2019-2020

[PODIATRIC MEDICINE AND SURGERY RESIDENCY WITH RECONSTRUCTIVE REARFOOT/ANKLE SURGERY (PMSR/RRA)]

Contents – Updated 5/15/2019
HENNEPIN HEALTHCARE PODIATRIC RESIDENCY STAFF

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*Chiefs of each section are listed. Residents shall work with all members of the medical staff of HCMC.
OVERALL CURRICULUM

1. 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 ABFAS. The resident will also gain competencies necessary for board qualification by ABPM. The residency-training program will be completed in a period of 36 months. 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
- 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

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.

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.

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
2. Apply surgical skills on nonpodiatric 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

PROGRAM DESCRIPTION AND POLICIES

RECRUITMENT

*See also HCMC Resident / Fellow Eligibility Recruitment & Selection Policy

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 70 applicants. Of those interviewed, 10-15 are selected by the HCMC resident selection committee (Program Director, assistant PD, 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.

BENEFITS

**Employee Occupational Health and Wellness:** Employee occupational health and wellness will provide medical evaluation to all paid resident staff to promote timely and optimal care at the time of work related injury and to prevent the nosocomial spread of disease. EHW will include pre-placement screening, immunization and exposure/injury assessment.

**Health Insurance:** The Medica Choice Passport insurance offers 3 tiers of benefits. Please refer to the resident manual for specific details.

**Dental Insurance:** Health Partners Exceed Dental plan offers 2 tiers of benefits. Please refer to the resident manual for specific details.

**Life Insurance:** MMCGME life insurance basic coverage is $50,000 with an opportunity to purchase additional life insurance in increments of $10,000 up to a maximum of $150,000 at group rates.

**Group Short Term Disability:** Automatic income pre-placement program available to employees who become disabled for a short period of time, up to 90 days.

**Group Long Term Disability:** Automatic income replacement program available to employees who become disabled for a long period of time.

**457 Deferred Compensation Plan:** The opportunity to supplement your retirement by participating in a 457 Deferred Compensation plan. The MNDCPL 457 plan is taken pre-tax from the bi-weekly paycheck in lieu of the 6.2% social security deduction. The maximum contribution is $15,500 annually. A resident may elect to contribute 3.75% of his/her base pay to the MDCP and HCMC will make a dollar-for-dollar matching contribution up to $2000 per calendar year. Alternatively, the resident may participate in the employee Social security program (FICA) at the statutory rate.

**Meals:** The hospital provides food service for residents who are required to be physically present at HCMC at times when they would otherwise be responsible for providing their own meals. Each resident will have an annual declining meal balance based on the number of assigned on call and no call rotations as determined by the Graduate Medical Education Department.
**Liability Insurance (Malpractice):** All residents are covered for malpractice claims through the Hennepin County Employee Indemnification Plan, Plan #85-6-325. For more information on the plan, please contact the Office of the Hennepin County Attorney, Civil Division, A-2000 Government Center in Minneapolis. 612/348-5230.

**Parking:** Free parking is available 24 hours a day to HCMC and U of MN residents in the parking ramp located at 8th Street and Chicago Avenue. You must have a Gate Access Control Card.

### HOURS AND SUPERVISION

Average hours per week over one month = 62.
Average number of 17+ hour days per week = none when on podiatric services.
Mechanism to address sleep deprivation = not applicable.
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.

### DOCUMENTATION

Surgical procedures are logged daily by each resident on CPME form 641 via Podiatry Residency Resource, a computerized surgical logging program. An on-going summary of procedures for all residents is kept and verified by the DPME monthly. Residents are also required complete the duty hour survey sent out by the GME office for each rotation. Finally, quarterly lists of all HCMC surgical cases are printed and reviewed for complications and submitted for Quality Assurance at Case Conference by the Chief resident.

### RESIDENT PROGRESSIVE DISCIPLINE, APPEALS AND DISMISSAL POLICY

<table>
<thead>
<tr>
<th><strong>HCMC - GME Policy</strong></th>
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<tbody>
<tr>
<td><strong>Title:</strong> Resident/Fellow Progressive Discipline, Appeals &amp; Dismissal Policy #</td>
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<tr>
<td><strong>Policy Champion:</strong> Office of Medical Education and GMEC</td>
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<tr>
<td><strong>Policy Sponsor:</strong> Meghan Walsh M.D.</td>
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<tr>
<td><strong>Stakeholder:</strong> OMD, GMEC, HR, Residents/Fellows</td>
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<tr>
<td><strong>Final Approval Body:</strong> GMEC</td>
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<td><strong>Original Approval Date:</strong> Unknown</td>
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<td><strong>Reviewed/Revised:</strong> 6/6/11; 7/12/2013; 11/26/2013 4/14/2017 8/29/2017</td>
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**Purpose**

To ensure the well-being of patients by establishing and maintaining policies and requirements for the progressive discipline, appeals and dismissal of Residents/Fellows that meet HCMC and Accreditation Council of Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), and Commission on Dental Accreditation (CODA) requirements, and promotes the concepts of continual academic improvement and performance, and progressive discipline.
Policy

Resident/Fellow progressive discipline and dismissal is the responsibility of the Program Director (PD). When a Resident/Fellow’s academic or non-academic performance is determined to not meet standards, he/she will follow the procedures described in this policy that include, but are not limited to, coaching, warnings, performance improvement, probation, suspension, contract termination, and dismissal.

Definitions

1. Probation
   A formal status in which a Resident or Fellow fails to meet Academic or Non-academic required standards

2. Academic extension
   An extension of the Resident’s or Fellow’s contract

3. Contract termination
   A Resident’s or Fellow’s contract is terminated

4. Suspension
   A formal status in which a Resident or Fellow is temporarily separated from the Residency/Fellowship program and prohibited from any Resident and Fellow-related activity

5. Summary suspension
   An immediate suspension, based on the severity of the conduct and pursuant to due process described in the procedures below

6. Dismissal
   A permanent separation from the Residency/Fellowship Program

7. Academic deficiencies
   Academic performance that is below satisfactory and grounds for correction. Examples include but are not limited to:
   - Failed rotation
   - “Needs Improvement” in a core rotation
   - Marginal or unsatisfactory performance as evidenced by faculty and rotation evaluations that demonstrates:
     - An insufficient fund of medical knowledge
     - An inability to use medical knowledge effectively in patient care
     - Unsatisfactory clinical diagnosis or judgement
     - Poor interpretation of data
     - Lack of appropriate technical skills
     - Lack of professionalism of collegiality
   - Any behavior or performance that compromises patient safety
   - Any other deficiency that bears on the Resident’s or Fellow’s academic performance

8. Non-academic deficiencies or misconduct
   Examples include but are not limited to:
   - Violation of rules of professional responsibility, dishonest, risks to patient care, violation of institutional standards or law.
• Conduct that violates professional and ethical standards or which disrupts the operation of Hennepin County Medical Center or any other facility at which Hennepin County Medical Center gives medical care
• Refusal to comply with the policies, bylaws, rules or regulations of Hennepin County Medical Center, and all of its programs
• Any action which poses a risk to the patient care or orderly administration of the program
• Disregard for the rights and welfare of patients, faculty or other employees of the hospital or clinic
• Performance that presents a serious compromise to acceptable standards of care or that jeopardizes patient care
• Commission of an offense under federal, state or local laws or ordinances which affect the abilities of the Resident or Fellow to appropriately perform his/her normal duties in the program. In addition to any remedial & disciplinary action, any incident that suggests legal transgression (“breaking the law”) will be reported to the appropriate law enforcement authorities
• Physical abuse or harassment, or the threat of physical abuse or harassment, to any person on the Institution’s premises
• Sexual abuse or harassment, or the threat of sexual abuse or harassment, to any person on the Institution’s premises
• Knowingly furnishing false information to the Institution
• Forgery, alteration or misuse of the Institution’s documents, records or instruments of identification
• Abuse of chemical substances
• Failure to report to work as scheduled without justification acceptable to the Program Director
• Dysfunctional patterns of communication or behavior, identified by faculty, nursing staff, peers or patients. Dysfunctional communication may include disrespectful or insensitive comments, profanity, inappropriate use of the computer or ineffective management of conflict or anger

Procedures

A. Resident or Fellow Progressive Discipline and/or Dismissal

This section describes the different types of progressive discipline, and the steps and processes for its implementation

1. Documentation
   a. Any activities related to progressive discipline described in these procedures shall be documented in writing

2. Coaching/Warnings- Level 1- Individual Learning Plan (ILP)- optional
   a. Residents or Fellows who are experiencing initial academic or non-academic challenges in progressing through their program and/or meeting program requirements may receive written coaching direction and/or written warnings as a means to help them get back on track with their program. Examples are described in Definition sections 7 & 8
   b. The Program Director (PD) will meet with the Resident or Fellow to addresses the issues and, the PD may choose to develop an Individual Learning Plan (ILP) with the Resident or Fellow
      i. The ILP identifies the type of action, reasons, plan, timing of plan, expected outcome and evaluation/results
      ii. The ILP is entered in the Resident or Fellow file permanently
c. The successful completion of the ILP will result in the Resident or Fellow remaining in good standing
d. Failure to successfully complete the ILP will result in the action described in the ILP
e. The Designated Institutional Officer (DIO) is available for participation as requested by the Resident/Fellow and/or PD

3. Performance Improvement- Level 2- ILP Required
   a. Residents or Fellows who are experiencing ongoing or more acute academic or non-academic challenges in progressing through their program and/or meeting program requirements may receive more focused planning and intervention as a means to help them get back on track with their program. Examples are described in Definition sections 7 & 8
   b. The PD will meet with the Resident or Fellow to address the issues and the PD and Resident or Fellow shall develop an Individual Learning Plan (ILP)
      i. The ILP identifies the type of action, reasons, plan, timing of plan, expected outcome and evaluation/results
      ii. The ILP is entered in the Resident or Fellow file permanently
c. The successful completion of the ILP will result in the Resident or Fellow remaining in good standing
d. Failure to complete the ILP will result in action described in the ILP, which may include, but is not limited to, probation, lack of promotion to the next PGY Level or termination of contract/dismissal
e. The Designated Institutional Officer (DIO) shall be available for participation as requested by the Resident/Fellow and/or PD

4. Probation- ILP required
   a. A Resident or Fellow will be placed on Probation when he/she has not successfully completed the ILP identified in Levels 1 & 2 above, or if the deficiency is deemed to be too significant to be addressed in Level 1 & 2 in meeting the academic or non-academic behavioral standards. Examples are described in Definition sections 7 & 8
   b. The PD shall meet with the Resident or Fellow to address the issues, and the PD and Resident or Fellow will develop an Individual Learning Plan (ILP)
      i. The ILP will identify the type of action, reasons, plan, timing of plan, expected outcome and evaluation/results
      ii. The ILP will be permanently entered in the Resident or Fellow file
   c. While a Resident or Fellow is on probation, the following conditions apply:
      i. Salary and benefits remain in place and the Resident or Fellow receives credit for his/her training time
      ii. He/she will not be allowed to moonlight, either internally or externally
      iii. Participation in electives is at the discretion of the PD
      iv. Vacation or Leaves of Absence shall be at the discretion of the PD
   d. The successful completion of the ILP will result in the Resident or Fellow remaining in good standing
e. Failure to complete the ILP will result in the action described in the ILP, which may include, but is not limited to, lack of promotion to the next PGY Level or termination of contract/dismissal
   f. A Resident or Fellow placed on Probation is entitled to a hearing as described in Section B below
g. The Designated Institutional Office (DIO) shall be available for participation as requested by the Resident/Fellow and/or PD

5. Suspension/Summary Suspension
   a. A Resident or Fellow shall be placed on Suspension when he/she has not successfully completed the ILP identified during probation, if the deficiency is deemed to be too severe for probation, or failure to comply with the terms of the Resident/Fellow’s contract
   b. A Summary Suspension may be imposed upon a Resident/Fellow if they determine that the Resident/Fellow’s continued participation in the program is detrimental to patient safety or the delivery of quality patient care
c. The PF will meet with the Resident or Fellow to address the issues, and the PD will develop an ILP with the Resident or Fellow

d. A Resident or Fellow placed on Suspension is entitled to a hearing as described in Section B below

B. Appeal and Hearings Process

1. Rights to a hearing
   The following actions shall entitle the Resident/Fellow to a hearing upon timely and proper request
   a. Placement on Probationary Status, which may include one of more of the following impacts
      i. Lack of promotion to the next PGY Level
      ii. Suspension of over 30 days from Residency/Fellowship
      iii. Contract termination/dismissal from Residency/Fellowship program
      iv. Other actions that could significantly threaten a Resident/Fellow’s intended career development

2. Hearing Notification Process
   a. Prior to the imposition of any action which entitles a Resident/Fellow to a hearing, the Resident/Fellow shall be given written notice which:
      i. States the specific grounds upon which the action is based
      ii. Advises the Resident/Fellow of the opportunity to meet with the Residency/Fellowship Director, Department Head or his/her designee
      iii. Advises the Resident/Fellow of his/her right to request a hearing
      iv. Informs the Resident/Fellow he/she has 14 days, after the receipt of notification, to request a hearing
      v. Informs the Resident/Fellow that a written request for a hearing is to be directed to the Designated Institutional Officer (DIO)
      vi. States that failure to request a hearing constitutes a waiver of all rights to appeal

3. Hearing Process
   a. Following the receipt of a request for a hearing, the DIO shall convene a hearing proposal panel consisting of three physicians
   b. The hearing shall be informal as opposed to an evidentiary hearing. At the hearing, the Resident/Fellow shall have the right to an advisor, who may be another Resident/Fellow, faculty member, an attorney or any other advisor of the Resident/Fellow’s choice
   c. The Resident/Fellow and Program Director shall have the right to present information, including written or oral statements from individuals whose attendance he/she is able to arrange if pertinent to the issues at hand. Personal attendance of fact witnesses is preferred so that the questions may be asked, and shall carry more weight than written statements
   d. The panel shall have the right to adopt, reject or modify the previous decision and shall make recommendations to the DIO. The DIO shall make a final decision and notify the Resident/Fellow and Program Director of his/her decision in writing
   e. The DIO’s decision shall be final. No further appeal process is available

VACATION POLICY

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.

OUT OF COUNTRY ROTATIONS

Out of country rotations are not allowed in the PMSR/RRA program. A medical mission trip may be available for a period of one week during the third year of residency training under the direct supervision of podiatric site staff. 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.

LEAVE DUE TO MAJOR ILLNESS

A major illness is defined as a continuous absence from service for more than seven (7) calendar days. For a continuous absence due to personal illness or disability while under the care of a physician, full pay will be provided for an additional 21 calendar days beyond the normal 7 days of sick leave. Written confirmation by the resident’s physician of the need for absence from the program may be requested by the program director and is mandatory after 14 days of absence. It is the responsibility of the resident and the Program Director to ensure that residency and board eligibility requirements are met within the original residency period or that alternative arrangements are made. Additional information can be found in the Resident Manual including a description of the Personal Leave and the Family Medical Leave Policy, including childbirth or adoption.

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.
PATIENT EDUCATION POLICY

Residents will participate in patient education programs whenever possible such as Special Olympics, 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.

HCMC MOONLIGHTING

Residents must not be scheduled for more than 80 hours per week for all patient care and educational activities averaged over a 4-week period. This does not include hours of call at home when the resident does not come in.

DUTY HOUR SURVEY POLICY

Residents will receive and email from Katie Dolan in the Graduate Medical Education (GME) office, via Survey Monkey, on the Wednesday before the last day of your rotation. This needs to be completed within 3 business days of the last day of your rotation.

INAPPROPRIATE PERSONAL CONDUCT, HARASSMENT AND DISCRIMINATION POLICY

HCMC is committed to maintaining a work and treatment environment that is free from prohibited harassment and discrimination, including sexual harassment and other prohibited harassment. Definitions of harassment and sexual harassment, as well as the procedures for focused review and investigation are included in the Medical Staff Bylaws, Article 7, 7.1-7.2-3. These procedures shall be initiated by a report to the Office of the Medical Director.

IMPAIRED PHYSICIAN POLICY

Hospital and medical education leadership shall address issues of resident disability and/or impairment in a manner that enhances patient safety, provides for fair assessment of resident impairment, and, where possible, supports the rehabilitation of the resident. The specific process of reporting, evaluation, and rehabilitation of any suspected impaired physician is found in the HCMC Resident Manual found on the hcmc.org website.

RESIDENT EVALUATIONS – SEE ALSO HCMC RESIDENT / FELLOW EVALUATION AND PROMOTION POLICY

Internal Assessments: Each resident will be evaluated following each core rotation. Evaluation forms are listed below. Paper or electronic evaluation forms via RMS will be emailed 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.

**Mentoring:** Residents shall be assigned a mentor to provide support throughout their three years of training. The mentor is designed to provide a more personal role in the development of a resident. Your mentor may provide assistance with any academic, personal, financial issues, etc.

**Milestones:** Critical milestones for each year of residency training have been defined. The resident will be asked to perform a self-assessment of their sense of achieving the milestones twice a year (December and May) in order to ensure fulfillment of the milestones. The program staff and program director will also assess milestone achievement by each resident.

**Year End Assessment:** At the end of each training year each resident will meet with the Program Director and their mentor to review their evaluations, milestones, and ABPS In-Training examination results in preparation for advancement or graduation from the program.

**External Assessment:** The resident is expected to take the ABFAS In-Training examination in the fall of each year of training. In addition, the PGY3 resident typically takes the Part I ABPS examination in the spring of his or her final year of residency training.

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**ANNUAL REVIEW**

Residents will complete a confidential questionnaire regarding the program under the guidance of the Graduate Medical Education office. Results will be collated and reviewed at a meeting with the residents by non-podiatric medical staff. 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 (typically in April) to review and update the goals and objectives for all rotations and shall review the upcoming rotation schedule. The Program Director shall meet with all core rotation chiefs to review their rotation-specific goals and objectives. Results of all of the above are compiled into the Annual Report along with other indicators of the success of the program such as publications, posters, employment, etc.

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**DRUG TESTING**

HCMC prohibits the use, possession transfer and sale of alcohol and/or illegal drugs while working, while on all premises owned and operated by HCMC. HCMC also prohibits reporting for work and working anywhere on behalf of HCMC under the influence of alcohol and/or illegal drugs. Testing will be requested or required only under the following circumstances in accordance with state law: if there is reasonable suspicion that the employee is under the influence of alcohol and/or illegal drugs; has violated the policy statement above; has sustained a personal injury arising out of and in the course of employment; has caused a patient or another employee to sustain a personal injury arising out of an in the course of employment; has caused a work related accident, or has operated or helped operate machinery, equipment of vehicles involved in a work related accident.

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**RESIDENT ASSISTANCE PROGRAM (RAP)**

The resident assistance program is free and designed for any resident and/or their family members, faculty, attending physicians, department heads and supervisors who need help dealing with resident-related concerns. Examples of questions the program can address include: My debts have become overwhelming. How can I get a
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 online at:

https://www.cpme.org/files/CPME%20320%20final%20June%202015.pdf

For additional rules and regulations, such as the emergency loan, resident assistance program, stipends and payroll, worker’s compensation, delinquent/incomplete medical records, pagers, resident telephone protocol, treating and prescribing to hospital employees, personal and social internet communications, military leave, post call fatigue and cab voucher policy, please refer to the HCMC Resident Manual that is updated annually and posted on the HCMC.org website.
## COMPREHENSIVE AND PLEsCHEDULE

<table>
<thead>
<tr>
<th>PGY-1 ESSENTIAL CLINICAL TRAINING RESOURCE</th>
<th>Time Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Podiatric Surgery*</td>
<td>24 weeks</td>
</tr>
<tr>
<td>Podiatric Medicine and Biomechanics*</td>
<td>24 weeks</td>
</tr>
<tr>
<td>Internal Medicine – Ward Medicine</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>2 weeks</td>
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<tr>
<td>Pathology</td>
<td>2 weeks</td>
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<tr>
<td>Anesthesia</td>
<td>2 weeks</td>
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<tr>
<td>Emergency Medicine</td>
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<tr>
<td>Behavioral Medicine</td>
<td>2 weeks</td>
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<tr>
<td>General Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Dermatology</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Research*</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Neurology</td>
<td>2 weeks</td>
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</tbody>
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<table>
<thead>
<tr>
<th>PGY-2 ESSENTIAL CLINICAL TRAINING RESOURCE</th>
<th>Time Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Podiatric Surgery*</td>
<td>36 weeks</td>
</tr>
<tr>
<td>Podiatric Medicine and Biomechanics*</td>
<td>36 weeks</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Burn/Plastic Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Research</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PGY-3 ESSENTIAL CLINICAL TRAINING RESOURCE</th>
<th>Time Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Podiatric Surgery*</td>
<td>40 weeks</td>
</tr>
<tr>
<td>Podiatric Medicine and Biomechanics*</td>
<td>40 weeks</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Research</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

*Rotations run concurrently
HCMC PODIATRIC MEDICINE AND SURGERY RESIDENCY ROTATION EVALUATION

Resident ________________________________________________
Rotation ________________________________________________
Dates of Rotation __________________________________________
Evaluator ________________________________________________

Please return to Mindy Benton, DPM, General Surgery, mail code P5
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:

Has fulfilled the time requirement of the rotation _______
Takes advantage of the learning opportunities available _______
Actively participated in the rotation _______
Practices with professionalism _______
Displays appropriate compassion for patients _______
Demonstrates effective communication skills _______
Completes medical records in a timely and accurate manner _______
Has met the objectives for the rotation as specified _______

Additional comments concerning the resident’s performance:

Evaluator’s signature: ____________________________ Date: __________
Resident’s signature: ____________________________ Date: __________
Director’s signature: ____________________________ Date: __________

Mindy L. Benton, DPM
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. 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 PGY-1, PGY-2 and PGY-3 residents; each rotation is four weeks in duration.

Suggested References:
ORTHOPEDIC SURGERY 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: __________________________________________

Can perform an appropriate history and physical exam. __________
Can develop a differential diagnosis. __________
Can formulate an appropriate treatment plan. __________
Has developed an understanding of the principles of orthopedic surgery. __________
Has demonstrated knowledge of the principles of fracture management. __________
Has demonstrated knowledge of fixation techniques and applications. __________
Can recognize signs and symptoms of postoperative infection of soft tissue and bone. __________
Has functioned effectively as a member of the orthopedic service teams __________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ________________________________ Date: ______________
Resident’s signature: ________________________________ Date: ______________
Director’s signature: ________________________________ Date: ______________

Mindy L. Benton DPM
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. Additional resources for the first year student will be spending Wednesday afternoons in clinic with the North Star Orthotics certified pedorthotist. This is a required rotation and consists of a one-month block for a total of three and a half months coinciding with the podiatric surgery rotation.

Suggested References:

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: __________________________________________________________

- Has acquired skills to assess the podiatric patient. ________________
- Has acquired skills to develop a differential diagnosis of the podiatric patient. ________________
- Can treat the podiatric patient in the outpatient setting. ________________
- Has demonstrated the ability to prescribe and evaluate the response to conservative treatment for potential surgical problems. ________________
- Has learned to perform minor outpatient procedures (temporary and permanent nail procedures, ulcer debridement). ________________
- Has demonstrated the ability to evaluate podiatric surgical candidates preoperatively. ________________
  Has learned to assess and manage podiatric surgical patients postoperatively. ________________
- Has developed the ability to administer diagnostic and therapeutic injections for common foot and ankle pathology. ________________
- Has become familiar with appropriate indications for medical imaging studies (radiographs, nuclear scans, CT and MRI). ________________
  Has learned to order and interpret pertinent clinical laboratory studies. ________________
- Has demonstrated the ability to properly perform an appropriate biomechanical examination. ________________
  Has become proficient in manual muscle testing. ________________
- Has demonstrated the ability to perform a thorough gait analysis. ________________
- Is able to correlate biomechanical principles with clinical findings. ________________
- Has demonstrated an understanding of the indications for and prescription of various braces, prosthetics and orthoses. ________________

Evaluator’s signature: ___________________________ Date: ________________
Resident’s signature: ___________________________ Date: ________________
Director’s signature: ___________________________ Date: ________________

Mindy L. Benton, DPM
PGY-1 CORE ROTATION CURRICULUM GOALS AND OBJECTIVES
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:
PODIATRIC SURGERY 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: __________________________________________

Has developed the ability to properly examine patients for podiatric surgery. __________

Has developed the ability to apply and to document biomechanical and radiographic findings of the podiatric surgical patient. __________

Has developed the ability to select patients for podiatric surgery. __________

Has developed the ability to properly manage the surgical outpatient. __________

Has participated in management of the podiatric surgical inpatient. __________

Has learned to anticipate components of common surgical procedures intraoperatively. __________

Has become a proficient surgical assistant. __________

Has developed intraoperative skills (local anesthetic blocks, patient Preparation, incision planning, retracting, suturing). __________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ___________________________ Date: __________

Resident’s signature: ___________________________ Date: __________

Director’s signature: ___________________________ Date: __________

Mindy L. Benton DPM
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.
RESEARCH 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:

Can define an appropriate research topic (PGY1). __________________________
Can state a hypothesis (PGY1/2). __________________________
Can design a format to best present evidence in support of the hypothesis. __________________________
Can prepare a grant proposal for project funding. __________________________
Can utilize available resources to gather material. __________________________
Has written the Hypothesis 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 all research and has written the Results portion of the study paper __________________________
Has prepared and presented a poster at the ACFAS Annual Scientific Meeting __________________________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: __________________________ Date: _____________
Resident’s signature: __________________________ Date: _____________
Director’s signature: __________________________ Date: _____________

Mindy L. Benton DPM
PGY-1 CORE ROTATION CURRICULUM GOALS AND OBJECTIVES - 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:

1. F. W. Drislane: Blueprints Neurology; 2013
NEUROLOGY 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: ________________________________

Can elicit a thorough history and physical appropriate for neurological pathology. _________
Can perform a problem-focused neurological exam. ________
Understands the clinical presentation of common neurological and neuromuscular disorders and their EDX findings. _________
Developed an understanding of clinical laboratory studies and neurological testing methods used to diagnose neurological conditions. _________
Can implement an appropriate treatment plan. _________
Can monitor patient response and modify treatment plan when necessary. _________
Has an adequate understanding of pharmacologic agents utilized in the treatment of neurological diseases. _________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Resident signature: ________________________________ Date: ____________
Staff signature: ________________________________ Date: ____________
DPME signature: ________________________________ Date: ____________

Mindy Benton DPM
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 two 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 pediatric medical and surgical rotations.

Suggested References:
1. Schlossberg, David:  *Clinical Infectious Disease* (2nd edition); 2015
2. Torok, Estee: *Oxford Handbook of Infectious Diseases and Microbiology* (2nd edition); 2016
2. Bennett, John: *Mandell, Douglass, and Bennett's Principles and Practice of Infectious Diseases* (8th edition); 2014
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: __________________________________________

Is knowledgeable of the local signs of wound infection.  ____________
Is knowledgeable of the systemic manifestations of postoperative infection.  ____________
Can elicit a comprehensive history and physical examination relevant to the infectious disease process.  ____________
Can formulate an acceptable protocol for medical imaging studies.  ____________
Can formulate an appropriate differential diagnosis.  ____________
Can 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  ____________
Can formulate an appropriate protocol for medical imaging studies  ____________
Can formulate and implement an appropriate treatment plan.  ____________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: __________________________________________ Date: ____________
Resident’s signature: __________________________________________ Date: ____________
Director’s signature: __________________________________________ Date: ____________

Mindy L. Benton DPM
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:
5. UpToDate: available on-site at HCMC.
INTERNAL MEDICINE WARD 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: ______________________________

Can elicit a complete history and perform a physical examination. ____________

Can discern normal from abnormal physical findings. ____________

Has participated in development of a comprehensive problem list based on findings. ____________

Has participated in formulating a differential diagnosis for each established problem. ____________

Can order appropriate lab and medical imaging studies to confirm a diagnosis. ____________

Has participated in the implementation of an appropriate treatment plan. ____________

Can monitor patient response and suggest modifications in the treatment plan when necessary. ____________

Can order consultations with appropriate medical specialists in a timely manner. ____________

Understands the impact of behavioral disorders on the hospitalized patient. ____________

Can understand the role and function of the emergency code team. ____________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ___________________________ Date: ____________

Resident’s signature: ___________________________ Date: ____________

Director’s signature: ___________________________ Date: ____________

Mindy L. Benton DPM
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, 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:

INTERNAL MEDICINE AMBULATORY MEDICINE 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: ________________________________________________

Can elicit a complete history and perform a physical examination.  

Can discern normal from abnormal physical findings.  

Has established a comprehensive problem list based on physical findings.  

Can formulate a differential diagnosis for each established problem.  

Can order appropriate lab and radiographic studies based on differential diagnoses.  

Can implement an appropriate treatment plan.  

Can monitor patient response and modify treatment plan when necessary.  

Can order consultations with appropriate specialists.  

Has attended medicine conferences.  

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: _______________________________ Date: ______________

Resident’s signature: _______________________________ Date: ______________

Director’s signature: _______________________________ Date: ______________

Mindy L. Benton DPM
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:

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: __________________________________________________________

Demonstrates knowledge of the indications for the different options of anesthesia. 

Performs a proper preanesthetic assessment with an emphasis on ambulatory patients.

Demonstrates proficiency in airway management.

Demonstrates ability to provide basic monitoring in the management of regional anesthesia.

Develops an appreciation of general anesthesia.

Is familiar with the appropriate dosages of drugs used in anesthesia.

Demonstrates knowledge of anaphylactic/anaphylactoid reactions.

Demonstrates knowledge of the control of seizures secondary to drug reactions.

Controls postoperative anesthetic complications and pain in ambulatory patients.

Learns basic safety check of anesthesia administration/monitoring equipment.

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ___________________________ Date: ____________

Resident’s signature: ___________________________ Date: ____________

Director’s signature: ___________________________ Date: ____________

Mindy L. Benton DPM
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. See tips below references on following pages for orientation.

Suggested References:
2. Doherty, Gerard: Current Surgical Diagnosis and Treatment Surgery (14th edition); 2015.

HOW TO SURVIVE BEING A SURGERY INTERN!

Teams
- Red: Stahler, Richardson, and Hill. General, trauma, transplant and hepatobiliary. Q4 call
- Blue: Krook. General, trauma, bariatric, robotic and endocrine. Q4 call
- Purple: Zera and Deisler. General and surgical oncology. Acton, Hess, Saltzman, and Segura are the pediatric attendings who come over from the U. Q 4 call
- Gold: Morken (colorectal) and Hu (vascular) – non call rotation.
- Burn: Fey, Gayken, Schmitz, and Endorf are the attendings (same attendings as green).
- Urology: Sweetser, Schwartz, Pagliara and Feia
- Most attendings, except the on-call trauma surgeon, are off-site after hours and cover multiple hospitals. When paging them, page to a 10-digit number and never page to an extension starting with 5 (difficult to call when off campus). This applies to fellows and attendings from most specialty medical and surgical services.

Team structure
Each team consists of the attending surgeons, a chief resident (G5-6), a junior resident (G2), two interns, and a nurse practitioner or physician assistant. The chief runs the service and sets the plan for each patient every morning. The junior resident does consults and admissions, prerounds in the ICU and on transplant recipients, and runs the service when the chief is off. The APPs will assist with daily tasks and notes, ensure continuity for long-term patients, manage certain administrative tasks, and sometimes run their own clinics. Each team is also covered by a clinical care coordinator who covers several teams and helps coordinate discharges, family conferences, and other tasks. The burn service consists of the attending surgeons, a senior resident (G3), an intern, and two physician assistants. The urology service has attendings, one senior resident (G3), one intern, a nurse first-assistant, and physician assistants.
Intern responsibilities

- Pre-round on all floor and stepdown patients that are not transplant recipients (G2s preround on ICU patients and transplant recipients).
  - Split the list with any co-interns.
  - Get overnight events (nursing notes, cross cover notes), PT/OT recs, consultant recs, vital signs, I&Os (24 hr drain outputs are very important), lab and radiology results if available, and problem-focused exam.
  - Develop a preliminary plan of the day for patients.
  - Pre-rounding requirements may vary based on the day. For example, examining each patient is sometimes not required on post-call days as someone may come back later to do a tertiary exam or the patient may have just been admitted. This is dependent on the chief resident’s preference.
  - Rounding time is decided daily. Ask your chief or junior resident the night before if unsure.
- Implement the plan decided on rounds with the chief. This includes calling consults, discharging, transferring, coordinating with other teams and hospital staff, and writing orders.
  - Write down all plans and orders/tasks that need to be completed, organization is key
- Write progress notes on all the patients that are not in the ICU or transplant recipients.
- Every patient’s nurse should be updated every day. This may happen on rounds, but if not, you must go back and find the RN to discuss any concerns he or she may have and make sure you communicate your plan with them
- Provide updates on the day’s events during rounds with the attending.
- Answer pages regarding patients on the floor or stepdown units. If you do not know how to respond, it is always appropriate to see the patient and develop a preliminary plan before asking an upper level resident for help, unless the acuity of a call prevents it.
  - This also includes cases on which the team has signed off but the primary team has additional questions.
  - The team pass pagers must be covered from 0700-1700 on the weekdays and 0700-1200 on the weekend. You must also keep your personal pagers on during those times. If you are off, you must forward your pages or leave your pager with another resident.
- Ensure that the patient’s active orders are appropriate (e.g., discontinue cardiac monitoring, frequent neuro checks, etc., when no longer needed.)
- Manage medication lists.
- Ensure appropriate morning labs/imaging are ordered on floor and stepdown patients.
- Sign out to the cross cover intern at the end of the day. It is generally inappropriate to sign out before 1500 on the weekdays or 1200 on the weekends.
- Cover minor surgery cases.
- Perform trauma tertiary surveys.
- See patients in clinic and present their cases to the attending, write clinic notes based on the plan developed.
- Complete post-op checks on your surgical patients. Generally, this will be 3-6 hours post-op.

Call

On the trauma services the teams are on call every 4th night. The Chief and G2 stay for 24 hours and one intern will work a 24-hour shift every 8th night. The second intern will work normal day shifts on the call and post-call days. ACGME allows 4 hours to complete duties after the call shift. Make it a priority to get out on time!

- The call intern will round with the team on the post-call morning, a division of tasks will be done as a team (or APP with G1’s) and then the call intern can break away from the team to complete their assigned tasks and leave after.
- If you are getting close to going over on hours but have not completed you assigned tasks, get help from the APP or day G1 so you can get out on time and nothing falls through the cracks.

Call intern takes cross cover – gets sign-out from all the other teams and covers the floors (not ICU)

Duties:
• Keep patients alive
  o Have a low threshold for calling for help on bariatric or colorectal patients if tachycardic, febrile, etc. – signs of anastomotic leak, or they are vomiting more than 1-2 times. Call the G2 if the RN calls you with an issue with a transplant recipient; do not place orders on the transplant recipients without talking to your G2.
• Pain issues.
• Post-op checks
• Work-up/treat fever, tachycardia, low UOP, etc – Again, if you don’t know what to do, call for help!
• Nurses often do not understand surgery team structure and will page the wrong person. Help them find the correct person to contact instead of saying “it’s not me”.
• Go to the stab room when pager goes off and displays “33136-1” or “33136-2” (you do not need to call this number back, just go to the stab room). The pager may also display information about incoming patients. These are FYI and should not be responded to.
• Write trauma H&P note
  o the G2 will be performing the primary and secondary assessment and will alert you to abnormalities in the exam for you to document
  o Help out by asking EMS/nursing/patient/police, etc info about history, meds, etc
  o With few exceptions, this note should be done by the time the patient leaves the CT scanner.
• Write admit orders for the floor trauma patients (ICU resident usually does the people admitted to ICU)
• Accompany patient to CT and stabilize C-spine otherwise help move the patient onto the gantry
• If going to SICU or monitored bed, someone must accompany patient the entire way (okay to leave patients in the stab room if going to STN or ortho).
• Even if you have never placed a Foley in your life, you are on Urology call when the urology resident is off.
• Urology tips
  • There is a urology guidebook available in the surgery lounge.
  • After hours and on weekends, you do consults and admits.
  • Sign out new patients to urology G1 in am.
  • Often you need to irrigate Foleys and/or place catheters
    o The OR room 11 has a vast array of Foleys/supplies and the Uro cart is just inside the main OR door (lift up the plastic above the lock and you will see the code)
    o If an RN can’t place a catheter; they may call you. Grab a Coudet (several sizes larger than the Foley they were using (try 16-18 french). These are larger and stiffer and go past the prostate much more easily. The curved end points to the head!
    o Squirt Urojet (from Uro cart) into the urethral meatus (on men!). Squeeze it closed and hold for 1 minute. Yes, that is right, hold the penis in your hand for 1 whole minute. You will feel like a dork, but once the Foley is in, everyone will applaud your skill.
  • Overall
    o If you don’t know or are unsure, ask your G2 or chief.
    o If you think a patient is doing poorly, get help from your G2 or chief.
    o If you are in over your head, get help from your G2 or chief.
    o If you cannot find your G2 and chief, look at the OR board in the resident lounge. They are probably still in the OR and if you need help immediately, go into the OR and talk to them.

OR
• You are always welcome to scrub into any case even if you come late but don’t be late if it’s your primary case!
• Typically interns will cover cases in minors (surgery clinic)
• Other cases will be assigned to you most likely by G2 or chief

Clinic
• Every service has 1-2 clinic days.
• Write notes for every patient you see. New patients get a full H&P while follow ups only need a SOAP note
• You are expected to attend clinic unless you are the primary surgeon on a case

Conference
• Tuesday conference starts at 7 a.m.
• Thursday noon conference varies weekly (trauma, SICU, vascular or journal club)
• Attendance is expected of categorical surgery interns even if on an off-service rotation

Days off
• Everyone gets 1 day off weekly
• At least 1 intern needs to show up each day, meaning that both of you shouldn’t take the same day and will have to coordinate with your co-intern to get your time off – though this will have to be discussed with the chief
• It is important to be pro-active about your days off – don’t let us forget to give you or your co-intern a day off. Let people know if you are short a day.
• Some weeks are difficult to get everyone a day off and must be made up by taking 2 days the next week.
• Your day off may not be the day you want and you may get short notice (i.e. sometimes you may find out Wednesday that Thursday is your day off).
• On non-call rotations (Burn and Gold Surgery), your days off will usually be on the weekend and you can usually work it out with your team whether you want to take a whole weekend (then you’d have to work 12 days straight with 2 days off on either end) or one day a week off.

Trauma Tertiary Survey (aka: “tert”):
• Done on all trauma patients 12-36 h after admit.
• Patient must be A&O. If intubated, do an initial tert but after they’re extubated, you will have repeat it as well.
• Final CT reads must be back to clear C/T/L spines (see HCMC policy on spine clearance)
• Have a low index of suspicion to order films if patient has pain or bruising/swelling of a joint. The exam that the radiology department thinks is the best general-purpose exam will be marked with an asterisk on the orders interface in Epic. Use this unless there is a specific reason to choose something else.
• Physical Exam: Don’t be lazy, always get out the otoscope (conveniently hidden for your post-call pleasure) and look in ears, wiggle teeth, push on midface, do a CN exam, look at every inch of their skin, examine all their joints. This is TRAUMA exam. Be thorough, but there is no need to check PMI or for Tinel’s sign for goodness sake.

Pain control
• Patients who can take PO can get 1-2 Percocet or oxycodone q4 with IV Dilaudid or morphine (can be q2h-q4h dosing) for breakthrough
  o Vicodin is fine too, but it has 500 mg Tylenol in each pill, so patients can get too much acetaminophen!
• If not able to take PO, consider a CADD (PCA)
  o Patients should have Narcan and pulse ox ordered with CADD (in “in general adult patient-controlled analgesia” order set)
  o Don’t give patients continuous doses on CADDs when initiating them unless they are on narcotics at home and have a tolerance
  o If you use the order set, you can also order a clinician-activated bolus (doses the RN can give above a CADD if the patient is in excruciating pain)
    ▪ RNs can’t give other narcotics when a patient is on a CADD so the clinician bolus is important
• Pharmacy is of great help in dosing pain meds and transitioning patients to PO but remember that you have the right to disagree with their recs and it is ALWAYS possible to over-narc a patient even with careful calculation so don’t get wild with dose increases if you’re not sure.
• Patients who are having substantially increased pain should be evaluated to ensure that a painful complication is not developing and being hidden by increasing doses of narcotics.
• Everyone should have Tylenol PRN (unless liver dz, or liver trauma with abnl LFTs) for pain, fever, etc
• Ibuprofen is acceptable (as long as it’s not contraindicated), but use Tylenol first – no ulcers/clotting issues

Other Meds

Itching
• Benadryl PO/IV
• May also try hydroxyzine (PO or IM only) if Benadryl not working
• Remember, these medications have anticholinergic side effects!

Sleep
• Treat uncontrolled pain first.
• Benadryl is a good starter sleeper.
• Trazodone is also a good choice.
• Antipsychotics can also be used, typically quetiapine.
• Ambien is fine as well, but remember it can give a lot of people crazy psych side effects and most of us won’t be happy to see it on the MAR in the morning if the above options were not tried first.
• Generally, avoid benzodiazepines and barbiturates for sleep.

Bowel meds
• Senna, docusate, mag al, miralax (all standard on admission – you should be ordering these)
  o Remember, in general, if you put a pt on pain meds then they need a bowel regimen.
  o Do not use for new ileostomy patients or patients with bowel obstructions.
• Dulcolax suppository is a great first step for those who super-constipated.
• If no results, go for the big guns: Pink Lady/fleet enemas as needed.
• Nothing per rectum without talking to chief if they’ve had a bowel surgery.

DVT prophylaxis
• Everyone should be ambulating if possible
• If they have legs without fractures, they need to wear SCDs in bed – order them!
• Heparin for those with poor renal fxn: 5000 q12
• Enoxaparin 40 daily for general surgery pts or 30 BID if they are a trauma patient.
• Always verify with senior before starting DVT prophylaxis. If the patient has a head bleed or large fxs, ortho and neurosurg may not want DVT prophylaxis.

Fever
• Use 38.5 as the cutoff for a clinically significant fever. Lower grade fevers are common and physiological in post-op and trauma patients and have limited clinical significance.
• It is very common for burn patients to develop fevers early in the course of major burns or within the first 24 hours of a major burn excision/grafting. These are not generally clinically significant in the absence of other signs of infection.
• Evaluate the patient with attention paid to their general appearance, lungs, abdomen, wounds (surgical or traumatic), and extremities.
• A routine lab/rads workup for fever includes CBC, blood cultures, urine analysis, and CXR. However, this must be tailored to the patient’s situation and may be too much or too little depending on the context.
• Broad-spectrum antibiotics are generally not an appropriate response to a single fever unless the patient appears septic. One must consider transfer to a higher level of care for these patients. At least talk to an upper level resident when faced with this situation.

Low urine output
• The patient should be evaluated with attention paid to the general appearance and apparent fluid status.
• The most common cause of low urine output on a surgical floor is hypovolemia. It is so common as to justify a fluid challenge for just about anyone who does not appear to be in pulmonary edema or heart failure (ensure the foley is not kinked first!).
• Another common cause is acute urinary retention, which should be readily identifiable with a bladder scan and treated with a catheter.
• Other causes to consider include acute renal failure, sepsis, obstructed urinary catheter, and abdominal catastrophe.

Hypertension
• In the acute setting, hypertension up to SBP of 180 is generally acceptable and most likely due to pain and adrenergic stimulation. Lower thresholds are necessary in patients with bleeding, particularly with intracranial hemorrhage.
• Before treating, quickly rule out hypertensive emergency (uncommon), which would necessitate transfer to the ICU or at least to a stepdown bed.
• See that the patient’s home hypertension medications are ordered, if not contraindicated.
• The hypertension order panel, including labetolol and hydralazine should be ordered first.

Agitation
• Don’t give patients benzos except for CIWA protocol for intoxicated or heavy drinking patients.
• Agitated patients get antipsychotics, restraints, 1:1 or nothing no matter how much the RN pleads
  ○ Remember though that antipsychotics can prolong the QT interval!
• Brain injury patients should not get haloperidol.
• For new-onset altered mental status, remember that sundowning is a diagnosis of exclusion. Make sure you do at least a basic work-up of these patients.

Patients leaving AMA
• These can be ethically challenging scenarios. How you should respond hinges on your assessment of the patient’s capacity to make medical decisions. Capacity, unlike competence, is assessed by a physician or advanced practice provider.
• A reasonable framework for assessing capacity: if the patient has a set of values that remain consistent over time, an ability to compare their values with their situation and a set of choices and reason which choice best matches their values, an ability to incorporate new information (e.g., explanations of risks and benefits) into this reasoning, an ability to predict likely outcomes of their choices, and an ability to express each of these points in an understandable way; then the patient likely has capacity to make decisions. Otherwise, the patient likely lacks capacity at that time.
• A patient who has capacity should not be prevented from refusing hospitalization, procedures, or medications.
  ○ Generally try to coordinate discharge for the patient as much as they allow.
• A patient who lacks capacity may require restrictive measures or placement of a hold for their safety.

Cross cover med/diet issues
• On cross cover, try not to advance diets/start new meds (other than basic pain, bowel, htn) unless told by the primary team or the patient is obviously okay to have a diet (post-op uncomplicated chole).
• This caution is for two reasons:
- You occasionally get called on patients who staff is advancing slowly on purpose – you likely weren’t in the surgery and there may be something you don’t know.
- Does anyone really need a meal tray at 3 a.m.? Just let the primary team start the diet in the AM.
- Don’t take it upon yourself to start treating a patient’s hypertension with Lisinopril or their diabetes with Metformin. Just get them through the night with PRNs and make a suggestion to the primary team in the morning.

**Labs**

- Residents do not need to draw labs but if you want it done now, you may need to.
- All stat orders are drawn by the unit – notify the nurse if you want something stat.
- Timed/routine labs on patients without central lines are drawn by lab.

**Door codes**

**Supply rooms**
- Burn Unit: 2410
- STN: 4251
- Ortho: 5431
- Medicine/CaRE: 5134
- Peds: 2541

- ED: carts: 5123; storage room: 5123
- Galleys: 1523
- Surgery clinic: 1458
- G1 call rooms: 5432 (near RTU-2 next to the STN charge nurse’s office)
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: ________________________________

Can perform an appropriate history and physical examination

Has developed the ability to prioritize injuries in the trauma/polytrauma patient

Can apply general medical principles to the perioperative management of the surgery patient

Can order and interpret appropriate lab and radiographic studies

Has acquired knowledge of fundamental and basic General Surgery principles and techniques.

Has developed an appreciation for the management of the general surgical patient.

Has developed an appreciation for the management of the traumatized patient.

Has become an effective general surgical assistant.

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ____________________________ Date: _______________

Resident’s signature: ____________________________ Date: _______________

Director’s signature: ____________________________ Date: _______________

Mindy L. Benton DPM
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 mental illnesses on the assessment and care of the APS 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

Emergency Medicine and Behavioral Medicine are combined rotations. HHS is a Level 1 Trauma Center and serves many facets of the medical community in the downtown metropolitan area. Half of the shifts are devoted to the Acute Psychiatric Services (APS) Section within the Emergency Department to further study Behavioral Medicine: to understand the impact, diagnosis and treatment of substance abuse, mental illnesses, and chronic pain patients. 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 which are spent in APS.

Suggested references:

1. [www.wikem.org](http://www.wikem.org) - online review of all things Emergency Medicine (also has an app that can be useful while you are working!)
2. [https://www.med-ed.virginia.edu/courses/rad/](https://www.med-ed.virginia.edu/courses/rad/) - online resource for radiology (helpful when you are often looking at images yourself/in the trauma read room)
EMERGENCY AND BEHAVIORAL MEDICINE 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: _______________________________________________

Can perform an appropriate history and physical examination. ________________________________

Can establish a differential diagnosis. ________________________________

Can order appropriate emergency diagnostic tests. ________________________________

Has established a differential diagnosis relative to common medical emergencies. ________________________________

Can order appropriate emergency diagnostic techniques. ________________________________

Can interpret diagnostic tests in developing problem-oriented differential diagnosis. ________________________________

Understands the impact of mental illnesses on the assessment and care of the APS patient. ________________________________

Understands the impact of substance abuse on the assessment and care of the APS/emergency room patient. ________________________________

Can institute an appropriate treatment plan. ________________________________

Can function appropriately in stab room situations. ________________________________

Has shown proficiency in completing common emergency room procedures. ________________________________

Can monitor patient response and modify the treatment plan when necessary. ________________________________

Can identify and initiate appropriate action in emergency medical conditions. ________________________________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ________________________________ Date: __________________

Resident’s signature: ________________________________ Date: __________________

Director’s signature: ________________________________ Date: __________________

Mindy L. Benton DPM
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:
5. Christman Foot and ankle Radiology (2nd edition); 2014
MEDICAL IMAGING 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: _________________________________________

Can integrate radiographic findings with clinical disease. ____________

Can recognize common bone and soft tissue pathology radiographically. ____________

Has demonstrated the ability to discern normal from abnormal chest films. ____________

Has demonstrated understanding of the indications and interpretations of CT imaging. ____________

Has demonstrated understanding of the indications and interpretations of MRI. ____________

Has demonstrated understanding of the indications and interpretations of nuclear medicine studies. ____________

Has demonstrated understanding of the indications and interpretations of arthrography and tomography. ____________

Has demonstrated understanding of the indications and interpretations of noninvasive vascular imaging techniques. ____________

Has demonstrated understanding of the indications and interpretations of invasive imaging techniques. ____________

Has observed ultrasound, tomographic and fluoroscopic exams. ____________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: __________________________________ Date: ____________

Resident’s signature: __________________________________ Date: ____________

Director’s signature: __________________________________ Date: ____________

Mindy L. Benton DPM
PGY-1 CORE ROTATION CURRICULUM - 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 at Abbott Northwestern. The resident will participate in surgery, including preoperative, intraoperative and postoperative care. Additional resources for this rotation include the invasive and noninvasive vascular laboratories at HCMC and United Hospital. Vascular surgery is a required rotation and consists of one two-week block. An additional month will be spent in Vascular Surgery in the third year.

Suggested References:
Valentine: Anatomic Exposures in Vascular Surgery; 2003
Diabeticfootinfo.com
VAScular SURGery 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: ________________________________________________

Has developed an understanding of preoperative vascular diagnostic tests, noninvasive and invasive. _____________

Has acquired knowledge of fundamental and basic vascular surgical principles and techniques. _____________

Has assisted and become familiar with various and common vascular procedures. _____________

Has participated in pre- and postoperative care of surgical patients. _____________

Has participated in outpatient clinic. _____________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: __________________________ Date: _____________

Resident’s signature: __________________________ Date: _____________

Director’s signature: __________________________ Date: _____________

Mindy L. Benton DPM
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 Available in the Department:
PATHOLOGY 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: _______________________________________________________

Can successfully recognize normal tissue found in the foot and ankle. ______________________

Has demonstrated the ability to correlate clinical disease with the pathologic lesion. ________________

Has shown proficiency in processing gross specimens. _________________

Can understand and assist in the preparation of frozen sections. _________________

Has participated in the evaluation of histologic and frozen specimens. _________________

Can evaluate gross specimens submitted from lower extremity orthopedic surgery. ________________

Has demonstrated the ability to recognize musculoskeletal pathology histologically. ________________

Has attended appropriate conferences. _________________

Has reviewed the podiatric surgical pathology slide teaching set. _________________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: __________________________ Date: ________________

Resident’s signature: __________________________ Date: ________________

Director’s signature: __________________________ Date: ________________

Mindy L. Benton DPM
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:
DERMATOLOGY 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: ____________________________________________________________

Displays a professional attitude towards patient and clinic staff

Participates in discussion about clinic cases and patient presentations.

Can formulate a differential diagnosis for each dermatologic problem.

Provides effective assistance with dermatological procedures in clinic.

Communicates well with patients.

Has attended dermatology conferences and participated in lectures.

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ___________________________ Date: ________________

Resident’s signature: ___________________________ Date: ________________

Director’s signature: ___________________________ Date: ________________

Mindy L. Benton DPM
PGY-2 CORE ROTATION CURRICULUM - 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:
7. Pfeffer: Foot and Ankle Surgery Operative Techniques; 2010
PODIATRIC SURGERY (PGY-2) 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: ________________________________________________

Has developed competence in the proper evaluation and selection of patients for podiatric surgery.

Has developed the ability to prescribe and evaluate the response to conservative treatment for potential surgical problems

Has developed competence in the proper management of the podiatric surgical outpatient.

Has developed skills in the management of the podiatric surgical inpatient.

Has developed competency in performing minor forefoot procedures (arthroplasties, excision of neuroma) by October 1.

Has developed competency in performing major forefoot procedures (metatarsal osteotomies, fusions etc.) by January 1.

Has developed competency in performing minor midfoot and rearfoot procedures (resection of Haglund’s, plantar fasciotomy) by March 1.

Has developed competence in internal fixation techniques.

Has developed an understanding of the principles and techniques in major rearfoot and reconstructive procedures, including trauma cases.

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: _________________________________________ Date: ________________

Resident’s signature: _______________________________ Date: ________________

Director’s signature: _______________________________ Date: ________________

Mindy L. Benton DPM
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 Allina 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.
PODIATRIC MEDICINE, ORTHOPEDICS AND BIOMECHANICS (PGY-2) 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: __________________________________________________

Has demonstrated skills to assess, diagnose and treat patients on an outpatient basis. ______

Has demonstrated competency in prescribing and evaluating patient response to conservative treatment for potential surgical problems. ______

Has demonstrated competency in the performance of minor outpatient procedures (temporary and permanent nail procedures and ulcer debridement). ______

Has demonstrated competency in the evaluation of podiatric surgical candidates preoperatively. ______

Has demonstrated competency in the assessment and management of podiatric surgical patients postoperatively. ______

Has demonstrated competency in the administration of diagnostic and therapeutic injections for common foot and ankle pathology. ______

Has demonstrated competency in ordering appropriate medical imaging studies (radiographs, nuclear scans, CT and MRI) for common outpatient problems. ______

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ________________________________ Date: ____________

Resident’s signature: ________________________________ Date: ____________

Director’s signature: ________________________________ Date: ____________

Mindy L. Benton DPM
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. Hochberg, Mark: *Rheumatology (7th edition)*; 2018
2. Greenspan, Adam: *Imaging in Rheumatology (1st edition)*; 2017
RHEUMATOLOGY 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:  ________________________________________________

Can elicit a thorough history and physical appropriate for rheumatologic pathology.  ____________
Can perform a complete musculoskeletal/joint exam.  ____________
Understands extra articular manifestations of rheumatoid disease.  ____________
Developed an understanding of clinical laboratory studies and medical imaging studies used to diagnose rheumatologic conditions  ____________
Can implement an appropriate treatment plan.  ____________
Can monitor patient response and modify the treatment plan when necessary.  ____________
Has an adequate understanding of pharmacologic agents utilized in the treatment of rheumatoid diseases.  ____________
Has an adequate understanding of immune mechanisms and the pathophysiology of rheumatoid diseases.  ____________
Can perform a joint arthrocentesis and interpret findings.  ____________
Has attended and participated in teaching conferences.  ____________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: __________________________________ Date: ____________
Resident’s signature: __________________________________ Date: ____________
Director’s signature: __________________________________ Date: ____________
PGY-2 CORE ROTATION CURRICULUM - 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:
1. D. N. Herndon: Total Burn Care (5th edition); 2018.
PLASTIC SURGERY 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: ______________________________________________________

Can perform an appropriate history and physical exam. __________________

Can develop an appropriate treatment plan. _________________________

Has demonstrated accurate assessment of chronic wounds. _____________

Has become familiar with fundamental techniques and principles of plastic and
reconstructive surgery. ____________________________________________

Has demonstrated an understanding of the design and applications for flaps
(random and axial pattern, advancement, rotational, etc.). ______________

Has demonstrated knowledge of the principles and management of skin grafts.
_______________________________________________________________

Has assisted on plastic surgical procedures. ___________________________

Has performed minor surgical procedures. ___________________________

Has developed an understanding of patient fluid management ___________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: _______________________________ Date: __________

Resident’s signature: _______________________________ Date: __________

Director’s signature: _______________________________ Date: __________

Mindy L. Benton DPM

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**PGY-3 CORE ROTATION CURRICULUM - 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:**
7. Peffer: *Foot and Ankle Surgery Operative Techniques*; 2010
PODIATRIC SURGERY PGY-3 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: ________________________________________________

Has polished skills in the evaluation and selection of patients for podiatric surgery. __________

Has further developed the ability to manage the surgical outpatient. __________

Has properly managed the podiatric inpatient. __________

Has demonstrated proficiency in performing minor forefoot procedures. __________

Has demonstrated proficiency in performing major forefoot procedures. __________

Has demonstrated proficiency in performing minor midfoot and rearfoot procedures. __________

Has demonstrated competency in performing major rearfoot and reconstructive procedures, including trauma cases __________

Has demonstrated proficiency in internal fixation and bone grafting. __________

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ________________________________ Date: __________
Resident’s signature: ________________________________ Date: __________
Director’s signature: ________________________________ Date: __________

Mindy L. Benton DPM
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.
PODIATRIC MEDICINE, ORTHOPEDICS AND BIOMECHANICS PGY-3 EVALUATION

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

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

Has demonstrated proficiency in the assessment, diagnosis and treatment of patients on an outpatient basis.

Has demonstrated proficiency in prescribing and evaluating patient response to conservative treatment for potential surgical problems.

Has demonstrated proficiency in the performance of minor outpatient procedures (temporary and permanent nail procedures and ulcer debridement).

Has demonstrated proficiency in the evaluation of podiatric surgical patients preoperatively.

Has demonstrated proficiency in the assessment and management of podiatric surgical patients postoperatively.

Has demonstrated proficiency in the administration of diagnostic and therapeutic injections for common foot and ankle pathology.

Has demonstrated proficiency in ordering appropriate medical imaging studies (radiographs, nuclear scans, CT and MRI) for common outpatient problems.

Has developed competency in performing an appropriate biomechanical examination

Has developed competency in prescribing braces, prosthetics, and orthotics

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ________________________________ Date: _____________
Resident’s signature: ________________________________ Date: _____________
Director’s signature: ________________________________ Date: _____________

Mindy L. Benton DPM
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:
MICRO SURGERY 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: ___________________________________________________

Has developed an understanding of preoperative vascular diagnostic tests, noninvasive and invasive.  

Has acquired knowledge of fundamental and basic vascular surgical principles and techniques.  

Has assisted and become familiar with various and common vascular procedures.  

Has participated in pre- and postoperative care of surgical patients.  

Has participated in outpatient clinic.  

Additional comments concerning the resident’s performance:

Comments as to the goals and objectives for this rotation and suggestions for improvement:

Evaluator’s signature: ________________________________ Date: ________________

Resident’s signature: ________________________________ Date: ________________

Director’s signature: ________________________________ Date: ________________

Mindy L. Benton DPM
PGY3 ELECTIVE ROTATION CURRICULUM - 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.
# INTERVENTIONAL RADIOLOGY 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:** ________________________________

Understands the vascular anatomy of the lower extremity as it relates to IR: ____________

Is able to identify patient who would benefit from IR procedures and discuss the indications for the procedure(s): ____________

Is able to differentiate between IR procedures, as they relate to the lower extremity: ____________

Identify the risks and benefits of IR procedures: ____________

List alternatives to IR procedures: ____________

**Additional comments concerning the resident’s performance:**

**Comments as to the goals and objectives for this rotation and suggestions for improvement:**

Evaluator’s signature: ___________________________ Date: ____________

Resident’s signature: ___________________________ Date: ____________

Director’s signature: ___________________________ Date: ____________

*Mindy L. Benton DPM*
OTHER RESPONSIBILITIES PER RESIDENT YEAR

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

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

OTHER RESPONSIBILITIES OF THE CHIEF RESIDENT

The chief resident will:
- prepare a quarterly surgical log of all HCMC cases for complications 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 (Pod 1/2/3/4) 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
**HISTORICAL INFORMATION**

The Hennepin County Medical Center 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 and is now a Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and Ankle Surgery (PMSR/RRA), effective October of 2011. Graduates of the HCMC program have sought board certification in Foot Surgery and Rearfoot/Reconstructive Foot and Ankle Surgery via ABPS. All graduates have successfully found employment in multi-specialty medical groups and orthopedic surgery groups, typically in the Twin Cities and the Midwest. Graduates of the program include:

<table>
<thead>
<tr>
<th>Name</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Bushnell, DPM</td>
<td>1987</td>
</tr>
<tr>
<td>Schelli McCabe, DPM</td>
<td>1988</td>
</tr>
<tr>
<td>Tony Pojman, DPM</td>
<td>1989</td>
</tr>
<tr>
<td>Jeff Muha, DPM</td>
<td>1990</td>
</tr>
<tr>
<td>Eugene DelaCruz, DPM</td>
<td>1992</td>
</tr>
<tr>
<td>Mindy Benton, DPM</td>
<td>1993</td>
</tr>
<tr>
<td>Sherilyn Moore, DPM</td>
<td>1994</td>
</tr>
<tr>
<td>Todd Shea, DPM</td>
<td>1995</td>
</tr>
<tr>
<td>Maren Elze, DPM</td>
<td>1997</td>
</tr>
<tr>
<td>Craig Stibal, DPM</td>
<td>1998</td>
</tr>
<tr>
<td>Troy Vargas, DPM</td>
<td>1999</td>
</tr>
<tr>
<td>David Kittelson, DPM</td>
<td>2000</td>
</tr>
<tr>
<td>Scott Jorgensen, DPM</td>
<td>2001</td>
</tr>
<tr>
<td>Daniel Enderlin, DPM</td>
<td>2004</td>
</tr>
<tr>
<td>Tara Decker, DPM</td>
<td>2005</td>
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<tr>
<td>Scot Bandel, DPM</td>
<td>2006</td>
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<tr>
<td>Nikki Bauerly, DPM</td>
<td>2007</td>
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<tr>
<td>Jason Keppler, DPM</td>
<td>2008</td>
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<tr>
<td>Benjamin Clair, DPM</td>
<td>2009</td>
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<tr>
<td>Jeremy Beer, DPM*</td>
<td></td>
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<tr>
<td>Heather Jensen, DPM, MHA</td>
<td></td>
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<tr>
<td>Joanna Chura, DPM</td>
<td>2012</td>
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<tr>
<td>Lori Steiner, DPM</td>
<td>2013</td>
</tr>
<tr>
<td>Nathan Sanders, DPM</td>
<td>2014</td>
</tr>
<tr>
<td>Keith Arbuckle, DPM</td>
<td>2015</td>
</tr>
<tr>
<td>David Arens, DPM</td>
<td>2016</td>
</tr>
<tr>
<td>Michelle Dole, DPM</td>
<td>2017</td>
</tr>
<tr>
<td>Jason Havey, DPM</td>
<td>2018</td>
</tr>
<tr>
<td>Stephanie Means, DPM</td>
<td>2019</td>
</tr>
<tr>
<td>Candice Cooper, DPM</td>
<td>2020</td>
</tr>
<tr>
<td>Zachary Bennett, DPM</td>
<td>2021</td>
</tr>
<tr>
<td>Jeff Tucci, DPM</td>
<td>2022</td>
</tr>
</tbody>
</table>

*Completed one year of post-graduate training at HCMC
Acknowledgement Statement

I acknowledge that I’ve received and reviewed the following policies contained in The HCMC Podiatric Residency Manual:

- Recruitment
- Benefits
- Hours and Supervision
- Documentation
- Remediation
- Resident Dismissal
- Vacation
- Out of Country Rotations
- Leave Due to Major Illness
- Quality Assurance
- Patient Education
- Didactics
- Moonlighting and Other Policies
- Duty Hours Logging
- Inappropriate Personal Conduct, Harassment, and Discrimination
- Impaired Physician
- Drug Testing
- CPME 320 & 330 Documents.

I have also received and reviewed an annual contract, the goals objectives and evaluation forms for each residency rotation, didactic schedule, and monthly/yearly rotation schedule for the HCMC Podiatric Medicine and Surgery Residency with the Reconstructive Rearfoot/Ankle Surgery Credential (PMSR/RRA) Program.

By signing I also agree to provide the Director of Podiatric Medicine a copy of my passing score reports for the APMLE Part I & II exams, my ACLS certification, and my MN State Podiatric Temporary Permit.

Printed Name __________________________ Signature __________________________ Date __________________________