.2.11.18 Proximal osteotomy
1.2.11.19 Arthrodesis
1.2.11.20 Other arthrodesis
1.2.11.21 Met-cuneiform
1.2.11.22 Rear foot procedures
1.2.11.23 Demonstrate various forms of fixation
1.2.11.24 Trauma
1.2.11.25 Manage fractures
1.2.11.26 Digital
1.2.11.27 Metatarsal
1.2.11.28 Midfoot
1.2.11.29 Rearfoot
1.2.11.30 Ankle
1.2.11.31 Ankle
1.2.11.32 Lateral ankle stabilization
1.2.11.33 Major tendon transfer
1.2.11.34 Tendo Achilles lengthening
1.2.11.35 Limb Salvage
1.2.11.36 Debride infected ulcers
1.2.11.37 Incision and drainage of abscess
1.2.11.38 Debride necrotic soft tissue and bone
1.2.11.39 Levels of amputation
1.2.11.40 Toes
1.2.11.41 Forefoot
1.2.11.42 Midfoot

1.2.11.43 Rearfoot
1.2.11.44 Reconstruction

_____ _____

Program Director Resident

Podiatric Office/Private Practice

This experience is achieved in many attending physician offices involving the treatment of the primary podiatric patient, biomechanical, and the surgical podiatric patient. During this month an effort should be made to learn the basis of the administrative aspects of office management as well as correct billing and charting necessary to build a successful private practice.

Goal of Podiatric Medicine/Podiatric Office/Private Practice

Upon completion of this experience the podiatric resident will be able to describe and discuss the private practice model of health care delivery and demonstrate primary podiatric care skills.

Competencies Podiatric Medicine/Podiatric Office/Private Practice

1.1 Demonstrate familiarity with utilization management and quality improvement
1.2 Understand healthcare reimbursement
1.2.1 Explain basic aspects of current billing and coding procedures
1.2.2 Demonstrate current knowledge of Medicare and Medicaid policies
1.3 Understand insurance issues including
1.3.1 professional and general liability
1.3.2 disability insurance
1.4 Workers' Compensation
1.5 Understand medical-legal considerations involving healthcare delivery
1.6 Demonstrate understanding of common business practices.
1.6.1 Understand the basics of recruiting, hiring, and training an efficient private practice office staff
1.6.2 Demonstrate understanding of selection of and affiliation with managed care plan
1.7 The podiatric resident will be able to perform the following podiatric primary skills at an expert level:
1.7.1 1. Primary podiatric skills
   A. Nail debridement
   B. Hyperkeratotic debridement
   C. Ulcer debridement and care
   D. Nail surgery and verruca excision
   E. Padding skills
   F. Shoe modifications
   G. Foot orthoses
   H. Correction of digital deformities

2. List and discuss the indications and contraindications for the various surgical procedures for common forefoot pathologies including;
   1. Hallux deformities
   2. Neuromas
   3. Miscellaneous bony deformities (digital, metatarsal, midfoot)

The surgical resident will be able to perform the following podiatric primary skills at an expert level:

1.1 Primary podiatric skills

A. Nail debridement
B. Hyperkeratotic debridement
C. Ulcer debridement and care
D. Nail surgery and verruca excision
E. Padding skills
F. Shoe modifications
G. Foot orthoses
H. Correction of digital deformities

1.2. List and discuss the indications and contraindications for the various surgical procedures for common forefoot pathologies including;

A. Hallux deformities
B. Neuromas
D. Miscellaneous bony deformities (digital, metatarsal, midfoot)

1.3. Demonstrate the ability to manage patients suffering from vascular conditions of the lower extremities

1.4 Discuss the role of the podiatrist in the management of diabetes

1.5 Demonstrate the ability to manage patients with diabetes

1.6 Discuss the role of the podiatrist in the care and management of the arthritic patient.

1.7 Demonstrate the ability to manage the arthritic patient.

1.8 Discuss the role of the podiatrist in the care and management of the neurological patient.

1.9 Demonstrate the ability to manage the neurological patient with pedal problems.

The surgical resident will demonstrate an ability to function in a private practice setting

2.1 Understand the basics of recruiting, hiring, and training an efficient private practice office staff

2.2. Demonstrate understanding of selection of and affiliation with managed care plans
procedures

2.3 Demonstrate current knowledge of Medicare and Medicaid policies

_____ _____

Program Director Resident

Plastic Surgery

These experiences will be achieved at various facilities and will provide podiatric medical residents with general operating room experience and protocol and the ability to function as a first assistant. Principals of surgery, hemostasis, dissection, and closure will be gained. Plastic Surgical principals and fixation will be achieved. Appreciation for the plastic patient needs and needs for consultations will also be appreciated.

Goal of Plastic Surgery

Upon completion of this experience the podiatric resident will be expected to be able to accurately work-up and diagnosis plastic surgical disorders, develop an appropriate management plan and perform as surgical assistant.

Competencies 1 Plastic Surgery

The podiatric surgical resident should be able to

1.1 Evaluate a patient suspected of having a plastic surgical problem and arrive at an appropriate diagnosis.
1.2 Manage various medical and surgical conditions as part of the plastic surgical team.
1.3 List the indications and contraindications for surgical intervention of a compromised patient.
1.4 Manage the acute care needs of patients.
1.5 Perform as assistant in the surgical management of patients undergoing plastic surgical procedures.
1.6 Identify patients who require referral to the plastic surgeon.

_____ _____

Program Director Resident

Physical Medicine & Rehabilitation

The podiatry resident will rotate through the out-patient department of Physical Therapy at the Heights Hospital. During this rotation the podiatry resident will participate in the rehabilitation of patients with various conditions.

Schedule
Prior to the rotation contact Physical Therapy, you will be assigned a particular physical therapist to work with while on rotation.

Goal of Physical Therapy

Upon completion of the experience the podiatric resident will be expected to have a good understanding of physical therapy and its indications.

Competencies: Physical Therapy

1. The resident should be able to demonstrate and treatment for post-traumatic or post-op patients.
   - 1.0 Crutch training
   - 1.1 Partial/non-weight bearing
   - 1.2 3 and 4 point gait
2. Be able to perform muscle testing and grading
3. Treat and write treatment for contracture reduction
4. Understand the limits of physical therapy
5. Resident will understand when to order different modalities
   - 5.1 Heat/cold therapy
   - 5.2 Hydrotherapy
   - 5.3 E-stim
   - 5.4 Paraffin
   - 5.5 Ultrasound
   - 5.6 Tens
6. Know contraindications of physical therapy

_____ _____

Program Director Resident

Orthopedics

These experiences will be achieved at various facilities and will provide podiatric medical residents with general operating room experience and protocol and the ability to function as a first assistant. Principals of surgery, hemostasis, dissection, and closure will be gained. Orthopedic Surgical principals and fixation will be achieved. Appreciation for orthopedic patient needs and needs for consultations will also be appreciated.

Goal of Orthopedic

Upon completion of this experience the podiatric resident will be expected to be able to accurately work-up and diagnosis orthopedic surgical disorders, develop an appropriate management plan and perform as surgical assistant.

Competencies 1 Orthopedic

The podiatric surgical resident should be able to

1.1 Evaluate a patient suspected of having an orthopedic surgical problem and arrive at an appropriate diagnosis.
1.2 Manage various medical and surgical conditions as part of the orthopaedic surgical team.
1.3 List the indications and contraindications for surgical intervention of a compromised patient.
1.4 Manage the acute care needs of patients.
1.5 Perform as assistant in the surgical management of patients undergoing orthopedic surgical procedures.
1.6 Identify patients who require referral to the orthopedic surgeon.

_____ _____

Program Director Resident

Medicine

The podiatry resident will rotate through the department of Internal Medicine at the Heights and Spring Hospital During this rotation the podiatry resident will make and participate in rounds with other medical residents as well as attend medical conferences.

Schedule

You will be assigned to the Medicine team who will determine your month schedule.

Goal of Medicine Rotation

Upon completion of this experience the podiatric resident will be expected to be able to perform a complete history and physical examination and articulate the role of the podiatrist in the complete medical care of the patient.

Competencies: Medicine

1. Perform and interpret the findings of a comprehensive medical history and physical examination (including pre-operative history and physical examination), including

1.1 Comprehensive medical history
1.2 Comprehensive physical examination
1.2.1 Vital signs
1.2.2 Physical examination including
1.2.2.1 head
1.2.2.2 eyes
1.2.2.3 ears
1.2.2.4 nose
1.2.2.5 throat
1.3 Neck
1.4 Chest/breast
1.5 Heart
1.6 Lungs
1.7 Abdomen
1.8 Genitourinary
1.9 Rectal
1.10 Upper extremities
1.11 Neurologic examination.

2. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)

3. Recognize the need for (and/or order) additional diagnostic studies, when indicated, including (see also section A.2 for diagnostic studies not repeated in this section)

3.1 EKG.
3.2 Medical imaging including
3.2.1 plain radiography
3.2.2 nuclear medicine imaging
3.2.3 MRI
3.2.4 CT
3.2.5 diagnostic ultrasound
3.3 Laboratory studies including
3.3.1 Hematology
3.3.2 Serology/immunology
3.3.3 Blood chemistries
3.3.4 Toxicology/drug screens
3.3.5 Coagulation studies
3.3.6 Blood gases
3.3.7 Microbiology
3.3.8 Synovial fluid analysis
3.3.9 Urinalysis
3.4 Other diagnostic studies

4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education for the following conditions

4.1 Diabetes mellitus
4.2 Hypertension
4.3 Coronary artery disease
4.4 Kidney disease
4.5 Liver disease
4.6 Common Gastrointestinal disorders
4.7 Common genitourinary disorders
4.8 Infectious disease processes
4.9 Common oncology disorders

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Program Director Resident

Medical Imaging

The medical imaging experience includes time and training in CT, MRI, radiology, angiography, and nuclear medicine at various times throughout the podiatry resident's training. This rotation will be spent with the Department of Radiology at the Heights Hospital and the Spring Hospital. Participation in daily study reading and conferences is required.

Goal: Medical Imaging

Upon completion of this experience the podiatric resident will be expected to have developed an understanding of how the various medical imaging modalities are used and interpreted in the diagnosis and ongoing management of medical conditions.

Competencies: Medical Imaging

1.1 Perform (and/or order) and interpret appropriate diagnostic studies, including:
- 1.1 Medical imaging including
  - 1.1.1 plain radiography
    - 1.1.1.1 Evaluate a chest x-ray
  - 1.1.2 radiographic contrast studies
  - 1.1.3 stress radiography
  - 1.1.4 fluoroscopy
  - 1.1.5 nuclear medicine imaging
  - 1.1.6 MRI
  - 1.1.7 CT
  - 1.1.8 diagnostic ultrasound
  - 1.1.9 vascular imaging
    - 1.1.9.1 Evaluate an arteriogram

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Program Director Resident

Laboratory Medicine/Pathology

Podiatry resident experiences will involve observation and/or participation in the activities of the department including but not limited to the performance of microscopic analysis of pathological specimens, bacteriological studies and clinical laboratory studies.

Goal of Laboratory Medicine/Pathology

Upon completion of this experience the podiatric resident will be expected to be able to describe, order and interpret the results of diagnostic laboratory tests and examinations.

Competencies: Laboratory Medicine

The resident will demonstrate the ability to:

1.1 Identify various osseous and soft tissue specimens both on gross examination and histological review, including anatomic and cellular pathology
1.2 Perform bacteriological procedures such as gram stain, culture and sensitivity, etc.
1.3 Identify abnormal laboratory studies and discuss their relevance to the patients overall health and their ability to undergo podiatric surgery safely including
1.3.1 Laboratory tests in
    1.3.1.1 hematology,
    1.3.1.2 serology/immunology,
    1.3.1.3 toxicology,
    1.3.1.4 microbiology,
1.3.2 blood chemistries,
1.3.3 drug screens,
1.3.4 coagulation studies,
1.3.5 blood gases,
1.3.6 synovial fluid analysis,
1.3.7 urinalysis.

The surgical resident will demonstrate the ability to:

1.1 Review and identify various osseous and soft tissue specimens both on gross examination and histological review.
1.2 The resident will be able to perform bacteriological procedures such as gram stain, culture and sensitivity, etc.
1.3 The resident will be able to identify abnormal laboratory studies and discuss their relevance to the patients overall health and their ability to undergo podiatric surgery safely.

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Program Director Resident

Infectious Disease

During this rotation the podiatric resident will observe and participate in the function of the infectious disease team at the Heights and Spring Hospital.

Goal of Infectious Disease

Upon completion of this experience the podiatric resident will be expected to be able to describe the clinical syndromes associated with infectious disease, how those conditions affect the lower extremity, psychosocial implications, and referral options.

Competencies Infectious Disease

1.1 List and discuss the signs, symptoms, and pathophysiologic methods of transmission and clinical course of
    - 1.1 AIDS and AIDS related syndromes
    - 1.2 Sexually transmitted disease
    - 1.3 Osteomyelitis
    - 1.4 Skin and soft tissue infection
    - 1.5 Tuberculosis
    - 1.6 Pneumonia

1.2 List and describe the pedal and lower extremity as well as manifestations that may be related to commonly used therapies for
    - 2.1 AIDS and AIDS related syndromes
    - 2.2 Sexually transmitted disease
    - 2.3 Osteomyelitis
    - 2.4 Skin and soft tissue infection
    - 2.5 Tuberculosis
    - 2.6 Pneumonia

1.3 Given a simulated patient encounter, be able to work-up, recognize and properly refer patients suspected of having AIDS or an AIDS related syndrome.

4.0 Discuss the psychosocial considerations for patients suffering from AIDS, AIDS related syndromes or who tests HIV positive but is without symptoms.

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Program Director Resident

General Surgery

These experiences will be achieved at various facilities and will provide podiatric medical residents with general operating room experience and protocol and the ability to function as a first assistant. Principals of surgery, hemostasis, dissection, and closure will be gained. Orthopedic Surgical principals and fixation will be achieved. Appreciation for general surgery patient needs and needs for consultations will also be appreciated.

Goal of General, Orthopedic, Neurological and Plastic Surgery

Upon completion of this experience the podiatric resident will be expected to be able to accurately work-up and diagnosis general, orthopedic, neurological and plastic surgical disorders, develop an appropriate management plan and perform as surgical assistant.

Competencies 1 General Surgery

The podiatric surgical resident should be able to

1.1 Evaluate a patient suspected of having a general surgical problem and arrive at an appropriate diagnosis.
1.2 Manage various medical and surgical conditions as part of the general surgical team.
1.3 List the indications and contraindications for surgical intervention of a compromised patient.
1.4 Manage the acute care needs of patients.
1.5 Perform as assistant in the surgical management of patients undergoing general surgical procedures.
1.6 Identify patients who require referral to the general surgeon.

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Program Director Resident

Emergency Department

The emergency room experience will take place at The Heights Hospital, the Spring Hospital and Village ER and will involve the observation and participation in treatment of general medical conditions and participation in lower extremity conditions

Goal of Emergency Room

Upon completion of this experience the podiatric resident will be able to function in the care of the acute patient with general medical and lower extremity pathology.

Competencies Emergency Room

The resident will be able to;
1.1.1 List the signs and symptoms of common emergency conditions such as
1.1.2 Cardiopulmonary events
1.1.3 Cerebral Vascular events
1.1.4 Hypertensive events
1.1.5 Acute diabetic emergencies
1.1.6 Acute gastrointestinal events
1.1.7 Acute musculoskeletal events
1.1.8 Acute infectious events
1.1.9 Other acute conditions
1.1.10 Describe the acute care appropriate for each of these conditions
1.1.11 List the signs and symptoms of common lower extremity conditions such as
1.1.12 Fracture/dislocation
1.1.13 Infection/ulceration
1.1.14 Sprains/strains
1.1.15 Lacerations/penetrating wounds
1.1.16 Foreign body

Perform appropriate emergency care for lower extremity conditions

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Program Director Resident

Community Podiatry

These experiences are achieved throughout the podiatric residents training via various rotations. Community Podiatry takes place in the outpatient clinics of the faculty in the Podiatry residency. Laboratory Medicine and Pathology is achieved at the Heights and the Spring Hospital. Infectious Disease is achieved at the Heights Hospital. Community podiatry includes the care of patients in special situations (medically disenfranchised, underserved minorities and the homeless

Community Service:
In addition several community events such as health fairs, screening, community lectures and other patient education programs may be assigned during the year.

Goal of Community Podiatry

1. The podiatric resident should develop advanced diagnostic and treatment skills in podiatric primary care as it relates to special patient populations.

Competencies Community Podiatry

1.1 Demonstrate an understanding of public health concepts, health promotion, and disease prevention
1.2 Discuss the role of the podiatrist in the care of the following patient populations;
- 1.2.1 extended care facility
- 1.2.2 patients with psychosocial disorders
- 1.2.3 Homeless
- 1.2.4 under-served minorities
- 1.2.5 medically disenfranchised

1.1 Provide care for patients in the following patient populations:
- 1.1.1 extended care facility
- 1.1.2 patients with psychosocial disorders
- 1.1.3 homeless
- 1.1.4 under-served minorities
- 1.1.5 medically disenfranchised

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Program Director Resident

Behavioral Medicine

The behavioral medicine experience will be at the Heights Hospital and will involve participation in the psychological workup and counseling sessions

Goal of Behavioral Medicine

Upon completion of this experience the podiatric resident will be able to describe and discuss the psychological workup and indications for psychological counseling.

Competencies: Behavioral Medicine

1.1 Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages.
1.2 The podiatric resident will be able to discuss and describe the psychological issues related to the management of
    - Obesity
    - Smoking cessation
    - Behavior modification
    - Dependency/addiction
1.3 Describe the treatment strategies for these conditions
1.4 Given a real or simulated patient be able to identify patients who require referral to psychology

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Program Director Resident

Attitudinal and Other Non-Cognitive Competencies

There are several competencies that by their very nature fit into the overall practice of medicine and do not reside in any one rotation. The content of this material is delivered and will be evaluated in the following areas.

Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.

1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery. (All rotations, logs and augment with didactic lecture,)
2. Practice and abide by the principles of informed consent. (Podiatric medicine and surgery)
3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees. (All rotations)
4. Demonstrate professional humanistic qualities. (All rotations)
5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs. (All rotations)

Communicate effectively and function in a multi-disciplinary setting.

1. Communicate in oral and written form with patients, colleagues, payors, and the public. (All rotations)
2. Maintain appropriate medical records. (All rotations)

Manage individuals and populations in a variety of socioeconomic and healthcare settings.

1. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric. (All rotations)
2. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own. (All rotations)
3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention. (All rotations)

Understand podiatric practice management in a multitude of healthcare delivery settings.

1. Demonstrate familiarity with utilization management and quality improvement. (All rotations augment with didactic lecture)
2. Understand healthcare reimbursement. (Private practice)
3. Understand insurance issues including professional and general liability, disability, and Workers' Compensation. (Private practice)
4. Understand medical-legal considerations involving healthcare delivery. (All rotations augment with didactic lecture)
5. Demonstrate understanding of common business practices. (Private practice)

Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

1. Read, interpret, and critically examine and present medical and scientific literature. (Journal Club/education program)
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery. (Journal Club/education program)
3. Demonstrate information technology skills in learning, teaching, and clinical practice. (Journal Club/education program)
4. Participate in continuing education activities. (Journal Club/education program)

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Program Director Resident

Anesthesiology

The podiatric resident will rotate through The Heights Hospital and the Spring Hospital for this experience. Residents will participate in the preoperative evaluation of the surgical patient, participate in the administration of the various anesthetic modalities, intubation, and starting of venous and arterial lines.

Goal of Anesthesiology

Upon completion of this experience the podiatric resident will be expected to have developed an understanding of how the various types of anesthesia are used in the management of medical and surgical conditions when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.

Competencies Anesthesiology

1). The resident should be able to appropriately evaluate the pre-operative status of the surgical candidate with regard to general anesthetic utilization.
2). The resident should be able to articulate the indications and contraindications for each of the following:

a. General inhalation anesthesia.
b. Spinal anesthesia/epidural.
c. IV regional anesthesia.
d. Specific regional anesthetic techniques.
e. Conscious sedation
f. Patient monitoring

3). The resident should be able to describe how to start peripheral IV line and airway management.
4). The resident should be able to recognize malignant hyperthermia and follow appropriate guidelines for its treatment.

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Program Director Resident