

Welcome to the Podiatry Residency Program

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PROGRAM BACKGROUND

HISTORICAL INFORMATION

The Hennepin County Medical Center Podiatry residency began in 1993 and was known as the Metropolitan/Mt. Sinai program dating back to 1986. The residency program has evolved from a one year Podiatric Surgical Residency (PSR) to a two year-combined Rotating Podiatric Residency (RPR)/Podiatric Surgical Residency to a three year-combined RPR/PSR 24 program. The program transitioned to the Podiatric Medicine and Surgery 36-month format in 2007 is now the Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and Ankle Surgery (PMSR/RRA), as of October of 2011. Graduates of the HCMC program have sought board certification in Foot Surgery and

Rearfoot/Reconstructive Foot and Ankle Surgery via ABPS. Most graduates have sought employment in multi-specialty medical groups and orthopedic surgery groups in the Twin Cities and the Midwest.

RECRUITMENT

Interested candidates for the Hennepin County Medical Center (HCMC) program apply using the Central Application Service for Podiatric Residencies (CASPR). Recruitment criteria are found in the CASPR Directory of Podiatric Residency Programs. All applicants must become graduates of an approved college of podiatric medicine. All applicants meeting published criteria and with complete applications are granted an interview at the Centralized Regional Interview Program conducted by the Council of Teaching Hospitals (COTH) of the American Association of Colleges of Podiatric Medicine in Frisco, Texas. Typically, HCMC receives approximately 25-30 applicants. Of those interviewed, 10 are selected by the HCMC resident selection committee (DPME, assistant DPME, and HCMC staff) and are ranked by the matching process. HCMC programs have been ranked very well by the American Podiatric Medical Association and usually match with its top choices.

HOURS AND SUPERVISION

Average hours per week over one month = 62.

Average number of 17+ hour days per week = none when on podiatric services.

Average number of working days off per year = 12.

SUPERVISION

According to Medicare guidelines, all residents are directly supervised in the clinical and surgical setting. The attending staff is required to actively participate in the exam and treatment of each patient.

KEY CONTACTS

PODIATRIC STAFF

Nicole Bauerly, DPM, AACFAS
Board Qualified, American Board of Podiatric Surgery
Assistant Director, Podiatric Medical Education



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LEARNING OBJECTIVES

PGY-1/2/3 PMSR/RRA REQUIREMENTS

The PMSR/RRA program shall provide the essential clinical training resources required by the Council on Podiatric Medical Education (CPME) Document 320, to facilitate the acquisition of the competencies necessary for board qualification in foot surgery and board qualification in reconstructive rearfoot and ankle surgery by the ABPS. The resident will also gain competencies necessary for board qualification by ABPOPPM.

Essential or core clinical training resources shall include:

Podiatric surgery

Podiatric outpatient clinic/office

Medical imaging/Diagnostic Modalities

Medicine and medical subspecialties

Surgery and surgery subspecialties

Anesthesia

Emergency medicine including Behavioral Medicine

2. The PMSR/RRA program shall provide a comprehensive curriculum necessary to acquire specific knowledge, skills, and attitudes to be able to:

- a. Prevent, diagnose, and manage pathology of the foot and ankle in the pediatric and adult lower extremity,

- b. Assess and manage the patient’s general medical status,
- c. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion
- d. Communicate effectively and function in a multispecialty Level 1 Trauma Center
- e. Manage individuals and populations from diverse backgrounds in different healthcare delivery settings in the Minneapolis metropolitan area
- f. Motivate the resident to become life-long learners and to contribute to the podiatric profession
- g. Develop the ability to critically evaluate and add to the medical literature.
- h. Interact with the various medical and surgical services in a competent and appropriate manner.

PGY-1 CURRICULUM

1. Essential or core clinical training resources for the first year of training shall include:
 - a. Podiatric surgery
 - b. Podiatric outpatient clinic/office
 - c. Medical imaging/Diagnostic modalities
 - d. Pathology
 - e. Emergency Medicine
 - f. Behavioral Medicine
 - g. Anesthesia
 - h. Dermatology
 - i. Medicine AND medical subspecialties
 - i. Ward medicine
 - ii. Ambulatory medicine clinic
 - iii. Neurology clinic and/or hospital service
 - j. Surgery and surgery subspecialties
 - i. General surgery
 - ii. Orthopedic surgery
 - iii. Vascular surgery
2. Familiarize the podiatric graduate with hospital services.
3. Function as a team member in a teaching institution.
4. Develop skills necessary to evaluate patients and implement appropriate intervention.
5. Develop judgment necessary to order appropriate consultation with other specialties and services.
6. Present opportunities for collegial interaction with other physicians.
7. Provide clinical experience on various rotations/resources to augment didactic education including medical and medical subspecialties and surgery and surgical subspecialties.
8. Develop skills in managing patients in a podiatric outpatient clinic.
9. Provide exposure to basic and common podiatric surgery.
10. Complete BLS and ACLS training.
11. Prepare a case study and associated review of medical literature suitable for publication and/or prepare a poster for presentation at the American College of Foot and Ankle Surgeons annual meeting.

OTHER RESPONSIBILITIES OF THE 1ST YEAR RESIDENT

The first-year resident will:

- assist the DPME in reviewing and ranking applicants to the externship program

- promote the residency program to podiatric medical students and podiatric medical schools
- communicate with all prospective student externs who contact the program

PGY-2 CURRICULUM

1. Essential or core clinical training resources for the second year of training shall include:
 - a. Podiatric surgery
 - b. Podiatric outpatient clinic/office
 - c. Medicine and medical subspecialties – Rheumatology and Infectious Diseases
 - d. Surgery and surgery subspecialties – Plastic Surgery and Orthopedic Surgery
2. Become proficient in osseous and soft tissue procedures of the forefoot and the midfoot.
3. Participate in rearfoot and reconstructive procedures.
4. Obtain teaching experience through clinical interaction with podiatric medical students, PGY-1 podiatric residents, family practice residents and internal medicine residents.
5. Expose the podiatric resident to other surgical specialties.
6. Develop skills involved in reviewing medical literature and gathering information to be presented as a lecture/grand rounds.
7. Promote collegial interaction and awareness between podiatric and other surgical and medical residents.
8. Formulate and begin development of a research proposal and/or prepare a poster for presentation at the American College of Foot and Ankle Surgeons annual meeting.

OTHER RESPONSIBILITIES OF THE 2ND YEAR RESIDENT:

The second-year resident will:

- assist the DPME in planning yearly rotation schedules for all podiatric residents
- assist the DPME in reviewing progress and status of podiatric medical externs
- promote the residency program to podiatric medical students and podiatric medical schools
- create a monthly call schedule for podiatric residents and staff

PGY3 CURRICULUM

1. Essential or core clinical training resources for the third year of training shall include:
 - a. Podiatric surgery
 - b. Podiatric outpatient clinic/office
 - c. Surgery and surgery subspecialties
 - d. Elective surgical rotation – The purpose of the elective surgical rotation is to allow the chief resident to create a rotation of specific interest to them. The rotation must be completed at HCMC or an affiliated institution. A written proposal - including a schedule, resources of the rotation, and goals of the rotation - must be provided for approval by the Director of Podiatric Medical Education 2 months prior to the start of the elective rotation.
2. Apply surgical skills on non-podiatric surgical and subspecialty rotations.
3. Develop teaching and skills in the management of PGY-1 and PGY-2 residents.
4. Develop organizational skills required of the chief resident.
5. Design and participate in an elective rotation to enhance the surgical skills of the PGY-3 resident
6. Prepare and submit research project for publication and/or prepare a poster for presentation at the American College of Foot and Ankle Surgeons annual meeting.

7. Assist in reviewing surgical cases on a quarterly basis with the Director of Podiatric Medical Education for any complications for submission to the Quality Assurance Department

OTHER RESPONSIBILITIES OF THE CHIEF RESIDENT

The chief resident will:

- prepare a quarterly surgical log of all HCMC cases for infection and quality assurance review
- plan yearly rotation schedules (with the assistance of the PGY-2 and DPME) for all podiatric residents
- perform weekly review of HCMC scheduled cases and contact patients on the Monday prior to surgery as a reminder
- email a weekly schedule of clinic and surgery assignments for all residents on the podiatric rotations to HCMC staff and affiliated staff. Post the weekly schedule on Google calendar.
- plan cadaver workshops as time and specimens permit or at least quarterly
- plan and deliver lectures designed to promote patient education
- communicate with industry vendors to facilitate quarterly device workshops
- participate with the Resident Selection Committee in ranking prospective residents for the CASPR match
- present a Grand Rounds lecture in the final trimester of training to the Case Conference on a subject of their choosing

ROTATIONS

*Rotations run concurrently

PGY-1 ESSENTIAL CLINICAL TRAINING RESOURCE	Time Allotted
Podiatric Surgery*	12 weeks
Podiatric Medicine and Biomechanics*	12 weeks
Internal Medicine – Ward Medicine	4 weeks
Internal Medicine – Ambulatory Medicine	4 weeks
Medical Imaging	2 weeks
Pathology	4 weeks
Anesthesia	4 weeks
Emergency Medicine including Behavioral Medicine	2 weeks/2 weeks
General Surgery	4 weeks
Orthopedic Surgery	4 weeks
Dermatology	2 weeks
Research	2 weeks

Neurology	2 weeks
PGY-2 ESSENTIAL CLINICAL TRAINING RESOURCE	
Podiatric Surgery*	36 weeks
Podiatric Medicine and Biomechanics*	36 weeks
Orthopedic Surgery	4 weeks
Rheumatology	4 weeks
Burn/Plastic Surgery	4 weeks
Infectious Disease	4 weeks
PGY-3 ESSENTIAL CLINICAL TRAINING RESOURCE	
Podiatric Surgery*	42 weeks
Podiatric Medicine and Biomechanics*	42 weeks
Orthopedic Surgery	4 weeks
Elective Surgical Rotation	4 weeks
Research	2 weeks

PGY-1/2/3 ORTHOPEDIC SURGERY

The resident will:

- perform an appropriate history and physical examination
- develop a differential diagnosis
- formulate an appropriate treatment plan
- develop an understanding of the principles of orthopedic surgery
- demonstrate knowledge of the principles of fracture management
- demonstrate knowledge of fixation techniques and applications
- recognize signs and symptoms of postoperative complications including infection of soft tissue and bone
- function effectively as a member of the orthopedic service teams

The resident functions as a PGY-1 on all foot and ankle patients and as a fourth year medical student on all other patients working closely with the chief orthopedic resident. The level of responsibility is at the discretion of the orthopedic (ortho) chief resident and all orders must be countersigned for general ortho inpatients. In the outpatient clinic, the podiatric resident reports to the junior ortho resident or staff. The rotation includes daily inpatient rounds clinic three days per week and all cases managed by the assigned team.

CONFERENCES

Attendance is expected at the following conferences: Citywide Orthopedic Trauma Conference, Infectious Disease Conference, Total Joint Conference, and the Rockwood and Green Fracture Conference. This is a core rotation for PGY1,, PGY-2 and PGY-3 residents; each rotation is four weeks in duration.

PGY-1/2/3 VASCULAR SURGERY

The resident will:

- perform an appropriate history and physical examination
- develop an understanding of preoperative vascular diagnostic tests, noninvasive and invasive
- demonstrate knowledge of fundamental and basic vascular surgical principles and techniques
- assist and become familiar with various and common vascular procedures
- participate in pre- and postoperative care of surgical patients
- participate in outpatient clinics and wound clinics

The resident will actively participate in vascular clinic and in the wound clinics. The resident will participate in surgery, including preoperative, intraoperative and postoperative care. The resident will work directly under Vascular Surgery staff at HCMC, United Hospital and/or Abbott Northwestern Hospital. Additional resources for this rotation include the invasive and noninvasive vascular laboratories at HCMC and United Hospital. The resident may complete Vascular Surgery as an elective rotation.

SUGGESTED REFERENCES

1. Rutherford: Vascular Surgery (7th edition); 2010.
2. S. T. Canale: Campell's Operative Orthopedics (11th edition); 2007.
3. C. A. Rockwood, D. P. Green et al.: Fractures in Adults, Vols. 1 & 2 (7th edition); 2009.
4. Fractures in Children, Vol. 3 (7th edition); 2009.

PGY-1 DERMATOLOGY

The resident will:

- exemplify a professional attitude and appearance
- discern normal from abnormal findings
- establish a comprehensive problem list based on findings
- formulate a differential diagnosis for each established problem
- participate in discussion about cases and identified problems
- assist with dermatological procedures in clinic
- cooperate with staff and employees
- interact with patients in a respectful manner
- attend dermatology conferences and participate in lectures

The resident functions as an observer during the Dermatology rotation. This rotation consists of participation in the HCMC Dermatology Clinics. The resident will follow staff to see a maximum number of patients and discuss the findings and procedures performed. The resident will also participate in

dermatology conferences and lectures. The Dermatology rotation is an observership that will last 2 weeks.

SUGGESTED REFERENCES:

1. Wolff, K. Johnson, RA. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology (6th ed); 2005.
2. Bologna, J. Jorizzo, J. Dermatology; 2007.

PGY-1 EMERGENCY MEDICINE INCLUDING BEHAVIORAL MEDICINE

The resident will:

- perform an appropriate history and physical examination
- establish a differential diagnosis
- order appropriate emergency diagnostic tests
- interpret diagnostic tests to establish a definitive diagnosis
- understand the impact of behavioral disorders on the assessment and care of the emergency room patient
- understand the impact of substance abuse and its impact on the care of the emergency room patient
- institute an appropriate treatment plan
- monitor patient response and modify treatment plan when necessary
- function appropriately in the stabilization room
- demonstrate knowledge of the control of seizures
- demonstrate proficiency in common emergency room procedures
- demonstrate the ability to identify true medical emergencies and initiate proper action

The resident is assigned to various 9 to 12 hour shifts. History and physical examinations are performed on patients presenting on an urgent or emergent basis. The patient is presented to a senior resident or attending and, at their discretion, the resident proceeds with care of the patient. Attendance is expected at biweekly morning lectures and weekly conferences. One day during the rotation is sometimes available for participation at the animal lab in resuscitation exercises. This is a mandatory rotation lasting at least four weeks; two of those weeks are devoted to the Specials Section of the Emergency Department to further study Behavioral Medicine within this department and understand the impact of Behavioral Medicine in all other rotations.

SUGGESTED REFERENCES

1. Kravis, T. C., Warner C.G., Jacobs L.M.: Emergency Medicine (6th edition); 2003.
2. Tintinalli, Gabor, Kelen, Stapczynski: Emergency Medicine: A Comprehensive Study Guide (6th edition); 2003.
3. Simon, Emergency Orthopedics: The Extremities; 2006.

PGY-1 MEDICAL IMAGING/DIAGNOSTIC MODALITIES

The resident will:

- demonstrate the ability to integrate radiographic findings with clinical disease
- recognize common bone and soft tissue pathology radiographically
- demonstrate the ability to discern normal from abnormal chest films
- demonstrate an understanding of the indications and interpretations of musculoskeletal CT
- demonstrate an understanding of the indications and interpretations of musculoskeletal MRI
- demonstrate an understanding of the indications and interpretations of nuclear medicine studies
- demonstrate an understanding of the indications and interpretations of arthrography and tomography
- demonstrate an understanding of the indications and interpretations of noninvasive vascular imaging techniques
- demonstrate an understanding of the indications and interpretations of invasive imaging techniques
- observe ultrasound, tomographic, peripheral angiographic and fluoroscopic exams when possible

The resident will participate in daily radiology readout sessions from 7:30 to 10 a.m. (Plain films obtained on all hospital patients during the previous 24-hour period will be evaluated with senior radiology residents and staff.) The resident will complete rotations in CT, MRI, nuclear medicine and invasive imaging. The resident will also be responsible for completion of slide sets and video disks in the Medical Imaging Center. The Eltrax computer system will be available to review digitized radiographic pathology. The resident will attend daily radiology noon conferences. The Medical Imaging rotation is a required rotation and will be completed in two weeks.

The following areas of medical imaging should be emphasized with each resident:

1. Morning readout and Officer of the Day continuous reading

- a. The morning readout sessions should focus on routine chest films as well as lower extremity imaging studies, plain film diagnosis of fractures, dislocations and inflammatory processes
- b. Specific clinic days for high volume plain-film medical imaging are:

Tuesday: orthopedic foot and ankle clinic

Monday, Wednesday and Thursday: podiatry clinics.

2. CT schedules (ext. 72065)

Please check the daily CT schedule for studies of orthopedic or podiatric pathology. The resident should be available for interaction with faculty and staff at any given time.

3. MRI schedules (ext. 73674)

Please check the daily schedule for studies of orthopedic or podiatric pathology. The resident should be available for observation, interaction and review of cases with radiology faculty and residents.

4. Angiography (ext. 75783) and Ultrasound (ext. 72764)

Please check the daily schedule for studies of significant cases. The resident should be available for observation, interaction and review of cases with the radiology faculty and radiology residents.

1. Miscellaneous

- a. In addition to the books that are assigned to residents, *Foot and Ankle Imaging* by Tom Berquist is available in the Health Sciences Library.
- b. The resident should make him/herself available for the morning readout sessions and then pick among other imaging studies being done during the day. Independent study is expected throughout the rotation. A log of podiatric image study will be developed for review during this rotation.
- c. Medical Imaging/Podiatric Grand Rounds: each resident is required to present a 45-minute lecture on an imaging modality—its technology, its indications/applications, and examples—at the completion of this rotation.
- d. Other resources for study in Medical Imaging include CDI (Center for Diagnostic Imaging), podiatric clinics and ongoing exposure to imaging studies during all rotations.

SUGGESTED REFERENCES:

1. Novelline, Robert A.: Squire's Fundamentals of Radiology (6th edition); 2004.
2. Berquist: Imaging of the Ankle and Foot; 2010.
3. Berquist: Pocket Atlas of MRI Musculoskeletal Anatomy; 1995.
4. Manaster, Crim, Rosenberg: Diagnostic and Surgical Imaging Anatomy: Knee, Ankle, Foot; 2007.

PGY-1 PATHOLOGY

The resident will:

- learn to recognize normal tissue found in the foot and ankle
- demonstrate the ability to correlate clinical disease with the pathologic lesion through dissection of surgical pathology cases
- show proficiency in processing gross specimens and participate in the evaluation of histological and frozen specimens
- review the podiatric surgical pathology teaching set with the staff pathologist

Participation is expected in gross and microscopic examinations of surgical pathology. Medical, surgical, and podiatric pathology teaching sets will be studied and may be reviewed with the faculty and residents in surgical pathology. The resident will attend all Pathology Department conferences and will present a topic of interest at one of the conferences. The resident will use lower limb specimens for surgical dissection and suturing technique when they become available. The pathology rotation is a required rotation and will be completed in four weeks.

SUGGESTED REFERENCES

1. Klatt, Kumar: Robbins Pathologic Basis of Disease (8th edition); 2009.
2. Mills, et al: Sternberg' Diagnostic Surgical Pathology (5th edition); 2004.

PGY-1 PODIATRIC MEDICINE, ORTHOPEDICS AND BIOMECHANICS

The resident will:

- acquire skills to examine, to formulate differential diagnoses and to plan treatment for patients on an outpatient basis

- develop the ability to prescribe and evaluate the response to conservative treatment for potential surgical problems
- learn to perform minor outpatient procedures (nail procedures, ulcer debridement)
- develop the ability to evaluate podiatric surgical candidates preoperatively
- learn to assess and manage podiatric surgical patients postoperatively
- develop the ability to administer diagnostic and therapeutic injections for common foot and ankle pathology
- become familiar with appropriate indications for medical imaging studies (radiographs, nuclear scans, CT, MRI and ultrasound)
- learn to order and interpret pertinent laboratory diagnostic tests
- demonstrate the ability to properly perform an appropriate biomechanical examination
- become proficient in manual muscle testing
- demonstrate the ability to perform a thorough gait analysis
- be able to correlate biomechanical principles with clinical findings
- demonstrate an understanding of the indications for, and an ability to prescribe, various braces, prosthetics and orthotics

The resident will participate in various outpatient podiatric clinics at HCMC, Park Nicollet Medical Center, and the Aspen Medical Group. The resident will obtain a patient history, perform an appropriate physical exam, present the patient to the staff podiatrist, formulate a differential diagnosis and treatment plan, and administer treatment after interaction with the attending staff. This is a required rotation and consists of a one-month block for a total of three months coinciding with the podiatric surgery rotation.

SUGGESTED REFERENCES:

1. Mann, Coughlin: Surgery of the Foot and Ankle; Dec, 2006.
2. McGlamry: Comprehensive Textbook of Foot and Ankle Surgery (3rd ed); 2001.
3. Myerson: Foot and Ankle Disorders; January, 2000.
4. AO Principles of Fracture Management; March, 2007.
5. Olaff: Musculoskeletal Disorders of the Lower Extremity; 1994.
6. Scurren: Foot and Ankle Trauma (2nd edition); 1996.

PGY-1 PODIATRIC SURGERY

The resident will:

- develop the ability to properly evaluate, examine and select patients for podiatric surgery
- develop the ability to apply and to document biomechanical and radiographic findings of the podiatric surgical patient
- develop the ability to properly manage the surgical outpatient
- participate in the management of the surgical inpatient
- develop an understanding of components of common surgical procedures and intraoperative variations
- become a proficient surgical assistant
- develop intraoperative skills including performing local anesthetic blocks, planning patient preparation/positioning, planning incision placement, retracting, suturing, etc.

The resident will participate in weekly preoperative planning sessions, evaluating medical records and radiographs of patients who will undergo elective podiatric surgery in the forthcoming week. Planning sessions will occur on Monday at HCMC. The resident will perform a podiatric history and physical examination preoperatively on all podiatric surgery patients. Perioperative responsibilities include learning/performing local anesthetic blocks, patient positioning and equipment verification. The resident will serve as first assistant on all assigned cases. This is a required rotation consisting of a one-month block on service for a total of three months coinciding with the podiatric medicine and biomechanics rotation. Residents will scrub in the operating rooms at HCMC, Methodist Hospital, Park Nicollet Medical Center, United Hospital, and Abbott Hospital.

SUGGESTED REFERENCES:

1. Mann, Coughlin: Surgery of the Foot and Ankle 8th Edition; 2007.
2. McGlamry: Comprehensive Textbook of Foot and Ankle Surgery (3rd ed); 2001.
3. Myerson: Foot and Ankle Disorders; January, 2000.
4. AO Principles of Fracture Management; March, 2007.
5. Olaff: Musculoskeletal Disorders of the Lower Extremity; 1994.
6. Scurran: Foot and Ankle Trauma (2nd edition); 1996.

PGY-1 INTERNAL MEDICINE WARD MEDICINE

The resident will:

- elicit a complete history and perform a physical examination
- discern normal from abnormal physical findings
- participate in the development of a comprehensive problem list based on physical findings
- participate in formulating a differential diagnosis for each established problem
- order appropriate laboratory and medical imaging studies to confirm a diagnosis
- monitor patient response and suggest modifications in the treatment plan when necessary
- order consultations with appropriate medical specialists in a timely manner
- understand the impact of behavioral disorders e.g. depression, anxiety, and addictions on the hospitalized patient
- understand and participate effectively as a member of the emergency code team
- function as an active member of the medicine team

The resident functions as an additional intern on the assigned medical team. The resident is responsible for his/her own inpatients including pertinent history and physical examinations, writing orders, daily follow ups, and in-house call with the team every fourth night. The resident will participate in daily resident and attending rounds, daily conferences and G-1 morning report. The ward medicine rotation is a required rotation to be completed in four weeks.

SUGGESTED REFERENCES:

1. Eward, Gregory: The Washington Manual of Medical Therapeutics (33rd edition); 2010.
2. Harrison: Principles of Internal Medicine (17th edition); 2008.
3. Chan, Paul D.: Textbook of Primary Care Medicine; 2002.

4. The National Medical Series for Independent study: Medicine (6th edition); 2007.
5. WebMD Scientific American Medicine (internet based textbook).

PGY-1 INTERNAL MEDICINE AMBULATORY MEDICINE

The resident will:

- elicit a complete history and perform a physical examination
- discern normal from abnormal findings
- establish a comprehensive problem list based on findings
- formulate a differential diagnosis for each established problem
- order appropriate lab and radiographic studies based on the differential diagnosis
- implement an appropriate treatment plan
- monitor patient response and modify the treatment plan when necessary.
- order consultations with appropriate medical specialists
- identify and initiate appropriate action in emergent medical conditions
- attend medicine conferences

The resident functions as a first-year intern during the Ambulatory Medicine rotation. This rotation consists of participation in the Medicine Eval (MedEval or Walk-in Medicine) Clinics. The resident evaluates the patient, and then presents the case to the attending physician. Together, a proper diagnosis and treatment are developed. The Ambulatory Medicine rotation is a required rotation to be completed in four weeks

SUGGESTED REFERENCES

1. Barker, L. Randol: Principles of Ambulatory Medicine (7th edition); 2006.
2. Ewald, Gregory: The Washington Manual of Medical Therapeutics (33rd edition); 2010.
3. Rakel, Robert: Textbook of Family Medicine (7th edition); 2007.

PGY-1 NEUROLOGY

The resident will:

- Demonstrate the ability to perform a history and physical examination appropriate for neurological pathology
- Demonstrate the ability to perform a problem-focused neurological examination
- Observe EDX (electro diagnostic) studies of the lower extremities
- Write EDX reports including the reason for testing, electro diagnostic findings and clinical correlation
- Draw a chart of all routinely tested lower extremity nerves and key muscles
- Demonstrate understanding of the clinical presentation of key neuromuscular disorders that are relevant to the practice of podiatry and outline their EDX pattern
- Develop an understanding of clinical laboratory studies and neurological testing methods used to diagnose neurological conditions
- Gain an understanding of the pharmacologic agents utilized in the management of neurological disease

The resident will actively participate in daily neurological clinics and in the neurology-testing lab (EMG, NCV) and on the in-patient neurology service as directed by the service. This is a mandatory rotation completed in one two week block.

SUGGESTED REFERENCES

Preston & Shapiro: Electromyography and Neuromuscular Disorders; 2005.

PGY-1 GENERAL SURGERY

The resident will:

- perform an appropriate history and physical examination
- develop the ability to prioritize injuries in the trauma/polytrauma patient
- apply general medical principles to the perioperative management of the surgery patient
- order and interpret appropriate lab and radiographic studies
- develop an appreciation for the management of the general surgical patient
- develop appreciation for the management of the traumatized and/or compromised patient
- become an effective general surgical assistant

The resident will be assigned to function as a member of a General Surgery team. Participation in outpatient clinics, surgical cases, rounds, call and required lectures will be expected. General Surgery is a required rotation to be completed in four weeks.

SUGGESTED REFERENCES:

2. Schwartz, Seymour: Principles of Surgery (9th edition); 2009.
3. Doherty, Gerard: Current Surgical Diagnosis and Treatment Surgery (13th edition); 2009.
4. Washington Manual of Surgery (5th edition); 2007.
5. Zollinger: Atlas of Surgical Operations (8th edition); 2002.

PGY-2 ANESTHESIOLOGY

The resident will:

- demonstrate knowledge of the indications of the different types of anesthesia
- perform preanesthetic assessment
- demonstrate proficiency in airway management
- provide basic monitoring in the management of regional anesthesia
- develop an appreciation of general anesthesia
- become familiar with the appropriate dosage of drugs used in anesthesia
- demonstrate knowledge of anaphylactic/anaphylactoid reactions
- develop the ability to identify anesthetic complications intraoperatively and postoperatively
- learn basic safety check of anesthesia administration and monitoring equipment

The resident will develop skills in basic anesthesia setup including: safety check of gas machine and monitoring equipment: setting up and starting IVs; and airway management—utilizing nasal and oral airways and the basic concepts of intubation. Monitoring and charting are also emphasized. The resident

will be assigned to work directly with a certified registered nurse anesthetist (CRNA) under the supervision of a medical doctor of anesthesiology (MDA). Attendance is expected at the weekly Tuesday anesthesia lecture. This is a mandatory rotation consisting of four weeks (6:30 a.m.-4:30 p.m.).

SUGGESTED REFERENCES

1. Barash: Handbook of Clinical Anesthesia (4th edition); 2000.
2. V. J. Collins: Principles of Anesthesiology; 1992.
3. R. D. Miller: Basics of Anesthesia; 2006.
4. The Washington Manual of Surgery; 2007.

PGY-2 BURN/PLASTIC SURGERY

The resident will:

- perform an appropriate history and physical examination
- develop and appropriate treatment plan
- demonstrate knowledge of the principles of plastic surgery (dissection, tissue handling, suturing and wound repair)
- demonstrate an understanding of the design and applications for flaps (random, axial, advancement, rotational, etc.)
- demonstrate knowledge of the principles and management of skin grafts
- assist on plastic surgical procedures
- perform minor surgical procedures
- develop an understanding of patient fluid management, particularly in the Burn Unit

The resident will assist in plastic surgical cases and perform procedures in minor surgery. Daily clinics include plastic surgery outpatient clinic and ambulatory burn clinic. The resident will attend all plastic surgery lectures and participate in daily hospital and burn unit rounds. Plastic surgery is a required rotation and consists of one four-week block.

SUGGESTED REFERENCES

- D. N. Herndon: Total Burn Care (3rd edition); 2007.

PGY-2 INFECTIOUS DISEASE

The resident will:

- Demonstrate knowledge of the local signs of wound infection
- Demonstrate knowledge of the systemic manifestations of infection
- Perform a comprehensive medical history and physical examination relevant to the infectious disease process
- Formulate an appropriate differential diagnosis
- Order and interpret diagnostic studies including laboratory studies, microbiology and histology labs and medical imaging studies to confirm the diagnosis and monitor response to treatment
- Formulate an appropriate protocol for medical imaging studies

- Formulate and implement an appropriate plan of management.

The infectious disease training resource is a consultative service within HCMC that includes direct participation of the resident. Training shall include exposure to and participation in medical evaluation and management of the infectious disease patient. The resident works directly with attending staff - reviewing the medical records, taking an appropriate history, and examining patients - on whom the team has been consulted. The team performs daily inpatient rounds including visits to the radiology reading room and microbiology lab. The attending staff presents a pertinent topic two times a week. The team sponsors a weekly Orthopedic Infectious Disease Conference at which cases are presented to the Orthopedic Department. The team also attends the weekly Citywide Orthopedic Trauma conference, Total Joint conference, and Pulmonary ID conference. Residents are assigned a topic to research and present. At times, the musculoskeletal sepsis team helps out the general ID service with HIV patient admissions. This is a mandatory rotation that is completed in four weeks. Other resources for this rotation include the monthly Residency Case Conference during which such cases may be presented, as well as ongoing exposure to such cases during podiatric medical and surgical rotations.

SUGGESTED REFERENCES:

1. Warren Joseph: Handbook of Lower Extremity Infections (2nd edition); 2002.
2. Reese and Betts: A Practical Approach to Infectious Disease (5th edition); 2002.

PGY-2 PODIATRIC MEDICINE, ORTHOPEDICS AND BIOMECHANICS

The resident will:

- develop skills to examine, to formulate differential diagnoses and to plan treatment for patients on an outpatient basis
- develop competency in prescribing and evaluating conservative treatment for potential surgical problems
- develop competency in the performance of minor outpatient procedures (nail procedures, ulcer debridement, etc.)
- develop competency in the evaluation of podiatric surgical candidates preoperatively
- develop competency in the assessment and management of podiatric surgical patients postoperatively
- develop competency in the administration of diagnostic and therapeutic injections for common foot and ankle pathology
- develop competency in ordering appropriate medical imaging studies (radiographs, nuclear scans, CT and MRI scans) for common outpatient problems
- develop competency in performing an appropriate biomechanical examination
- develop competency in prescribing braces, prosthetics, and orthotics

The resident will participate in various outpatient podiatric clinics at HCMC, Park Nicollet Medical Center, and the Aspen Medical Group. The resident will obtain a patient history, perform an appropriate physical exam, present the patient to the staff podiatrist, formulate a differential diagnosis and treatment plan and administer treatment after interaction with the attending staff. Second-year residents will assist students and first-year residents in the assessment and treatment of outpatient

clinic patients. This is a required rotation and consists of a one-month block of time for a total of six to eight months, coinciding with the podiatric surgical rotation.

PGY-2 PODIATRIC SURGERY

The resident will:

- develop competence in the proper evaluation and selection of patients for podiatric surgery
- develop the ability to prescribe and evaluate the response to conservative treatment for potential surgical problems
- develop competence in the proper management of the podiatric surgical outpatient
- develop skills in the management of the podiatric surgical inpatient
- develop competency in performing minor forefoot procedures (arthroplasties, excision of neuroma) by October 1
- develop competency in performing major forefoot procedures (metatarsal osteotomies, fusion, etc.) by January 1
- develop competency in performing minor midfoot and rearfoot procedures (resection Haglund's, plantar fasciotomy) by March 1
- develop competence in internal fixation techniques
- develop an understanding of the principles and techniques in major rearfoot and reconstructive procedures, including trauma cases

The resident will participate in weekly preoperative planning sessions, evaluating medical records and radiographs of patients who will undergo elective podiatric surgery in the forthcoming week. Planning sessions will occur on Monday at HCMC. The resident will perform a podiatric history and physical examination preoperatively on all elective surgical patients, facilitate preparation for surgery and perform local anesthetic nerve blocks. Resident involvement in surgery is at the discretion of the attending surgeon, but should be increased as skills develop and should progress from digital, minor forefoot, major forefoot and minor rearfoot procedures as proficiency dictates. Responsibilities include HCMC inpatient and ER consults per the PGY-3 resident and alternating call with the other residents. This is a required rotation and consists of a one-month block on service for a total of six to eight months coinciding with the outpatient clinic rotation. Residents will scrub in the operating rooms at HCMC, Methodist Hospital, Park Nicollet Medical Center, United Hospital, and Abbott Hospital.

REFERENCES

1. Mann, Coughlin: Surgery of the Foot and Ankle 8th Edition; 2007.
2. McGlamry: Comprehensive Textbook of Foot and Ankle Surgery (3rd ed); 2001.
3. Myerson: Foot and Ankle Disorders; January, 2000.
4. AO Principles of Fracture Management; March, 2007.
5. Olaff: Musculoskeletal Disorders of the Lower Extremity; 1994.
6. Scurran: Foot and Ankle Trauma (2nd edition); 1996.
7. Pfeffer: Foot and Ankle Surgery Operative Techniques; 2010
8. Myerson: Reconstructive Foot and Ankle Surgery: Management of Complications: Expert Consult. 2010

PGY-2 RHEUMATOLOGY

The resident will:

- demonstrate the ability to perform a thorough history and physical examination appropriate for rheumatologic pathology
- demonstrate the ability to perform a complete musculoskeletal joint examination
- demonstrate understanding of the extra-articular manifestations of rheumatologic disease
- develop an understanding of clinical laboratory studies and medical imaging studies used to diagnose rheumatologic conditions
- gain an understanding of the pharmacologic agents utilized in the management of rheumatologic disease
- demonstrate the ability to perform an arthrocentesis and interpret the findings

The resident will actively participate in daily rheumatology clinics (two new patient clinics, two return patient clinics and one remittive therapy clinic) each week. The resident works directly with rheumatology staff or fellows and participates in daily consultation rounds and teaching conferences. ER call schedule alternates with the PGY-2 medical resident. This is a mandatory rotation completed in one four-week block.

SUGGESTED REFERENCES

1. J. H. Klippel: Primer on the Rheumatic Diseases (13th edition); 2007.
2. Harris ED Jr. et al. Kelley's Textbook of Rheumatology (8th edition), 2008.
3. Hochberg M et al. Rheumatology, 2010.

PGY3 INTERVENTIONAL RADIOLOGY

The resident will:

- Be able to identify vascular anatomy of the lower extremity
- Be able to identify patients who would benefit from an interventional radiology consult
- Differentiate between the various procedures performed in interventional radiology, as they relate to the lower extremity
- Discuss indications for the procedures
- Recognize the benefits and risks of interventional radiology procedures
- Be able to identify alternatives to interventional radiology

The resident will participate in various interventional radiology procedures, as determined by the interventional radiology staff. The resident will review the medical history of the patient and correlate the medical history with the interventional radiology procedure(s) performed. After each lower extremity procedure the resident is expected to follow the patient (through Epic) to evaluate the outcome(s) of the procedure(s) performed. The third year resident may complete Interventional Radiology as an elective rotation.

Suggested References:

Karmin: Vascular and Interventional Radiology; (2nd ed); 2006.

PGY-3 MICRO SURGERY

The resident will:

- perform an appropriate history and physical examination
- develop an understanding of preoperative vascular diagnostic tests, noninvasive and invasive
- demonstrate the knowledge of fundamental and basic vascular surgical principles and techniques
- assist and become familiar with various and common vascular procedures
- participate in pre- and postoperative care of surgical patients
- participate in outpatient clinics and wound clinics

The resident will actively participate in vascular and wound clinics. The resident will participate in surgery including preoperative, intraoperative and postoperative care. The resident will work directly under Vascular Surgery staff at HCMC and/or Methodist Hospital. Additional resources for this rotation include the invasive and noninvasive laboratories at HCMC and United Hospital. The third year resident may complete Micro Surgery as an elective rotation.

Suggested References:

Rutherford: Vascular Surgery (7th edition); 2010.

PGY-3 PODIATRIC MEDICINE, ORTHOPEDICS AND BIOMECHANICS

The resident will:

- demonstrate proficiency in the assessment, diagnosis and treatment of patients on an outpatient basis
- demonstrate proficiency in prescribing and evaluating patient response to conservative treatment for potential surgical problems
- demonstrate proficiency in the performance of minor outpatient procedures (nail procedures, ulcer debridement)
- demonstrate proficiency in the evaluation of podiatric surgical candidates preoperatively
- demonstrate proficiency in the assessment and management of podiatric surgical patients postoperatively
- demonstrate proficiency in the administration of diagnostic and therapeutic injections for common foot and ankle pathology
- demonstrate proficiency in order appropriate medical imaging studies (radiographs, nuclear scans, CT and MRI) for common outpatient problems
- develop competency in performing an appropriate biomechanical examination
- develop competency in prescribing braces, prosthetics, and orthotics

The resident will participate in various outpatient podiatric clinics at HCMC. The resident will obtain a patient history, perform an appropriate physical examination, present the patient to the staff podiatrist, formulate a differential diagnosis and treatment plan and administer treatment after interaction with the attending staff. Third year residents will assist students and junior residents in the assessment and treatment of outpatient clinic patients. This is a required rotation and consists of a one-month block of time for a total of eight to ten months coinciding with the podiatric outpatient clinic rotation.

PGY-3 PODIATRIC SURGERY

The resident will:

- improve skills in the evaluation and selection of patients for podiatric surgery
- further develop the ability to manage the surgical outpatient
- properly manage the podiatric inpatient
- demonstrate proficiency in performing minor forefoot procedures
- demonstrate proficiency in performing major forefoot procedures
- demonstrate proficiency in performing minor midfoot and rearfoot procedures
- demonstrate proficiency in performing major midfoot and rearfoot procedures including trauma
- demonstrate proficiency in internal fixation and bone grafting

The chief resident will prepare and facilitate weekly preoperative planning sessions, evaluating medical records and radiographs of patients who are scheduled for surgery in the forthcoming week. Planning sessions will occur at HCMC on Monday. The resident will perform a podiatric history and physical examination on all elective surgery patients, facilitate preparation for surgery and perform local anesthetic nerve blocks. Resident involvement in surgery is at the discretion of the attending surgeon, but should be increased as skills develop and should progress from digital, minor forefoot, major forefoot and all rearfoot procedures as proficiency dictates. The PGY-3 resident functions in the role of chief with responsibilities that include in-house and ER consults, alternating call with the other residents, assignment of surgical cases, responding to student inquiries, and managing minor scheduling conflicts. This is a required rotation and consists of a one-month block on service for a total of eight to ten months coinciding with the outpatient clinic rotation. Residents will scrub in the operating rooms at HCMC, Methodist Hospital, Park Nicollet Medical Center, United Hospital, and Abbott Hospital.

REFERENCES

1. Mann, Coughlin: *Surgery of the Foot and Ankle* 8th Edition; 2007.
2. McGlamry: *Comprehensive Textbook of Foot and Ankle Surgery* (3rd ed); 2001.
3. Myerson: *Foot and Ankle Disorders*; January, 2000.
4. AO Principles of Fracture Management; March, 2007.
5. Olaff: *Musculoskeletal Disorders of the Lower Extremity*; 1994.
6. Scurran: *Foot and Ankle Trauma* (2nd edition); 1996.
7. 7.Pfeffer: *Foot and Ankle Surgery Operative Techniques*: 2010
8. Myerson: *Reconstructive Foot and Ankle Surgery: Management of Complications: Expert Consult*. 2010

PGY-1/2/3 RESEARCH ROTATION

The resident will:

- develop an understanding of the research methodology used in scientific research
- define an appropriate research topic or identify an interesting case

- design a format to best present evidence in support of the hypothesis
- prepare a grant proposal for project funding
- utilize available resources to gather material
- has written the Hypothesis portion of the study paper
- has written the Introduction portion of the study paper
- has written the Methods and Materials portion of the study paper
- has written the Discussion portion of the study paper
- has completed research and the Results portion of the study paper
- has prepared a poster and presented at the ACFAS Annual Scientific Meeting

Timeline:

PGY1 – Define research topic and search/read all appropriate background material. Submit research for IRB approval by the end of the PGY1 year.

PGY2 – Obtain IRB approval in the first quarter of the PGY2 training year. Further clarify and write Hypothesis, Introduction, Methods and Materials portion of paper. Begin writing Discussion portion of paper.

PGY3 – Compile all results and complete Results section of paper. Present poster at American Foot and Ankle Surgeons Annual Scientific Conference.

During the course of residency training, the resident is expected to engage in at least two written projects. The resident is required to submit two items during the course of residency training for presentation via poster to the American College of Foot and Ankle Surgeons Annual meeting. The first project will be a case study to be submitted by the end of the training year to the *Journal of Foot and Ankle Surgery* or the *American Podiatric Medical Association*. The second project will be a more in-depth research paper; the nature of this research is such that it will require more than one year to acquire and analyze data. The resources of the Arneson Library at Park Nicollet Medical Center and both the Health Sciences Library and the Orthopedic Learning Center at Hennepin County Medical Center are available to gather necessary material and carry out research.

OUT OF COUNTRY ROTATIONS

Out of country rotations are not allowed in the PMSR/RRA program. A medical mission trip is available to Guatemala for a period of one week during the third year of residency training under the direct supervision of the podiatric site chief, Dr. Steven Kiester. The medical mission trip is considered vacation time away from the program and any cases performed during that time are not logged onto the podiatric surgical logging system.

CONFERENCES AND RESEARCH

PATIENT EDUCATION POLICY

The chief resident shall prepare and deliver a patient education lecture for the HCMC Diabetes Center population or other identified patient population. Residents will participate in patient education programs whenever possible such as Legs for Life or the American Diabetes Association local meeting.

DIDACTICS

Participation in weekly didactic experiences is mandatory for all residents. Experiences will be provided for each resident, according to their level of training, consisting of Trauma conference, lectures, workshops, journal club, textbook review, industry workshops, etc. Each resident will participate in the lectures provided during rotations on all non-podiatric services. Chief residents are expected to prepare and present a Grand Rounds lecture for all podiatric staff on an annual basis. Residents will attend lectures at the annual Minnesota Podiatric Medical Association Meeting, (when not scheduled in the operating room). A yearly didactic schedule shall be prepared in May and distributed to all residents and staff members prior to the start of each year of training electronically.

EVALUATIONS

QUALITY ASSURANCE POLICY

The HCMC podiatric residency programs shall engage in methods to ensure quality patient care as espoused in the HCMC Quality Assurance mission statement. Quarterly reviews of all surgical procedures performed at HCMC will occur to report and to evaluate the incidence of any postoperative complications (including infection) and of hospital readmissions. Data will be forwarded to the Quality Assurance Department on a quarterly basis as well as to the General Surgery Complications Conference coordinator for review.

RESIDENT EVALUATIONS

Each resident will be evaluated following each core rotation. Evaluation forms are listed below. Paper or electronic evaluation forms via RMS will be provided to multiple members of their supervisory team. Examples include any faculty staff member, the chief resident, etc. An evaluation form is required for every rotation or the resident will be expected to repeat the rotation. While on the Podiatric Medicine and Surgery rotation, evaluations will be sent on a quarterly basis to any attending staff that the resident worked with.

5 = excellent 4 = *above average* 3 = *average* 2 = *below average* 1 = *poor*

The Resident:

1. Has fulfilled the time requirement of the rotation
2. Takes advantage of the learning opportunities available
3. Actively participated in the rotation
4. Practices with professionalism
5. Displays appropriate compassion for patients
6. Demonstrates effective communication skills
7. Completes medical records in a timely and accurate manner

8. Has met the objectives for the rotation as specified
9. Additional comments concerning the resident's performance:

PODIATRIC MEDICINE, ORTHOPEDICS AND BIOMECHANICS PGY-1 EVALUATION

Please use the following scale to evaluate the resident's performance:

5 = excellent 4 = *above average* 3 = *average* 2 = *below average* 1 = *poor*

The Resident:

1. Has acquired skills to assess the podiatric patient.
2. Has acquired skills to develop a differential diagnosis of the podiatric patient.
3. Can treat the podiatric patient in the outpatient setting.
4. Has demonstrated the ability to prescribe and evaluate the response to conservative treatment for potential surgical problems.
5. Has learned to perform minor outpatient procedures (temporary and permanent nail procedures, ulcer debridement).
6. Has demonstrated the ability to evaluate podiatric surgical candidates preoperatively.
7. Has learned to assess and manage podiatric surgical patients postoperatively.
8. Has developed the ability to administer diagnostic and therapeutic injections for common foot and ankle pathology.
9. Has become familiar with appropriate indications for medical imaging studies (radiographs, nuclear scans, CT and MRI).
10. Has learned to order and interpret pertinent clinical laboratory studies
11. Has demonstrated the ability to properly perform an appropriate biomechanical examination.
12. Has become proficient in manual muscle testing.
13. Has demonstrated the ability to perform a thorough gait analysis. Annual Review

RESIDENT PROGRAM EVALUATION

The HCMC Assistant Medical Director along with their appointed committee will conduct an annual assessment of the podiatric residency program. Residents will complete a confidential questionnaire regarding the program. Results will be collated and reviewed at a meeting with the residents. The committee will also meet separately with the program director to review the collated results to discuss strengths and weaknesses of the residency in an effort to improve the program. In addition, the podiatric staff and residents shall meet annually to review and update the goals and objectives for all rotations and shall review the upcoming rotation schedule. The Director of Podiatric Medical Education shall meet with all core rotation chiefs to review their rotation-specific goals and objectives.

Each resident is required to be familiar with the requirements for residency education as outlined in CPME documents 320 and 330. The documents are available on line at:

<http://www.apma.org/Members/Education/CPMEAccreditation/Residencies/320.aspx?FT=.pdf>

<http://www.apma.org/Members/Education/CPMEAccreditation/Residencies/330.aspx?FT=.pdf>

ORTHOPEDIC SURGERY EVALUATION

Please use the following scale to evaluate the resident's performance:

1 = *poor* 2 = *below average* 3 = *average* 4 = *above average* 5 = *excellent*

The Resident:

1. Can perform an appropriate history and physical exam.
2. Can develop a differential diagnosis.
3. Can formulate an appropriate treatment plan.
4. Has developed an understanding of the principles of orthopedic surgery.
5. Has demonstrated knowledge of the principles of fracture management.
6. Has demonstrated knowledge of fixation techniques and applications.
7. Can recognize signs and symptoms of postoperative infection of soft tissue and bone.
8. Comments as to the goals and objectives for this rotation and suggestions for improvement
9. Has functioned effectively as a member of the orthopedic service teams
10. Additional comments concerning the resident's performance.

VACATIONS

Vacation requests and requests for leave are made to the Office of Academic Affairs, then reviewed and approved by the Director of Podiatric Medical Education.

- Vacations while on podiatric service are discouraged. Coverage must be arranged for all HCMC clinics.
- Vacation shall be taken in 7-day blocks to include 5 week days and 2 weekend days. Partial week requests are not allowed.
- PGY1 residents will take 2 of these weeks of vacation during the year and be given a final 7-day block the last week of June.
- PGY3 residents may take no more than 5 single day requests for board review courses and/or job interviews as needed during the last trimester of the training year.
- All vacation requests must be submitted at least 4 weeks in advance. Other departments may have additional requirements with respect to timely submission of vacation requests.
- Vacation requests will be honored in the order of receipt, except in unusual circumstances.
- Two members of the same team may not take leave simultaneously.
- Vacation may not be scheduled during the first or last weeks of any rotation, except by special permission.
- A resident may be allowed an additional maximum of seven (7) calendar days off per year to attend academic conferences. Days may not be carried over to the next training year. Any additional time away from the program is considered vacation.

Fellowship, board review courses, and job interviews are personal activities, which are done on a resident's vacation time.