SSMHealth
DePaul Hospital
ST. LOUIS

PMSR/RRA RESIDENCY PROGRAM MANUAL

GENERAL RULES

1. Podiatry Residents are employees of the hospital under the supervision of the Podiatry Residency Program Director, Assistant Program Director, and Residency Program Manager.

   The Podiatry Resident is neither a supervisor or subservient to other employees at SSM Health DePaul Hospital St. Louis. Like all employees and the Medical Staff, the Podiatry Resident must obey the rules which have been established whether he/she agrees with them or not.

2. The Podiatry Resident is, within broad limits, responsible for patients on his/her service. Legally, the attending physician is responsible for the care rendered to the patient, including any orders a Podiatry Resident writes. Therefore, a Podiatry Resident must not change any physician's orders without first consulting the physician. In an emergency, the Podiatry Resident may act immediately to do anything which is indicated to save a life and then consult with the attending physician. As the Podiatry Resident becomes more proficient, various doctors will grant greater liberties, but in all events, the orders MUST BE CO-SIGNED by the attending physician.

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

4. Order and decorum must be maintained at all times. The dignity of the profession shall be above reproach.

5. When covering for another Podiatry Resident, it is the responsibility of the Podiatry Resident covering to ensure that his/her usual work is complete. This includes completion of all pertinent histories and physicals and progress notes on podiatric cases.

6. Podiatry Residents are expected to assist each other as workloads vary from day to day.

7. Unscheduled time off is not allowed without consent of the PD/APD.

8. Work hours on week days are from 6:30 a.m. to 7:00 p.m. following closing rounds, unless otherwise stated for specific rotations.

9. Morning rounds are to be completed before 7AM and all updates by 10AM to ensure the timely nature of all aspects related to patient care. 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.

10. The resident shall adhere to the specific rules, schedules, and regulations of each rotation.

11. Patient and Procedure logs are required by the CPME. Logs must be maintained within 7 days and reviewed regularly by the PD. This along with all other record keeping responsibilities is mandatory during the Resident Training Program and will ensure continued accreditation in the program.

12. DELINQUENT MEDICAL RECORDS: It is a professional responsibility to produce good patient medical records and to keep current with medical records at all times.

13. 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.

RESPONSIBILITIES TO PATIENTS

All Residents and students must keep in mind that the welfare of the patient and the reputation of SSM Health DePaul Hospital and the attending physician are very important parts of their responsibilities at all times. The following patient responsibilities will be observed at all times.

1. The Podiatry Resident must be present at the hospital during regular scheduled hours and be available to communicate with the patient's attending physician.

2. The Podiatry Resident must maintain a current list of patients on his/her service.

3. The Podiatry Resident is responsible for a complete, accurate, scientific history and physical examination for each patient he is assigned. The history and physical must be dictated immediately (immediately is defined as within 24 hours). This requirement pertains to ALL admissions.

4. The podiatry Resident must inform the attending physician of his/her evaluation of the patient and any adverse changes in the patient's condition as they occur. Major changes in diagnostic or therapeutic approach REQUIRE IMMEDIATE notification and communication with the attending physician. This includes any procedure on a patient requiring consent, transfer of any patient from or to the critical care units, need for blood transfusions, or death.

5. Readmission to the hospital within 30 days after a previous hospital discharge requires an interval history and a complete physical examination with a brief summary of the history and physical findings of the previous admission. This statement applies only if the patient is readmitted for the same illness or a complication from the previous hospitalization. If a patient is

readmitted to the hospital because of any unrelated illness or condition, a complete history and physical is required.

6. All progress notes must be complete and informative and must reflect the clinical course and condition of the patient including response to therapy, current problems and planned therapeutic modalities of treatment. PROGRESS NOTES ARE REQUIRED DAILY ON ALL PATIENTS. Patients in the critical care units may require progress notes more often if the condition of the patient is critical. All progress notes must be countersigned by the attending Podiatry physician.

7. Every patient must be seen and assessed daily. There are no exceptions to this basic responsibility.

8. Contact must be made with the attending physician upon completion of the patient history and physical to compare findings and arrive at a concurrence on the orders to be written.

9. In the event an accident occurs to a patient in the hospital, complete details of the accident must be accurately described and recorded in the progress notes. The attending physician must be notified immediately. If there is the possibility of any type of fracture, the patient will have appropriate x-ray evaluation. If the patient refuses this examination, the attending physician will be notified immediately and the patient's refusal is to be completely recorded in the patient's progress notes.

10. A podiatric lower extremity examination shall be included as part of every history and physical of patients admitted by Podiatry physicians.

11. If a patient refuses further treatment and leaves the hospital against medical advice, an AMA form must be completed. The facts and medical risks explained to the patient must be completely documented in the progress notes. The attending physician must also be notified immediately of the patient' refusal of medical treatment and unauthorized discharge from the hospital.

12. A copy of patients' rights must be read and fully understood by all student and Podiatry Residents.

PROGRAM 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.

To achieve its mission, the SSM Health DePaul Hospital 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

EXPECTATIONS

1. Provide podiatric care consistent with current community recognized standards of care.
2. Provide quality care for patients and families.
3. Meet legal and medical community standards for patient records.
4. Meet ethical standards for treatment and consideration of patients.
5. Extend courtesy to patients and co-workers.

PROFESSIONAL CONDUCT

The members of the SSM Health DePaul Hospital Podiatric 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.

PROGRAM DESCRIPTION

SSM Health DePaul Hospital sponsors a 36 month program of training in Podiatric Medicine and Surgical 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 (www.cpme.org/cpme320) and 330 (www.cpme.org/cpme330), both of which can be found at the specified URL addresses listed and meets all requirements therein. A copy of these documents can be obtained at the links listed above. 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.

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 pager.

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

Residents are expected, at a minimum, to remain available by cell phone and pager to the residency program and to be present in the hospital 6AM – 6PM, Monday through Friday, and whenever on call for any service on which they are rotating in the hospital, except when doing so would violate Resident Work Hours Rules. The program strongly recommends that all residents regularly remain available by cell phone and pager until 10:00 pm, unless post-call or on formally scheduled days off. Residents must respond to calls, texts, and pages within no more than 20 minutes of receiving the call, text, or page, and sooner, if opportunity permits.

Residents are expected to check/respond to texts, voicemails, pages, and email 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. Because CPME does not have defined requirements on this matter, we will follow the ACGME rules as it pertains to work hours. These requirements may be found in full at www.acgme.org. 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.

Residents are expected to remain available to the residency program unless the work hours restrictions above apply.

RESIDENT DAILY LOGGING

In addition to logging patient care in EPIC, residents must log all residency related activities in Podiatry Residency Resource. This includes clinical logs (surgical rotations, off-service rotations, clinical rotations), activity logs (lectures, journal/book club, labs, seminars), Biomechanics, H&P's, etc.

Daily Responsibilities of the Resident

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.

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:

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.

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.

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

Medical Student and Other Learner Supervision

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 that 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.

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 and/or Assistant 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 weekly basis.

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 / Grievances/ Appeals of Adverse Actions

The term "grievance" is defined as a dispute or controversy arising from any adverse actions taken against the resident.

The term "adverse action" includes probation, administrative probation, suspension and termination.

The term "Grievance Review Committee" refers to a physician panel comprised of three (3) physicians who are members of the Medical Staff of the hospital and who are selected on an as-needed basis by the Program Director. Should the Program Director have a conflict of interest related to the grievance, the Chairperson of the Medical Executive Committee of the hospital shall select the three (3) physicians to serve on the Grievance Review Committee. The Grievance Review Committee shall not include any individual, including the Program Director, who possesses a conflict of interest related to the grievance, and that individual must be excluded from the appeal process.

In the event that the resident has a grievance as defined herein above, he/she may within fourteen (14) days request a hearing before the Grievance Review Committee before which Committee he/she shall have the right to be heard within a reasonable time after application in writing for a hearing is made to the Program Director.

Within ten (10) days after the conclusion of the hearing, the Grievance Review Committee shall report the findings and recommendations to the Program Director and to the resident involved.

Within fourteen (14) days after receipt of the findings and recommendations of the Grievance Review Committee, the Program Director or the resident may appeal the decision of the Grievance Review Committee to the President of the Hospital. The decision of the President of the Hospital shall be final.

For disputes other than adverse actions, the standard SSM Health DePaul Hospital employee grievance procedure, which is coordinated through the human resources department, is followed for appeals of those actions. This mechanism is described in the hospital's employee handbook information provided to residents when they begin the program.

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.

Each rotation, the director will require members of that rotations teaching faculty to submit evaluations for residents he or she has worked with during that time. It is the responsibility of the resident to submit 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 one month 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.

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.

Specialty Competencies

Anesthesia Competencies

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

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

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

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

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

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.
9. Appropriately interprets bacterial cultures, sensitivities, MIC/MBC studies.

Internal Medicine Competencies

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

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 mellitis
    - 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

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, mircrobiology, 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 pharmalogic 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

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

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

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 and 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.
11. Appropriate closed management of ankle fracture/dislocation.

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

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 Competencies

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.
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.

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.

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.

Resident Scope of Practice

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.

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

Basic Clinical Examination

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

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

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

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

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 confidentially, 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.

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.

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.

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.

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 Health DePaul Hospital and this residency program support the efforts and supervisory body mandates to eliminate the use of these errorprone" 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.

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 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.

General Residency Program Policies

Hospital Policies and Procedures

All residents in this program are responsible for compliance with all SSM Health DePaul Hospital 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 Health DePaul Hospital policies and procedures.

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.

Resident Contracts

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

Continuing Medical Education

All residents are granted an 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.

Medical Malpractice Insurance

SSM Health 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.

Residency Program Leave of Absence

Leave taken for any reason that exceeds 22 days in any academic year must be made up (without compensation unless prior arrangements have been made) in order to complete the program. Any additional time off must be made up at the end of the residency program. Residents receive a total amount of 21 vacation days each year (including weekends), which includes vacation, illnesses, and holidays.

Any resident failing to abide by these policies may be placed on probation with loss of all leave privileges (first offense), suspended for 30 days without pay with time made up at end of program (second offense) or terminated from the program (third offense).

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 assistant program director during podiatric surgery 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.

Vacation time cannot be transferred from one year of training to the next. Residents may not schedule vacation or personal leave during the last two weeks of June and the first month of the academic year, July.

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 time are not submitted by August 1 of each academic year, the residents' remaining vacation time may be assigned at the discretion of residency program administration, to ensure that essential program manpower needs are met.

Other Time Off or Leave

Other resident requests for time off from the residency program will be considered for approval by

the Assistant 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 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 Health DePaul Hospital 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.

Process for Scheduling Time Off

Time off requests are not 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 by August 1st.

Residents should not consider requested leave approved until they have received a copy 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.

Submitting a Maternity & Paternity Leave of Absence

Maternity Leave

The SSM Health DePaul Hospital's 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/Assistant 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 vacation time 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 Assistant Program Director 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.

3. The length of paternity leave may include any accumulated vacation time 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.

Request for Time off

Resident's Name: _____

Today's Date: _____

Dates Requested: Scheduled rotation(s):

#1 from:_____ to:_____ #1 _____

#2 from:_____ to:_____ #2 _____

#3 from:_____ to:_____ #3 _____

Reason Requested:

#1 _____

#2 _____

#3 _____

1. Time taken for exams, interviews, and sick leave are considered paid time off
2. No vacation time will be scheduled in the month of July

Approved:
Yes ___ No ___

Comments:_____
_____

Assistant Director's Signature_____ Date_____
Carmina Quiroga, DPM

Rotation/Faculty Evaluation

Resident's Name _____

Dates of Rotation _____

Check One of the Following: ____ PGY1 _____ PGY2 _____PGY3

Name of Rotation:

____ Anesthesia

____ Behavioral Health

____ Emergency Department

____ Foot and Ankle Orthopedics

____ General Surgery

____ Infectious Disease

____ Internal Medicine

____ Neurology

____ Pathology

____ Podiatric Medicine - Clinic

____ Podiatric Surgery

____ Radiology

____ Vascular Surgery

____ Wound Care

Please evaluate this rotation based on the criteria below.

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

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

2. The extent to which the content stated competencies were covered:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

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

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

4. The supervision by faculty was:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

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

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

6. The physical facilities were:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

7. The organization of this rotation was:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

8. The program director's administration was:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

9. Physician's teaching ability:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

10. Physician's rapport with patients:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

11. Physician's rapport with residents:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

12. Physician's availability to resident:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

13. Amount of questioning and discussion toward learning with physician:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

14. Amount of constructive criticism and feedback from physician:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

15. Qualification as a positive role model:

5	4	3	2	1
Excellent	**Very Good**	**Good**	**Fair**	**Poor**

****

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 _____

Program Evaluation

Resident's Name _____

Check One of the Following: ____ PGY1 _____ PGY2 _____PGY3

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

5-Exceptional 4-Very Good 3-Good 2-Fair 1-Poor

The planning and organization of the program is appropriate for the goals and competencies.	
The resources of the program are adequate to accomplish the program goals and comptetencies.	
The program is having a positive effect on students and residents.	
The program is having a positive effect in the care of patients.	

****

What are the <u>strengths</u> of the program? (Circle all that apply)

Diversity of Workload Journal Club Conferences Out-Patient Clinic

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

Other: _____

_____

What are the <u>weaknesses</u> of the program? (Circle all that apply)

Diversity of Workload Journal Club Conferences Out-Patient Clinic

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

Other: _____

_____

Recommendations for improvement

_____

_____

Resident's Signature _____ Date _____

Residency Director's Signature _____ Date _____

SSM Health DePaul Hospital 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

	5	**4**	**3**	**2**	**1**
Medical Knowledge *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.*					
Patient Care *Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.*					
Practice Based Learning *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.*					
Communication/Interpersonal Skills *Excellent listening and communication with patients, their families, and health professionals; always available to patients, families, and colleagues.*					
Professionalism *Always demonstrates respect, compassion, integrity, honesty; teaches/role models responsible behavior, total commitment to self-assessment; willingly acknowledges errors; adheres to ethical principles.*					
Systems-based Practice *Independently accesses other resources in the system to provide optimal health care, 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:

_____

_____

****

_____ 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

Scoring	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.

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

Scoring	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, payors, 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)

_____

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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@ssmhealth.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.

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

Scoring	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.

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

Scoring	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.

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

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Office: (314) 344-7545
Fax: (314) 344-7258
Holly.Hopkins@ssmhealth.com

Podiatric Medicine 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. 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

Competency	**5**	**4**	**3**	**2**	**1**
1. Perform and interpret the findings of a comprehensive medical history and physical examination including preoperative history and physical examination.					
2. Diagnose and manage diseases, disorders, and injuries of the lower extremity by non-surgical and surgical means. Including Nail pathology, dermatological manifestations, biomedical abnormalities, musculoskeletal conditions and traumatic conditions.					
3. Perform and interpret the findings of a thorough problem-focused history and physical exam, including neurologic examination, vascular examination and musculoskeletal examination.					
4. Perform (and/or order) and interpret appropriate diagnostic studies including plain radiography, radiographic contrast studies, fluoroscopy, nuclear medicine imaging, MRI, and CT.					
5. Skilled in use of podiatric instrumentation for palliative management when indicated for nail, hyperkeratotic lesions and wound care.					
6. Perform (and/or order) and interpret appropriate diagnostic studies including hematology, pathology, serology, microbiology, and synovial analysis as it pertains to the podiatric patient.					
7. Understands and recognizes the management of trauma including splinting, casting, along with other immobilization techniques.					
8. Recognizes knowledge of anatomy and physiology of various structures of the lower extremity.					
9. Appropriate pharmacologic management of the podiatric patient including: NSAIDS, narcotics, sedative/hypnotics, anticoagulants, laxatives/cathartics.					
10. Appropriate assessment and management of foot and ankle trauma including: 10.1 Closed management of fractures/dislocations of the foot 10.2 Closed management of fractures/dislocations of the ankle					

10.3 Open management of the fractures/dislocations of the foot 10.4 Open management of the fractures/dislocations of the ankle					
11. Demonstrate knowledge and treatment in infections in podiatry: including soft tissue and osseous.					
12. Formulate and implement an appropriate surgical management and planning when indicated including forefoot, soft tissue, and midfoot surgery.					
13. Formulate and implement appropriate reconstructive rearfoot/ankle surgical management when indicated.					
14. Demonstrate the ability to understand and perform a lower extremity biomechanical examination as it pertains to foot and ankle.					
15. Formulate and implement appropriate an approach when necessary for injections and aspirations.					
16. Demonstrates understanding of common business and management practices they relate to the podiatry office, including: billing, coding, inventory and staff management.					

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.

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

Competency	**5**	**4**	**3**	**2**	**1**
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, payors, 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

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

Podiatric 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.

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

Scoring	Competency
	1. Prevent, diagnose and manage diseases, disorders, and injuries of the lower extremity by non-surgical and surgical means including: nail pathology, dermatological manifestations, biomechanical abnormalities, musculoskeletal conditions and traumatic conditions..
	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. Performs appropriate palliative management when indicated for: keratotic lesions and nail disorders.
	5. Formulate and implement an appropriate plan of management including: footwear and padding when indicated for the podiatric patient.
	6. Formulate and implement an appropriate plan of management when indicated, including: orthotic, brace, prosthetic, and custom shoe management.
	7. 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.
	8. Perform (and/or order) and interpret appropriate diagnostic studies including: plain radiography, radiographic contrast studies, fluoroscopy, nuclear medicine imaging, MRI and CT.
	9. Perform (and/or order) and interpret appropriate diagnostic laboratory tests including: hematology, pathology/microbiology [anatomic and cellular], serology, synovial analysis.
	10. Perform (and/or order) and interpret appropriate diagnostic studies including: electrodiagnostic and vascular studies.

	11. Perform (and/or order) and interpret appropriate examinations including: biomechanical examination of the podiatric patient.
	12. Appropriate management when indicated for manipulation/mobilization of the foot/ankle joint to increase range of motion/reduce associated pain.
	13. Formulate an appropriate diagnosis and/or differential diagnosis.
	14. Formulate and implement an appropriate plan of management with regards to anesthesia: Local, MAC, General for podiatric surgical patients.
	15. Appropriate assessment and management of foot and ankle trauma including: 15.1 Closed management of fractures/dislocations of the foot 15.2 Closed management of fractures/dislocations of the ankle 15.3 Open management of fractures/dislocations of the foot 15.4 Open management of fractures/dislocations of the ankle
	16. Formulate and implement an appropriate plan of management when necessary to perform injections and aspirations.
	17. Appropriate pharmalogic management including the use of: NSAIDs, narcotics, antibiotics, antifungals, sedatives/hypnotics, muscle relaxants, laxatives, corticosteroids [all either PO, IV/IM, Topical].
	18. Formulate and implement appropriate medical/surgical management when indicated of an ulcer or wound.
	19. Formulate and implement appropriate medical/surgical management for skin lesions, including: excision or destruction of skin lesion (including skin biopsy and laser procedures).
	20. Formulate and implement an appropriate plan of management for nail disorders including nail avulsion or matrixectomy (partial or complete, by any means).
	21. Formulate and implement an appropriate plan of management including repair for: **simple laceration** (no neurovascular, tendon, or bone/join involvement) or **complex** (neurovascular, tendon, or bone/joint involvement).
	22. Formulate and implement an appropriate plan of management in **digital surgery** including: appropriate surgical management when indicated.
	23. Formulate and implement an appropriate plan of management including: appropriate surgical management when indicated, including: **first ray surgery**, **soft tissue foot surgery, osseous foot surgery (distal to the tarsometatarsal joints), osseous foot surgery of the midfoot, reconstructive rearfoot and ankle surgery.**
	24. Demonstrate 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 consultations and/or referrals.
	26. Able to assess the treatment plan and revise it as necessary including appropriate lower extremity health promotion and education.
	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.

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

Scoring	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.

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

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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

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

Emergency Department 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

Scoring	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.

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

Scoring	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.

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

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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@ssmhealth.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.

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

	GENERAL SURGERY
Scoring	**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. 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.

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

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	VASCULAR SURGERY
Scoring	**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.

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

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Attitudinal and Other Non-Cognitive Competencies

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Scoring	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.

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

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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@ssmhealth.com

Infectious Disease 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

Scoring	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.
	9. Appropriately interprets bacterial cultures, sensitivities, MIC/MBC studies.

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

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Attitudinal and Other Non-Cognitive Competencies

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Scoring	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.

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

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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@ssmhealth.com

Internal Medicine 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

Scoring	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 Corticosterioids 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.

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

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Attitudinal and Other Non-Cognitive Competencies

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

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

Scoring	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.

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

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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

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

Neurology 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

Scoring	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 mellitis - entrapment neuropathies - radiculopathies - neuromuscular disorders - trauma - CRPS
	1. 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.

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.

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Scoring	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.

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

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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

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

Foot and Ankle Orthopedics 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

Scoring	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 pharmalogic 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.

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

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Attitudinal and Other Non-Cognitive Competencies

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

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

Scoring	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.

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

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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

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

Pathology 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

Scoring	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

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

Scoring	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.

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

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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

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

Radiology 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

Scoring	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.

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

Scoring	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.

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

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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@ssmhealth.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.

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

Scoring	Competency
	1. Performs complete patient evaluation including: 1.1 history and physical examination, 1.2 differential diagnosis, and, 1.3 rationale for proposed intervention.
	2. Orders 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 as partial foot amputations.
	9. Debridement techniques and indications.
	10. Wound care products, dressings, and biologicals.
	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: 16.1complete blood count 16.2chemistry profile, and 16.3urinalysis.
	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.

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

Scoring	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 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@ssmhealth.com

Vascular 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. 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

VASCULAR SURGERY	**5**	**4**	**3**	**2**	**1**
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.					

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.

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

Competency	**5**	**4**	**3**	**2**	**1**
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, payors, 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@ssmhealth.com

PMSR/RRA PGY-1 Assessment-Validation

Resident: _____ Rotation Dates: _____

Evaluator: _____ Evaluator Date & Signature: _____

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

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					
Perform (and/or order) and interpret appropriate medical imaging: plain radiography, radiographic contrast studies, stress radiography, nuclear medicine imaging, MRI, CT					
Perform (and/or order) and interpret appropriate laboratory tests: hematology, serology/immunology, blood chemistries, microbiology, synovial fluid analysis urinalysis, anatomic and cellular pathology					
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies, non-invasive vascular studies					
Formulate an appropriate diagnosis and/or differential diagnosis					
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions, palliation of toenails, manipulation/mobilization of foot/ankle join(s), closed management of pedal fractures and dislocations, closed management of ankle fracture/dislocation					
Formulate and implement an appropriate plan of management: cast management, tape immobilization, orthotic, brace or prosthetic management, custom shoe management, footwear selection and/or modification, padding, injections, aspirations, physical therapy					
Perform appropriate pharmacologic management when indicated, including: NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents,					

anthyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, corticosteroids, antirheumatic medications, topicals					
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound, excision or destruction of skin lesion including skin biopsy, nail avulsion (partial or complete), matrixectomy (partial or complete), repair of simple laceration, digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery (distal to the tarsometatarsal joints, and exostectomies), reconstructive rearfoot and ankle surgery					
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals, appropriate lower extremity health promotion and education, reassessment of the treatment plan with revision as necessary					
Demonstrates the ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs					
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					
Attitudinal Assessment	**1**	**2**	**3**	**4**	**N/A**
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					
Demonstrates primary concern for patient's welfare and well-being					
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

___ 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: _____

PMSR/RRA PGY-2 Assessment-Validation

Resident: _____ Rotation Dates: _____

Evaluator: _____ Evaluator Date & Signature: _____

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

Competency	**1**	**2**	**3**	**4**	**5**	**N/A**
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						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography, radiographic contrast studies, stress radiography, nuclear medicine imaging, MRI, CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology, serology/immunology, blood chemistries, microbiology, synovial fluid analysis urinalysis, anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies, non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions, palliation of toenails, manipulation/mobilization of foot/ankle join(s), closed management of pedal fractures and dislocations, closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management, tape immobilization, orthotic, brace or prosthetic management, custom shoe management, footwear selection and/or modification, padding, injections, aspirations, physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs, antibiotics, antifungals,						

narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anthyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, corticosteroids, antirheumatic medications, topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound, excision or destruction of skin lesion including skin biopsy, nail avulsion (partial or complete), matrixectomy (partial or complete), repair of simple laceration, digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery (distal to the tarsometatarsal joints, and exostectomies), reconstructive rearfoot and ankle surgery						
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals, appropriate lower extremity health promotion and education, reassessment of the treatment plan with revision as necessary						
Demonstrates the ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
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						
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						
Demonstrates primary concern for patient's welfare and well-being						

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

___ 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: _____

PMSR/RRA PGY-3 Assessment-Validation

Resident: _____ Rotation Dates: _____

Evaluator: _____ Evaluator Date & Signature: _____

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

Competency	1	2	3	4	5	N/A
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						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography, radiographic contrast studies, stress radiography, nuclear medicine imaging, MRI, CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology, serology/immunology, blood chemistries, microbiology, synovial fluid analysis urinalysis, anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies, non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions, palliation of toenails, manipulation/mobilization of foot/ankle join(s), closed management of pedal fractures and dislocations, closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management, tape immobilization, orthotic, brace or prosthetic management, custom shoe management, footwear selection and/or modification, padding, injections, aspirations, physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs, antibiotics, antifungals,						

narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anthyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, corticosteroids, antirheumatic medications, topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound, excision or destruction of skin lesion including skin biopsy, nail avulsion (partial or complete), matrixectomy (partial or complete), repair of simple laceration, digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery (distal to the tarsometatarsal joints, and exostectomies), reconstructive rearfoot and ankle surgery						
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals, appropriate lower extremity health promotion and education, reassessment of the treatment plan with revision as necessary						
Demonstrates the ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
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						
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						
Demonstrates primary concern for patient's welfare and well-being						

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

___ 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: _____

	RIGHT	LEFT
ANKLE JOINT ROM		
DF with knee flexed	WNL/ _____	WNL/_____
DF with knee extended	WNL/ _____	WNL/_____
STJ ROM		
INVERSION	WNL/ _____	WNL/_____
EVERSION	WNL/ _____	WNL/_____
MTJ LOCKING	**(+ / --)**	**(+ / --)**
FF TO RF RELATION	NEUTR/VALGUS/VARUS	NEUTR/VALGUS/VARUS
1st RAY		
POSITION/ROM	PF/DF/N – WNL/_____	PF/DF/N – WNL/_____
1st RAY MPJ ROM	WNL/ _____	WNL/_____
STANCE		
KNEE POSITION		
KNEE FRONTAL	RECTUS/VARUS/VALGUS	RECTUS/VARUS/VALGUS
KNEE SAGITTAL	RECURVATUM,/NEUTRAL	RECURVATUM,/NEUTRAL
RCSP	NEUTR/INVERTED/EVERTED	NEUTR/INVERT/EVERTED
GAIT ANALYSIS: (circle)	WNL, ANTALGIC, EARLY HEEL OFF, ABDUCTORY TWIST, APROPULSIVE, NO RE-SUPINATION	
	_____	
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 phalangectomy
- 1.3 arthroplasty (interphalangeal joint [IPJ])
- 1.4 implant (IPJ)
- 1.5 diaphysectomy
- 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 detachement/reattachement 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 arthroeresis
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
10.6 family practice
10.7 gastroenterology
10.8 hematology/oncology
10.9 imaging
10.10 infectious disease
10.11 internal medicine
10.12 neurology
10.13 pediatrics
10.14 physical medicine and rehabilitiation
10.15 psychiatry and behavioral medicine
10.16 rheumatology
10.17 sports medicine
10.18 wound care

Academic Calendar 2021-22

DePaul Podiatry Resident
Medical Education

Month_____

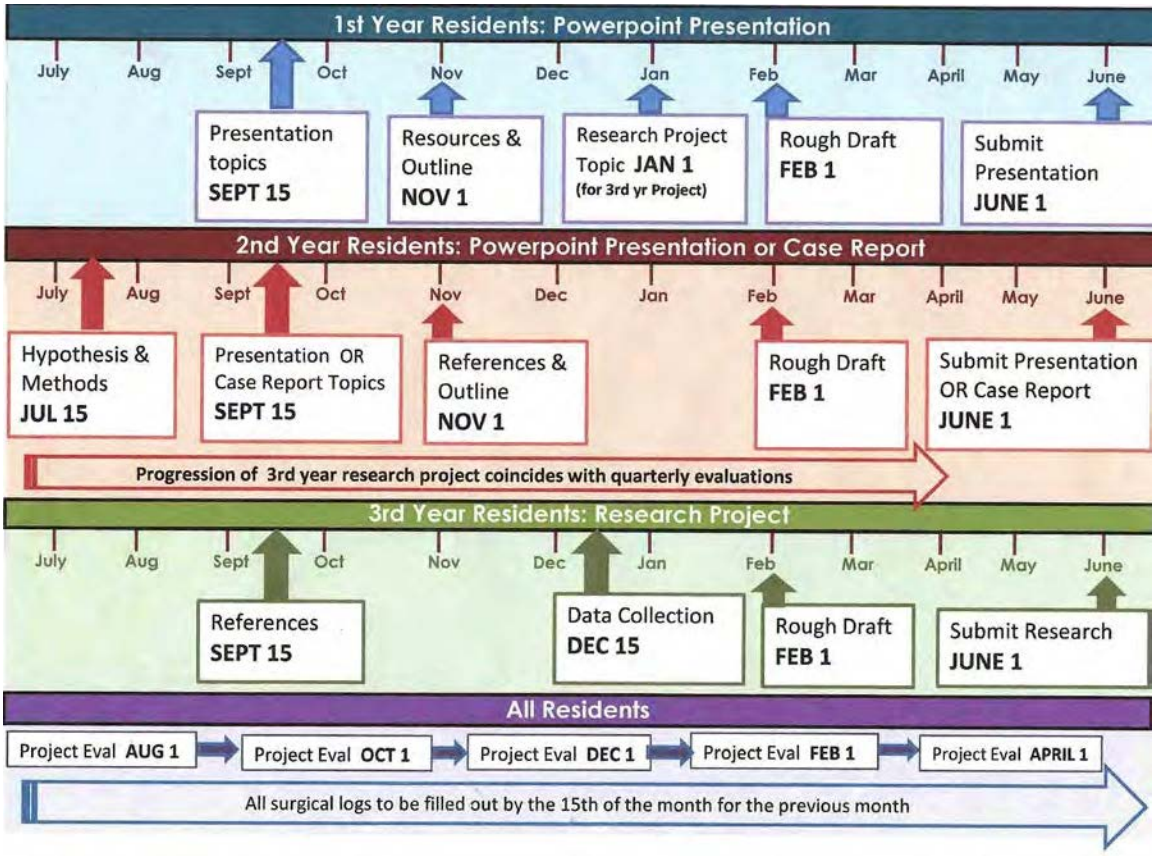
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Radiology Rounds (Ruyle) *Quarterly	Lecture/ Book Club (HJV/CQ)			Book Club (HJV)	Literature Reviews for Research Projects (HJV)
		Lecture/ Book Club (HJV/CQ)		Journal Club (HJV)	Book Club (HJV)	
		Lecture/ Book Club (HJV/CQ)			Book Club (HJV)	
		Lecture/ Book Club (HJV/CQ)		Case Review (HJV) *Every other month	Book Club (HJV)	
		Lecture/ Book Club (HJV/CQ)			Book Club (HJV)	

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



Training Schedule

Rotation Schedule	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PGY-1	IM	PM-GH	PS	In House	ED	PM-GH	PS/Path/ Anest	PS/Rad	In House	GS	Pm-GH	PM-PP
PGY-1	PM-GH	In House	ED	Rad/Path/ Anest	IM	PS	In House	GS	PM-GH	PS	In House	PM-PP
PGY-1	In House	GS	IM	PM-GH	PS	In House	ED	PM-GH	PM-PP	Rad/Path/ Anest	PS	In House
PGY-1	PM-PP	PS	In House	GS	PM-GH	ED	PS	In House	IM	PM-GH	Rad/Pat h/Anest	PS
PGY-1	ED	PM-PP	PM-GH	PS	In House	GS	PM-GH	Rad/Path/ Anest	PS	In House	IM	PM-GH
PGY-2	PS	PS/WC	PM-GH/MP	BH/Neuro	PM-GH/MP	PM-GH/MP	PM/Ortho	Army/PS	PM-GH/MP	ID	Army/ PS	PS
PGY-2	PM-MP/GH	BH/ Neuro	PS	PM-MP/GH	PM/Ortho	PS/WC	ID	PM-GH/MP	PS	PM-GH/MP	PM-GH/MP	PS
PGY-2	PS	PM-GH/MP	ID	PM-GH/MP	PS	BH/Neuro	PM-GH/MP	PS/WC	PM-MP/GH	PS	PM/ Ortho	PM-MP/GH
PGY-2	PS	PM-MP/GH	Ortho/PM	Neuro/BH	PS	PS	PM-MP/GH	PS	ID	Army/ WC	PM-MP/GH	PS
PGY-2	PM-GH/MP	PS/ Neuro	PM-MP/GH	PS/WC	ID	PM-MP/GH	PS/Neuro	PM-MP/GH	PM/Ortho	PS/PM-GH	PS	PM-GH/MP
PGY-3	PM-GH/MP	PS	PS	PM-GH/MP	PS	PM-GH/MP	PS/PM-MP	Europe/ PS	PM-GH/MP	PS/PM-GH	VS/PM	Army/PS
PGY-3	PS	PM/VS	PM-MP/GH	PS	PS	PM-GH/MP	Europe/ PS	PS	Army/PS	PM-MP/PS	PS	PM-MP/GH
PGY-3	PS	PM-GH/MP	PS	PS	PS	PM-MP/GH	VS/PM	PM-MP/GH	PS	Europe/ PS	PS	PM-GH/MP
PGY-3	PS	PM-MP/GH	PS	PM-MP/GH	PS/PM	PS	PM-MP/PS	PS	PM-MP/GH	VS/PS	PM-MP/GH	Europe/PS
PGY-3	PM-MP/GH	PS	PM-GH/MP	PM/VS	PM-GH/MP	PS	Army/ WC	PM-GH/MP	Europe/ PS	PS	PM-GH/MP	PS