RESIDENCY TRAINING MANUAL
7/23/15 Version 9
Policies and Procedures / Duties and Responsibilities
Clinical Experiences

SSM DePaul Health Center
Bridgeton, MO

PODIATRIC MEDICINE AND SURGERY RESIDENCY
RECONSTRUCTIVE Rearfoot/Ankle Surgery

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1. Overview

a. Mission Statement
The mission of the SSM DePaul Podiatric Residency is to graduate highly educated and trained podiatric physicians to provide comprehensive, ethical medical care with a life-long commitment to educational activity.

The SSM DePaul Health Center mission statement states:

“Through exceptional health care services we reveal the healing presence of God.”

Our Values
In accordance with the philosophy of the Franciscan Sisters of Mary, we value the sacredness and dignity of each person. Therefore, we find these five values consistent with both our heritage and ministerial priorities:

Compassion
We reach out with openness, kindness and concern.

Respect
We honor the wonder of the human spirit.

Excellence
We expect the best of ourselves and one another.

Stewardship
We use our resources responsibly.
Community
We cultivate relationships that inspire us to serve.

To achieve its mission, the SSM DePaul Health Center Podiatric Residency will:
1. train podiatric physicians to provide quality medical care
2. provide comprehensive didactic education
3. emphasize medical ethics
4. provide compassionate care to all patients
5. expect residents to lead a moral, just lifestyle
6. expect residents to treat all patient, families, staff and colleagues with respect and dignity
7. provide service to the community

b. Expectations
All residents are expected to:
1. Provide podiatric care consistent with current community recognized standards of care.
2. Provide quality care for patients and families
4. Meet ethical standards for treatment and consideration of patients.
5. Extend courtesy to patients and co-workers.

c. Professional Conduct
The members of the SSM DePaul Podiatry Residency represent not only themselves and this residency but also the hospital itself and the profession of Podiatric Medicine. They must remain sensitive to the attributes and behaviors that distinguish the medical professional. Health care providers must exhibit sensitivity to the dignity and well-being of others and honesty in all endeavors.

Professional conduct expected of residents includes behavior that demonstrates:
1. Ethical conduct and honesty - Including maintaining patient confidentiality and accurate patient care information
2. Recognition of moral, ethical, and legal implications of actions
3. Integrity - Both personal and professional
4. Recognition of patients’ and providers’ rights and restrictions
5. Respect for oneself, others, and the rights of privacy (individual and institutional).
6. Appreciation and respect for cultural and value system differences among various ethnic and socio-economic groups within the population
7. Appropriate value judgments with respect to interpersonal relationships with peers, faculty, administrators, and other health care personnel. Dating and other social relationships among residency personnel must be viewed in light of ethical and legal implications.
8. Appearance consistent with a clinical professional. Appropriate professional attire takes a variety of forms, and varies from one setting to another. A formal dress code for the department does not exist, but all personnel must comply with institutional dress codes at all sites where they may function as residents. Physicians must present a clean, groomed appearance when interacting with physicians and patients. Residents and faculty must remain aware of setting in which they function and the image that their appearance may project to others.

9. Punctual attendance and adherence to deadlines for all residency program scheduled activities

10. Development of the knowledge and skills necessary to fulfill professional responsibilities, care of patients, and continue professional growth.

11. Courtesy in all interactions with peers, staff, and patients.

2. **Hospital Sponsorship**

The hospital shall provide the resident with a written contract. The contract shall be signed by the chief administrator officer, director of the program and the resident. The length of the contract shall be for one year and state the amount of the resident's stipend to be paid for the entire residency year as well as responsibilities of and benefits to the resident. The hospital has established written rules and regulations for the conduct of the resident. These rules and regulations are contained herein. Additionally, the SSM DePaul Health Center Employee Handbook covering rules not contained within this manual is also distributed to and acknowledged in writing by the resident prior to the start of the training year.

SSM DePaul Health Center is a member of the Council of Teaching Hospitals of the American Association of Colleges of Podiatric Medicine.

SSM DePaul Health Center is accredited by the Joint Commission on the Accreditation of Health Organizations.

The hospital provides professional liability insurance for the resident. The professional liability insurance covers experiences at all training sites.

The hospital provides the resident with a certificate verifying satisfactory completion of training requirements which is appropriate for the category of training program. The resident will receive a certificate in Podiatric Medicine and Surgery Residency with a certificate in Reconstructive Rearfoot/Ankle.

The hospital maintains and or makes available a medical library which contains a diverse collection of current podiatric and non-podiatric text, journals, audiovisual materials, and medical
reference sources such as Medline.

3. Policies and Procedures

a. Program Description
SSM DePaul Health Center sponsors a 36 month program of training in Podiatric Medicine and Surgery Residency. The hospital provides educational experiences for the podiatric resident in the form of supervised didactic and clinical settings, a journal club, and weekly clinical conferences and/or lecture series:

At the initiation of the training year, the resident will be provided with this training manual containing those policies and procedures of the program, as well as a formal schedule of rotations (clinical) and didactic experiences. The manual will also contain the clinical competencies, as well as evaluation forms, for each clinical experience.

The resident shall receive training in basic and advanced foot and ankle surgery.

The resident shall receive training and certification in basic and advanced cardiopulmonary resuscitation.

The resident shall receive appropriate didactic and clinic experience in order to satisfy the requirements of the Council on Podiatric Medical Education (CPME), the American Board of Podiatric Surgery, and the American Board of Podiatric Orthopedics and Primary Podiatric Medicine. At the completion of the program the graduate shall meet the eligibility requirements for forefoot certification and rearfoot/ankle certification (PMSR/RRA) by the ABPS.

The program is governed by CPME documents 320 and 330 and meets all requirements therein. A copy of these documents can be obtained at [www.cpme.org](http://www.cpme.org) Click on the resident tab in the left hand column.

Additionally, the resident shall receive training in ethics, medical record keeping, hospital protocol, practice management, risk management, research methodology, public health issues, resource, and service utilization.

The didactic portion of the residency shall be presented weekly by the Director or his/her designee member of the teaching faculty as follows: Monday/Tuesday: x-ray review, CPC, journal abstract; Thursday: journal club articles, lecture, video, topics of interest. Resident attendance at the weekly scheduled didactic conferences is mandatory. The residency recognizes that there will be times when urgent clinical patient needs or other exceptional needs on scheduled rotations will preclude the resident from attending those conferences.

b. Quality and Process Improvement
This residency program is committed to the concept of continuous quality and process improvement. All aspects of the residency program are subject to ongoing and episodic evaluation of purpose and effectiveness. Changes for improvement in any elements of the
educational program, clinical patient care, or other operations of the residency program will be implemented when plans for change are developed. Whenever possible, representatives from all aspects of the residency program and its operations are involved in quality and process improvement activities.

c. Resident Availability
Residents in this program are expected to remain personally accessible to the residency’s administration and to hospital staff for residency communications and patient care needs when not formally on approved leave from the program.

To facilitate communication and access, the residency provides each resident with an individual beeper.

In addition, each resident is expected to maintain a personal e-mail address and cell phone for communication purposes.

Residents are expected, at a minimum, to remain available by beeper to residency program and to be present in the hospital 8:00 am - 5:00 pm Monday through Friday, and whenever on call for any service on which they are rotating in the hospital, except when doing so would violate ACGME Resident Work Hours Rules. The program strongly recommends that all residents regularly remain available by beeper until 10:00 pm, unless post-call or on formally scheduled days off. Residents must respond to pages by beeper within no more than 20 minutes of receiving the page, and sooner, if opportunity permits.

Residents are expected to CHECK E-MAIL ON A DAILY BASIS.

Residents who repeatedly fail to maintain personal accessibility or to respond to pages will be subject to disciplinary action by the residency program.

Resident Work Hours

To address issues of resident physician fatigue and reduce the impact of sleep deprivation on the well-being of residents and the safe and effective care of patients by those physicians, the ACGME has adopted mandatory requirements regulating the duration and frequency of resident work hours. These requirements may be found in full at www.acgme.org, and have been incorporated into the accreditation standards for family practice residencies. Some of those restrictions include:

1. Residents may only work a maximum of 80 hours weekly, averaged over a four-week period. This includes regular workdays, any overnight call, and hours spent in moonlighting activities.
2. Overnight inpatient call may be no more frequent than every third night, and may not exceed 24 hours in duration.
3. The resident may spend up to six (6) hours after a 24 hour call period completing work begun on patients admitted while on call. Residents may not work up new patients or
perform residency duties outside the hospital during that time.

4. Time off between scheduled work periods must be at least ten (10) hours in duration, on average.

The residency program defines a standard workday as 10 hours, generally from 7:00 am - 5:00 pm, for a typical workweek of approximately 50 hours, not including overnight call. (Correspondingly, a standard half-day is 5 hours in duration.) The workday on individual rotations may be longer or shorter on an individual basis, or may be shifted to a different time frame.

Residents are expected to remain available to the residency program for rotation, clinic, or other duties during the entire working day unless the work hours restrictions above apply.

d. “Back Door” Medicine
Providers must remember that any personal medical advice given to any individual creates a doctor-patient relationship, and makes the provider responsible for any adverse patient outcome that may result from such advice. The provision of such “Back Door” medical care not only creates legal liability issues but also fails to promote effective, comprehensive health care for the patient.

_The provision of such care by any provider or staff member of this department is strictly prohibited, and makes the individual providing such care subject to disciplinary action, up to and including dismissal from the program._

The residency program requires that ALL patient care by residents or staff be documented in the formal hospital or office medical record, utilizing the mechanisms described in the Medical Records section. This remains true even if no patient billing for the medical advice takes place. All patients seen in the clinic must be seen formally, with acute or regular office visits, including the registering of the patient in the practice computer system and billing according to this department’s standard procedures.

e. Resident Moonlighting
Moonlighting is defined as a provision of services outside of assigned residency commitments for the individual. Such activities are usually performed for remuneration to the resident, but payment is not required for the activity to be considered moonlighting. Moonlighting is strictly prohibited.

f. Sexual Harassment
_SSM DePaul Health Center of St. Louis does not tolerate any form of sexual harassment._ Sexual harassment is defined as "...sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic success, 2) submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such an individual, or 3) such conduct has the purpose or effect of interfering with an employee through creating an intimidating, hostile, or offensive work or academic environment."
Examples of sexual harassment include, but are not limited to, unwelcome sexual advances, favoritism based on gender, sexist jokes or slurs, and the exchange of rewards for sexual favors. Sexual harassment also encompasses denied opportunities, poor evaluations, or the administration of punitive measures because of gender or based on the refusal of sexual advances.

Any reports of sexual harassment within the podiatric medicine residency or involving personnel from this residency program will be investigated through the Human Resources Department of SSM DePaul Health Center. For allegations substantiated by such investigation the residency program will take indicated disciplinary action, taking into consideration the specific findings of the circumstances surrounding the allegation, recommended actions by the hospital’s Human Resources Department, the individual resident’s or employee’s record within the residency program, and the needs of both the residency program and its personnel.

This program believes that mutually consensual sexual relationships between trainee and medical training supervisors are inherently unequal and therefore the potential for exploitation exists. These relationships are strongly discouraged by this program. Residents are expected to notify the residency director of any potential conflict of interest due to personal relationships with either supervisors or learners working with them.

The program will protect the confidentiality of any person who files a report of sexual harassment to the extent possible that allows adequate investigation and resolution of the allegation. The individual wishing to file such a report may do so to the Residency Director, Associate Residency Director, any other residency administration personnel, or directly to the SSM DePaul Health Center Human Resources Department.

g. Resident Initiative

The sequence of educational activities over the three years of training in this program are designed to provide the podiatric physician in training with the resources and opportunities to master the core knowledge and skills necessary for a professional career as a practicing podiatric physician upon graduation.

While the program puts great effort into guiding and facilitating the learning and well-being of residents in training here, it is the responsibility of all residents to take the initiative to maximize the volume and value of learning opportunities within the residency.

This initiative includes maintaining actively interested in activities and pursuit of available learning opportunities, conducting self-directed reading and research, actively seeking feedback and assessment by supervisors, remaining flexible for time commitments to the residency, remaining open to constructive criticism and guidance from supervising individual, and maintaining awareness of the residency’s policies and procedure.

**Self-Directed Reading**

Residents in this program are expected to pursue individual self-directed reading programs.
After completing residency training, podiatric physicians must pursue self-directed reading and study programs to remain current with the clinical practice of medicine, as well as to meet board certification and licensure requirements while in practice. To a large extent, these reading and study habits are developed during residency training, and part of residency training is the actual development of these habits, along with gaining awareness of the necessity and importance of doing so.

During residency training, residents need to read medical literature on a regular basis, for several purposes, including but not limited to the following:

1. To gain the basic and knowledge needed to provide effective, comprehensive, high-quality care for the patients they actually care for as residents. It is particularly important that residents read sufficiently to meet the needs of both the services on which they rotate and their clinic patients.

2. To gain a knowledge of all the technical procedures (including their indications, contraindications, benefits, risks, side-effects, and actual performance) that the residency requires that residents master, as well as any additional technical procedures that rotation attending physicians or supervising residents may ask residents to learn. Ideally, they should complete this reading prior to their participation in or observation of the performance of these procedures.

3. To gain a working knowledge about those areas of clinical medicine that the practicing podiatric physician should master, whether patients with those actual needs or problems are seen during rotations or in the clinic, or the topics are covered during the didactic presentations within the residency. Remember that the residency’s lecture program does not contain every fact or nuance about the conditions discussed, and should serve as a basis for the residents directed reading, not in lieu of it.

4. To enhance patient care by insuring that residents do not fail to explore options or alternatives to standard care that may benefit patients as residents work with them to diagnose, treat, and otherwise manage their medical needs.

5. To develop the knowledge base that will allow residents to function with increasingly greater independence as they advance through the residency and prepare for their future practice.

6. To gain the knowledge base necessary for successful completion of medical licensure and board-certification examinations.

Specific Reading Expectations

1. Every resident in this program is expected to demonstrate academic curiosity, a self-motivated desire to answer all the pertinent questions about podiatric medicine content and practice as well as for all non-podiatric rotations.
2. Resident reading and self-study programs have to be individualized so that the individual resident can make the most effective use of the time available for focused reading. The individual resident best determines whether he/she is best served by using focused time after hours, by taking advantage of quiet times between clinical care provision during the day and on call, or other individualized arrangements.

3. There are no specific reference sources (textbooks, journals, videotapes, computer programs, etc.) that work equally effectively for everyone; each individual must determine which is most effective for himself/herself, and build an individual program to utilize the most effective sources.

4. At a minimum, every resident must become proficient at finding quick answers to immediate questions to meet the needs of patients currently in the clinics, being admitted to the hospital, or in any other settings in which the resident works. Residents must become familiar with the availability and effective use of the resources available in the hospital, and be willing to commit the time to utilize those resources when needed.

5. Residency faculty members remain available to help the resident learn to focus reading efforts, utilize resources effectively, and assist the resident in developing his/her self-directed learning process. The resident is expected to come up with the answers for clinical problems. The faculty physicians are not necessarily expected to answer all resident questions directly, unless time constraints and urgent patient needs indicate that they should do so, but rather the resident should view the faculty as resources to help guide development of the resident’s own knowledge and answers to clinical questions, help the resident evaluate the relative efficacy of the options he/she discovers, and provide constructive critical feedback on how well the resident is progressing in his/her quest for knowledge. While this program encourages residents to “pick the brains” of any more senior residents, attending physicians and consultants with whom they interact, doing so does not replace the need for an effective reading program.

6. Residents are expected to discuss their self-directed reading programs as a part of regular faculty advising session interactions. In addition, they should seek guidance from any other faculty member with whom the resident feels comfortable discussing these issues.

4. **Daily Responsibilities of the Resident**

   a. **General Information**

   1. The resident shall conduct himself or herself in a professional manner at all times while on duty.

   2. The resident shall dress and groom in a professional manner at all times while on duty in the hospital or on assigned rotations.

   3. Chewing of gum or tobacco, smoking tobacco products is prohibited while a resident is on duty.
4. The resident shall adhere to the specific rules, schedules, and regulations of each rotation.

5. The resident is expected to attend all hospital CME conferences.

6. The residents, when not on outside rotations, are expected to be at the hospital between the hours of 8AM and 5PM. Circumstances such as travel to other hospitals or surgery centers will be considered in determination of the resident’s arrival and departure time. Residents shall not exceed federal guidelines for hours worked.

7. Every effort should be made to round on all in-patients before 10AM to ensure the timely nature of all aspects related to patient care. Required equipment includes disposable rulers, pen light and bandage scissors. Rounds by 1st year residents are to be done with a senior resident when possible. If not, the resident is to consult with a senior resident by telephone. All patients must be pre-rounded prior to formal rounds with the attending physician. Attending physicians must be updated daily on their patient’s status.

8. It is recognized that a large part of a resident’s education is from his/her co-resident. All senior residents are charged with discussing medical and surgical cases with their junior residents, initiating academic discussions and encouraging study. Third year residents will lead journal club.

9. First and second year residents are to actively engage with students as mentors. They are to discuss cases, initiate academic discussion and encourage study.

10. All residents are required to log surgical and biomechanical cases and keep logs current. Cases will be verified by the director.

11. The hospital requires that the resident not engage in any outside activity which could adversely affect the resident's ability to function in the training program. The final determination of the appropriateness of such activities shall be made by the Director of podiatric medical education.

12. All residents, when not in surgery, are expected to meet daily prior to completion of the day’s activities to discuss the days surgical cases and admissions.

13. Resident privileges while working independently are outlined in this manual.

**PGY-2 and PGY-1 Junior Residents – Responsibilities**

1. Under the supervision of the senior resident and the attending physician, perform the initial evaluation and treatment and the subsequent treatment of all hospital in-patients.

2. Present the new and established patients at the appropriate rounds.

3. Supervise and mentor medical students.
**PGY-3 Senior Resident – Responsibilities**

1. Supervise and coordinate all the activities of the junior residents including pt care and surgical assignments.
2. Lead discussion during journal club, x-ray review and CPC.
3. The primary role of the chief resident (assigned by Director) is to act as liaison between the director and the resident staff. The chief resident will help implement policy and have final say in all disputes among residents. The chief resident’s term will begin on January 1 of the second year and terminate on Dec 31 of the senior year.

**b. Residency Research**
During the year of residency training, the residents are expected to complete monthly topics of interest. They are also to perform research as follows:

1. **1st year resident:** complete a comprehensive lecture on any approved topic submitted for approval - Sept 1 and submit senior research topic - November 1 (PMSR/RRA). This paper shall include the selection of a topic for study, review of the pertinent literature, development of research questions, generation of hypotheses, selection of an appropriate research methodology, and development of a proposal for data analysis.

2. **2nd year resident:** complete a case review suitable for publication OR a written comprehensive analysis of a medical/surgical topic. This must be submitted or resident will not be allowed to proceed to next academic year.

3. **3rd year resident:** shall prepare a written scientific research paper suitable for publication. Residency certificate will not be granted if paper is not submitted. **ALL RESEARCH MUST BE APPROVED BY DIRECTOR PRIOR TO AND AT THE COMPLETION OF THE PROJECT.** Time lines - see appendix

**c. Recommended CMEs**

1. **1st year residents:** purchase Chang’s textbook
   take part III National Boards
   AO course in spring

2. **2nd year residents:** PI cadaver course
   Atlanta spring to present

3. **3rd year residents:** ACFAS

**5. Medical Student and Other Learner Supervision**

**a. Resident Supervising Responsibilities**
Residents are often responsible for supervising clinical patient care performed by medical students or other professional student learners. These interactions are intended both to benefit the students and to prepare the family physician in training for similar teaching roles in their practice settings after residency. When such supervision is assigned to a resident that resident is
responsible for:

1. Discussing the student’s findings and conclusions with the student. The resident should utilize this opportunity to teach the student about the clinical conditions with which the patient presents, answer any questions the student may have, and assess the student’s level of ability in both clinical data-gathering and assimilating that information into formal assessment/diagnostic conclusions and developing treatment plans for the patient.

2. Verifying through his/her own interaction that the student’s clinical findings are accurate.

3. Reviewing any medical records or comparable medical records documentation completed by the student learner.

4. Documenting, the resident’s should write at least a brief separate note delineating his/her findings, assessment, and plans after the resident’s independent evaluation of the patient. Countersigning the documentation completed by the student is not acceptable.

5. Assisting the student in developing effective, concise oral presentations of clinical material, both to the supervising resident and to the attending physician supervising the inpatient service or FMC, when needed.

6. Assisting the formal supervisor of the student’s experience in our program in the completion of end of rotation evaluation of the student, upon request. The resident should certainly let the faculty supervisor know of any superior or substandard performance on the part of a student, so that such information can be factored into the final rotation evaluation. Remember that students may be at a variety of stages in their education process and tailor your expectations accordingly. (i.e., it is reasonable to expect greater capability from a fourth year student than from a third year student.)

Medical students rotating through the residency program may well be assessing this program as a potential choice for their own future residency training. Therefore, resident interactions with students should remain professional. While residents should be friendly with students, remember that the student may not be interested in open discussion of personal details about themselves, or of the residents with whom they are working. While no attempt should be made to “hide” the shortcomings of this residency, students should be provided a balanced picture of how the residency functions.

6. Disciplinary Actions and Due Process

If a resident within this residency program demonstrates unacceptable academic performance or displays unacceptable behaviors that are not resolved through guidance from that resident’s Director, action will be taken to address the issues with that resident. These actions shall be initiated at the discretion of the Program Director. Unacceptable conduct and academic performance within this residency program includes, but is not limited to:
1. The resident’s failure to demonstrate the knowledge, skills, or clinical capabilities expected of residents at each level of training within the residency program.

2. The resident’s failure to demonstrate the knowledge, skills, or clinical capabilities required by residency program policy for advancement from one year of training to the next, or from the final year of training to graduation from the program.

3. The resident’s failure to demonstrate the awareness of his/her individual limits of knowledge, skills, or clinical capabilities such that patient safety and effective medical care is compromised.

4. The resident’s failure to demonstrate the awareness of his/her individual limits of knowledge, skills, or clinical capabilities and the willingness or ability to develop a self-directed educational program to address.

5. The resident’s repeated failure to participate in the mandatory educational activities of this residency program.

6. The resident’s repeated failure either to maintain adequate medical record documentation of patient care and interactions or to complete medical records documentation in a timely manner.

7. The resident’s participation in illegal activities.

8. Any resident’s activities that lead to restrictions or suspension of the resident’s medical license in the state of Missouri.

9. The resident’s violation of commonly accepted codes of ethical conduct as a medical professional.

10. The resident’s violation of institutional codes of conduct at any site regularly used for education within the residency program sufficient that the resident’s ability to participate in educational activities at those sites is compromised.

11. The resident’s failure to recognize personal impairments that impact upon the clinical care of patients or the resident’s participation in educational activities of this residency program, and to seek appropriate evaluation and treatment to address that impairment.

12. The resident’s failure to follow the codes of conduct, principles, policies, and procedures of this residency program as outlined in this manual.

13. The resident’s failure to maintain clinical/surgical logs on a monthly basis.

**a. Remediation**

*Individual Educational or Conduct Agreements* may be developed to clarify issues with
residents, provide focused guidance to the resident regarding areas of concern, or develop a program to assist the resident in correcting problems that are not sufficient to impede the resident’s progress through the program, but, if not addressed, could lead to such impedance. These agreements do not constitute a formal adverse action, but are intended as tools for evaluation and guidance of residents. Documentation of these agreements does not become part of the resident’s permanent file in the program, unless a formal adverse action based on the same issues becomes necessary.

Three types of formal adverse action may be imposed by the program director. These formal actions will be documented as part of the resident’s permanent file in the residency program.

1. **Warning:** This provides notice to the resident that a particular action is sufficiently unacceptable that failure to correct it promptly will lead to probation. A warning may be given for either academic or conduct problems.

2. **Probation:** This action both provides the resident with formal notice of academic performance, substandard clinical patient care, or conduct that, if not immediately addressed will result in the resident’s termination from the residency. Probation will immediately impose a specific program to correct the resident’s academic or conduct issue and impose conditions and specific monitoring of the resident that must be met in order to complete probation and be reinstated to full function as a resident. A formal warning is not necessary prior to the imposition of probation for a resident. This will become a permanent part of the resident’s training record.

3. **Termination:** The most significant of the disciplinary actions, termination from the residency may be imposed for failure to complete probation requirements, for illegal or unethical conduct that, in the judgment of the Program Director, will preclude the resident’s ability to complete residency training in this program successfully. This action generally will be taken only when other guidance and disciplinary measures have failed to resolve academic deficiencies; it may be taken in response to particularly illegal or unethical conduct or disregard for patient safety in clinical care. Termination may take the form of either the nonrenewal of a resident’s contract to continue in the residency program at the completion of that resident’s current year of training or immediate termination, subject to the specific terms of the resident’s contract with the hospital.

**Due Process / Appeals of Adverse Actions**

All residents have the right to appeal any adverse action according to the policies and procedures of the residency program.

Appeal hearings in which the resident can present his/her rationale for disagreement with the decision, and have other faculty, residents, or parties with pertinent perspectives appear on his/her behalf. This insures that the individuals hearing an appeal hold sufficient expertise to understand the academic issues and processes that may have been involved in the residency’s original decision. A hearing will be held with the Program Director, Chief of Medical staff or Chief Medical Officer and other podiatry faculty present.

For adverse actions based on other resident issues, the standard SSM DePaul Health Center employee grievance procedure, which is coordinated through the human resources department, is followed for appeals of those residency actions. This mechanism is described in the hospital’s employee handbook information provided to residents when they begin the program.
Residents are provided with detailed information about utilizing these appeal processes upon request or upon the imposition of an adverse academic or disciplinary decision by the residency program.

7. Resident Selection

Resident selection takes place with a central application service for podiatric residencies (CASPR). Applications are accepted from all accredited colleges of podiatric medicine.

The selection process may be in a nondiscriminatory manner and designed to protect the individual rights of each candidate. Selection criteria are based on individual qualities and aptitudes with regard to the rights of all. Hospital publishes and maintains a written policy concerning sexual harassment and a mechanism for the resolution of such allegations. The resident may be provided a copy of this policy at his or her request.

The hospital shall receive residency applications from CASPR and may request additional materials from the applicant. Interviews will be held at the central CRIP designated site.

The residency program shall inform all applicants of the completeness and final disposition of their application.

The residency program shall accept only graduates of the colleges of podiatric medical education which are accredited by the Council on Podiatric Medical Education and have passed part II of the National Boards.

The residency committee, including the director of podiatric medical education and individuals who are active in the residency program may participate in the interview and selection process.

8. First Year Resident: License Process

The state of Missouri requires that residents in approved programs obtain a temporary license for the first year of their residency program. Application should be made by first year residents to the:

State Board of Podiatric Medicine
3605 Missouri Boulevard P.O. Box 423
Jefferson City, Missouri 65102-0423
Phone (573) 751-0873
Fax (573) 751-1155

Before such applications are considered complete, the State Board must receive the following:
1. Official Transcript from the podiatry college sent by the college.
2. A copy of the podiatric college diploma.
3. An official transcript from the National Board of Podiatric Medical Examiner demonstrating successful completion of its examination.

Contact Thomson Prometric-NBPME
4. A letter from the director of Podiatric Medical Education at the hospital where the internship / residency will be undertaken, certifying approval as a resident within this program.

9. **Annual Self-Assessment Process**

A self-assessment shall be conducted yearly. The self-assessment shall be coordinated by the director of podiatric medical education in conjunction with the faculty and the residents.

The self-assessment review shall be based on an assessment of the programs compliance with the standards and requirements of the council on podiatric medical education as stated in document CPME 320/1999.

The agenda of the self-assessment shall be the following:

a) The proposed changes to goals, objectives, and task activities will be reviewed, voted on, and finalized. Particular attention shall be paid to making certain that these changes are in compliance with the standards and requirements of the council on medical education;

b) Annual questionnaires returned by alumni shall be reviewed to assess their achievements and current status.

The annual review shall include the entire residency committee, rotation chiefs as well as the resident or residents in the rotating podiatric medical residency.

Prior to the annual review, each rotation director shall be required to review the goals and competencies for their particular rotation and shall be encouraged to make appropriate suggestions for improvement.

Particular attention shall be directed to a determination as to whether or not a program is relevant to the stated goals and objectives, and whether the stated goals and objectives are being fulfilled.

The annual review shall also determine the extent to which the didactic program enhances the clinical training of the residents.

10. **Competencies**

The program has written competencies constituting a realistic overall mission for the residency program as well as specific objectives for each experience which are appropriate for each core and clinical rotation. Copies of competencies are contained within this manual. These competencies focus on the educational development of the resident and do not place emphasis on service responsibility to individual faculty members.

At the completion of each block experience, the resident shall be evaluated by the rotation director.
Each rotation director will require members of that rotations teaching faculty to submit evaluations for residents he or she has worked with during that time. The rotation director will review these prior to completing the evaluation if applicable. It shall be the responsibility of the resident to present to the director of podiatric medical education, the completed and signed evaluation forms for each rotation within two weeks of completion of the rotation unless extenuating circumstances exist.

For ongoing rotations, the resident shall be evaluated semi-annually. The rotation director will communicate with members of the rotation teaching faculty for residents he or she has worked with during that month. The rotation director will complete these evaluations.

All of the evaluation forms, including those from members of each rotations teaching faculty, will be submitted to the residency director within two weeks of completion of the rotation. Each evaluation performed shall be signed by the rotation director, the resident, and the director of podiatric medical education. All evaluation forms indicate the dates of the rotation.

If any competency is not met, the director of podiatric medical education will arrange for additional time to be spent in that rotation. The resident will be given additional teaching in the forms of lectures, assigned self-study, or clinical experiences as determined appropriate and necessary by the rotation director. The resident will then be reevaluated. Failure to pass a core experience after two consecutive attempts will result in dismissal.

Each rotation director will also report any attendance, disciplinary, or behavioral difficulties to the director of podiatric medical education.

**a. Competency Overview**

To graduate fully, a competent podiatric physician will:

1. Demonstrate proficiency in the evaluation and surgical treatment of commonly and uncommonly encountered foot and ankle disorders;

2. Demonstrate proficiency in the palliative and biomechanical management of foot and ankle disorders;

3. Demonstrate technical operative proficiency in the performance of office based and hospital based podiatric surgery

4. Demonstrate proficiency in the evaluation and treatment of
   a. traumatic disorders of the foot and ankle;
   b. infectious disorders of the foot and ankle;
   c. congenital/pediatric disorders of the foot/ankle;
   d. adult/geriatric disorders of the foot/ankle;
   e. dermatologic disorders / wound management of the foot/ankle;
   f. vascular/diabetic disorders of the foot/ankle;
   g. neurologic disorders of the foot/ankle;
   h. rheumatic disorders of the foot and ankle;
5. Demonstrate proficiency in the interpretation of medical/bone and joint imaging techniques relevant to the management of the patient with a foot or ankle disorder,

6. Demonstrate an understanding of the ethical practice of podiatry;

7. Demonstrate proficiency in the performance of a complete medical history and physical examination;

8. Demonstrate the ability to evaluate, manage, or appropriately refer for treatment problems or concerns which occur in the peri-operative patient;

9. Demonstrate an understanding of the "business" of podiatry, including practice management;

10. Demonstrate proficiency in the utilization of special techniques, including but not limited to laser surgery, application of external fixation, arthroscopic surgery, internal fixation techniques, implant and biomaterial utilization.

Assessment validation tools can be found outside this document.

**b. Specialty Competencies**

**Anesthesia Competencies**

**Competency:**

1. Perform and interpret the findings of a pre-anesthetic evaluation including:
   1.1 Evaluation of anesthetic risk factors and ASA rating
2. Demonstrates knowledge of fluid and electrolyte concerns in the perioperative Period.
3. Demonstrates knowledge of appropriate intraoperative monitoring of patients including:
   3.1 Patient positioning, establishing and assessing patient monitors
4. Demonstrates knowledge and ability to establish and maintain an airway and appropriate means and devices of doing so.
5. Demonstrates knowledge and indications for different anesthetic techniques:
   5.1 General, sedation, spinal, epidural, regional
6. Demonstrates awareness of the pharmacologic agents used in general, spinal, local, and conscious sedation techniques.
7. Perform and interpret the findings of a post-anesthetic evaluation and recognizes appropriate care measures including:
   7.1 Monitor vital signs, recovery techniques, airway maintenance, drug reversal, management of nausea and pain, resuscitation techniques

**Behavioral Science Competencies**

**Competency:**

1. Has the capacity to manage individuals and populations in a variety of socioeconomic and health care settings.
2. Demonstrates an awareness of how to manage a patient who refuses a recommended intervention or requests ineffective or harmful treatment.
3. Recognizes interview techniques in identifying patient behavior. Able to perform a mental status exam.
4. Utilizes effective methods to modify behavior and enhance compliance.
5. Demonstrates an awareness of the signs and symptoms of common psychological/psychiatric conditions and accepted treatment options.
6. Demonstrates an awareness of the various medications employed in the treatment of mental illness and their common side effects.

**Emergency Department Competencies**

**Competency:**

1. Assess and manage the patient's general medical status. Perform and interpret the findings of a comprehensive medical history and physical examination.
   - HEENT, vital signs, chest, heart, lungs, abdomen, neurologic and extremities
2. Diagnose and manage diseases, disorders, and injuries by non-surgical and/or surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam:
   - 2.1 Problem-focused neurologic examination.
   - 2.2 Problem-focused vascular examination.
   - 2.3 Problem-focused dermatologic examination.
   - 2.4 Problem-focused musculoskeletal examination.
3. Perform (and/or order) and interpret appropriate diagnostic studies, including medical imaging:
   - 3.1 radiographic contrast studies
   - 3.2 stress radiography
   - 3.3 fluoroscopy
   - 3.4 bone scans, CT, MRI
4. Perform (and/or order) and interpret appropriate diagnostic laboratory tests including:
   - hematology, serology, toxicology, and microbiology
5. Perform (and/or order) and interpret appropriate diagnostic studies, including non-invasive vascular or invasive studies.
6. Formulate an appropriate diagnosis and/or differential diagnosis.
7. Appropriate management when indicated of closed fractures and dislocations of pedal/ankle fractures and dislocations and cast/brace management.
8. Appropriate indications and use of injection or aspiration techniques.
9. Formulate and implement appropriate plan of management including: consultation and/or referrals.
10. Recognize the need for (and/or orders) additional diagnostic studies when indicated including:
    - EKG, chest x-ray, nuclear medicine, blood work etc
11. Appropriate pharmacologic management [IV, PO, or topical] including the use of:
    - NSAID, narcotics, muscle relaxants, antibiotics, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents tetanus toxoid/immune globulin
12. Appropriate management of fluid and electrolyte agents when required.
13. Formulate and implement appropriate plan of treatment for the management of:
superficial ulcers or wound.

14. Formulate and implement an appropriate plan of management including appropriate medical/surgical management of:
   repair of simple laceration

15. Maintains appropriate medical records.

16. Is able to partner with health care managers and health care providers to assess, coordinate and improve health care.

General Surgery Competencies

Competency:
1. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examinations).
   1.1 vital signs
   1.2 head, eyes, ears, nose, and throat (HEENT)
   1.3 chest
   1.4 heart/lungs
   1.5 abdomen
   1.6 genitourinary
   1.7 rectal
   1.8 musculoskeletal
   1.9 neurologic examination

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

3. Recognize the need for and the appropriate timing of additional diagnostic studies when needed, including:
   3.1 EKG
   3.2 Medical imaging studies including plain radiography, nuclear medicine imaging, CT, MRI, diagnostic ultrasound
   3.3 Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, urinalysis

4. Understands principles of perioperative management including fluid and electrolyte balance, pain management and blood and/or component therapy.

5. Recognizes and demonstrates knowledge of conditions and problems that may be encountered in the management of the patient postoperatively including assessment of fever, postoperative infection, pulmonary function, fluid management, and gastrointestinal function.

6. Understands management of the preoperative and postoperative surgical patient with an emphasis on complications.

7. Able to recognize intra-operative and/or postoperative complications and treatments available.

8. Understands surgical principles and procedures applicable to common pathologies of the human body.

9. Demonstrates proficient sterile techniques within the operating room.

10. Recognizes “at-risk” surgical patients and be knowledgeable of necessary precautions which should be employed.
11. Perform (and/or order) and interpret appropriate diagnostic laboratory tests, including: hematology, blood chemistries, coagulation studies

**Vascular Surgery Competencies**

**Competency:**
1. Perform and interpret the findings of a thorough problem-focused vascular history and physical examination.
2. Perform (and/or order) and interpret appropriate diagnostic studies including: vascular imaging and/or non-invasive vascular studies.
3. Understands appropriate pharmacologic management in vascular surgery/medicine including peripheral vascular agents and anticoagulants.
4. Understands the role of minimally invasive techniques such as angioplasty, stenting and atherectomy.
5. Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated for ulcerations or wounds.
6. Understands and develops knowledge regarding amputations of when/why to perform and at what level best performed.
7. Demonstrates an understanding of the diabetic patient and the effect of vascular disease in this patient population.
8. Understands the indications and different means of lower extremity bypass surgery in the vascular compromised patient.

**Infectious Disease Competencies**

**Competency:**
1. Performs and interprets the findings of a problem focused medical examination.
2. Understands the indications and interpretation of common laboratory tests used to assess and manage patients with infectious diseases.
3. Demonstrates knowledge of the clinical signs and symptoms of infections in different parts of the body.
4. Recognizes and understands the diagnosis and management of osteomyelitis.
5. Recognizes and understands the diagnosis and management of HIV and related pathology.
6. Understands the means of evaluating patient with hepatitis through clinical and laboratory methods.
7. Understands the means of evaluating clinically and through laboratory methods patients with other viral illnesses.
8. Demonstrates knowledge of the use, selection, indications, and adverse reactions of antibiotics.

**Internal Medicine Competencies**

**Competency:**
1. Perform and interpret the findings of a comprehensive medical history and physical examination
   1.1 Vital signs
   1.2 HEENT
   1.3 Chest
1.4 Heart / Lungs  
1.5 Abdomen  
1.6 Genitourinary  
1.7 Gastrointestinal  
1.8 Endocrine  
1.9 Neurologic

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

3. Recognize the need for and knowledge of the appropriate timing of additional diagnostic studies when needed such as EKG, chest x-ray, nuclear medicine, standard radiographs.

4. Recognize the need for and the appropriate timing of additional laboratory studies when indicated.
   4.1 EKG  
   4.2 Medical imaging studies including plain radiography, nuclear medicine imaging, CT, MRI, diagnostic ultrasound  
   4.3 Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, urinalysis, synovial fluid analysis

5. Recognizes the appropriate pharmacologic management of patients, including the use of:  
   5.1 Antibiotics / Antifungals  
   5.2 Narcotic analgesics / NSAID  
   5.3 Sedative/hypnotics  
   5.4 Anticoagulants and other vascular medications  
   5.5 Medications for hyperuricemia  
   5.6 Laxatives/cathartics  
   5.7 Fluid and electrolyte agents  
   5.8 Corticosteroids  
   5.9 Management of hyper/hypoglycemia

6. Assess and manage the patient's general medical status.

7. Formulate and implement an appropriate plan of management, when indicated, including appropriate:
   7.1 therapeutic intervention,  
   7.2 consultations and/or referrals, and  
   7.3 general medical health promotion and education.

**Neurology Competencies**

**Competency:**

1. Perform and interpret the findings of a problem-focused history and physical exam, including neurologic examination, a. cranial nerves, reflexes, neuromuscular function and gait, epicritic sensation and proprioception.

2. Demonstrates knowledge in the following areas:
   - neuroanatomy  
   - neurophysiology  
   - differentiation of peripheral and central nervous system disorders  
   - pathogenesis of peripheral and central nervous system disorders

3. Demonstrates knowledge of disorders with lower extremity manifestations:
- diabetes mellitus
- entrapment neuropathies
- radiculopathies
- neuromuscular disorders
- trauma
- CRPS

4. Recognize the need for and knowledge of the appropriate timing of additional diagnostic studies when needed such as:
   EMG evaluation and interpretation, Nerve Conduction Studies, EEG testing and interpretation, Lumbar puncture and evaluation of spinal fluid, CT scans, MRI

5. Recognizes the appropriate pharmacologic management of patients, including the use of:
   anti-convulsants, anti-parkinsonian, analgesics, antidepressants and sedatives, treatment of peripheral neuropathy

6. Reads, interprets, critically examines, and presents medical and scientific literature.

**Orthopedics Competencies**

**Competency:**
1. Perform and interpret the findings of a comprehensive medical history and physical examination including preoperative history and physical examinations.
2. Diagnose and manage diseases, disorders, and injuries of the lower extremity by non-surgical and surgical means.
3. Perform and interpret the findings of a thorough problem-focused history and physical exam in foot/ankle orthopedics.
4. Perform and interpret the findings of a thorough problem-focused history and physical exam, including:
   4.1 neurologic examination
   4.2 vascular examination
   4.3 musculoskeletal examination
5. Perform (and/or order) and interpret appropriate diagnostic studies including:
   5.1 plain radiography
   5.2 radiographic contrast studies
   5.3 fluoroscopy
   5.4 nuclear medicine imaging
   5.5 MRI
   5.6 CT
6. Formulate an appropriate diagnosis and/or differential diagnosis in non-surgical and surgical orthopedic patients.
7. Perform (and/or order) and interpret appropriate diagnostic studies including hematology, pathology, serology, microbiology, and synovial analysis as it pertains to the orthopedic patient.
8. Understands and recognizes the management of trauma including splinting, casting, along with other immobilization techniques.
9. Recognizes knowledge of anatomy and physiology of various structures associated in Orthopedics.
10. Appropriate pharmaologic management of the orthopedic patient including: NSAIDs,
narcotics, sedatives/hypnotics, anticoagulants, laxatives/cathartics.

11. Appropriate assessment and management of foot and ankle trauma including:
   11.1 Closed management of fractures/dislocations of the foot
   11.2 Closed management of fractures/dislocations of the ankle
   11.3 Open management of fractures/dislocations of the foot
   11.4 Open management of fractures/dislocations of the ankle

12. Demonstrates knowledge and techniques in internal and external fixation especially as it applies to the foot and ankle.

13. Demonstrate knowledge and the treatment in infections in orthopedics including soft tissue, osseous, bacterial and fungal.

14. Formulate and implement appropriate surgical management when indicated including **digital surgery**.

15. Formulate and implement appropriate surgical management when indicated, including **first ray surgery**.

16. Formulate and implement appropriate surgical management when indicated for **soft tissue foot surgery**.

17. Formulate and implement appropriate surgical management when indicated for **osseous foot surgery distal to the tarsometatarsal joints**.

18. Formulate and implement appropriate surgical management when indicated for **osseous foot surgery at the midtarsal level**.

19. Formulate and implement appropriate reconstructive **rearfoot/ankle surgical** management when indicated.

20. Demonstrates ability to understand and perform a lower extremity biomechanical examination as it pertains to foot and ankle orthopedics.

Pathology Competencies

**Competency:**
1. The indications and interpretations of results from the clinical laboratory.
2. Understands collection methods for specific tests in pathology.
3. Understands general principles in the evaluation of gross pathology.
4. Recognize the need for(and/or orders) additional diagnostic studies when indicated.
5. Demonstrates knowledge and understanding of basic histopathology including:
   5.1 review and recognition of lower extremity surgical specimens
   5.2 review and identification of common benign lesions
   5.3 differentiation of benign and malignant neoplasia

Radiology Competencies

**Competency:**
1. Recognize basic chest film pathology including:
   pulmonary edema, cardiomegaly, pneumonia, atelectasis, neoplasia
2. Recognize basic components of skeletal radiology via different imaging techniques including:
   Neoplasms, fractures, anatomic variants
3. Recognize the indications for additional imaging studies when indicated.
4. Understands the indications and advantages of different imaging modalities - MRI vs. CT.
5. Recognizes the indications for CT and MRI imaging with and without contrast.
6. Recognize the principles and basics of interpreting MRI and CT images.
7. Recognizes the indications for and interprets nuclear medicine studies.
8. Recognizes the indications for and interprets diagnostic ultrasound studies.
9. Recognize the principles and basics of interpreting angiographic studies.

**Podiatric Medicine and Surgery Competencies**

**Competency:**

1. Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by non-surgical (educational, medical, physical, biomechanical) and surgical means.
2. Perform and interpret the findings of a thorough problem-focused history and physical exam including:
   - 2.1 Vascular evaluation,
   - 2.2 Neurologic evaluation,
   - 2.3 Dermatologic evaluation,
   - 2.4 Biomechanical/musculoskeletal evaluation
3. Perform and interpret the findings of a comprehensive medical examination (including preoperative H&P) that includes: vital signs, HEENT, chest, heart, lungs, abdomen, genitourinary, rectal, neurologic, and musculoskeletal.
4. Perform (and/or order) and interpret appropriate diagnostic medical imaging studies including: plain radiography, nuclear medicine, CT/MRI.
5. Perform (and/or order) and interpret appropriate diagnostic laboratory tests including: hematology, pathology/microbiology [anatomic and cellular], serology, synovial analysis.
6. Perform (and/or order) and interpret appropriate diagnostic studies including: electrodiagnostic and vascular studies.
7. Perform (and/or order) and interpret appropriate examinations including: biomechanical examination of the podiatric patient.
8. Formulate an appropriate diagnosis and/or differential diagnosis.
9. Formulate and implement an appropriate plan of management with regards to anesthesia: Local, MAC, General for the podiatric surgical patient.
10. Appropriate closed management of pedal fractures and dislocations.
12. Formulate and implement an appropriate plan of management when necessary to perform injections and aspirations.
13. Appropriate pharmacologic management including the use of: NSAIDs, narcotics, antibiotics, antifungals, sedatives/hypnotics, muscle relaxants, laxatives, corticosteroids [all either PO, IV/IM, Topical]
14. Formulate and implement appropriate medical/surgical management when indicated of an ulcer or wound.
15. Formulate and implement appropriate medical/surgical management for skin lesions, including: excision or destruction of skin lesion (including skin biopsy and laser procedures).
16. Formulate and implement appropriate medical/surgical management for nail disorders including: nail avulsion or matrixectomy (partial or complete, by any means).
17. Formulate and implement appropriate medical/surgical management including repair for: simple laceration (no neurovascular, tendon, or bone/joint involvement) or complex
(neurovascular, tendon, or bone/joint involvement).

18. Formulate and implement an appropriate plan of management in digital surgery including: appropriate surgical management when indicated.

19. Formulate and implement an appropriate plan of management, including: appropriate surgical management when indicated, including: first ray surgery

20. Formulate and implement an appropriate plan of management, including: appropriate surgical management when indicated, including: soft tissue foot surgery

21. Formulate and implement an appropriate plan of management, including: appropriate surgical management when indicated, including: osseous foot surgery (distal to the tarsometatarsal joints.)

22. Formulate and implement an appropriate plan of management, including: appropriate surgical management when indicated, including: osseous foot surgery of the midfoot.

23. Formulate and implement an appropriate plan of management, including: appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery.

24. Demonstrates knowledge and techniques in internal and external fixation especially as it applies to the foot and ankle.

25. Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals.

26. Able to assess the treatment plan and revise it as necessary including appropriate lower extremity health promotion and education.

Podiatric Office/Clinical Rotation Competencies

Competency:

1. Performs appropriate palliative management when indicated for: keratotic lesions and nail disorders.

2. Formulate and implement an appropriate plan of management including: footwear and padding when indicated for the podiatric patient

3. Formulate and implement an appropriate plan of management when indicated, including: orthotic, brace, prosthetic, and custom shoe management.

4. Formulate and implement an appropriate plan of management in the care of foot/ankle fractures/dislocations and sprains including: immobilization techniques of casting, splinting, and taping.

5. Formulate and implement appropriate medical/surgical management when indicated including: debridement of ulcer or wound.

6. Formulate and implement appropriate medical/surgical management when indicated, including: excision or destruction of skin lesion (including skin biopsy and laser procedures).

7. Formulate and implement appropriate medical/surgical management when indicated, including: nail avulsion or matrixectomy (partial or complete, by any means).

8. Appropriate management when indicated for manipulation/mobilization of the foot/ankle joint to increase range of motion/reduce associated pain.

9. Formulate and implement an appropriate plan of management when necessary to perform injections and aspirations.

10. Recommends appropriate pharmacologic management including the use of: NSAIDs, narcotics, antibiotics, antifungals.

11. Formulate and implement an appropriate plan of management in digital surgery including
appropriate surgical management when indicated.
12. Formulate and implement an appropriate plan of management in **first ray surgery**, including appropriate surgical management when indicated.
13. Formulate and implement an appropriate plan of management for **osseous surgery of the midfoot**, including appropriate surgical management when indicated.
14. Formulate and implement an appropriate plan of management for **reconstructive rearfoot and ankle surgery**, including appropriate surgical management when indicated.
15. Formulate and implement an appropriate plan of management, including appropriate: 
   consultation and/or referrals.
16. Demonstrate understanding of common business and management practices as they relate to the podiatry office, including: healthcare reimbursement(billing/coding), time management, patient scheduling, and human resources.

**Wound Care and Ulcer Management Competencies**

**Competency:** To include Knowledge and proficiency

**The resident shall be Knowledgeable for the following:**

1. Performing complete patient evaluation including:
   1.1 history and physical examination,
   1.2 differential diagnosis, and
   1.3 rationale for proposed intervention.
2. Ordering laboratory and special examinations and interpretation of the results.
3. Biomechanical evaluation of patients when appropriate.
4. Completion of charting and dictation.
5. Appropriate management of diabetic foot complications, including ischemic, neuropathic, and infectious processes.
6. Indications for total contact casting, use of Plastizote orthoses, and therapeutic splints and shoes.
7. Indications for surgical management in diabetic or other ulcerative infections.
8. Indications for amputations such as partial foot amputation.
9. Debridement techniques and indications.
10. Wound care products, dressings and biologicals.

**The resident shall demonstrate proficiency for the following:**

11. Application and removal of total contact casts.
12. Performance of complete physical examination of the lower extremity in diabetic patients to include orthopedic, vascular, neurologic, and dermatologic Examinations.
13. Formulation of treatment plans for diabetic foot care patients.
14. Fabrication and adjustment of Plastizote insoles and fitting them to therapeutic shoes and splints.
15. Apply various compressive bandages.
16. Ordering and interpretation of the appropriate laboratory tests and results to include:
   16.1 complete blood count,
   16.2 chemistry profile, and
   16.3 urinalysis.
17. The ability to recognize ulcerative processes independent of diabetes such as:
   17.1 venous stasis,
17.2 sickle cell anemia,
17.3 lupus, and
17.4 other vascularitic conditions.

18. Debridement technique.

c. Attitudinal and Other Non-Cognitive Competencies
There are several competencies that by their very nature fit into the overall practice of medicine and do not reside in any one rotation. The content of this material is delivered and will be evaluated in the following areas. These competencies apply to ALL rotations.

Competency:
Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
2. Practice and abide by the principles of informed consent.
3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
4. Demonstrate professional humanistic qualities.
5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.

Communicate effectively and function in a multi-disciplinary setting.
1. Communicate in oral and written form with patients, colleagues, payers, and the public.
2. Maintain appropriate medical records.

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

Understand podiatric practice management in a multitude of healthcare delivery settings.
1. Demonstrate familiarity with utilization management and quality improvement.
2. Understand healthcare reimbursement.
3. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation.
4. Understand medical-legal considerations involving healthcare delivery.

Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
1. Read, interpret, and critically examine and present medical and scientific literature.
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
3. Demonstrate information technology skills in learning, teaching, and clinical practice.
4. Participate in continuing education activities.

d. Evaluation Process
Evaluations are an important part of residency program. It provides the necessary feedback needed for continual professional growth.

Explanation of the evaluations
A. Specialty Rotation Evaluations
   a. Faculty
      i. completed by all residents
      ii. includes evaluation of attending or assigned professional for that rotation
   b. Rotation Experience
      i. completed by all residents
      ii. includes evaluation of the actual rotation and its academic significance
   c. Competency Assessment
      i. completed by attending or assigned professional for that rotation.
      ii. includes evaluation of resident’s academic and cognitive skills.

B. Podiatric Evaluations
   a. SemiAnnual
      i. completed by residency director for all residents
      ii. includes all podiatric medicine and surgery rotations, office and wound clinics.

C. Yearly Evaluations
   a. Program evaluations
      i. completed by all residents.
      ii. evaluation of entire residency program.

Timelines
A. Monthly experience, on going
   a. Rotations
      i. includes internal medicine, general surgery, infectious disease, emergency dept, orthopedics, podiatry, wound care
   b. Resident to submit competency assessment evaluation to attending/professional LAST WEEK OF ROTATION
   c. Resident to perform faculty and rotation evaluation ONE WEEK POST ROTATION.

B. Weekly, bi-weekly rotation experience
   a. Rotations
      i. includes anesthesia, radiology, pathology and behavioral medicine, neurology
   b. Resident to submit competency assessment evaluation to attending/professional NO
LATER THAN LAST DAY OF ROTATION.
Resident to perform faculty and rotation evaluation ONE WEEK POST ROTATION.

11. **Resident Scope of Practice**

   **a. Overview: Podiatric Medicine**
   On the basis of the successful completion of an accredited graduate education program and consistent with his/her experiences in an accredited post graduate education program, the resident may perform the diagnostic and therapeutic procedures, at the supervision levels checked below.

   Residency policy provides for progressive responsibility for the care of the patient. The determination of the residents ability to provide care to patients without a supervisor present or act in a teaching capacity has been based on documented evaluation of the residents clinical experience, judgment, knowledge and technical skill.

   Any resident may perform any procedure under the direct supervision of an attending physician.

   **b. Procedures without direct supervision**
   *The resident may perform the following without direct supervision:*

   **PGY-I**
   - perform history and physical examination
   - write progress notes in hospital charts
   - write orders for all non-systemic medications
   - after 6 months of training may write medicine orders
   - may write medicine orders months 1-6 after phone conversation with attending or senior resident
   - debride mycotic toenails
   - pare calluses
   - bedside debride ulcerations to level of subcutaneous tissue perform diagnostic/therapeutic injections, aspirations
   - avulse toenails with or without matricectomy
   - simple skin incision and drainage
   - close simple surgical wound
   - simple closure of lacerations
   - closed reduction of digital fractures
   - removal of foreign body, superficial
   - application of sterile bandages, casts and compression bandages

   **PGY-II,III all privileges of a PGY-I plus the following:**
   - bedside debridement of ulceration past subcutaneous tissue
   - complicated incision and drainage of skin/subcutaneous infections
   - biopsy of skin lesion
   - percutaneous bone biopsy
   - closure of complex surgical wounds
subcutaneous tenotomy
arthroplasty of digital joints
exostectomy of digits
bedside removal of foreign bodies

12. **Basic Clinical Examination**

a. **Biomechanical / Orthopedic Examination**

All patients examined by residents will have a problem focused biomechanical examination performed where possible. Exclusions include patients presenting with non-hyperkeratotic dermatologic conditions, nail disorders and trauma.

**Forefoot Examination**
1. describe gross morphology of foot including the presence of hyperkeratosis
2. describe the quality and quantity of the range of motion of the following joints:
   - ankle
   - subtalar
   - midtarsal
   - 1st ray
   - 1st MtPJ
   - lesser MtPJs if applicable
3. describe the positional relationship of the following:
   - forefoot to rearfoot
   - 1st ray
4. manual muscle testing of basic groups
5. describe the following:
   - stance: calcaneal stance position
   - gait (if applicable): propulsive type (i.e. normal, apropulsive, early heel off, medial roll off, resupination), digital function

**Rearfoot Examination**
1. describe gross morphology of foot including the present of hyperkeratosis
2. describe the quality and quantity of the range of motion of the following joints:
   - ankle
   - subtalar
   - midtarsal
   - 1st ray
3. describe the following:
   - midtarsal joint locking mechanism
4. describe the positional relationship of the following:
   - forefoot to rearfoot
   - 1st ray
5. manual muscle testing of basic groups with specific muscles as warranted
6. describe the following:
   - stance: calcaneal stance position
   - position of knee
   - gait: propulsive type (i.e. normal, apropulsive, early heel off, medial roll off, resupination), digital function

**Pediatric Examination**

rearfoot examination plus the following:
1. tibial torsion
2. femoral torsion
3. femoral anteversion
4. hip ROM - flexed/extended

**b. Vascular Examination**
1. pulses - graded on a scale of 0-3
   - 0-absent, 1-diminished, 2-normal, 3-bounding
2. CFT - in seconds or descriptive (sluggish, normal, brisk, rapid)
3. edema - note presence and whether pitting
4. varicosities - note location
5. skin temperature - discuss symmetry

**c. Dermatologic Examination**
1. toenail disorders - note appearance with emphasis on the following:
   a. mycotic - thickness, dystrophy, color, subungual debris, lysis (need 3 of 5)
   b. ingrown - describe margins involved
      describe nail fold (appearance, granuloma formation) describe drainage (color, odor)
2. Skin: note emphasis on the following:
   a. maceration – location
   b. xerosis – location
   c. erythema - location
   d. hyperkeratosis - non-mechanical lesions only (ie verruca, etc)
      describe presence of skin lines, hemorrhage, maceration, inflammation
      (all others should be placed in the orthopedic/biomechanical exam)
   e. ulceration - measure size in 3 dimensions, condition of surrounding skin, condition of base of ulceration

**d. Neurologic Examination**
1. Achilles reflex - absent, present, hyper-reflexive
2. plantar response - absent, flexion, HFWR, Babinski
3. sensation-10gm monofilament (toes 1,3,5- progress proximal if absent in toes)
4. vibratory and position - as needed
5. coordination - as needed
6. tinel’s sign - as needed
13. **Confidentiality and HIPAA**

In order for patients to share the personal and medical information necessary for effective medical care with the physicians and other health care providers, confidentiality must be maintained throughout all interactions involving the care of patients. This personal patient information is considered “privileged,” and may not be shared without the specific consent of the patient, except in legally prescribed situations. (If the patient is a minor or subject to the legal guardianship of others, then the parents or legal guardians direct the disclosure of information.)

A body of federal laws directed by the Health Information Portability and Accountability Act (HIPAA) mandate that health care providers take a number of prescribed actions to preserve the privacy and confidentiality of patient information.

The residency program functions within those precepts and legal requirements.

Residents are expected to review the ethical and legal concept of patient confidentiality, the situations in which it may be violated legally, the general requirements of the HIPAA regulations, and scrupulously apply those concepts in maintaining the confidentiality of patient information in all settings in which the resident functions. Residents failing to maintain awareness of and functioning within the precepts patient confidentiality and HIPAA will be subject to disciplinary action by the residency program.

**a. Informed Consent**

Informed consent must be obtained directly from patients (or the parents/guardians of minors) prior to any invasive procedure, medication injection, and prior to obtaining laboratory tests for which legal consent requirements exist.

The physician is responsible for:

1. Explaining the procedure itself to the patient, including discussing the nature of the procedure, its benefits (real or potential), its potential risks, its anticipated benefits, and reasonable alternative procedures or treatments and their relative risks and benefits (including that of no intervention at all). While the physician does not have to discuss all possible complications and alternatives of a procedure to the patient, he/she must discuss the common and most likely ones.

2. Making sure that the patient is both capable of understanding and actually understands the information explained to him/her, and

3. Answering any questions the patient may have about the procedure.

14. **Medical Records**

In today’s health care environment the medical record, whether in the office, the hospital, or other medical care settings, serves four basic roles:
1. Detailed description of the patient’s medical findings and care.
2. Communication tool between providers and members of the health care team caring for the patient.
3. Verification of services billed to third party payers for reimbursement.
4. Primary legal documentation of the type, content, and frequency of care provided for the patient.

Unlike the historical physician’s note, which was intended only as a reminder for the particular physician, medical records now are subject to review for all these purposes, with such review performed by a variety of personnel and clinical medical providers both within and outside the practice.

To facilitate the use of medical records for these multiple roles, these guidelines, protocols, and suggestions for medical records documentation and handling have been developed.

**a. Clinical Content of the Medical Record**

Within this residency program, problem-oriented medical records-keeping (POMR) is the preferred style for writing patient encounter notes, whether in the office or the hospital setting. The individual medical record note should contain subjective and objective medical information, analysis & assessment of the significance of that information, and plans for obtaining further information and for treating the patient. The most common practical expression of this concept is the Subjective, Objective, Assessment, and Plan (SOAP) note.

There are two styles for writing SOAP notes. For the purist in the POMR concept, each individual problem addressed with a patient during a given encounter should be documented with a separate, and complete, SOAP note. Thus, for a patient with three problems addressed, the provider would document three distinct SOAP format notes for the encounter. The more common style is to combine the information according to its placement within the SOAP format, creating a single SOAP note that addresses all four areas of all addressed problems within a single note.

**Subjective**

SUBJECTIVE information includes the medical history obtained from the patient and any other sources queried by the physician in providing care for the patient. Such information may be subject to variation, depending in the perspective of the history source queried as well as the patient’s memory and current functional status, and thus may not be specifically verifiable by subsequent providers. A thorough medical history provides significant clues to the identification of the patient’s medical problems and overall well-being.

*The subjective portion of the note should contain:*

1. Full medical history details of any newly identified problem(s)
2. Interval details from the last documentation regarding established problems
3. Generally doesn’t need to contain repetitious old information, but should refer to previous documentation for fuller detail.
4. Summary information from consultation, ancillary service, or other sources of ongoing patient evaluation.

**Objective**

OBJECTIVE information includes physical examination findings, as well as the results of clinical studies performed on the patient and reports of therapeutic interventions. Objective information generally should be verifiable by repeat examiners of the patient. Thorough, specific performance of physical examination components appropriate to the given patient and documentation of those findings is essential in the care of patients.

*At a minimum, the objective portion of a note should include:*

1. Current physical examination findings, including positive and pertinent negative findings, as well as notation of interval changes from the last documentation regarding that patient
2. Diagnostic study results
3. Patient monitoring results (telemetry, pulse oximetry, intake & output, etc.)

**Assessment**

ASSESSMENT represents the results of the provider’s analysis of available subjective and objective data about the patient. Most assessments take the form of diagnoses, either specifically identified or listed as a differential diagnosis. Assessments are subject to revision based on the receipt of additional information, eliminating differential considerations or confirming impressions through specific testing or the time course of the medical problem or its response to therapeutic interventions. Medical diagnoses and conclusions stated in the assessment should always be well supported by information contained in the subjective and objective information in the medical record.

*The assessment section should contain:*

1. Formal diagnoses
2. Any differential diagnoses under consideration, or newly excluded
3. Provider’s impression of patient status (Stable, unstable, improved, worsened, controlled, uncontrolled, with or without complications, etc., as appropriate)
4. Delineation of complicating factors in the patient’s progress or diagnoses

**Plans**

PLANS include both those for further evaluation of the patient’s condition(s) and therapeutic interventions, either for either treating specifically identified medical problems or for maintaining the patient’s future health. Any medical plans for a patient must be specifically supported by the documented medical assessment(s)/diagnoses, and thus connected to the subjective and objective findings documented for the specific patient.

*The plans documentation should usually include those for:*

1. Diagnosis (testing, observation, etc.)
2. Treatment
3. Monitoring of the patient’s condition
4. Follow-up plans

Medical records documentation should clearly reflect the provider’s medical thought processes and the supporting basis for any interventions, or lack thereof, undertaken for the patient. An outside reviewer of the medical records should easily be able to identify and distinguish the four areas of documentation content described above. Another person reading the note and concurring with the assessment and plans should be able to undertake the logical sequential care of the patient from the points delineated in the encounter note(s) details.

b. Error Prone Abbreviations
Several medical bodies in the United States have identified a number of commonly used medical abbreviations, which, due to their similarity to other abbreviations or carelessness in the handwriting of the ordering or documenting physician, are particularly prone to misinterpretation by medical personnel. These errors can result in significant risk to patients from inappropriate therapies.

As part of its ongoing qualify improvement efforts, SSM DePaul Health Center and this residency program support the efforts and supervisory body mandates to eliminate the use of these “error prone” abbreviations in medical orders and medical records documentation.

It is therefore both hospital and residency policy that these error-prone abbreviations must not be used in any portion of the medical record, in any setting within the hospital, including the FMC medical records.

List of these error-prone abbreviations can be found on each nursing station in the hospital. Residents and faculty must remain familiar with these lists and avoid using these prohibited abbreviations. It is generally a good practice to avoid the use of all abbreviations in writing orders or in medical records documentation.

c. General Medical Records Guidelines
1. MEDICAL RECORDS MUST NEVER BE FALSIFIED.

2. All handwritten medical records notes must be legible. A record that cannot be read does not exist functionally, and may not exist legally. Signatures must either be legible or have the legibly printed name of the physician written below them.

3. Changes made to medical records must never obscure the information being changed. Any changes should be made by drawing a single line through the text being replaced, with the corresponding new text written above the replaced text, or to the side in the margin if that is where the space is available, with the provider’s initials or signature, and date of the change clearly visible.

4. All physician clinical interactions with patients must be documented. Physicians are liable for any information they provide to patients or any patient outcomes resulting from telephone or other non-office-visit encounters.
5. Residents and faculty physicians are expected to complete appropriate medical records documentation of any clinical encounter with a patient on the same day that the encounter takes place.

6. **MEDICAL RECORDS MUST NEVER BE REMOVED FROM THE CLINICAL OFFICE OR HOSPITAL**

7. Document follow-up plans formally. For patients in the inpatient setting, daily rounding and documentation is the assumed standard for this program; formal documentation of other planned timing should be noted. Document instructions given to the patient.

8. Document any warnings regarding side effects, complications, or other potential adverse effects of the disease process or treatment(s) given to patients.

9. Document prescription medications fully, including the medication name, dose, route of administration, amount (for FMC patients, the # in the refills or the time duration of the treatment), and the number of refills approved in advance.

**Responsibilities for Hospital Records**

While the resident’s responsibility for medical record documentation while on rotations involving hospital care will vary with the rotation and the hospital, residents must complete hospital medical records in compliance with the institution’s Rules and Regulations.

Residents are generally responsible for:

1. Performing and documenting the complete admitting history and physical, or the initial complete consultation note if the interactions with the patient are those of a consultant service. These must be completed within 24 hours of the admission of the patient or completion of initial consultation visit. The full admitting H & P must provide documentation in accordance with hospital Rules and Regulations. It may be handwritten or dictated. If the full H & P is dictated the resident must write a brief admission note, sufficiently detailed to guide other providers in the evaluation and treatment of the patient if the full H & P is not available on the hospital chart.

2. Documenting daily hospital progress notes for all patients under the care of the resident on a hospital inpatient service, documenting subsequent consultative interactions with hospitalized inpatients, or completing regular (at least monthly) progress notes for nursing home patients.

3. Verification, through legible signature, any verbal or telephone orders you give to nursing personnel caring for patients whom you are following primarily, or for whom you are providing cross coverage. Verbal and telephone orders must be signed off within three days of the date they are issued. The resident’s peers may sign off on such order, and are encouraged to do so when the other residents are regularly involved in the care of the patient.
patient for whom the orders were issued.

4. Completing all portions of the patient’s medical records in a timely fashion, including completing dictated histories and physicals during the first 24 hours after a patient is admitted, countersigning any telephone or verbal orders within 72 hours of the time they were issued, and completing the discharge (or death) summary at the time of the patient’s discharge from the hospital. Residents who are significantly or consistently delinquent in completing medical records documentation within the time frames delineated in the Health Information Management Department will be subject to disciplinary action, up to and including unpaid suspension from all duties until all records are completed. Residents whose names are placed on the hospital’s suspension list will be suspended from all residence duties until all delinquent medical records are completed. Such Suspension will be credited as vacation time, if the resident has such time Remaining for the year, or as leave of absence if such vacation time is not available.

15. General Residency Program Policies

a. Hospital Policies and Procedures
All residents in this program are responsible for compliance with all SSM DePaul Health Center policies and procedures. Each resident goes through formal hospital orientation by the Human Resources Department and is provided a copy of the hospital’s Employee Handbook. The processes and procedures followed by the residency program to administer all residency matters will be in accordance with SSM DePaul Health Center policies and procedures.

b. Medical Licensure
All residents in this program must hold a current, valid Missouri medical license to begin or continue in the program. This license may be a permanent, unrestricted license or a temporary medical license, which is valid only for activities that the resident performs as part of the residency program. Residents may not begin the residency program until the Missouri State Board of Healing Arts has granted licensure. If licensure lapses at any point during the residency, the resident will be placed on Leave of Absence until the license is renewed, with the time in this status added to the duration of the residency program for the individual resident.

Residents who qualify for permanent Missouri medical licensure and wish to obtain it are responsible for applying for such licensure and paying any associated fees themselves. Residents who are granted a permanent Missouri license must notify the Program Director when that license is obtained.

c. Resident Contracts
Each resident in the program must review and sign the standard residency program contract for the upcoming year of residency training.

d. Continuing Medical Education
All residents are granted a semi-annual allowance for continuing medical education. Examples of
CME include but not limited to; books, supplies related to patient care (ie. loops), seminars. Surgical boards are not considered CME. All CME expenditures must be approved in advance by the director.

e. Medical Malpractice Insurance
SSM DePaul Hospital maintains professional liability (malpractice) insurance that covers all residents while they are functioning as residents within the program. The hospital also maintains appropriate malpractice insurance to cover graduated residents for any actions that may arise from their activities while serving as a resident in this program.

This residency liability insurance does not cover the residents while practicing medicine outside their roles as residents in this program (i.e., moonlighting).

f. Residency Program Leave of Absence
Residents may be absent from functioning as a resident for a total of only one calendar month (21 working days) during any one academic year (usually July 1 - June 30).

Approved leave from the program for attendance at educational conferences is not included in this per year limit.

Any additional time off must be made up at the end of the residency program. Residents receive a total amount of paid time off (PTO) each year, which includes vacation, illnesses, and other non-educational time away from the program.

The various categories of time away from the program include those described below.

**Vacation and Personal Leave**

All residents may only schedule vacation or personal leave with permission of the director during podiatric rotations only. Exceptions to this requirement will be considered on an individual basis, and are subject to determination of whether such exceptions will compromise the educational experience of the rotation or any other needs of the residency program.

Neither PTO nor educational leave time can be transferred from one year of training to the next. Residents may not schedule vacation or personal leave during the first month of any year of training (usually July, but this may vary for any residents whose training is “off-cycle.”).

Resident attendance at the weekly scheduled didactic conferences is mandatory. The residency recognizes that there will be times when urgent clinical patient needs or other exceptional needs on scheduled rotations will preclude the resident from attending those conferences.

If vacation requests accounting for all resident vacation / PTO time are not submitted by April 1 of each academic year, the residents’ remaining vacation time may be assigned at the discretion of residency program administration, to insure that essential program manpower needs are met.

**Outside Educational Activities Leave**
Residents may take up to one week (40 hours) of educational leave time. This time may be used only for attending accredited educational (CME) or board preparation conferences outside the SSM DePaul Health Center. Documentation of actual conference dates will be reviewed when CME time off is requested.

**Other Time Off or Leave**

Other resident requests for time off from the residency program will be considered for approval by the Program Director on an individual basis. The resident must provide explanation of the circumstances and the specific duration of time for which the leave is requested. Other than Bereavement Leave, time off beyond the limits of the residents’ available Paid Time Off or allotment of educational leave will be considered a Leave of Absence, usually without pay.

Bereavement leave requested due to the death of family members will be granted in accordance with SSM DePaul Health Center policy.

If the total amount of leave time requested and approved over the course of any single year of training exceeds the contractual limits, that excess time will be added to the end of residency training before the resident graduates from the program.

**g. Process for Scheduling Time Off**

Time off requests cannot be guaranteed.

*These policies apply to all resident physicians. Any exceptions must be approved by the program. Leave of absence form can be found in the appendices of this manual.*

A “Time off” request form must be completed and submitted at least thirty (30) days prior to the beginning of the requested time off. For requests submitted 30 days or more before the anticipated time off using this form, the residency program will make appropriate changes in resident and faculty schedules for office hours, call, etc.

Residents should not consider requested leave approved until they have received a photocopy of the request form with administrative approval signature present. *(The purchasing of airline tickets, prepayment for vacation reservations, etc., by any member of the department prior to receiving verification of leave approval is entirely at the risk of the individual requesting the leave, and will not be considered in the decision to grant the requested time off.)*

The only exception to use of the department’s leave request forms is a **Personal Emergency**, including personal illness, personal crisis, and immediate, severe family member crisis/illness or death, as allowed under department and hospital policies. These are unplanned events and the residency program will arrange coverage logistics for the physician’s absence.

**h. Submitting a Maternity & Paternity Leave of Absence**
Maternity Leave

The SSM DePaul Podiatric Residency recognizes that a female resident may give birth during her residency. With advance planning, many residents who deliver during their training can complete the residency program on time. To minimize both resident concerns and residency training disruption, the following policies apply.

1. The resident must notify the Program Director as soon as her pregnancy is known so that rotations can be scheduled/rescheduled appropriately.

2. The residency may request a letter from the resident’s obstetrician verifying the EDC and stating that the resident may continue to participate in residency training without endangering her health.

3. While PTO is used for maternity leave absence from residency responsibilities, call coverage will be handled as with any scheduled vacation time. If unpaid leave of absence or the maternal-fetal elective options are utilized, then missed call should be made up prior to completion of that year of training. If extra call will be necessary to accomplish this, it may be scheduled prior to delivery or afterwards.

4. The length of maternity leave may be four to eight weeks (depending on use of accumulated sick days, holiday or personal time, vacation time, and a home study elective) and still permit graduation from the program on time. Maternity leave in excess of eight weeks is permitted, but will result in an extension of the residency program.

Paternity Leave

The residency program recognizes that the birth of a child is a significant life event for the father of the child as well. The following has been developed to accommodate the resident’s need for increased attention to family matters.

1. The resident must notify the Program Director and Chief Resident of their spouse’s EDC as soon as possible, so that rotations can be scheduled/rescheduled appropriately.

2. The resident must arrange coverage for any already scheduled on-call responsibilities during his leave. If PTO will be utilized, then coordination of the dates of anticipated time off with the Chief Residents will be necessary to plan contingent call schedules.

3. The length of paternity leave may include any accumulated PTO available. An independent study/research elective, comparable to that available following maternity leave, may be scheduled with the prior approval of the residency director. Unpaid leave of absence may also be granted, although this will necessitate extension of the residency training and late graduation.

16. SharePoint

Sharepoint is a place to essentially share documents that can be accessed through a
secured location on the Internet. The Podiatry SharePoint is only to be used for documents that relate to the program.

To access sharepoint follow the steps below

Step 1: use the following link and enter your user name and logon
https://depaul.ssmhc.com/Department/Podiatry/default.aspx to access the home page,

Step 2: Type in your user name and password again. Be sure to add ds\ prior to your user name.

Tip:
1. Once in sharepoint to open a document, click on the document and use the "open in new window" option
2. To load a document, pay special attention to the "override existing document" icon that is checked by default. You may want to uncheck it if you want to keep the original document intact.
3. Do not click the back button at the top of the page, instead, click on the path display to
move back. Using the back button will take you off of share point.
APPENDICES:

FORMS

Request for Time off

Resident's Name: _____________________________________

Today's Date: ________________________________________

Dates Requested:

#1 from:_______________________ to:____________________

#2 from:________________________ to:____________________

#3 from:________________________ to:____________________

Scheduled rotation(s) during above dates:

#1 ________________________________________________

#2 ________________________________________________

#3 ________________________________________________

1. Time taken for exams, interviews and sick leave are considered paid time off

2. No or limited vacation time will be scheduled in the month of July

Approved:

Yes ___ No ___

Comments:_______________________________________________________
__________________________________________________________________

Residency Director's Signature_________________________ Date________________
H. John Visser, DPM
Rotation Evaluation

Resident’s Name ________________________________________________

Dates of Rotation ________________________________________________

Check One of the Following:  _____ PGY1  _____ PGY2  _____PGY3

Name of Rotation:

_____ Foot and Ankle Orthopedics  _____ Infectious Disease
_____ Podiatric Medicine and Surgery  _____ Internal Medicine
_____ Behavioral Medicine  _____ Radiology
_____ Anesthesiology  _____ Emergency Department
_____ Pathology  _____ General Surgery and Vascular
_____ Podiatric Office and Clinical  _____ Wound Care and Ulcer Mgt

Please evaluate this rotation based on the criteria below.

1. The goals and competencies in relation to the practice of podiatric medicine were:

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<td>Excellent</td>
<td>Very Good</td>
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2. The extent to which the content stated competencies were covered:

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3. The extent to which rotation was supplemented with clinical lectures, journal clubs, or clinical pathology conferences was:

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4. The supervision by faculty was:

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5. The patient exposures in regard to accomplishing rotation competencies were:

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6. The physical facilities were:

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7. The organization of this rotation was:

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8. The program director’s administration was:

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td></td>
</tr>
</tbody>
</table>

What are the strengths of the experience? (Circle all that apply)

Diversity of Workload  Journal Club  Conferences  Out-Patient Clinic

Inpatient Service  Outside Rotation (specify below)  Hospital Rotation (specify below)

Other: ________________________________________________________________

Comments ____________________________________________________________

__________________________________________

Resident’s Signature __________________________________ Date _____________

Residency Director’s Signature _____________________________ Date __________
Faculty Rotation

Resident’s Name _______________________________________________________

Name of Facility Member ______________________________________________

Dates of Rotation ______________________________________________________

Check One of the Following:  ____ PGY1  _____ PGY2  _____PGY3

Name of Rotation:

____ Foot and Ankle Orthopedics  ____ Infectious Disease

____ Podiatric Medicine and Surgery  ____ Internal Medicine

____ Behavioral Medicine  ____ Radiology

____ Anesthesiology  ____ Emergency Department

____ Pathology  ____ General Surgery and Vascular

____ Podiatric Office and Clinical  ____ Wound Care and Ulcer Mgt

Please rate faculty member(s) involved in this rotation on the following criteria.

1. Teaching Ability:

<table>
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<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

2. Rapport with Patients:

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
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<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

3. Rapport with Residents:

<table>
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<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

4. Availability to Residents:

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
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</table>

5. Amount of questioning and discussion toward learning:

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
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<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

6. Amount of constructive criticism feedback:
7. Qualification as a positive role model:

<table>
<thead>
<tr>
<th>5</th>
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<th>3</th>
<th>2</th>
<th>1</th>
</tr>
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<tbody>
<tr>
<td>Excellent</td>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

***************************************************************

Circle as many of the following descriptors to define your relationship with the faculty member.

Helpful  Confrontational  Professional  Enjoyable  Respectful
Challenging  Valuable  Waste of Time  Educational  Unhelpful

Comments __________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Resident’s Signature __________________________________________ Date ___________

Residency Director’s Signature __________________________________ Date ___________
Program Evaluation

Resident’s Name ____________________________________________

Check One of the Following: _____ PGY1  _____ PGY2  _____ PGY3

The resident will evaluate the effectiveness and organization of the program.

1. The planning and organization of the program is appropriate for the goals and competencies.

   5  4  3  2  1
   Excellent  Very Good  Good  Fair  Poor

   **********************************************

2. The resources of the program are adequate to accomplish the program goals and competencies.

   5  4  3  2  1
   Excellent  Very Good  Good  Fair  Poor

   ****************************************************

3. The program is having a positive effect on students and residents.

   5  4  3  2  1
   Excellent  Very Good  Good  Fair  Poor

   *********************************************************

4. The program is having a positive effect in care of patients.

   5  4  3  2  1
   Excellent  Very Good  Good  Fair  Poor

   *********************************************************

Comments __________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

What are the strengths of the program? (Circle all that apply)

Diversity of Workload  Journal Club  Conferences

Out-Patient Clinic  Clinical Rotation___________________________

Other: ______________________________________________________

Comments __________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Residency Manual Version 7
What are the weaknesses of the program? (Circle all that apply)

<table>
<thead>
<tr>
<th>Diversity of Workload</th>
<th>Journal Club</th>
<th>Conferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-Patient Clinic</td>
<td>Clinical Rotation</td>
<td></td>
</tr>
<tr>
<td>Other: __________________________</td>
<td></td>
<td></td>
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</tbody>
</table>

Recommendations for improvement:

___________________________________________

________________________________________________________________________

________________________________________________________________________

Resident’s Signature _____________________________ Date _____________

Residency Director’s Signature _____________________________ Date _____________
DePaul Health Center PMSR/RRA Program

Semi-Annual Review of Resident

Date: ________________________________
Resident: ____________________________  PG-Y: _______

Using the following scale, please rate the resident’s performance level in meeting each of the competencies as listed below:

5 - Exceptional  4 - Very Good  3 - Average  2 - Below Average  1 - Unsatisfactory

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional knowledge of basic and clinical sciences. Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application to patient care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Based Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly evaluates own performance; demonstrates the ability to investigate and evaluate patient care practices; incorporates feedback into improved activities; maintains exemplary patient log; efficiently uses technology to access and manage information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication/Interpersonal Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent listening and communication with patients, their families, and health professionals; always available to patients, families, and colleagues.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always demonstrates respect, compassion, integrity, honesty; teaches/role models responsible behavior, total commitment to self-assessment; willingly acknowledges errors; adheres to ethical principles.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systems-based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently accesses other resources in the system to provide optimal health care,</td>
</tr>
</tbody>
</table>
appropriately delegates resource management.

**Overall Clinical Competence as a specialist in Podiatry**

Evaluation:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Conference Attendance and Participation:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Logs:

Case Number and Diversity  __________

Activity:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Research:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

******************************************************************************

_________________________________  Date   _________

Resident

_________________________________  Date___________

Residency Director
H. John Visser, DPM
Anesthesia Assessment-Validation

Rotation Dates: ____________________________________________________________

Resident submitting assessment: ____________________________________________

Faculty Member(s) performing assessment: ________________________________

Thank you for completing this assessment. Your feedback is important to the residency program. Please enter any comments below the scoring table below.

P = PASS,  F = FAIL,  N/A = NOT APPLICABLE

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Perform and interpret the findings of a pre-anesthetic evaluation including:</td>
</tr>
<tr>
<td></td>
<td>1.1 Evaluation of anesthetic risk factors and ASA rating</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates knowledge of fluid and electrolyte concerns in the perioperative period.</td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates knowledge of appropriate intraoperative monitoring of patients including:</td>
</tr>
<tr>
<td></td>
<td>3.1 Patient positioning, establishing and assessing patient monitors.</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates knowledge and ability to establish and maintain an airway and appropriate means and devices of doing so.</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates knowledge and indications for different anesthetic techniques:</td>
</tr>
<tr>
<td></td>
<td>5.1 General, sedation, spinal, epidural, regional</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates awareness of the pharmacologic agents used in general, spinal, local, and conscious sedation techniques.</td>
</tr>
<tr>
<td>7.</td>
<td>Perform and interpret the findings of a post-anesthetic evaluation and recognizes appropriate care measures including:</td>
</tr>
<tr>
<td></td>
<td>7.1 Monitor vital signs, recovery techniques, airway maintenance, drug reversal, management of nausea and pain, resuscitation techniques.</td>
</tr>
</tbody>
</table>

Comments for above scoring (indicate specific scoring item when applicable)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
Attitudinal and Other Non-Cognitive Competencies

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

There are five scoring sections in the table below. Each section receives only one score.

P = PASS, F = FAIL, N/A = NOT APPLICABLE

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.</strong></td>
</tr>
<tr>
<td></td>
<td>1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.</td>
</tr>
<tr>
<td></td>
<td>2. Practice and abide by the principles of informed consent.</td>
</tr>
<tr>
<td></td>
<td>3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.</td>
</tr>
<tr>
<td></td>
<td>4. Demonstrate professional humanistic qualities.</td>
</tr>
<tr>
<td></td>
<td>5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.</td>
</tr>
<tr>
<td></td>
<td><strong>Communicate effectively and function in a multi-disciplinary setting.</strong></td>
</tr>
<tr>
<td></td>
<td>1. Communicate in oral and written form with patients, colleagues, payors, and the public.</td>
</tr>
<tr>
<td></td>
<td>2. Maintain appropriate medical records.</td>
</tr>
<tr>
<td></td>
<td><strong>Manage individuals and populations in a variety of socioeconomic and healthcare settings.</strong></td>
</tr>
<tr>
<td></td>
<td>1. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.</td>
</tr>
<tr>
<td></td>
<td>2. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one’s patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one’s own.</td>
</tr>
<tr>
<td></td>
<td>3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.</td>
</tr>
<tr>
<td></td>
<td><strong>Understand podiatric practice management in a multitude of healthcare delivery settings.</strong></td>
</tr>
<tr>
<td></td>
<td>1. Demonstrate familiarity with utilization management and quality improvement.</td>
</tr>
<tr>
<td></td>
<td>2. Understand healthcare reimbursement.</td>
</tr>
<tr>
<td></td>
<td>3. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation.</td>
</tr>
</tbody>
</table>
4. Understand medical-legal considerations involving healthcare delivery.

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

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

Comments for above scoring (indicate specific scoring item when applicable)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*******************************************************************************

I have received all listed competencies for this experience and have personally or as a member of a team evaluated this resident.

__________________________________ date __________
Clinical Faculty

__________________________________ date __________
Resident

__________________________________ date __________
Residency Director
H. John Visser, DPM

Please call **Holly Hopkins** with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
[ Holly_Hopkins@ssmhc.com](mailto:Holly_Hopkins@ssmhc.com)
Behavioral Health Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: ____________________________________________

Faculty Member(s) performing assessment: ________________________________

Thank you for completing this assessment. Your feedback is important to the residency program. Please enter any comments below the scoring table below.

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<table>
<thead>
<tr>
<th>Scoring</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has the capacity to manage individuals and populations in a variety of socioeconomic and health care settings.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates an awareness of how to manage a patient who refuses a recommended intervention or requests ineffective or harmful treatment.</td>
</tr>
<tr>
<td>3.</td>
<td>Recognizes interview techniques in identifying patient behavior. Able to perform a mental status exam.</td>
</tr>
<tr>
<td>4.</td>
<td>Utilizes effective methods to modify behavior and enhance compliance.</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates an awareness of the signs and symptoms of common psychological/psychiatric conditions and accepted treatment options.</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates an awareness of the various medications employed in the treatment of mental illness and their common side effects.</td>
</tr>
</tbody>
</table>

Comments for above scoring (indicate specific scoring item when applicable)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Attitudinal and Other Non-Cognitive Competencies

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</table>
|  | **Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.**  
1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.  
2. Practice and abide by the principles of informed consent.  
3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.  
4. Demonstrate professional humanistic qualities.  
5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs. |
|  | **Communicate effectively and function in a multi-disciplinary setting.**  
1. Communicate in oral and written form with patients, colleagues, payers, and the public.  
2. Maintain appropriate medical records. |
|  | **Manage individuals and populations in a variety of socioeconomic and healthcare settings.**  
1. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.  
2. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one’s patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one’s own.  
3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention. |
|  | **Understand podiatric practice management in a multitude of healthcare delivery settings.**  
1. Demonstrate familiarity with utilization management and quality improvement.  
2. Understand healthcare reimbursement.  
3. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation.  
4. Understand medical-legal considerations involving healthcare delivery. |
|  | **Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.**  
1. Read, interpret, and critically examine and present medical and scientific literature.  
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.  
3. Demonstrate information technology skills in learning, teaching, and clinical practice.  
4. Participate in continuing education activities. |
Comments for above scoring (indicate specific scoring item when applicable)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
*****************************************************************
I have received all listed competencies for this experience and have personally or as a member of a team evaluated this resident.

_____________________________  date__________
Clinical Faculty

_____________________________  date__________
Resident

_____________________________  date__________
Residency Director
H. John Visser, DPM

Please call Holly Hopkins with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmh.com
Podiatric Medicine and Surgery Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: ____________________________

Faculty Member(s) performing assessment: ____________________________

Thank you for completing this assessment. Your feedback is important to the residency program. Please enter any comments below the scoring table below.

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<tbody>
<tr>
<td>1.</td>
<td>Prevent, diagnose and manage diseases, disorders, and injuries of the lower extremity by non-surgical and surgical means including:</td>
</tr>
<tr>
<td></td>
<td>- nail pathology, dermatological manifestations, biomechanical abnormalities, musculoskeletal conditions and traumatic conditions.</td>
</tr>
<tr>
<td>2.</td>
<td>Perform and interpret the findings of a thorough problem-focused history and physical exam, including:</td>
</tr>
<tr>
<td></td>
<td>- 2.1 Vascular evaluation</td>
</tr>
<tr>
<td></td>
<td>- 2.2 Neurologic evaluation</td>
</tr>
<tr>
<td></td>
<td>- 2.3 Dermatologic evaluation</td>
</tr>
<tr>
<td></td>
<td>- 2.4 Biomechanical/musculoskeletal evaluation.</td>
</tr>
<tr>
<td>3.</td>
<td>Perform and interpret the findings of a comprehensive medical examination (including preoperative H&amp;P) that includes: vital signs, HEENT,</td>
</tr>
<tr>
<td></td>
<td>- chest, heart, lungs, abdomen, genitourinary, rectal, neurologic, and musculoskeletal.</td>
</tr>
<tr>
<td>4.</td>
<td>Performs appropriate palliative management when indicated for: keratotic lesions and nail disorders.</td>
</tr>
<tr>
<td>5.</td>
<td>Formulate and implement an appropriate plan of management including: footwear and padding when indicated for the podiatric patient.</td>
</tr>
<tr>
<td>6.</td>
<td>Formulate and implement an appropriate plan of management when indicated, including: orthotic, brace, prosthetic, and custom shoe management.</td>
</tr>
<tr>
<td>7.</td>
<td>Formulate and implement an appropriate plan of management in the care of foot/ankle fractures/dislocations and sprains including:</td>
</tr>
<tr>
<td></td>
<td>- immobilization techniques of casting, splinting, and taping.</td>
</tr>
<tr>
<td>8.</td>
<td>Perform (and/or order) and interpret appropriate diagnostic studies including: plain radiography, radiographic contrast studies,</td>
</tr>
<tr>
<td></td>
<td>- fluoroscopy, nuclear medicine imaging, MRI and CT.</td>
</tr>
<tr>
<td>9.</td>
<td>Perform (and/or order) and interpret appropriate diagnostic laboratory tests including: hematology, pathology/microbiology [anatomic and</td>
</tr>
<tr>
<td></td>
<td>- cellular], serology, synovial analysis.</td>
</tr>
<tr>
<td>10.</td>
<td>Perform (and/or order) and interpret appropriate diagnostic studies including: electrodiagnostic and vascular studies.</td>
</tr>
<tr>
<td>11.</td>
<td>Perform (and/or order) and interpret appropriate examinations including:</td>
</tr>
<tr>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td>biomechanical examination of the podiatric patient.</td>
</tr>
<tr>
<td></td>
<td>12. Appropriate management when indicated for manipulation/mobilization of the foot/ankle joint to increase range of motion/reduce associated pain.</td>
</tr>
<tr>
<td></td>
<td>13. Formulate an appropriate diagnosis and/or differential diagnosis.</td>
</tr>
<tr>
<td></td>
<td>14. Formulate and implement an appropriate plan of management with regards to anesthesia: Local, MAC, General for podiatric surgical patients.</td>
</tr>
<tr>
<td></td>
<td>15. Appropriate assessment and management of foot and ankle trauma including:</td>
</tr>
<tr>
<td></td>
<td>15.1 Closed management of fractures/dislocations of the foot</td>
</tr>
<tr>
<td></td>
<td>15.2 Closed management of fractures/dislocations of the ankle</td>
</tr>
<tr>
<td></td>
<td>15.3 Open management of fractures/dislocations of the foot</td>
</tr>
<tr>
<td></td>
<td>15.4 Open management of fractures/dislocations of the ankle</td>
</tr>
<tr>
<td></td>
<td>16. Formulate and implement an appropriate plan of management when necessary to perform injections and aspirations.</td>
</tr>
<tr>
<td></td>
<td>17. Appropriate pharmacologic management including the use of: NSAIDs, narcotics, antibiotics, antifungals, sedatives/hypnotics, muscle relaxants, laxatives, corticosteroids [all either PO, IV/IM, Topical].</td>
</tr>
<tr>
<td></td>
<td>18. Formulate and implement appropriate medical/surgical management when indicated of an ulcer or wound.</td>
</tr>
<tr>
<td></td>
<td>19. Formulate and implement appropriate medical/surgical management for skin lesions, including: excision or destruction of skin lesion (including skin biopsy and laser procedures).</td>
</tr>
<tr>
<td></td>
<td>20. Formulate and implement an appropriate plan of management for nail disorders including nail avulsion or matrixectomy (partial or complete, by any means).</td>
</tr>
<tr>
<td></td>
<td>21. Formulate and implement an appropriate plan of management including repair for: <strong>simple laceration</strong> (no neurovascular, tendon, or bone/joint involvement) or <strong>complex</strong> (neurovascular, tendon, or bone/joint involvement).</td>
</tr>
<tr>
<td></td>
<td>22. Formulate and implement an appropriate plan of management in <strong>digital surgery</strong> including: appropriate surgical management when indicated.</td>
</tr>
<tr>
<td></td>
<td>23. Formulate and implement an appropriate plan of management including: appropriate surgical management when indicated, including: <strong>first ray surgery</strong>, <strong>soft tissue foot surgery</strong>, <strong>osseous foot surgery (distal to the tarsometatarsal joints)</strong>, <strong>osseous foot surgery of the midfoot</strong>, <strong>reconstructive rearfoot and ankle surgery</strong>.</td>
</tr>
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<td>24. Demonstrate knowledge and techniques in <strong>internal and external fixation</strong> especially as it applies to the foot and ankle.</td>
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<td>25. Formulate and implement an appropriate plan of management including: appropriate consultations and/or referrals.</td>
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<td>26. Able to assess the treatment plan and revise it as necessary including appropriate lower extremity health promotion and education.</td>
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<td>27. Demonstrate understanding of common business and management practices as they relate to the podiatry office, including: healthcare reimbursement (billing/coding), time management, patient scheduling, and human resources.</td>
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Attitudinal and Other Non-Cognitive Competencies

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Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
1. Read, interpret, and critically examine and present medical and scientific literature.
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
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4. Participate in continuing education activities.

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_____________________________ date__________
clinical faculty

_____________________________ date __________
resident

_____________________________ date___________
residency director

Please call **Holly Hopkins** with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
Emergency Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: __________________________________________

Faculty Member(s) performing assessment: __________________________

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<td>2.</td>
<td>Diagnose and manage diseases, disorders, and injuries by non-surgical and/or surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam: 2.1 Problem-focused neurologic examination. 2.2 Problem-focused vascular examination. 2.3 Problem-focused dermatologic examination. 2.4 Problem-focused musculoskeletal examination.</td>
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<td>3.</td>
<td>Perform (and/or order) and interpret appropriate diagnostic studies, including medical imaging 3.1 radiographic contrast studies 3.2 stress radiography 3.3 fluoroscopy 3.4 bone scans, CT, MRI</td>
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<td>4.</td>
<td>Perform (and/or order) and interpret appropriate diagnostic laboratory tests including: hematology, serology, toxicology, and microbiology.</td>
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<td>5.</td>
<td>Perform (and/or order) and interpret appropriate diagnostic studies, including non-invasive vascular or invasive studies.</td>
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<td>6.</td>
<td>Formulate an appropriate diagnosis and/or differential diagnosis</td>
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<td>7.</td>
<td>Appropriate management when indicated of closed fractures and dislocations of pedal/ankle fractures and dislocations and cast/brace management.</td>
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<td>Appropriate indications and use of injection or aspiration techniques.</td>
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<td>9.</td>
<td>Formulate and implement appropriate plan of management including: consultation and/or referrals.</td>
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<td>10.</td>
<td>Recognize the need for (and/or orders) additional diagnostic studies when indicated including: EKG, chest x-ray, nuclear medicine, blood work etc</td>
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<td>11.</td>
<td>Appropriate pharmacologic management [IV, PO, or topical] including the use of:</td>
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12. Appropriate management of fluid and electrolyte agents when required.

13. Formulate and implement appropriate plan of treatment for the management of superficial ulcers or wound.

14. Formulate and implement an appropriate plan of management including appropriate medical/surgical management of repair of simple laceration.

15. Maintains appropriate medical records.

16. Is able to partner with health care managers and health care providers to assess, coordinate and improve health care.

Comments for above scoring (indicate specific scoring item when applicable)

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Attitudinal and Other Non-Cognitive Competencies

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Residency Manual Version 7 Page | 69
I have received all listed competencies for this experience and have personally or as a member of a team evaluated this resident.

_________________________________  date__________
Clinical Faculty

_________________________________  date   _________
Resident

_________________________________  date_________
Residency Director
H. John Visser, DPM

Please call Holly Hopkins with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
General Surgery/Vascular Competencies and Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: ____________________________________________

Faculty Member(s) performing assessment: ________________________________

Thank you for completing this assessment. Your feedback is important to the residency program. Please enter any comments below the scoring table below.

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1.1 vital signs  
1.2 head, eyes, ears, nose, and throat (HEENT)  
1.3 chest  
1.4 heart/lungs  
1.5 abdomen  
1.6 genitourinary  
1.7 rectal  
1.8 musculoskeletal  
1.9 neurologic examination |
| 2. | Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s). |
| 3. | Recognize the need for and the appropriate timing of additional diagnostic studies when needed, including:  
3.1 EKG  
3.2 Medical imaging studies including plain radiography, nuclear medicine imaging, CT, MRI, diagnostic ultrasound  
3.3 Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, urinalysis |
| 4. | Understands principles of perioperative management including fluid and electrolyte balance, pain management and blood and/or component therapy |
| 5. | Recognizes and demonstrates knowledge of conditions and problems that may be encountered in the management of the patient postoperatively including assessment of fever, postoperative infection, pulmonary function, fluid management, and gastrointestinal function |
| 6. | Understands management of the preoperative and postoperative surgical patient with an emphasis on complications. |
7. Able to recognize intra-operative and/or postoperative complications and treatments available.

8. Understands surgical principles and procedures applicable to common pathologies of the human body.

9. Recognizes “at-risk” surgical patients and be knowledgeable of necessary precautions which should be employed.

10. Perform (and/or order) and interpret appropriate diagnostic laboratory tests, including: hematology, blood chemistries, coagulation studies.

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<td>2. Perform (and/or order) and interpret appropriate diagnostic studies including vascular imaging and/or non-invasive vascular studies.</td>
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<td>3. Understands appropriate pharmacologic management in vascular surgery/medicine including peripheral vascular agents and anticoagulants</td>
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<td>4. Understands the role of minimally invasive techniques such as angioplasty, stenting and atherectomy.</td>
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<td>5. Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated for ulcerations or wounds.</td>
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<td>6. Understands and develops knowledge regarding amputations of when/why to perform and at what level best performed.</td>
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<td>7. Demonstrates an understanding of the diabetic patient and the effect of vascular disease in this patient population.</td>
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<td>8. Understands the indications and different means of lower extremity bypass surgery in the vascular compromised patient.</td>
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______________________________ date__________
Clinical Faculty

______________________________ date__________
Resident

______________________________ date__________
Residency Director
H. John Visser, DPM

Please call Holly Hopkins with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
Infectious Disease Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: ____________________________________________

Faculty Member(s) performing assessment: __________________________________

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<td>Understands the indications and interpretation of common laboratory tests used to assess and manage patients with infectious diseases.</td>
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<td>Demonstrates knowledge of the clinical signs and symptoms of infections in different parts of the body</td>
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<td>4.</td>
<td>Recognizes and understands the diagnosis and management of osteomyelitis.</td>
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<td>5.</td>
<td>Recognizes and understands the diagnosis and management of HIV and related pathology.</td>
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<td>6.</td>
<td>Understands the means of evaluating patient with hepatitis through clinical and laboratory methods.</td>
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<td>7.</td>
<td>Understands the means of evaluating clinically and through laboratory methods patients with other viral illnesses.</td>
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<td>8.</td>
<td>Demonstrates knowledge of the use, selection, indications, and adverse reactions of antibiotics.</td>
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_________________________________ date ____________
Clinical Faculty

_________________________________ date ____________
Resident

_________________________________ date ____________
Residency Director
H. John Visser, DPM

Please call Holly Hopkins with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
Internal Medicine Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: ____________________________________________

Faculty Member(s) performing assessment: __________________

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  1.2 HEENT  
  1.3 Chest  
  1.4 Heart / Lungs  
  1.5 Abdomen  
  1.6 Genitourinary  
  1.7 Gastrointestinal  
  1.8 Endocrine  
  1.9 Neurologic |
| 2. | Formulate an appropriate differential diagnosis of the patient's general medical problem. |
| 3. | Recognize the need for and knowledge of the appropriate timing of additional diagnostic studies when needed such as EKG, chest x-ray, nuclear medicine, standard radiographs. |
| 4. | Recognize the need for and the appropriate timing of additional laboratory studies when indicated  
  4.1 EKG  
  4.2 Medical imaging studies including plain radiography, nuclear medicine imaging, CT, MRI, diagnostic ultrasound  
  4.3 Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, urinalysis, synovial fluid analysis. |
| 5. | Recognizes the appropriate pharmacologic management of patients, including the use of:  
  5.1 Antibiotics / Antifungals  
  5.2 Narcotic analgesics / NSAID  
  5.3 Sedative/hypnotics  
  5.4 Anticoagulants and other vascular medications  
  5.5 Medications for hyperuricemia |
5.6 Laxatives/cathartics
5.7 Fluid and electrolyte agents
5.8 Corticosteroids
5.9 Management of hyper/hypoglycemia

6. Assess and manage the patient's general medical status.

7. Formulate and implement an appropriate plan of management, when indicated, including appropriate:
   - 7.1 therapeutic intervention,
   - 7.2 consultations and/or referrals, and
   - 7.3 general medical health promotion and education.

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Attitudinal and Other Non-Cognitive Competencies

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### Communicate effectively and function in a multi-disciplinary setting.
1. Communicate in oral and written form with patients, colleagues, payers, and the public.
2. Maintain appropriate medical records.

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

### Understand podiatric practice management in a multitude of healthcare delivery settings.
1. Demonstrate familiarity with utilization management and quality improvement.
2. Understand healthcare reimbursement.
3. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation.
4. Understand medical-legal considerations involving healthcare delivery.

### Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
1. Read, interpret, and critically examine and present medical and scientific literature.
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
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Comments for above scoring (indicate specific scoring item when applicable)

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Residency Manual Version 7 Page | 80
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_________________________________  date__________
Clinical Faculty

_________________________________  date  _________
Resident

_________________________________  date__________
Residency Director
H. John Visser

Please call Holly Hopkins with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
Neurology Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: ____________________________________________

Faculty Member(s) performing assessment: __________________________________

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</tr>
<tr>
<td>2</td>
<td>Demonstrates knowledge in the following areas: - neuroanatomy - neurophysiology - differentiation of peripheral and central nervous system disorders - pathogenesis of peripheral and central nervous system disorders</td>
</tr>
<tr>
<td>3</td>
<td>Demonstrates knowledge of disorders with lower extremity manifestations: - diabetes mellitus - entrapment neuropathies - radiculopathies - neuromuscular disorders - trauma - CRPS</td>
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<td>Recognizes the appropriate pharmacologic management of patients, including the use of: anti-convulsants, anti-parkinsonian, analgesics, antidepressants and sedatives, treatment of peripheral neuropathy.</td>
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<td>Reads, interprets, critically examines, and presents medical and scientific literature.</td>
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1. Read, interpret, and critically examine and present medical and scientific literature.
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
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Residency Director
H. John Visser

Please call **Holly Hopkins** with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
**Holly_Hopkins@ssmh.com**
Foot and Ankle Orthopedics Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: ____________________________________________

Faculty Member(s) performing assessment: __________________________

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<td>Perform and interpret the findings of a comprehensive medical history and physical examination including preoperative history and physical examinations.</td>
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<td>Diagnose and manage diseases, disorders, and injuries of the lower extremity by non-surgical and surgical means.</td>
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<td>Perform and interpret the findings of a thorough problem-focused history and physical exam in foot/ankle orthopedics.</td>
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<td>4.</td>
<td>Perform and interpret the findings of a thorough problem-focused history and physical exam, including: 4.1 neurologic examination 4.2 vascular examination 4.3 musculoskeletal examination</td>
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<td>5.</td>
<td>Perform (and/or order) and interpret appropriate diagnostic studies including: 5.1 plain radiography 5.2 radiographic contrast studies 5.3 fluoroscopy 5.4 nuclear medicine imaging 5.5 MRI 5.6 CT</td>
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<td>6.</td>
<td>Formulate an appropriate diagnosis and/or differential diagnosis in non-surgical and surgical orthopedic patients.</td>
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<td>Perform (and/or order) and interpret appropriate diagnostic studies including hematology, pathology, serology, microbiology, and synovial analysis as it pertains to the orthopedic patient.</td>
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<td>8.</td>
<td>Understands and recognizes the management of trauma including splinting, casting, along with other immobilization techniques.</td>
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<td>9.</td>
<td>Recognizes knowledge of anatomy and physiology of various structures associated in Orthopedics.</td>
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<td>10.</td>
<td>Appropriate pharmalogic management of the orthopedic patient including: NSAIDs, narcotics, sedatives/hypnotics, anticoagulants, laxatives/cathartics.</td>
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<td>11.</td>
<td>Appropriate assessment and management of foot and ankle trauma including: 11.1 Closed management of fractures/dislocations of the foot</td>
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<td>12</td>
<td>Demonstrates knowledge and techniques in internal and external fixation especially as it applies to the foot and ankle.</td>
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<td>Demonstrate knowledge and the treatment in infections in orthopedics including soft tissue, osseous, bacterial and fungal.</td>
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<td>Formulate and implement appropriate surgical management when indicated including <strong>digital surgery</strong>.</td>
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<td>Formulate and implement appropriate surgical management when indicated for <strong>soft tissue foot surgery</strong>.</td>
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<td>Formulate and implement appropriate surgical management when indicated for <strong>osseous foot surgery distal to the tarsometatarsal joints</strong>.</td>
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<td>Formulate and implement appropriate surgical management when indicated for <strong>osseous foot surgery at the midtarsal level</strong>.</td>
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<td>Formulate and implement appropriate reconstructive <strong>rearfoot/ankle surgical</strong> management when indicated.</td>
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<td>Demonstrates ability to understand and perform a lower extremity biomechanical examination as it pertains to foot and ankle orthopedics.</td>
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_________________________________________ date__________
Clinical Faculty

_________________________________________ date  __________
Resident

_________________________________________ date___________
Residency Director
H. John Visser

Please call Holly Hopkins with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
Pathology Assessment-Validation

Rotation Dates: ____________________________

Resident submitting assessment: ____________________________

Faculty Member(s) performing assessment: ____________________________

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<td>The indications and interpretations of results from the clinical laboratory.</td>
</tr>
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<td>2.</td>
<td>Understands collection methods for specific tests in pathology.</td>
</tr>
<tr>
<td>3.</td>
<td>Understands general principles in the evaluation of gross pathology.</td>
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<td>4.</td>
<td>Recognize the need for(and/or orders) additional diagnostic studies when indicated.</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates knowledge and understanding of basic histopathology including:</td>
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<td>5.1 review and recognition of lower extremity surgical specimens</td>
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<tr>
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<td>5.2 review and identification of common benign lesions</td>
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<td>5.3 differentiation of benign and malignant neoplasia</td>
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Residency Director
H. John Visser

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Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
Radiology Assessment-Validation

Rotation Dates: __________________________________________________________

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<td>Recognize basic chest film pathology including: pulmonary edema, cardiomegaly, pneumonia, atelectasis, neoplasia.</td>
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<td>Recognize basic components of skeletal radiology via different imaging techniques including: Neoplasms, fractures, anatomic variants</td>
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<td>Recognize the indications for additional imaging studies when indicated.</td>
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<td>Understands the indications and advantages of different imaging modalities – MRI vs. CT.</td>
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<td>5.</td>
<td>Recognizes the indications for CT and MRI imaging with and without contrast.</td>
</tr>
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<td>Recognize the principles and basics of interpreting MRI and CT images.</td>
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<td>Recognizes the indications for and interprets nuclear medicine studies.</td>
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<td>Recognizes the indications for and interprets diagnostic ultrasound studies.</td>
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<td>Recognize the principles and basics of interpreting angiographic studies.</td>
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<tr>
<td></td>
<td>1. Demonstrate familiarity with utilization management and quality improvement.</td>
</tr>
<tr>
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<td>2. Understand healthcare reimbursement.</td>
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<tr>
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<td>Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.</td>
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<td>1. Read, interpret, and critically examine and present medical and scientific literature.</td>
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<tr>
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<td>Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.</td>
</tr>
<tr>
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<td>Demonstrate information technology skills in learning, teaching, and clinical practice.</td>
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<tr>
<td>4.</td>
<td>Participate in continuing education activities.</td>
</tr>
</tbody>
</table>

Comments for above scoring (indicate specific scoring item when applicable)

______________________________________________________________________________
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______________________________________________________________________________
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******************************************************************************

I have received all listed competencies for this experience and have personally or as a member of a team evaluated this resident.

_______________________________ date __________
Clinical Faculty

_______________________________ date __________
Resident

_______________________________ date __________
Residency Director
H. John Visser, DPM

Please call **Holly Hopkins** with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com
Wound Care Assessment-Validation

Rotation Dates: __________________________________________________________

Resident submitting assessment: __________________________________________

Faculty Member(s) performing assessment: ________________________________

Thank you for completing this assessment. Your feedback is important to the residency program. Please enter any comments below the scoring table below.

\[ \text{P = PASS, \ F = FAIL, \ N/A = NOT APPLICABLE} \]

<table>
<thead>
<tr>
<th>Scoring</th>
<th>Competency</th>
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<tbody>
<tr>
<td>1.</td>
<td>Performs complete patient evaluation including:</td>
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<tr>
<td></td>
<td>1.1 history and physical examination,</td>
</tr>
<tr>
<td></td>
<td>1.2 differential diagnosis, and,</td>
</tr>
<tr>
<td></td>
<td>1.3 rationale for proposed intervention.</td>
</tr>
<tr>
<td>2.</td>
<td>Orders laboratory and special examinations and interpretation of the results.</td>
</tr>
<tr>
<td>3.</td>
<td>Biomechanical evaluation of patients when appropriate.</td>
</tr>
<tr>
<td>4.</td>
<td>Completion of charting and dictation.</td>
</tr>
<tr>
<td>5.</td>
<td>Appropriate management of diabetic foot complications, including ischemic, neuropathic, and infectious processes.</td>
</tr>
<tr>
<td>6.</td>
<td>Indications for total contact casting, use of Plastizote orthoses, and therapeutic splints and shoes.</td>
</tr>
<tr>
<td>7.</td>
<td>Indications for surgical management in diabetic or other ulcerative infections.</td>
</tr>
<tr>
<td>8.</td>
<td>Indications for amputations as partial foot amputations.</td>
</tr>
<tr>
<td>9.</td>
<td>Debridement techniques and indications.</td>
</tr>
<tr>
<td>10.</td>
<td>Wound care products, dressings, and biologicals.</td>
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<tr>
<td>11.</td>
<td>Application and removal of total contact casts.</td>
</tr>
<tr>
<td>12.</td>
<td>Performance of complete physical examination of the lower extremity in diabetic patients to include orthopedic vascular, neurologic, and dermatologic examinations.</td>
</tr>
<tr>
<td>13.</td>
<td>Formulation of treatment plans for diabetic foot care patients.</td>
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<tr>
<td>14.</td>
<td>Fabrication and adjustment of Plastizote insoles and fitting them to therapeutic shoes and splints.</td>
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<tr>
<td>15.</td>
<td>Apply various compressive bandages.</td>
</tr>
<tr>
<td>16.</td>
<td>Ordering and interpretation of the appropriate laboratory tests and results to include:</td>
</tr>
<tr>
<td></td>
<td>16.1 complete blood count</td>
</tr>
<tr>
<td></td>
<td>16.2 chemistry profile, and</td>
</tr>
<tr>
<td></td>
<td>16.3 urinalysis.</td>
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<tr>
<td>17.</td>
<td>The ability to recognize ulcerative processes independent of diabetes such as:</td>
</tr>
<tr>
<td></td>
<td>17.1 venous stasis,</td>
</tr>
</tbody>
</table>
| 17.2 sickle cell anemia,  
| 17.3 lupus, and  
| 17.4 other vascularitic conditions.  
| 18. Debridement technique.  

Comments for above scoring (indicate specific scoring item when applicable)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Attitudinal and Other Non-Cognitive Competencies
There are several competencies that by their very nature fit into the overall practice of medicine and do not reside in any one rotation. The content of this material is delivered and will be evaluated in the following areas. These competencies apply to ALL rotations.

There are five scoring sections in the table below. Each section receives only one score.

P = PASS,  F = FAIL,  N/A = NOT APPLICABLE

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| **Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.**  
1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.  
2. Practice and abide by the principles of informed consent.  
3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.  
4. Demonstrate professional humanistic qualities.  
5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs. |
| **Communicate effectively and function in a multi-disciplinary setting.**  
1. Communicate in oral and written form with patients, colleagues and the public.  
2. Maintain appropriate medical records. |
| **Manage individuals and populations in a variety of socioeconomic and healthcare settings.**  
1. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.  
2. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one’s patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one’s own.  
3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention. |
Understand podiatric practice management in a multitude of healthcare delivery settings.
1. Demonstrate familiarity with utilization management and quality improvement.
2. Understand healthcare reimbursement.
3. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation.
4. Understand medical-legal considerations involving healthcare delivery.

Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
1. Read, interpret, and critically examine and present medical and scientific literature.
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
3. Demonstrate information technology skills in learning, teaching, and clinical practice.
4. Participate in continuing education activities.

Comments for above scoring (indicate specific scoring item when applicable)

I have received all listed competencies for this experience and have personally or as a member of a team evaluated this resident.

_________________________________________ date__________
Clinical Faculty

_________________________________________ date _________
Resident

_________________________________________ date___________
Residency Director
H. John Visser, DPM

Please call Holly Hopkins with any concerns.
Office: (314) 344-7545
Fax: (314) 344-7258
Holly_Hopkins@ssmhc.com

H. John Visser, DPM
### Legend for Attitudinal Assessment

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<td>Performs with minimal direction</td>
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<td>5</td>
<td>Performs the entire task independently</td>
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<td>N/A</td>
<td>Not Applicable</td>
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### Prevent, diagnose, and manage diseases, disorders, and injuries by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination.

<table>
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<tr>
<th>Activity</th>
<th>Details</th>
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<td>Perform (and/or order) and interpret appropriate medical imaging</td>
<td>plain radiography, radiographic contrast studies, stress radiography, nuclear medicine imaging, MRI, CT</td>
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<tr>
<td>Perform (and/or order) and interpret appropriate laboratory tests</td>
<td>hematologic, serologic/immunologic, blood chemistries, microbiology, synovial fluid analysis, urinalysis, anatomic and cellular pathology</td>
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<tr>
<td>Perform (and/or order) and interpret appropriate other diagnostic studies</td>
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<tr>
<td>Formulate an appropriate diagnosis and/or differential diagnosis</td>
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<td>Perform appropriate non-surgical management when indicated</td>
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<td>Formulate and implement an appropriate plan of management</td>
<td>cast management, tape immobilization, orthotic, brace or prosthetic management, custom shoe management, footwear selection and/or modification, padding, injections, aspirations, physical therapy</td>
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<td>Perform appropriate pharmacologic management when indicated</td>
<td>including: NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, corticosteroids, antirheumatic</td>
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medications, topicals

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<th>Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature</th>
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<tr>
<td>Accepts criticism constructively</td>
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<td>Acts as a patient advocate, involving the patient/family in the decision-making process</td>
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<td>Communicates effectively with colleagues and staff</td>
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<td>Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity</td>
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<td>Provides high quality, comprehensive care in an ethical manner</td>
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<td>Demonstrates moral and ethical conduct</td>
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<td>Establishes trust and rapport with patients and peers</td>
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**Please rate this resident’s overall competence.**

___ Deficient: should repeat rotation       ___ Minimally acceptable: some remediation needed

___ Acceptable for level of training       ___ Outstanding for level of training
Faculty Comments: What do you find striking (negative or positive) about this resident?
____________________________________________________________________________________
____________________________________________________________________________________

Resident response (Circle one)

Accept    Accept with comment    Protest without action    Appeal

Signature: ___________________________    Date: ___________________________

Reviewed with Director on:

Program Director Signature: _______________________    Date: _______________________
### Legend for Attitudinal Assessment

1-Demonstrates inadequate knowledge of the task
2-Demonstrates knowledge but is unable to perform
3-Performs only with constant direction
4-Performs with minimal direction
5-Performs the entire task independently
N/A-Not Applicable

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**Attitudinal Assessment**

Accepts criticism constructively

Acts as a patient advocate, involving the patient/family in the decision-making process

Communicates effectively with colleagues and staff

Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity

Provides high quality, comprehensive care in an ethical manner

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Establishes trust and rapport with patients and peers

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Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery
Please rate this resident’s overall competence.

___ Deficient: should repeat rotation   ___ Minimally acceptable: some remediation needed
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Faculty Comments: What do you find striking (negative or positive) about this resident?
______________________________________________________________________________
______________________________________________________________________________

Resident response (Circle one)
Accept    Accept with comment    Protest without action    Appeal

Signature: ____________________________    Date: ____________________________

Reviewed with Director on:

Program Director Signature: ____________________________    Date: ____________________________
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### Competencies

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**Attitudinal Assessment**

Accepts criticism constructively

Acts as a patient advocate, involving the patient/family in the decision-making process

Communicates effectively with colleagues and staff

Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity

Provides high quality, comprehensive care in an ethical manner

Demonstrates moral and ethical conduct

Respects and adapts to cultural differences

Establishes trust and rapport with patients and peers

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Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery
Please rate this resident’s overall competence.

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___ Acceptable for level of training  ___ Outstanding for level of training

Faculty Comments: What do you find striking (negative or positive) about this resident?
______________________________________________________________________________
______________________________________________________________________________

Resident response (Circle one)
Accept  Accept with comment  Protest without action  Appeal

Signature: ________________________________ Date: ______________________________

Reviewed with Director on:

Program Director Signature: ____________________ Date: _________________________
Biomechanical Evaluation

Patient ID: _______________________

Chief Complaint: ______________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>RIGHT</th>
<th>LEFT</th>
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<tbody>
<tr>
<td><strong>ANKLE JOINT ROM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DF with knee flexed</td>
<td>WNL/ _____</td>
<td>WNL/ _____</td>
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<td>WNL, ANTALGIC, EARLY HEEL OFF, ABDUCTORY TWIST, APROPULSIVE, NO RE-SUPINATION</td>
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| HEEL INVERSION WITH TOE RAISE | ( + / -- ) | ( + / -- ) |

**OTHER:**

**DIAGNOSIS:**

**TREATMENT:**

**SIGNATURE** ________________________________ Date ____________________
Case Activities and Surgical Procedure  
(Categories and Code Numbers)

The following categories, procedures, and codes must be used for logging surgical procedure activity:

1 Digital Surgery (lesser toe or hallux)
   1.1 partial ostectomy/exostectomy
   1.2 phalanectomy
   1.3 arthroplasty (interphalangeal joint [IPJ])
   1.4 implant (IPJ)
   1.5 diaphyseotomy
   1.6 phalangeal osteotomy
   1.7 fusion (IPJ)
   1.8 amputation
   1.9 management of osseous tumor/neoplasm
   1.10 management of bone/joint infection
   1.11 open management of digital fracture/dislocation
   1.12 revision/repair of surgical outcome
   1.13 other osseous digital procedures not listed above

2 First Ray Surgery
   Hallux Valgus Surgery
   2.1.1 bunionectomy (partial ostectomy/Silver procedure)
   2.1.2 bunionectomy with capsulotendon balancing procedure
   2.1.3 bunionectomy with phalangeal osteotomy
   2.1.4 bunionectomy with distal first metatarsal osteotomy
   2.1.5 bunionectomy with first metatarsal base or shaft osteotomy
   2.1.6 bunionectomy with first metatarsocuneiform fusion
   2.1.7 metatarsophalangeal joint (MPJ) fusion
   2.1.8 MPJ implant
   2.1.9 MPJ arthroplasty
   Hallux Limitus Surgery
   2.2.1 cheilectomy
   2.2.2 joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement)
   2.2.3 joint salvage with distal metatarsal osteotomy
   2.2.4 joint salvage with first metatarsal shaft or base osteotomy
   2.2.5 joint salvage with first metatarsocuneiform fusion
   2.2.6 MPJ fusion
   2.2.7 MPJ implant
   2.2.8 MPJ arthroplasty

Other First Ray Surgery
   2.3.1 tendon transfer/lengthening/capsulotendon balancing procedure
   2.3.2 osteotomy (e.g dorsiflexory)
2.3.3 metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)
2.3.4 amputation
2.3.5 management of osseous tumor/neoplasm (with or without bone graft)
2.3.6 management of bone/joint infection (with or without bone graft)
2.3.7 open management of fracture or MPJ dislocation
2.3.8 corticotomy/callus distraction
2.3.9 revision/repair of surgical outcome (e.g., non-union, hallux varus)
2.3.10 other first ray procedure not listed above

3 Other Soft Tissue Foot Surgery
3.1 excision of ossicle/sesamoid
3.2 excision of neuroma
3.3 removal of deep foreign body (excluding hardware removal)
3.4 plantar fasciotomy
3.5 lesser MPJ capsulotendon balancing
3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)
3.7 open management of dislocation (MPJ/tarsometatarsal)
3.8 incision and drainage/wide debridement of soft tissue infection (including plantar space)
3.9 plantar fasciectomy
3.10 excision of soft tissue tumor/mass of the foot (without reconstructive surgery)
3.11 external neurolysis/decompression (including tarsal tunnel)
3.12 plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)
3.13 microscopic nerve/vascular repair (forefoot only)
3.14 other soft tissue procedures not listed above (limited to the foot)

4 Other Osseous Foot Surgery
4.1 partial ostectomy (including the talus and calcaneous)
4.2 lesser MPJ arthroplasty
4.3 bunionectomy of the fifth metatarsal without osteotomy
4.4 metatarsal head resection (single or multiple)
4.5 lesser MPJ implant
4.6 central metatarsal osteotomy
4.7 bunionectomy of the fifth metatarsal with osteotomy
4.8 open management of lesser metatarsal fractures
4.9 harvesting of bone graft distal to the ankle
4.10 amputation (lesser ray, transmetatarsal amputation)
4.11 management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)
4.12 management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft)
4.13 open management of tarsometatarsal fracture/dislocation
4.14 multiple osteotomy management of metatarsus adductus
4.15 tarsometatarsal fusion
4.16 corticotomy/callus distraction of lesser metatarsal
4.17 revision/repair of surgical outcome in the forefoot
4.18 detachment/reattachment of Achilles tendon with partial ostectomy
4.19 other osseous procedures not listed above (distal to the tarsometatarsal joint)

5 Reconstructive Rearfoot and Ankle Surgery
   Elective - Soft Tissue
5.1.1 plastic surgery techniques involving the midfoot, rearfoot, or ankle
5.1.2 tendon transfer involving the midfoot, rearfoot, ankle, or leg
5.1.3 tendon lengthening involving the midfoot, rearfoot, ankle, or leg
5.1.4 soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)
5.1.5 delayed repair of ligamentous structures
5.1.6 ligament or tendon augmentation/supplementation/restoration
5.1.7 open synovectomy of the rearfoot/ankle
5.1.8 other elective rearfoot reconstructive/ankle soft tissue surgery not listed above
   Elective - Osseous
5.2.1 operative arthroscopy
5.2.2 detachment/reattachment of Achilles tendon with partial ostectomy
5.2.3 subtalar arthroereisis
5.2.4 midfoot, rearfoot, or ankle fusion
5.2.5 midfoot, rearfoot, or tibial osteotomy
5.2.6 coalition resection
5.2.7 open management of talar dome lesion (with or without osteotomy)
5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement
5.2.9 ankle implant
5.2.10 corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia
5.2.11 other elective rearfoot reconstructive/ankle osseous surgery not listed above
   Non-Elective - Soft Tissue
5.3.1 repair of acute tendon injury
5.3.2 repair of acute ligament injury
5.3.3 microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle
5.3.4 excision of soft tissue tumor/mass of the foot (with reconstructive surgery)
5.3.5 excision of soft tissue tumor/mass of the ankle (with reconstructive surgery)
5.3.6 open repair of dislocation (proximal to tarsometatarsal joints)
5.3.7 other non-elective rearfoot reconstructive/ankle soft tissue surgery not listed above
   Non-Elective - Osseous
5.4.1 open repair of adult midfoot fracture
5.4.2 open repair of adult rearfoot fracture
5.4.3 open repair of adult ankle fracture
5.4.4 open repair of pediatric rearfoot/ankle fractures or dislocations
5.4.5 management of bone tumor/neoplasm (with or without bone graft)
5.4.6 management of bone/joint infection (with or without bone graft)
5.4.7 amputation proximal to the tarsometatarsal joints
5.4.8 other non-elective rearfoot reconstructive/ankle osseous surgery not listed above

6 Other Procedures (these procedures cannot be counted toward the minimum procedure requirements)
6.1 debridement of superficial ulcer or wound
6.2 excision or destruction of skin lesion (including skin biopsy and laser procedures)
6.3 nail avulsion (partial or complete)
6.4 matricectomy (partial or complete, by any means)
6.5 removal of hardware
6.6 repair of simple laceration (no neurovascular, tendon, or bone/joint involvement)
6.7 biological dressings
6.8 extracorporeal shock wave therapy
6.9 taping/padding (limited to foot and ankle)
6.10 orthotics (limited to the foot, and ankle casting for foot orthosis and ankle orthosis)
6.11 prosthetics (including prescribing and/or dispensing toe filler and prosthetic feet)
6.12 other biomechanical experiences not listed above (may include, but is not limited to, physical therapy, shoe prescription, shoe modification)
6.13 other clinical experiences
6.14 percutaneous procedures, i.e. coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma.

7 Biomechanics
7.1 biomechanical case; must include diagnosis, evaluation (biomechanical and gait examination), and treatment
7.2 biomechanical examination
7.3 other biomechanical experiences not listed above

8 History and Physical Examination
8.1 complete history and physical examination

9 Surgery and surgical subspecialties
9.1 general surgery
9.2 orthopedic surgery
9.3 plastic surgery
9.4 vascular surgery

10 Medicine and Medical subspecialty experiences
10.1 anesthesiology
10.2 cardiology
10.3 dermatology
10.4 emergency medicine
10.5 endocrinology
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## Academic Calendar 2015-16

DePaul Podiatry Resident
Medical Education

Month________________

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Acknowledgement of Training Manual and CPME Documents

I, ________________________________ acknowledge having received a copy of the SSM DePaul Residency Training Manual, a copy of CPME 320, a copy of CPME 330, and a copy of the Proper Logging of Surgery Procedures Document. All of these documents are kept on the SSM SharePoint Podiatry Site.

Resident Signature ________________________________ Date ________________
Timeline for Resident Project

1st Year Residents: Powerpoint Presentation
- Presentation topics: SEPT 15
- Resources & Outline: NOV 1
- Research Project Topic: JAN 1
  (for 3rd yr Project)
- Rough Draft: FEB 1
- Submit Presentation: JUNE 1

2nd Year Residents: Powerpoint Presentation or Case Report
- Hypothesis & Methods: JUL 15
- Presentation OR Case Report Topics: SEPT 15
- References & Outline: NOV 1
- Rough Draft: FEB 1
- Submit Presentation OR Case Report: JUNE 1

3rd Year Residents: Research Project
- References: SEPT 15
- Data Collection: DEC 15
- Rough Draft: FEB 1
- Submit Research: JUNE 1

All Residents
- Project Eval: AUG 1
- Project Eval: OCT 1
- Project Eval: DEC 1
- Project Eval: FEB 1
- Project Eval: APRIL 1

All surgical logs to be filled out by the 15th of the month for the previous month.
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Training Schedule

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