UPMC Harrisburg Podiatric Medicine & Surgery Residency 2025-2026

UPMC
LIFE CHANGING MEDICINE

UPMC Harrisburg

Podiatric Medicine & Surgery Residency Program

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UPMC ME HARRISBURG

***WELCOME** to the Podiatric Medicine and Surgery Residency Program. This manual is designed to make important program information available to you. This manual is also available electronically on the UPMC Harrisburg Podiatry Resident Microsoft Teams page.*

Read this data carefully and resolve any questions through the Program Director, Program Coordinator, or faculty.

Please be aware that policies and procedures may be revised at any time. Refer to the UPMC Harrisburg Podiatry Resident Team page within Microsoft Teams for all updated policies.

The main strengths of our program are accessible, expert faculty, a wealth of surgical opportunity and didactic activities. Our goal is to prepare graduates to be qualified practitioners of podiatric medicine and surgery at a high level of performance.

Daniel Yarmel, DPM – Residency Program Director
June 25, 2025

GENERAL INFORMATION

Hospital Residency Contact Office is located on the ninth floor of the Brady Medical Arts Building at the Harrisburg Hospital campus. Specific Offices listed below.

Daniel Yarmel, **DPM** - Program Director
Cell – 717-724-7056

Jeffrey Marks, DPM – Assistant Program Director
Cell -580-1862

Kim Miller, Program Manager – Office #902
Office – 717-231-8429
Cell – 717-818-1186

Vanessa Jordan, Director of Operations GME – Office #904
Office – 717-231-6206

Identification Badge

You will receive your hospital ID badge at resident orientation. All employees are required to wear their ID badge when inside the hospital. If your ID badge is lost or stolen, you will be charged a nominal fee for a replacement.

Resident's Lounge

- Harrisburg Campus
  Resident lounge and sleeping quarters are shared spaces. These are located on the 10th Floor of the North Building of the hospital. Our program has a private, locked workspace within the General Surgery call room.

- Community Campus
  Intern/Resident lounge is located on the main floor of the hospital. There are call rooms designated for each residency specialty. Lockers are also provided for residents.

- West Shore Campus
  Residents have access to the Physician lounge located on the second floor of the hospital. There are call rooms located on the second floor designated for Orthopedics and Surgery. Lockers are also provided.

Parking

Residents will receive a parking tag during resident orientation to allow them to park in the designated areas.

- Harrisburg Campus
  Residents are permitted to park in the Resident Physician Lot at 118 Washington Street and the Fire House lot off of Vine Street. If these lots are full, you may park in Southgate or at Cameron Street.
  Parking in the Brady garage is permitted weekdays between 4:30pm-6:30am and on weekends. Residents are not permitted to park in the Hospital parking garage.
- Community Campus
  Residents are permitted to park in the first lot entrance (back entrance into campus).
- West Shore Campus
  Residents are permitted to park in the designated employee parking area.

Scrubs/Lab Coats
Residents are provided with a lab coat at the beginning of your training year. It is your responsibility for the upkeep on these coats. You will receive 1 coat in your PGY1. Funds will be allocated for replacement coats if needed.

Meal Allowance
Residents will be provided with access to food while on duty through the cafeterias, cafes, vending machine. Snacks are provided in the call room for when on call. Meal allowance will be provided for residents and will be placed on your paycheck in July and December.

BLS/ACLS
It is required that all residents have current certification of BLS and ACLS prior to beginning their training program. Both courses will be given to residents during orientation week at no cost. UPMC Harrisburg will continue to offer these programs to all residents when their certification expires at no cost to the resident.

Moonlighting is not permitted for Podiatry Residents.

Language, Dress, Demeanor
A UPMC program lab coat is provided and expected to be worn with professional attire on certain rotations. OR Scrubs are not to be taken home. Please return scrubs to the soiled linen receptacles at the end of your shift. Residents are expected to be well groomed, professional language and demeanor at all times.

Alcohol and Drug Abuse
UPMC Harrisburg vigorously condemns the use of any illegal drugs or substances whether on or off duty. Anyone involved in receiving, distributing, or using these agents in or out of the hospital may be subject to immediate dismissal. It is our policy to provide confidential assistance to anyone who seeks help voluntarily so that they can remain in the program during rehabilitation. This help must be sought prior to any report or conviction. Further, working in any patient care area under the influence of alcohol may be similarly punishable. Alcohol and substance use is strictly prohibited while on duty, without exception.

Respecting Patient Confidentiality
Patient confidentiality needs to be protected at all times. Please be very conscientious regarding any patient-identifying information being visible to anyone other than the patient care team. This applies both to electronic and paper records. Common examples of errors include leaving printed PHI (protected health information) at nursing stations and other locations or leaving yourself logged on to computers with displayed PHI. Further details of the related Health Insurance Portability and Accountability act of 1996 (HIPAA) are available through the UPMC Harrisburg Compliance Department.

UPMC ME Harrisburg
Podiatric Medicine and Surgery Residency

Dos and Don'ts

Dos:

- Have good social skills - need to get along with people, peers, nurses and ancillary staff
- Know what the faculty expectations are
- Remember your limits
- Calling an attending is not a sign of weakness
- Enthusiasm for learning
- Reliable, professional behavior
- Show progress of technical skills and knowledge
- Stay organized
- Good communication
- Stay current with your logs
- Be honest

Don'ts:

- Negativism
- Lack of attention to detail
- Not completing task
- Tardiness
- Not reading - establish effective reading habits
- Not participating in conferences
- Dishonesty

UPMC Harrisburg

Podiatric Surgery Residency Program ON-CALL SCHEDULE

July 2025

SUN	MON	TUE	WED	THU	FRI	SAT
		1 Kaitlyn Black	2 Rav/Kaitlyn Black	3 Rav Black	4 Lauren Zia	5 Lauren Zia
6 Lauren Zia	7 Rav Marks	8 Kaitlyn Marks	9 Tulsi (Antonio) Marks	10 Virti (Rav) Marks	11 Kaitlyn Marks	12 Kaitlyn Marks
13 Kaitlyn Marks	14 Tulsi (Antonio) Harrisburg F&A	15 Virti (Kaitlyn) Harrisburg F&A	16 Tulsi (Rav) Harrisburg F&A	17 Kaitlyn Harrisburg F&A	18 Tulsi (Rav) Harrisburg F&A	19 Tulsi (Rav) Harrisburg F&A
20 Tulsi (Rav) Harrisburg F&A	21 Virti (Kaitlyn) Keystone	22 Tulsi (Antonio) Keystone	23 Virti (Rav) Keystone	24 Kaitlyn Keystone	25 Virti (Antonio) Keystone	26 Virti (Antonio) Keystone
27 Virti (Antonio) Keystone	28 Tulsi (Kaitlyn) Young	29 Virti (Rav) Young	30 Tulsi (Antonio) Young	31 Rav Young		

Dr. Marks O/717-697-7602
Harrisburg F&A O/717-651-0000
Keystone Podiatric Medical Associates O/717-541-0988
After hours services for Keystone: 1-866-842-2210
Foot & Ankle Specialist of Central PA O/717-620-8225
Dr. Black C/717-654-0602 / **Dr. Zia** C/717-512-9738

UPMC HARRISBURG PODIATRY SITE/STAFF INFORMATION

Hospitals:

UPMC Harrisburg
111 South Front Street
Harrisburg, PA 17101
717-231-8900

UPMC West Shore
1995 Technology Parkway
Mechanicsburg, PA 17050
717-791-2600

UPMC Community Osteopathic
4300 Londonderry Road
Harrisburg, PA 17109
717-652-3000

UPMC Carlisle
361 Alexander Spring Road
Carlisle, PA 17015

Surgery Centers:

West Shore Surgery Center
2015 Technology Parkway
Mechanicsburg, PA 17050
717-791-2400

Susquehanna Valley Surgery Center
4310 Londonderry Road
Harrisburg, PA 17109
717-657-7556

Clinics:

Kline Clinic
2501 N 3rd Street
Harrisburg, PA 17110
717-782-2100

Wound & Hyperbaric Center
4310 Londonderry Road, Ste 1A
Harrisburg, PA 17109
717-671-2050

Office Rotations:

Jeffrey A Marks, DPM
161 Old Schoolhouse Rd
Mechanicsburg, PA 17055
717-697-7602

Harrisburg Foot & Ankle
4033 Linglestown Rd, Ste1
Harrisburg, PA 17112
717-651-0000
Dan Yarmel, Amber Treaster, Matthew Rien

Cumberland Valley Foot & Ankle Specialists
5148 East Trindle Road
Mechanicsburg, PA 17050
717-761-3161
Susan Rosso, Anthony Luzzi

Orthopedic Institute of PA
3399 Trindle Road
Camp Hill, PA 17011
717-761-5530
Christopher Schank, Nicholas Amalfitano

Other Faculty Office Locations:

Foot & Ankle Sp. of Central PA
4 Flowers Drive, Suite 2
Mechanicsburg, PA 17050
717-620-8225
Terry Clark, Jennifer Young

Keystone Foot & Ankle
Multiple Addresses
Biglerville: 717-677-9288
West Shore: 717-458-5611
Londonderry: 717-652-5811
Paxtonia: 717-541-0988
Dan Reubens, James Ritter, Rick Rogers (doesn't take call)

Hamilton Health Center
110 S 17th Street
Harrisburg, PA 17104
717-232-9971
Barbara Black, Ijaz Zia, Krupa Patel

Private Practice Faculty

Pelleschi Foot & Ankle Specialists
689 Yorktown Road, Suite 205
Lewisberry, PA 17339
717-938-5200
Todd & Ben Pelleschi

Holtgate Podiatry
717 Market Street, Suite 101
Lemoyne, PA 17043
717-731-1133
Salley Fayed

Sub-Specialty Teaching Faculty

Anesthesia	Joshua Rhodes, MD
Behavioral Medicine	Belal Elamir, MD
Emergency Medicine	Matthew Myers, MD
Infectious Disease	John Goldman, MD
Internal Medicine	John Cinicola, MD
Pathology	Rajat Goel, MD
Pediatrics	Amy Burns, MD
Plastic Surgery	Robert Wolf, MD
Radiology	Jonathan Stephenson, MD
Rheumatology	Hareth Madhoun, MD
Vascular/General Surgery	Kurtis Childers, DO
Wound Care	(John) Paul Rogers, MD

Program Curriculum

1 Month Block	UPMC ME HARRISBURG PODIATRIC PMSR/RRA BLOCK RESIDENCY SCHEDULE 2025-2026						
	PGY1 - Menaria	PGY1 - Shah	PGY2 - Adkins	PGY2 - Fox	PGY3 - Gill	PGY3 – Sierra	PGY3 -Tates
July	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Pediatrics HH Amy Burns	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Anesthesia HCWSW Joshua Rhodes
August	Anesthesia HCWSW Joshua Rhodes	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Pediatrics HH Amy Burns	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery Cleveland Clinic 8/25-8/29
September	Podiatry Surgery HCWSW Pod Staff	Internal Medicine HH John Cinicola	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff
October	Internal Medicine HH John Cinicola	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Vascular/Gen Surgery HH/WH Kurtis Childers	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff
November	Podiatry Surgery HCWSW Pod Staff	Internal Medicine HH John Cinicola	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Cleveland Clinic	Podiatry Surgery HCWSW Cleveland Clinic	Podiatry Surgery HCWSW Need Full Coverage
December	Internal Medicine HH John Cinicola	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Emergency Medicine HH Amy Wyatt	Podiatry Surgery HCWSW Pod Staff
January	Podiatry Surgery HCWSW Pod Staff	Emergency Medicine HH Amy Wyatt	Podiatry Surgery HCWSW Pod Staff Rheumatology (19-31) Hareth Madhoun	Rheumatology (1-18) Hareth Madhoun Pathology (19-31) HH Rajat Goel	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery (Done 1/2/26) HCWSW Pod Staff
February	Emergency Medicine HH Amy Wyatt	Podiatry Surgery HCWSW Pod Staff	Plastic Surgery HCWSW Robert E. Wolf	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	
March	Podiatry Surgery HCWSW Pod Staff	Anesthesia HCSW Joshua Rhodes	Podiatry Surgery HCWSW Pod Staff	Plastic Surgery HCWSW Robert E. Wolf	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	
April	Behav. Med. (1-15) HH Belal Elamir Radiology (16-30)-HH Stephenson	Podiatry Surgery HCWSW Pod Staff	Infectious Disease HH John Goldman	Podiatry Surgery HCWSW Pod Staff	Radiology (1-15) HH Stephenson Podiatry (16-31) HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	
May	Podiatry Surgery HCWSW Pod Staff	Radiology (1-15)-HH J.Stephenson Behav. Med. (16-31) HH Belal Elamir	Podiatry Surgery HCWSW Pod Staff	Infectious Disease HH John Goldman	Podiatry Surgery HCWSW Pod Staff	Podiatry (1-15) HCWSW Pod Staff Radiology (16-31) HH Stephenson	
June	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Vascular/Gen Surgery HH/WH Kurtis Childers	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	Podiatry Surgery HCWSW Pod Staff	

HH = Harrisburg Hospital Campus; PC = Polyclinic Hospital Campus; CO = Community Osteopathic Hospital Campus; WS = West Shore Hospital Campus
HCWSW = Harrisburg Hospital, Community Osteopathic Hospital, Susquehanna Surgical Center, and West Shore Surgical Center Campuses. 3/31/2025

UPMC ME HARRISBURG
PODIATRIC MEDICINE AND SURGERY RESIDENCY
With Reconstructive and Rearfoot / Ankle Surgery

COMPETENCIES

TRAINING RESOURCES:

DIAGNOSTIC MODALITIES:

Medical Imaging

After two weeks training in medical imaging the PGY 1 resident will have achieved the following competencies:

1. Demonstrate the ability to order and interpret common radiographic plain views with an emphasis on chest, abdominal and specific fracture images.
2. Demonstrate ability to perform and interpret common foot and ankle stress radiography.
3. Understand the indications and contraindications in ordering MRI, CT, ultrasound, and nuclear medicine scans.
4. Demonstrate ability to interpret MRI, CT, ultrasound, and nuclear medicine scans with an emphasis on osteomyelitis, arthritis, and soft tissue pathology.
5. Become familiar with various interventional radiographic techniques and their indications.
6. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The resource will be supervised by department chair Jonathan Stephenson, MD. The resident will rotate through the various areas within the radiology department with the appropriate radiologist. Emphasis placed on normal and abnormal findings. The resident will obtain fluoroscopy certification during this rotation. At the conclusion of the month, the resident will undergo a written evaluation.

Pathology and Laboratory Medicine

At the conclusion of this two-week course in pathology and laboratory medicine the PGY 2 resident will have achieved the following competencies:

1. Demonstrate familiarity with common laboratory testing, their proper collection, utilization, and interpretation. These will include hematology, chemistry, urinalysis, immunologic testing, and blood banking.
2. Demonstrate ability to perform direct joint fluid analysis including polarized microscopic techniques.
3. Demonstrate an understanding of microbiologic testing in the diagnosis of infectious diseases. The resident will show the ability to:
    a. Collect appropriate cultures
    b. Perform Gram smears, KOH and other direct examination techniques.
    c. Become familiar with identification techniques for microorganisms.
    d. Understand and interpret antibiotic susceptibility testing.
4. Discuss and understand the proper collection and preservation techniques for tissue biopsy.
5. Gain insight into normal and abnormal cellular structure. Specific emphasis on benign vs. malignant tumors of skin, soft tissue, and bone.
6. Participate in gross dissection including autopsy.
7. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The training resource will be supervised by Rajat Goel, MD. At the conclusion of the experience, the resident will undergo a written evaluation.

Medicine

This resource will be a two-month inpatient internal medicine experience conducted at the Harrisburg Hospital campus under the direction of the medicine chief resident. The PGY 1 podiatry resident will rotate with the medical resident participating in the care of inpatients. Upon completion of this two-month rotation the resident will have achieved the following competencies:

1. Perform and interpret the findings from a comprehensive medical history and physical examination.
2. Recognize the need for additional diagnostic studies and demonstrate ability to interpret the findings.
3. Read and interpret EKG studies.
4. Develop the information obtained in the history and physical and the diagnostic studies into a differential diagnosis to arrive at an appropriate treatment plan.
5. Develop an ability to communicate effectively in a multidisciplinary environment.
6. Recognize the need for appropriate consultation and referral.
7. Participate in the counseling of patients in general medical health promotions and preventative medicine programs.
8. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The training resource will be under the supervision of John Cinicola, MD. The resident will be a member of the ward team and participate on daily rounds, attend morning report, lectures, and other didactic activities within the medicine department. The resident will have the opportunity to participate with the code team. During this section, the resident will achieve certification in advance cardiac life support.
During the clinic portion of the training, the resident shall perform and document a minimum of 25 comprehensive histories and physicals. At the conclusion of the experience, the resident will undergo a written evaluation.

MEDICINE SUBSPECIALTY:

Infectious Disease Medicine:

After a four-week experience, the PGY 2 resident will have demonstrated the following competencies:

1. Recognize the signs and symptoms of various infectious states.
2. Demonstrate appropriate work-up for the infected patient including wound culturing techniques, blood culturing and preventative immunization.
3. Identify appropriate antibiotic therapy and alternative therapies. Understand antibiotic side effects and interactions.
4. Demonstrate ability to order appropriate related serology testing including peak and trough levels.
5. Appreciate the important role infectious disease has in the management of diabetic foot infections.
6. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The resource will under the supervision of John Goldman, MD. The resident will follow the attending on their rounds through UPMC Community Osteopathic, UPMC Harrisburg, and UPMC West Shore hospitals. At the conclusion of the training, the resident will undergo a written evaluation.

Behavioral Sciences

After a two-week experience the PGY 1 resident will have demonstrated the following competencies:

1. Have an understanding of the psychiatric barriers to compliance with treatment plans and strategies to overcome these barriers.
2. Have an understanding of the psychiatric issues of aging.
3. Have an understanding of the issues surrounding advanced directives and capacity to make medical decisions.
4. Have an understanding of the psychological issues of patients undergoing major surgical procedures and/or rehabilitation.
5. Have an understanding of the psychiatric issues of patients with ongoing chronic diseases.
6. Develop an understanding of common psychiatric disorders encountered in medical/surgical patient.
7. Develop a sense of professionalism and compassion in an ethical and moral fashion.
8. Recognize the signs of severe mental illness that can result in the patients becoming a danger to themselves or others.
9. Develop a general understanding about psychotropic medication management.
10. Develop skills to gather a psychiatric history and how it impacts the medical/surgical patient.
11. Recognizing and managing delirium in medical/surgical patient.

The resource will be under the direction of Belal M. Elamir, MD. At the conclusion of the training, the resident will undergo a written evaluation.

Pediatric Medicine

After a four-week experience, the PGY 2 resident will have demonstrated the following competencies:

1. Perform and interpret the findings from a comprehensive history and physical on a pediatric patient.
2. Demonstrate knowledge of the different developmental stages of the pediatric patient and gain a sense of normal and abnormal development.
3. Develop a workable rapport with the pediatric patient and parents.
4. Demonstrate an understanding of pediatric pharmacology including appropriate dosing.
5. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The resource will be under the supervision of Amy Burns, MD. At the conclusion of the training the resident will undergo a written evaluation.

General/Vascular Surgery

The general surgery resource will be one month in the PGY 2 year. At the conclusion of this experience the resident will have demonstrated the following competencies:

1. Understand the principles of tissue handling and wound healing.
2. Understand the evaluation and management of preoperative and postoperative surgical patients with an emphasis on peripheral arterial disease and surgical complications.
3. Perform a comprehensive surgical history and physical contrasting the different areas of emphasis compared with a medical history and physical.
4. Develop an understanding of diagnostic studies relevant to general and vascular/endovascular surgery.
5. Understand the surgical indications for various vascular/endovascular revascularization, and general surgical procedures and principles applicable to non-podiatric surgical procedures.
6. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The resource will be under the supervision of Kurtis Childers, DO. Most of the experience will be under the direct supervision of the senior surgical resident. The resident will participate in the ward rounds, surgical

clinic, surgical conferences, and formal lectures as well as the mortality and morbidity meetings. At the conclusion of the training, the resident will undergo a written evaluation.

Plastic Surgery

This four-week resource will be conducted during the PGY 2 year. At the conclusion of this course the resident will have demonstrated the following competencies:

1. Demonstrate a basic understanding of skin grafting principles and techniques.
2. Demonstrate a basic understanding of skin-plasties, skin flaps and tension reduction and skin coverage techniques.
3. Develop a greater knowledge of soft tissue handling techniques including biopsy skills.
4. Develop additional suturing techniques.
5. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The course is under the supervision of Robert E. Wolf, MD. At the conclusion of this experience the resident will undergo a written evaluation.

Anesthesiology

The four-week resource will be conducted during the PGY 1 year. Anesthesia is critical to the practice of podiatric medicine and surgery. Emphasis will be placed on this training to familiarize the resident with the anesthesia department as well as the overall function of the operating room and staff. At the conclusion of this experience, the resident will have demonstrated the following competencies:

1. Demonstrate a thorough understanding of the preoperative ASA standards and appropriate preoperative patient assessment.
2. Demonstrate the ability to manage the airway including intubation/extubation techniques.
3. Demonstrate the ability to gain intravenous access with a high level of success.
4. Demonstrate familiarity with commonly used inhalation and intravenous anesthetic agents as well as neuromuscular blocking agents.
5. Demonstrate familiarity with various regional anesthetic techniques including spinal, epidural, Bier blocks and local nerve blocks.
6. Demonstrate a thorough knowledge and ability to treat various complications of anesthesia.
7. Understand recovery room care and postoperative management of the anesthesia patient.
8. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The course is under the supervision of Joshua Rhodes, MD, and the individual facility chiefs at each campus site. At the conclusion of the training the resident will undergo a written evaluation.

Emergency Medicine

This resource will take place during the PGY 1 year to familiarize the new residents to the emergency room at Harrisburg Hospital. The residency program is designed to provide 24 hour on-call service for foot and ankle trauma. The initial training will expose the resident to appropriate emergency room protocol and documentation as well as the important role of the emergency medicine to the hospital and community. At the conclusion of this experience the resident will have demonstrated the following competencies:

1. Understand the multi-disciplined approach to the traumatized patient.
2. Demonstrate the ability to perform and interpret a comprehensive history and physical and recommend the appropriate diagnostic testing to arrive at a diagnosis.
3. Formulate and implement appropriate plans for management.
4. Evaluate and manage musculoskeletal injuries with an emphasis on foot and ankle trauma.
5. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The course is under the supervision of Matthew Myers, DO, however direct supervision of the resident will largely depend on the attending emergency room physician present at the time. At the conclusion of the training, the resident will undergo a written evaluation.

Rheumatology

This two-week resource will involve your PGY 2 year. At the conclusion of this experience the resident will have demonstrated the following competencies:

1. Perform a complete history and physical examination with a focus on rheumatologic conditions.
2. Perform/order and interpret appropriate imaging diagnostic studies including plain radiography, contrast studies, nuclear medicine studies, MRI or CT scans.
3. Perform/order and interpret appropriate laboratory tests including serology, immunology, chemistries, and microbiologic analyses.
4. Obtain and interpret synovial fluid analysis.
5. Demonstrate knowledge of appropriate pharmacologic management of rheumatologic disease including NSAID's, antihyperuricemic/uricosuric agents, corticosteroids and antirheumatic agents.
6. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The course is under the supervision of Hareth Madhoun, MD. At the conclusion of the training, the resident will undergo a written evaluation.

Wound Care (On-going Rotation)

This on-going resource is provided to all residents in all years during their on-service Podiatric Surgery rotation. The residents rotate every other week at the Wound and Hyperbaric Center in the Fredrickson Center of UPMC West Shore Hospital campus. At the conclusion of this experience, the resident will have demonstrated the following competencies:

1. Perform a complete history and physical examination with a focus on the lower extremity wound or wounds.
2. Understand the principals of wound healing and management of diabetic, vascular and traumatic etiologies.
3. Perform/order and interpret appropriate diagnostic studies including plain radiographs, contrast studies, nuclear medicine studies, MRI or CT scans and vascular imaging studies.
4. Perform/order and interpret appropriate laboratory tests including hematology, blood chemistries and microbiologic studies.
5. Perform/order and interpret TCO2 studies.
6. Formulate an appropriate diagnosis and treatment plan regarding the wound care patient.
7. Demonstrate the ability to perform wound debridement of various wounds both superficial and deep.
8. Develop knowledge and the ability to utilize various wound care products, dressing materials and biologics.
9. Demonstrate an understanding and knowledge of hyperbaric oxygen therapy usefulness in treating chronic wounds.
10. Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.
11. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The service is under the supervision of John Paul Rogers, MD. On a quarterly basis, the residents will undergo a written evaluation.

Podiatric Surgery

The resource will involve PGY 1 & 2 & 3 years. All campus locations will participate with the PGY 1 residents focused primarily at the Harrisburg Hospital, Community Osteopathic, and West Shore Hospital locations, with the PGY 2&3 residents at all locations, including the Susquehanna and West Shore Surgical Centers. At the conclusion of this training, the resident will have demonstrated the following competencies:

1. Demonstrate proper operating room protocol, draping and prepping of the operative field and aseptic technique.
2. Demonstrate proficiency in proper instrumentation used in performing foot and ankle surgery.
3. Demonstrate proficiency in incision and soft tissue dissection techniques.
4. Demonstrate proficiency in performing soft tissue procedures including excision of common soft tissue tumors and skin lesions.
5. Demonstrate proficiency in performing digital surgery, including tenotomies, and capsulotomies, interphalaganeal arthroplasties and fusions.
6. Demonstrate proficiency in performing bunionectomies, including osteotomies and fusions of the first ray.
7. Demonstrate proficiency in performing arthroplastic procedures of the first metatarsophalangeal joint.
8. Demonstrate proficiency in lesser metatarsal procedures such as osteotomies and arthroplasties.
9. Demonstrate proficiency in common rearfoot procedures such as heel spur resection, plantar fascial release and exostectomies.
10. Demonstrate proficiency in the use of internal fixation such as pins, wire and screws as well as absorbable pins and screws.
11. Demonstrate the ability to safely utilize intraoperative radiography including fluoroscopy.
12. Demonstrate proficiency in arthrodesis or osteotomy procedures of the midfoot, rearfoot and ankle joints.
13. Demonstrate proficiency in open or closed reduction of all fractures affecting the foot or ankle.
14. Demonstrate proficiency in repair, lengthening or transfer of tendon structures affecting the foot and ankle.
15. Demonstrate proficiency in arthroscopic or endoscopic techniques of the foot and ankle.
16. Demonstrate proficiency in the application of external fixation devices including unilateral, bilateral, delta or complex ring and wire appliances.
17. Demonstrate proficiency in plastic soft tissue coverage techniques including skin and skin substitute grafting.
18. Demonstrate proficiency in the management of post-operative complications.
19. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The supervision of the residents in this resource will be conducted by the active surgical podiatric staff with overall direction by Daniel Yarmel, DPM. Each resident will undergo written evaluation by each attending surgeon. In the case of PGY 2&3 residents, these evaluations will be conducted at least two times a year.

Podiatric Medicine

The podiatric medicine resource will be conducted at the Polyclinic Hospital campus within the podiatric clinic associated with the Kline Family Practice. The clinic will be supervised by the podiatric clinic director and a rotating roster of attending surgeons. Upon completion of this rotation the PGY 1 resident will have demonstrated the following competencies:

1. Complete comprehensive history and physical examination including a comprehensive lower extremity examination including:
    a. Vascular examination
    b. Dermatologic examination
    c. Neurologic examination
    d. A complete biomechanical examination
2. Demonstrate the ability to order the appropriate diagnostic studies, including radiographs and interpret the data to formulate a differential diagnosis
3. Implement an appropriate plan of management including consultations.
4. Demonstrate proper standardized documentation in a concise but complete manner.
5. Demonstrate effective communication and demeanor with patient and clinic staff.
6. Perform basic podiatric skills including debridement of tissue and nails, administration of diagnostic and therapeutic injections and prescribe appropriate pharmacologic agents as indicated.
7. Prescribe appropriate orthoses, braces, and shoe for a variety of different biomechanical, neuromuscular, and orthopedic disorders of the foot and ankle.
8. Demonstrate proficiency in performing common office-based procedures such as incision and drainage of abscesses, ingrown nail procedures, soft tissue biopsy techniques and ulcaer debridements.
9. Identify and educate high-risk patient populations such as diabetics, peripheral vascular disease patients, neuropathics and immunocompromised patients.
10. Document all patient interactions such that general, podopediatric and biomechanical cases are recorded.
11. Develop a sense of professionalism and compassion in an ethical and moral fashion.

The PGY 2&3 residents will, in addition to the above listed competencies, have additional clinical teaching duties, which include:

1. Instruct junior residents on appropriate clinic and hospital protocol.
2. Instruct junior residents in clinical and operative skills.
3. Provide didactic lectures and presentations to junior residents and house staff.
4. Provide instruction and support to junior residents involved in emergency room coverage.
5. Provide feedback to the residency director on the day-to-day operations of the residency program.

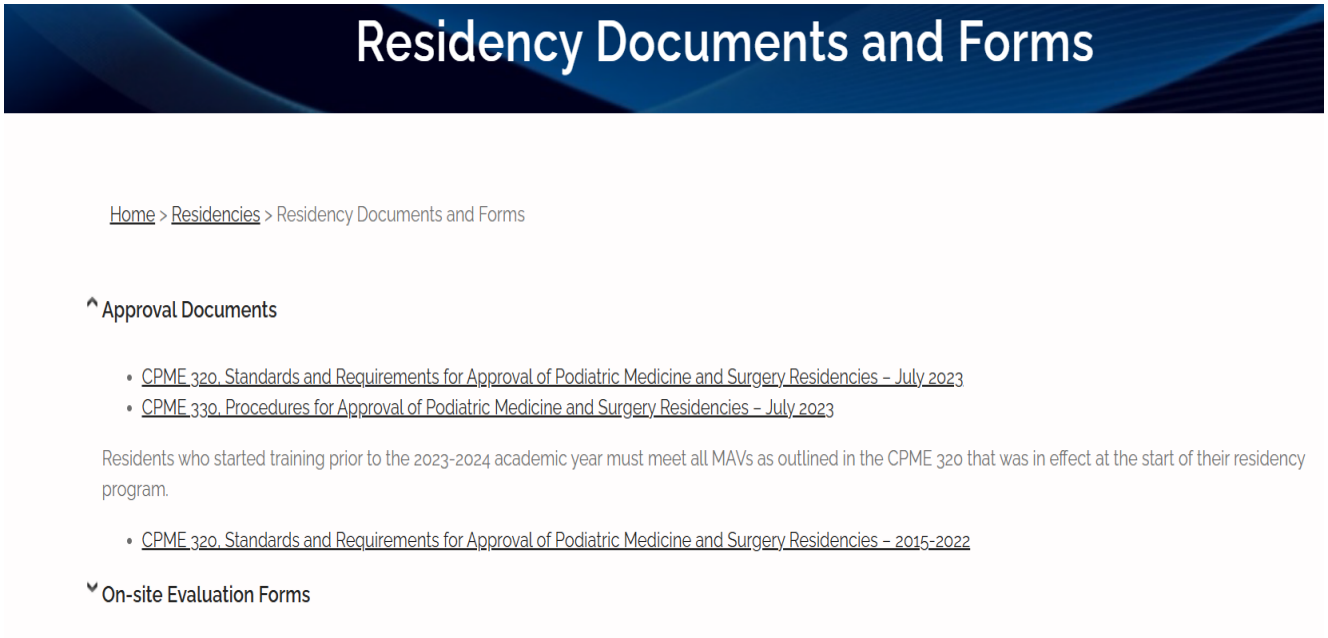
Upon conclusion of this training, the resident will undergo a written evaluation.

CPME 320 and 330 documents

To review current CPME Standards and Requirements, use this link: [Residency Documents and Forms – Council on Podiatric Medical Education]

Select the tab that says Residencies, and then Residency Documents and Forms to find the current 320 and 330 documents.

The webpage should look like this:



Residency Start 2023

APPENDIX A: VOLUME AND DIVERSITY REQUIREMENTS

A. **Patient Care Activity Requirements** (Abbreviations are defined in section B.)	MAV
Case Activities	
Foot and ankle surgical cases (PMSR/RRA)	300
Foot and ankle surgical cases (PMSR only)	250
Trauma cases	50
Podopediatric cases	25
Other podiatric procedures	100
Lower extremity wound care	50
Biomechanical examinations	50
Comprehensive history and physical examinations	50
Procedure Activities	
First and second assistant procedures (total)	400
First assistant procedures, including:	
Digital	80
First Ray	60
Other Soft Tissue Foot Surgery	45
Other Osseous Foot Surgery	40
Reconstructive Rearfoot/Ankle (added credential only)	50

B. Definitions

1. Levels of Resident Activity for Each Logged Procedure

First assistant: The resident participates actively in the procedure under direct supervision of the attending.

Second assistant: The resident participates in the procedure in a limited capacity under direct supervision of the attending.

2. Minimum Activity Volume (MAV)

MAVs are patient care activity requirements that assure that the resident has been exposed to adequate diversity and volume of patient care. MAVs are not minimum repetitions to achieve competence. It is incumbent upon the program director and the faculty to assure that the resident has achieved competency, regardless of the number of repetitions.

3. Required Case Activities

A case is defined as an encounter with a patient that includes resident activity in one or more areas of podiatric or non-podiatric evaluation or management. Multiple procedures or activities performed on the same patient by a resident at the same time constitute one case. An individual patient can be counted towards fulfillment of more than one activity.

a. Podiatric surgical cases. This activity includes participation of the resident in performing foot and ankle (and their governing and related structures) surgery during a single patient encounter.

b. Trauma cases. This activity includes resident participation in the evaluation and/or management of patients in the acute phase of a traumatic episode. Trauma cases may be related to any procedure. Only one resident may take credit for the encounter. Comprehensive history and physical examinations are components of trauma cases and can be counted towards the volume of required cases. At least 25 of the 50 required trauma cases must be foot and/or ankle trauma.

   Surgical management of foot and ankle trauma may count towards 25 of the 50 trauma cases even if the resident is only active in the immediate perioperative care of the patient. This data may be counted as both a surgical case and a trauma case by one resident or one resident may log the surgery and one resident may log the trauma. The resident must participate as first assistant for the surgery to count towards the requirement.

   Intent and Background: *The acute phase of trauma is defined as occurring within six weeks of the initial injury.*

c. Podopediatric cases. This activity includes resident participation in the evaluation and/or management of foot and ankle pathology in patients who are less than 18 years of age.

d. Biomechanical cases. This activity includes direct participation of the resident in the diagnosis, evaluation, and treatment of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures by biomechanical means. These experiences include, but are not limited to, performing lower extremity biomechanical examinations and gait analyses, comprehending the processes related to these examinations, and understanding the techniques and interpretations of gait evaluations of neurologic and pathomechanical disorders.

   Intent and Background: *Biomechanical cases should be performed in a variety of settings (surgical and non-surgical) and should include diverse pathology and treatment methods. Biomechanical exams should be a representation of the learning experiences of the residents.*

e. Comprehensive history and physical examinations. Admission, preoperative, and outpatient H&Ps may be used as acceptable forms of a comprehensive H&P, 25 of which must be performed during non-podiatric rotations. A problem-focused history and physical examination does not fulfill this requirement.

The resident must demonstrate competency through a diversity of comprehensive history and physical examinations that also include evaluations in the diagnostic medicine evaluation categories. The resident must develop the ability to use information obtained from the history and physical examination and ancillary studies to arrive at an appropriate diagnosis and treatment plan. Documentation of the approach to treatment must reflect adequate investigation, observation, and judgment.

f. Lower Extremity Wound Care. Management of lower extremity wounds, including debridement of ulcers or wounds (e.g., neuropathic, arterial, traumatic, venous, thermal), advanced wound modalities (e.g., negative pressure wound therapy, cellular and/or tissue-based product, total contact casting, multi-layer compression therapy/Unna boot), and/or hyperbaric oxygen therapy. Does not include 6.6, repair of simple laceration or simple delayed wound closure in Appendix B. Non-podiatric wound care should be logged as category 10.20.

4. Required Procedure Activities

A procedure is defined as a specific clinical task employed to address a specific podiatric or non-podiatric problem. Note: Fragmentation of procedures into component parts is unacceptable (e.g., a bunionectomy that has been fragmented into an osseous procedure and an adjunctive soft tissue procedure, creating two separate procedures, is unacceptable).

Elective and non-elective soft tissue RRA procedures may be substituted in the Other Soft Tissue Foot Surgery category, while elective and non-elective osseous RRA procedures may be substituted in the Other Osseous Foot Surgery category whenever there are deficiencies.

C. Assuring Diversity of Experience

The construct of the procedure categories assures some degree of diversity in the resident's training experience. The two paragraphs below relate to **first assistant procedures only.**

To assure proper diversity within each procedure category and subcategory, at least 33 percent of the procedure codes within each category and subcategory must be represented. For example, in the Other Osseous Foot Surgery category, at least 6 of the 18 different procedure codes must have at least one activity.

To avoid overrepresentation of one procedure within a category and subcategory, one procedure code must not represent more than 33 percent of the minimum number of procedures required in each procedure category and subcategory.

Intent and Background: *This statement applies more to a resident just meeting the minimum procedure requirement in a procedure category than to a resident significantly exceeding the procedure requirement in a procedure category. For example, the number of partial ostectomies must not exceed 26 when the minimum of 80 required Digital procedures are logged.*

D. Multiple Residents / Fellows

1. Only one resident / fellow may take credit for first assistant participation on any one procedure.

2. More than one resident may take credit for second assistant participation.

3. The activity of a fellow shall not be allowed to jeopardize the case or procedure volume or diversity of a resident at the same institution.

4. When multiple procedures are performed on a single patient, more than one resident/ fellow may participate actively, but first assistant activity may be claimed by only one resident or fellow per procedure.

5. Individual procedures may not be fragmented to allow for multiple residents/fellow(s) to claim first assistant participation.

Residency Start 2023

APPENDIX B: 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) (silastic implant or spacer)
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 procedure not listed above

2 First Ray Surgery

Hallux Valgus Surgery

2.1.1	bunionectomy (partial ostectomy/Silver procedure), with or without capsulotendon balancing procedure
2.1.2	(procedure code number no longer used)
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
2.1.10	bunionectomy with double correction with osteotomy and/or arthrodesis

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/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 (includes foot, ankle or leg)
3.9 plantar fasciectomy/ plantar fibroma resection
3.10 excision of soft tissue tumor/mass (without reconstructive surgery; includes foot, ankle or leg)
3.11 (procedure code number no longer used)
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)
3.15 (procedure code number no longer used)
3.16 external neurolysis/decompression (including tarsal tunnel)
3.17 decompression of compartment syndrome (includes foot or leg)

4 Other Osseous Foot Surgery

4.1 partial ostectomy (including the talus and calcaneus) (includes foot, ankle, or leg)
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 fracture(s)
4.9 harvesting of bone graft (includes foot, ankle, or leg)
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 other osseous procedures not listed above (distal to the tarsometatarsal joint)
4.19 detachment/reattachment of Achilles tendon with partial ostectomy

5 Reconstructive Rearfoot/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 primary or secondary repair of ligamentous structures
5.1.6 tendon augmentation/supplementation/restoration
5.1.7 open synovectomy of the rearfoot/ankle
5.1.8 (procedure code number no longer used)
5.1.9 other elective rearfoot reconstructive/ankle soft tissue surgery not listed above

Elective - Osseous

5.2.1 operative arthroscopy without removal of loose body or other osteochondral debridement
5.2.2 (procedure code number no longer used)
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/arthroscopy 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, ankle, or leg (with reconstructive surgery)
5.3.5 (procedure code number no longer used)
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
5.3.8 (procedure code number no longer used)

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
5.4.9 (procedure code number no longer used)

6 Other Podiatric Procedures

6.2 excision or destruction of skin lesion (including skin biopsy and laser procedures)
6.3 nail avulsion (partial or complete)
6.4 matrixectomy (partial or complete, by any means)
6.5 removal of hardware (internal or external fixation)
6.6 repair of simple laceration (no neurovascular, tendon, or bone/joint involvement); includes simple delayed wound closure
6.8 extracorporeal shock wave therapy
6.9 taping/padding/splinting/casting (limited to the foot and ankle)
6.10 orthotics/prosthetics (limited to the foot and ankle casting/scanning/impressions for foot and/or ankle orthosis)
6.14 percutaneous procedures (i.e., coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma, digital tenotomy)
6.15 foot care (nail debridement, callus paring)
6.16 therapeutic/diagnostic injections (without sedation)
6.17 incision and drainage (performed outside of the operating room)
6.18 closed reduction of fracture or dislocation
6.19 removal of foreign body (not in the operating room)
6.20 application of external fixation

7 Biomechanics

7.1 biomechanical case; must include diagnosis, evaluation (biomechanical and gait examination), and treatment

8 History and Physical Examination

8.1 comprehensive history and physical examination
8.2 problem-focused history and physical examination

9 Surgery Specialties

9.1 general surgery
9.2 orthopedic surgery
9.3 plastic surgery
9.4 vascular surgery
9.5 cardiothoracic surgery
9.6 hand surgery
9.7 neurosurgery
9.8 orthopedic/surgical oncology
9.9 pediatric orthopedic surgery
9.10 surgical intensive care unit (SICU)
9.11 trauma team/surgery
9.12 other

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 pain management
10.14 pathology
10.15 pediatrics
10.16 physical medicine and rehabilitation
10.17 psychiatry/behavioral medicine
10.18 rheumatology
10.19 sports medicine
10.20 wound care (non-podiatric)
10.21 burn unit
10.22 intensive/critical care (ICU/CCU)
10.23 geriatrics
10.24 vascular medicine
10.25 other

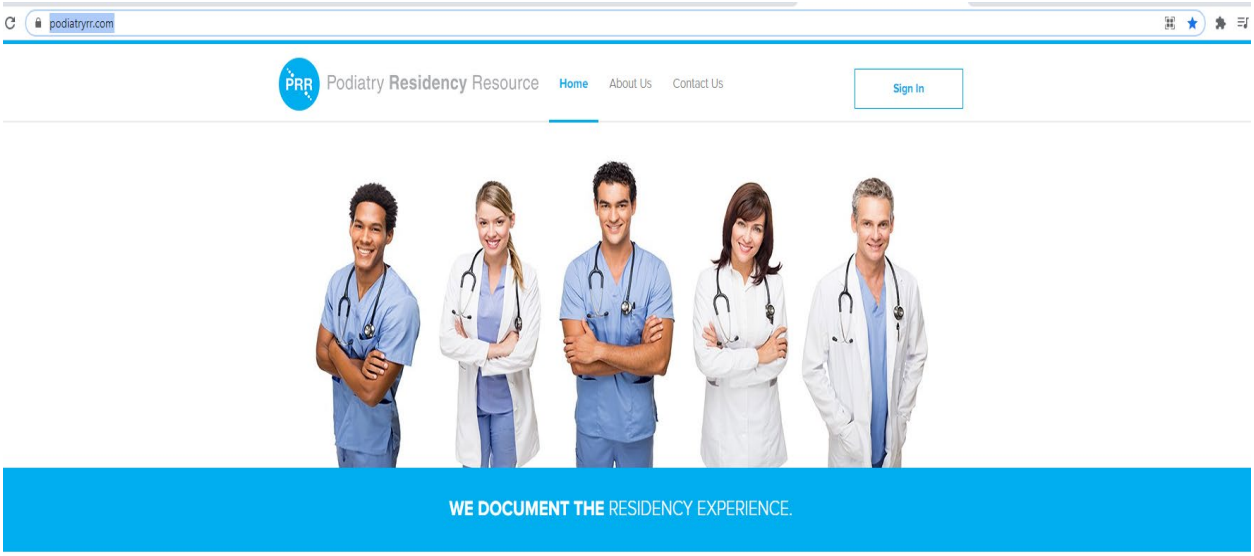
11 Lower Extremity Wound Care

11.1 excisional debridement of ulcer or wound (e.g., neuropathic, arterial, traumatic, venous, thermal)
11.2 advanced wound care modalities (e.g., negative pressure wound therapy, cellular and/or tissue-based product, total contact casting, multi-layer compression therapy/Unna boot)
11.3 hyperbaric oxygen therapy

13 Other Clinical Experiences

13.1 other clinical experiences (i.e. mission trips; procedure performed outside the United States)

Podiatry Residency Resource Home Page:
https://www.podiatryrr.com/



WELCOME TO PRR

Welcome to PRR (Podiatry Residency Resource), the residency management system specifically designed for the podiatric residency community. PRR seamlessly integrates input from residents, program directors, and residency staff. This data stream helps residents stay informed of their progress in meeting training requirements and helps residencies maintain compliance with program requirements.

The PRR family also includes the Podiatry College Resource.

ABPM SUGGESTED BIOMECHANICAL EXAMINATION FORM

MR#_____ **Date**_____ **Resident**_____

Patient Name_____ **Attending**_____

Sex_____ **Age**_____ **Wt**_____

Presenting complaint _____

MUSCULOSKELETAL EVALUATION

Normal	Non-Wt Bearing Assessment	R	L
45°	Internal Hip Rotation (ext)		
45°	External Hip Rotation (ext)		
0°	Neutral Position of Hip (ext)		
15-20°	Malleolar Position (ext)		
10°	Ankle DF (Knee Extended)		
>10°	Ankle DF (Knee Flexed)		
20°	Heel Inversion		
10°	Heel Eversion		
0°	STJ Neutral Position		
perp	Forefoot to Rearfoot (1-5)		
perp	Forefoot to Rearfoot (2-5)		
5mm	First Ray Dorsiflexion		
5mm	First Ray Plantarflexion		
0mm	First Ray Neutral Position		
65°	Hallux Dorsiflexion		
>30°	Hallux Plantarflexion		

Quality of Motion *(circle)*

	R	L
Ankle (dorsiflexion) Normal Limited Painful		
Ankle (plantarflexion) Normal Limited Painful		
STJ (supination) Normal Limited Painful		
STJ (pronation) Normal Limited Painful		
Hallux (dorsiflexion) Normal Limited Painful		
Hallux (plantarflexion) Normal Limited Painful		
Lesser Digits (dorsiflexion) Normal Limited Painful		
Lesser Digits (plantarflexion) Normal Limited Painful		

Muscle Strength (0-5/5)	R	L
Hip Flexors		
Hip Extensors		
Hip Abductors		
Hip Adductors		
Hip Rotators (Internal)		
Hip Rotators (External)		
Gastrocnemius		
Soleus		
Tib. Posterior		
Flex. Hallucis Longus		
Flex. Digitorum Longus		
Flex. Digitorum Brevis		
Tib. Anterior		
Ext. Digitorum Longus		
Ext. Hallucis Longus		
Ext. Digitorum Brevis		
Peroneus Longus		
Peroneus Brevis		

FOOT MORPHOLOGY

Frontal Plane *(circle)*

	Normal morphology	R L	Varus	R L	Valgus
Forefoot		R L		R L	
Rearfoot		R L		R L	

ANKLE MORPHOLOGY

	R	L
Normal morphology		
Equinus		
Calcaneus		
Varum		
Valgum		
Other_____		

POSTURAL APPRAISAL *(circle)*

Head Position:
Forward Backward Sideward

Shoulders:

Level	R	L
Dropped		
Forward		
Backward		

Spine:

Scoliosis		
Lordosis		
Kyphosis		

Pelvis:

Level		
Dropped		
Forward		
Backward		

Patella Orientation *(circle)*:
Medial Central Lateral
R L R L R L

Knee Varum Valgum Flexion Recurvatum
R L R L R L R L

Tibia Varum Valgum
R L R L

Malleolar Position Internal External
R L R L

	R	L
Neutral Calc. Stance Position (deg.)		
Relaxed Calc. Stance Position (deg.)		

Sagittal Plane

	R	L
Normal morphology		
Anterior Cavus		
Posterior Cavus		
Cavoadductovarus		
Calcaneovalgus		
Planovalgus		
Rocker Bottom		
Other_____		

Transverse Plane

	R	L
Normal morphology		
Forefoot Adducted		
Forefoot Abducted		
Rearfoot Adducted		

Limb Length Inequality (in cm)

	R	L
Normal (symmetric)		
Structural		
Combined		
Functional		

DIGITAL ASSESSMENT *(circle)*

Abducted	R: 1 2 3 4 5	L: 1 2 3 4 5
Adducted	R: 1 2 3 4 5	L: 1 2 3 4 5
Claw toe	R: 1 2 3 4 5	L: 1 2 3 4 5
Hammer toe	R: 1 2 3 4 5	L: 1 2 3 4 5
Mallet toe		
Hallux IP Extensus	R	L
Hallux IP Abductus	R	L

GAIT ANALYSIS (Barefoot Gait Pattern) *(circle)*
Normal Antalgic Apropulsive
Other (e.g. Steppage, Circumducted, Scissor)

	R	L
Angle of Gait		
Base of Gait		

Patellar Position:

Contact		
Mid-Stance		
Propulsion		
Swing		

Heel Position:

Contact		
Mid-Stance		
Propulsion		
Swing		

Heel Off *(circle)*:
WNL Early

Abductory Twist *(circle)*:
Yes No

IF A PORTION OF EXAM IS DEFERRED, GIVE REASON:

ASSESSMENT:

TREATMENT PLAN:

Evaluations

EVALUATION OF RESIDENT - PGY 1 - PODIATRIC SURGERY

Evaluator: _____

Evaluation of: _____

Date: _____

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates proper operating room protocol, draping and prepping of the operative field and aseptic technique.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident is proficient in proper instrumentation used in performing foot surgery.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the ability to perform incisions and soft tissue dissection.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to perform digital surgery including tenotomies, capsulotomies, interphalangeal arthroplasties and/or fusions.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates the ability to perform soft tissue procedures including the excision of common soft tissue tumors.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates the ability to perform bunionectomies including osteotomies of the first metatarsal.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. The resident demonstrates the ability to perform arthroplastic procedures of the first metatarsal phalangeal joint.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
8. The resident demonstrates the ability to perform lesser metatarsal procedures such as osteotomies and arthroplasties.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. The resident demonstrates the ability to perform common rearfoot procedures such as heel spur resection, plantar fascial release and exostectomies.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. The resident demonstrates the ability to use internal fixation such as absorbable pins, K-wire and screws.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. The resident demonstrates a general understanding for the management of postoperative infections and other complications.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
12. Doctor-patient relationship*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
13. Relationship with attendings, residents, nursing staff*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
14. Manners and personal appearance*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
15. Maturity-integrity*	☐	☐	☐	☐	☐	☐

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
16. Ability to accept criticism*	☐	☐	☐	☐	☐	☐

17. Overall Comments: _____

EVALUATION OF RESIDENT - PGY2 - PODIATRIC SURGERY

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates the ability to perform digital surgery including tenotomies, capsulotomies, interphalangeal arthroplasties and/or fusions.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident demonstrates the ability to perform soft tissue procedures including the excision of common soft tissue tumors.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the ability to perform bunionectomies including osteotomies of the first metatarsal.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to perform arthroplastic procedures of the first metatarsal phalangeal joint.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates the ability to perform lesser metatarsal procedures such as osteotomies and arthroplasties.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates the ability to perform common rearfoot procedures such as heel spur resection, plantar fascial release and exostectomies.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. The resident demonstrates the ability to use internal fixation such as absorbable pins, K-wire and screws.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
8. The resident demonstrates the ability to utilize external fixation whether simple or complex.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. The resident demonstrates the ability to appropriately manage the emergency patient both medically and surgically.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. The resident demonstrates the ability to organize and manage junior residents.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. The resident demonstrates the ability to teach and guide junior residents.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
12. The resident demonstrates a general understanding for the management of postoperative infections and other complications.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
13. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
14. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
15. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations

	0	1	2	3	4	5
16. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
17. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

18. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - PGY3 - PODIATRIC SURGERY

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates the ability to plan and perform complicated forefoot reconstructive procedures.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident demonstrates the ability to plan and perform complicated mid-foot reconstructive procedures.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the ability to plan and perform complicated rear-foot and ankle reconstructive procedures.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to use internal fixation such as absorbable pins, K-wire and screws.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates the ability to utilize external fixation whether simple or complex.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates the ability to appropriately manage the emergency patient both medically and surgically.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. The resident demonstrates the ability to evaluate, plan, execute, code and follow surgical patients.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
8. The resident demonstrates the ability to organize and manage junior residents.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. The resident demonstrates the ability to teach and guide junior residents.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. The resident demonstrates a general understanding for the management of postoperative infections and other complications.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
12. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
13. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
14. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
15. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

16. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - PODIATRIC MEDICINE/CLINIC/ OFFICES

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates the ability to obtain a comprehensive podiatric history and physical including a complete lower extremity examination.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident is proficient in proper instrumentation used in office foot surgery.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the ability to perform common office surgery including simple soft tissue lesion excisions and nail procedures.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies including radiographs, ultrasounds, radioisotope studies, MRI and CT.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates ability to perform a complete biomechanical lower extremity evaluation.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates ability to implement a plan of management including appropriate consultations when indicated.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. The resident demonstrates the ability to prescribe appropriate orthoses, braces and shoes for a wide variety of biomechanical, neuromuscular disorders of the foot and ankle.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
8. The resident demonstrates the ability to educate high risk populations such as diabetics, vascular disease patients, neuropathics and immunocompromised patients.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. The resident demonstrates a general understanding for the management of infections and other complications.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
12. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
13. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
14. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
15. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

16. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - WOUND CARE

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates the ability to obtain a problem focused podiatric history and physical exam related to extremity wounds.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident demonstrates understanding of the principles of wound healing and management of wounds.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the ability to utilize various wound care products in the appropiate clinical setting*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies including radiographs, nuclear studies, MRI and CT.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates the ability to order and interpret appropriate labratory tests.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates the ability to perform and interpret TCO2 studies.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. The resident demonstrates understanding and knowledge regarding hyperbaric oxygen therapy in the compromised wound.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
8. The resident demonstrates ability to implement a plan of management including appropriate consultations when indicated.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
12. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
13. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

14. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - ANESTHESIOLOGY

Insufficient contact to evaluate (delete evaluation)

If you rate poor, please give an explanation

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
	0	1	2	3	4	5
1. The resident demonstrates proper operating room protocol, universal precautions and aseptic technique.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
	0	1	2	3	4	5
2. The resident is proficient in gaining intravenous access with a high level of success.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
	0	1	2	3	4	5
3. The resident demonstrates an understanding of the preoperative ASA standards*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
	0	1	2	3	4	5
4. The resident demonstrates the ability to manage airways including intubation and extubation techniques.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
	0	1	2	3	4	5
5. The resident demonstrates familiarity with various regional anesthetic techniques including spinal, epidural, Beir and local nerve blocks.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…

	0	1	2	3	4	5
6. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
7. Doctor-patient relationship*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
8. Relationship with attendings, residents, nursing staff*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
9. Manners and personal appearance*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
10. Maturity-integrity*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfa… rarely meets criteria	Needs improve… meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectati…
11. Ability to accept criticism*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

12. Overall Comments:

* Required fields Option description (place mouse over field to view)

EVALUATION OF RESIDENT - BEHAVIORAL MEDICINE

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
1. The resident demonstrates an understanding of the psychiatric barriers to compliance with treatment plans and can develop strategies to overcome them.*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
2. The resident demonstrates a general understanding about psychotropic medication management.*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
3. The resident demonstrates an understanding of the psychiatric issues of aging.*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
4. The resident demonstrates an understanding of the psychological issues of patients undergoing major surgical procedures of prolonged rehabilitation.*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5

5. The resident demonstrates an understanding of the psychological issues of patients with ongoing chronic disease*	◯	◯	◯	◯	◯	◯
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
6. The resident demonstrates an understanding of delirium and appropriate management in the medical / surgical patient.*	◯	◯	◯	◯	◯	◯
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
7. The resident demonstrates an understanding of the signs of severe mental illness that can result in the patient becoming a danger to self or others.*	◯	◯	◯	◯	◯	◯
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
8. The resident demonstrates an understanding of the issues surrounding advanced directives and capacity to make medical decisions.*	◯	◯	◯	◯	◯	◯
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
9. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
10. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
11. Relationship with attendings, residents, nursing staff*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
12. Manners and personal appearance*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
13. Maturity-integrity*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
14. Ability to accept criticism*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

15. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - EMERGENCY MEDICINE

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
1. The resident demonstrates proper emergency room protocol, universal precautions and aseptic technique.*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
2. The resident is proficient in the triage of patients and injuries.*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
3. The resident demonstrates the ability to perform a complete history and physical*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies to arrive at a diagnosis.*	○	○	○	○	○	○

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5

5. The resident demonstrates the ability to direct the patient to the appropriate specialized care.*	○	○	○	○	○	○
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
6. The resident demonstrates proper standardized documentation in a concise but complete manner.*	○	○	○	○	○	○
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
7. Doctor-patient relationship*	○	○	○	○	○	○
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
8. Relationship with attendings, residents, nursing staff*	○	○	○	○	○	○
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
9. Manners and personal appearance*	○	○	○	○	○	○
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
10. Maturity-integrity*	○	○	○	○	○	○
	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…

	0	1	2	3	4	5
11. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

12. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - RADIOLOGY

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates an ability to properly interpret common radiographic plain views.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident demonstrates the ability to interpret MRI, CT, ultrasound and nuclear scans.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the ability to perform a complete history and physical.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies to arrive at a diagnosis.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates an understanding of interventional radiographic techniques and their indications.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto…	Needs improvement;	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations

		rarely meets criteria	meets some of criteria			
	0	1	2	3	4	5
8. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯
	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. Manners and personal appearance*	◯	◯	◯	◯	◯	◯
	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. Maturity-integrity*	◯	◯	◯	◯	◯	◯
	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

12. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - INFECTIOUS DISEASE

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
1. The resident demonstrates proper hospital protocol, universal precautions and aseptic technique.*	○	○	○	○	○	○
2. The resident demonstrates the ability to perform proper culturing technique.*	○	○	○	○	○	○
3. The resident demonstrates ability to identify the signs and symptoms of the infected state.*	○	○	○	○	○	○
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies to arrive at a diagnosis.	○	○	○	○	○	○

5. The resident demonstrates the ability to order the appropriate serology including peak and trough levels.*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

6. The resident demonstrates the ability to identify the correct antibiotic therapy.*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

7. The resident demonstrates proper standardized documentation in a concise but complete manner.*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

8. The resident demonstrates the ability to direct the patient to the appropriate specialized care.*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

9. Doctor-patient relationship*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

10. Relationship with attendings, residents, nursing staff*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…

	0	1	2	3	4	5
11. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
12. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
13. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

14. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - INTERNAL MEDICINE

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates proper hospital protocol, universal precautions and aseptic technique.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident is proficient in reading and interpreting EKG studies*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the ability to perform a complete medical history and physical examination.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies to arrive at a diagnosis.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates the ability to direct the patient to the appropriate specialized care.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto…	Needs improvement;	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations

		rarely meets criteria	meets some of criteria			
	0	1	2	3	4	5
8. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯
	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. Manners and personal appearance*	◯	◯	◯	◯	◯	◯
	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. Maturity-integrity*	◯	◯	◯	◯	◯	◯
	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

12. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - PATHOLOGY

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates proper laboratory protocol, universal precautions and aseptic technique.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident demonstrates an understanding of proper biopsy collection and preservation.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates a familiarity with common laboratory testing, their proper collection, utilization and interpretation.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to perform joint fluid analysis.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates the ability to perform gram stains, KOH and antibiotic susceptibility testing.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates an understanding of benign vs. malignant cell structure.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto…	Needs improvement;	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations

		rarely meets criteria	meets some of criteria			
	0	1	2	3	4	5
8. The resident demonstrates the ability to direct the patient to the appropriate specialized care.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
12. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
13. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

14. Overall Comments:

* Required fields ◢ Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - PEDIATRICS

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates ability to obtain a comprehensive pediatric history and physical.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident demonstrates proper pediatric ward protocol, universal precautions and aseptic technique.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates a knowledge of the developmental stages in the pediatric patient.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies to arrive at a diagnosis.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates an understanding of pediatric pharmacology and appropriate dosing.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. The resident demonstrates the ability to direct the patient to the appropriate specialized care.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto…	Needs improvement;	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations

		rarely meets criteria	meets some of criteria			
	0	1	2	3	4	5
8. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
11. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
12. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

13. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - PLASTIC SURGERY

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrates proper operating room protocol, universal precautions and aseptic technique.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
2. The resident demonstrates proficiency in suture techniques.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
3. The resident demonstrates the appropriate biopsy techniques.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
4. The resident demonstrates an understanding of skin-plasties and skin flaps.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
5. The resident demonstrates the ability to obtain and apply various skin grafts.*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
6. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
7. Relationship with attendings, residents, nursing staff*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations

	0	1	2	3	4	5
8. Manners and personal appearance*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
9. Maturity-integrity*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
10. Ability to accept criticism*	◯	◯	◯	◯	◯	◯

11. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - RHEUMATOLOGY

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
	0	1	2	3	4	5
1. The resident demonstrated the ability to perform a history and physical examination with a focus on the rheumatologic condition.*	◯	◯	◯	◯	◯	◯
2. The resident demonstrated the ability to order and interpret appropriate diagnostic imaging studies.*	◯	◯	◯	◯	◯	◯
3. The resident demonstrated the ability to order and interpret appropriate laboratory testing.*	◯	◯	◯	◯	◯	◯
4. The resident demonstrated the ability to obtain and interpret synovial fluid analyses.*	◯	◯	◯	◯	◯	◯
5. The resident demonstrated knowledge of appropriate pharmacologic management of the rheumatologic patient.*	◯	◯	◯	◯	◯	◯
6. The resident demonstrates proper standardized documentation in a concise but complete manner.*	◯	◯	◯	◯	◯	◯
7. Doctor-patient relationship*	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
8. Relationship with attendings, residents, nursing staff*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
9. Manners and personal appearance*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
10. Maturity-integrity*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

	Not Applicable	Poor; unsatisfacto… rarely meets criteria	Needs improvement; meets some of criteria	Adequate; meets most of criteria	Good; meets criteria	Excels; exceeds expectations
11. Ability to accept criticism*	0	1	2	3	4	5
	◯	◯	◯	◯	◯	◯

12. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

EVALUATION OF RESIDENT - VASCULAR/GENERAL SURGERY (Copy)

Insufficient contact to evaluate (delete evaluation)

If you rate Poor, please give an explanation

	Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
	0	1	2	3	4	5
1. The resident demonstrates proper operating room protocol, universal precautions and aseptic technique.*	○	○	○	○	○	○
2. The resident demonstrates an understanding of tissue handling and wound healing.*	○	○	○	○	○	○
3. The resident demonstrates ability to obtain a comprehensive surgical history and physical.*	○	○	○	○	○	○
4. The resident demonstrates the ability to order and interpret appropriate diagnostic studies relevant to general and vascular/endovascular surgery to arrive at a diagnosis.*	○	○	○	○	○	○

5. The resident demonstrates an adequate knowledge of surgical anatomy.*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5

6. The resident has an understanding of the evaluation and management of surgical patients with peripheral arterial disease.*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5

7. The resident demonstrates proper standardized documentation in a concise but complete manner.*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5

8. Doctor-patient relationship*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5

9. Relationship with attendings, residents, nursing staff*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5

10. Manners and personal appearance*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…

11. Maturity-integrity*

0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

12. Ability to accept criticism*

Not Applic…	Poor; unsati… rarely meets criteria	Needs impro… meets some of criteria	Adeq… meets most of criteria	Good; meets criteria	Excels; excee… expec…
0	1	2	3	4	5
◯	◯	◯	◯	◯	◯

13. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

Preview Form
Printed on Feb 08, 2024

medhub

RESIDENT EVALUATION OFF ROTATION SERVICE

Insufficient contact to evaluate (delete evaluation)

Please rate the faculty members on this rotation by answering the questions below.

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
1. Involves resident in patient management decisions.*	○	○	○	○	○	○

2. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
3. Involves resident actively in pre-op care-General Surgery Rotation*	○	○	○	○	○	○

4. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
5. Involves resident actively in post-op care-General Surgery Rotation*	○	○	○	○	○	○

6. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
7. Involves resident actively in operating room-General Surgery Rotation*	○	○	○	○	○	○

8. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
9. Operating room experience-General Surgery Rotation*	○	○	○	○	○	○

10. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
11. Attendance and teaching during service rounds.*	○	○	○	○	○	○

12. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
13. Sufficient opportunity to learn the skill/practice.*	○	○	○	○	○	○

14. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
15. Faculty available to resident when on-call.*	○	○	○	○	○	○

16. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
17. Ability to communicate theoretical knowledge.*	○	○	○	○	○	○

18. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
19. Ability to teach clinical knowledge and skills.*	○	○	○	○	○	○

20. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
21. Shows interest in teaching & resident development.*	○	○	○	○	○	○

22. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
23. Gives feedback regarding resident strengths and weaknesses:*	○	○	○	○	○	○

24. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
25. Overall opinion/evaluation of faculty members.*	○	○	○	○	○	○

26. Comments:

Please rate the overall rotation by answering the questions below.

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
27. Were the goals & objectives met?*	○	○	○	○	○	○

28. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
29. Scut versus training.*	◯	◯	◯	◯	◯	◯

30. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
31. Attending teaching.*	◯	◯	◯	◯	◯	◯

32. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
33. Resident teaching.*	◯	◯	◯	◯	◯	◯

34. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
35. Patient management experience.*	◯	◯	◯	◯	◯	◯

36. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
37. Time spent in ambulatory/private office.*	◯	◯	◯	◯	◯	◯

38. Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
39. Overall satisfaction with service.*	◯	◯	◯	◯	◯	◯

40. Comments:

41. Please use the following space for OVERALL SERVICE COMMENTS/SUGGESTIONS, listing both positive and negative comments.

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

RESIDENT PEER EVALUATION

Insufficient contact to evaluate (delete evaluation)

N/A = Not Applicable If you rate Strongly Disagree, please give an explanation

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	N/A
1. Communicates clearly/effectively*	○	○	○	○	○	○
2. Professional and Self Assured in dealing with others*	○	○	○	○	○	○
3. Sensitive in dealing with patients or their families*	○	○	○	○	○	○
4. Has agreeable interactions with nurses and support staff*	○	○	○	○	○	○
5. Is effective at interviewing patients to obtain history*	○	○	○	○	○	○
6. Demonstrates sensitivity to diverse patient population*	○	○	○	○	○	○
7. Treats fellow residents wtih respect.*	○	○	○	○	○	○
8. Dependable about signing out / rounding / taking call*	○	○	○	○	○	○
9. Manages time well*	○	○	○	○	○	○
10. Extremely organized*	○	○	○	○	○	○
11. Acknowledges his / her own actions*	○	○	○	○	○	○
	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	N/A

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	N/A
12. Notices and reports changes in patient status*	◯	◯	◯	◯	◯	◯
13. Reports his / her errors in treating patients*	◯	◯	◯	◯	◯	◯
14. Demonstrates a positive attitude*	◯	◯	◯	◯	◯	◯
15. Responds positively to feedback / criticism from surgical attending or more senior residents.*	◯	◯	◯	◯	◯	◯
16. Is rarely temperamental or impulsive*	◯	◯	◯	◯	◯	◯
17. Maintains composure and mental focus under pressure.*	◯	◯	◯	◯	◯	◯
18. Functions effectively as a member of a surgical team.*	◯	◯	◯	◯	◯	◯
19. Assists or fills in for other residents when needed.*	◯	◯	◯	◯	◯	◯
20. Facilitates the learning of other residents and medical students*	◯	◯	◯	◯	◯	◯
21. Gives time and effort required by job*	◯	◯	◯	◯	◯	◯
22. Pursues each patient's best interests in good faith and with full effort*	◯	◯	◯	◯	◯	◯
23. Works long and hard when necessary*	◯	◯	◯	◯	◯	◯
24. Learns from experience and does not repeat mistakes*	◯	◯	◯	◯	◯	◯
25. Has a well developed knowledge of the medicine of Podiatry*	◯	◯	◯	◯	◯	◯

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	N/A
26. Has knowledge and application of basic sciences*	◯	◯	◯	◯	◯	◯
27. Shows sound judgment in diagnosis and treatment recommendations*	◯	◯	◯	◯	◯	◯
28. Can develop and execute a patient care plan*	◯	◯	◯	◯	◯	◯
29. Is an advocate for the patient*	◯	◯	◯	◯	◯	◯
30. Demonstrates manual dexterity*	◯	◯	◯	◯	◯	◯

31. Overall Comments:

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

ANNUAL RESIDENT EVALUATION OF FACULTY

Insufficient contact to evaluate (delete evaluation)

If you select Inadequate, please given an explanation

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
1. Involves resident in patient management decisions pre-op and post-op*	○	○	○	○	○	○

Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
2. Involves resident actively in operating room*	○	○	○	○	○	○

Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
3. Shows interest and ability to teach clinical knowledge and skills*	○	○	○	○	○	○

Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
4. Gives feedback regarding resident strengths and weaknesses.*	○	○	○	○	○	○

Comments:

	Outstanding	Above Average	Average	Barely Acceptable	Inadequate	Not Evaluated
5. Participates in educational conferences and promotes research.*	○	○	○	○	○	○

Comments:

6. Please use the following space for OVERALL SERVICE COMMENTS/SUGGESTIONS, listing both positive and negative comments.

* Required fields Option description (place mouse over field to view)

Submit Completed Evaluation

Preview Form
Printed on Mar 11, 2025

ANNUAL PROGRAM EVALUATION BY RESIDENT

Insufficient contact to evaluate (delete evaluation)

Please rate each item using a 1-5 scale with 5 being Excellent. Please submit comments regarding the rating you selected.

Conferences

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
1. Conference promotes active discussion regarding clinical pertinence of information:*	◯	◯	◯	◯	◯

Comments:

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
2. Conference provides appropriate acquisition of knowledge:*	◯	◯	◯	◯	◯

Comments:

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
3. Conference encourages the active participation of residents and faculty:*	◯	◯	◯	◯	◯

Comments:

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

4. Conference attending actively participates on a regular basis:*

Comments:

Teaching

Responses to the questions listed below should include teacher effectiveness with regard to the following:

* Ability to actively involve residents in perioperative patient management
* Availability to resident team
* Displayed interest in teaching residents
* Application of clinical and theoretical knowledge to assist resident learning
* Provides timely & appropriate feedback to residents regarding performance
* Overall interpersonal skills

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

5. Availability of Teaching Faculty:*

Comments:

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
○	○	○	○	○

6. Effectiveness in Emergency Department:*

Comments:

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
○	○	○	○	○

7. Effectiveness of Private Office:*

Comments:

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
○	○	○	○	○

8. Effectiveness of clinic:*

Comments:

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5

9. Effectiveness of Patient Teaching Rounds:*

○	○	○	○	○

Comments:

10. Promoting & Developing of Scholarly Environment:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
○	○	○	○	○

Comments:

11. Commitment to Teaching:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
○	○	○	○	○

Comments:

Training Environment

12. Learning Value of Teaching Rounds:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
○	○	○	○	○

13. Adequacy of Attending Supervision:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

14. Quality of Attending Supervision:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

15. Quality of Feedback from Attendings to Residents:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

16. Interdisciplinary and Ancillary Services Support:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

17. Nursing:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

18. Social Work:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

19. Dietary:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5

20. Pharmacy:*

21. Laboratory Services:*

22. Radiology Services:*

23. Extra-departmental Secretarial/Clerical Services:*

24. Quality of Diversity of Operative Cases:*

25. Opportunity for Residents to Perform Procedures:*

26. Opportunity for Residents to Perform Research:*

27. Quality of Research Environment:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5

	1	2	3	4	5
28. Overall Quality of Resident Rotations:*	◯	◯	◯	◯	◯

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
29. Appropriateness of Workload and Work Hours:*	◯	◯	◯	◯	◯

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
30. The Training Program Promotes Life-Long Learning:*	◯	◯	◯	◯	◯

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
31. The Training Program Promotes Self-Assessment:*	◯	◯	◯	◯	◯

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
32. The Training Program Recognizes Excellence in Continuous Quality Improvement:*	◯	◯	◯	◯	◯

Competency Teaching and Evaluation

The Program defines the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for the residents to demonstrate the following:

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
33. Patient care that is compassionate, appropriate, and effective for the treatment of health program and the promotion of health:*	◯	◯	◯	◯	◯

	Poor	Fair	Good	Very Good	Excell…
	1	2	3	4	5
34. Medical knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patience care:*	◯	◯	◯	◯	◯

	Poor	Fair	Good	Very Good	Excell…

35. Practice-Based learning and improvement that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care:*

1	2	3	4	5
◯	◯	◯	◯	◯

36. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

37. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

38. Systems-based practices, as manifested by action that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care:*

Poor	Fair	Good	Very Good	Excell…
1	2	3	4	5
◯	◯	◯	◯	◯

Core Strengths and Weaknesses of the Program

Please identify within the comments box.

Core strengths: *

Weaknesses: *

Provide any specific suggestions you may have for the improvement of the current residency program curriculum: *

Program Manager Support

	Unsati…	Satisf…	Super…	N/A
	1	2	3	4
39. PM availability to residents/fellows/faculty*	◯	◯	◯	◯

	Unsati…	Satisf…	Super…	N/A
	1	2	3	4
40. PM effectiveness in dealing with residents/fellows and their issues*	◯	◯	◯	◯

	Unsati…	Satisf…	Super…	N/A
	1	2	3	4
41. PM timeliness and accuracy of communication*	◯	◯	◯	◯

	Unsati…	Satisf…	Super…	N/A
	1	2	3	4
42. PM effectiveness of interactions and collaboration with residents/fellows/faculty to meet overall program goals and compliance requirements*	◯	◯	◯	◯

	Unsati…	Satisf…	Super…	N/A
	1	2	3	4
43. PM attitude towards resident/fellow/faculty*	◯	◯	◯	◯

44. Comments on Program Manager

* Required fields Option description (place mouse over field to view)

UPMC LIFE CHANGING MEDICINE

Podiatric Surgery Resident Semi-Annual or Final Annual Evaluation Form

Resident Name/PGY Level: _____ PGY Level: _____

Evaluator: _____ Evaluation Period: _____

Surgical Operative Log:

Last date info entered: _____
Completion concerns: _____
_____
_____

Research Productivity Participation Level:

High	Avg.	Low

Open Projects:
_____
_____
Team Members: _____

Completed Projects and _____
Papers/Posters/Presentations: _____
_____
_____
_____
_____

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT	N/A
Attendance At Conferences						
Skills Lab						
Personal/Stress/Fatigue						
Dictation						
Presentations And Discussions						
Scholarly Activity						
Duty Hour Compliance						

Review Core Competencies:	PD should dictate/write comments on each competency
Patient Care	
Medical Knowledge	
Practice-Base Learning & Improvement	
Interpersonal & Communications Skills	
Professionalism-to include completing administrative tasks	
System-Based Practice	

ROTATION EVALUATIONS PREVIOUS THREE/SIX MONTHS:

Early Concerns:

_____

_____

Positive Comments:

_____

_____

_____

Negative Comments:

_____

_____

Evaluator's Comments:

_____

_____

_____

_____

Suggestions/Concerns from Resident:

_____

_____

_____

_____

☐ **PGY 3 only: By checking this box, the director attests that the resident has achieved all CPME competencies and has completed all minimum activity volume requirements to graduate.**

_____ _____

Resident Signature Date **Program Director Signature Date**

_____

Associate Program Director Date

Policies

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Duty Hour Rules Policy
Purpose:	To define work hour periods and requirements for the resident to stay in compliance
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

Maximum Hours of Work per Week
Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. **Moonlighting does not apply to the Podiatry Residency Program.**

Mandatory Time Free of Duty
Residents must be scheduled for at least one day free of duty every week (when averaged over four weeks). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. At-home call cannot be assigned on these free days.

Maximum Duty Period Length
Duty periods for all residents must not exceed 24 hours in duration.

- It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site to accomplish these tasks; however, this period must be no longer than four more hours.

Minimum Time Off between Scheduled Duty Periods
PGY-1 residents should have 8 hours, and must have 8 hours, free of duty between scheduled duty periods. Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Maximum In-House On-Call Frequency
Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call (or pager call)

- The frequency of at-home call is not subject to the every-third-night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.

- Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

- When residents are called into the hospital from home, or performs clinical work from home, the hours residents spend in-house are counted toward the 80-hour limit.

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Resident Supervision Policy
Purpose:	To define the levels of supervision needed during residency
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

It is the policy of the Section of Podiatric Medicine and Surgery that all residents within the program will be provided appropriate supervision throughout their training. Residents will be supervised by the teaching staff while helping them assume increasing responsibility for safe and effective patient care appropriate to their level of training, knowledge, abilities, competencies, and experience.

The Section of Podiatric Medicine and Surgery has established two levels of supervision: general supervision and direct supervision. The degree of supervision varies based on the teaching staff's determination or judgment of the level of responsibilities according to each resident. Such judgment shall be based on direct observations and knowledge of each resident's skills and abilities.

Resident supervision during interdisciplinary rotations will be determined by that department or section's supervision policy.

General Supervision: This level of supervision requires that the supervising podiatrist (senior resident or attending) need not be present in person but should be available via telephone. Attending podiatrists should be able to reach the hospital within 20 minutes of a telephone call, but senior residents must be able to reach the hospital in less than 10 minutes. Examples of general supervision include local nerve blocks, simple incision and drainage of superficial abscesses, cortico-steroid injections, reduction of simple fractures with splint or cast application.

Direct Supervision: This level of supervision requires the physical presence and direct visual observation during a resident's performance of a procedure by an attending podiatrist who is skilled and privileged to perform that procedure requiring supervision. This supervision does not conflict with the progressively more independent decision-making on the part of the residents. The degree of supervision varies with the clinical circumstances, skill of each resident, and the confidence of the attending faculty evaluation of the individual resident's ability. Examples of direct supervision include chief residents performing an operation while the attending surgeon of record is within the operating room suite but not scrubbed into the room; a junior resident performing a minor surgical procedure in the operating room or clinic with the chief resident or attending podiatrist available in the adjacent room.

Operating Room Supervision: The attending surgeon will provide direct supervision of the chief and junior residents as previously defined. Residents may perform surgical procedures under the direct supervision of attending surgeons; however, it is the responsibility of each individual surgeon to determine the appropriate level of responsibility accordingly.

Emergency Room Supervision: Junior residents conducting consultations in the Emergency Department are supervised by a senior or chief resident. Senior or chief residents are supervised by the attending physician for the

Emergency Department. Patients evaluated in the Emergency Department must be discussed with an attending prior to discharge from the E.D. or admission to the Hospital. Required emergency procedures must be performed under direct supervision by the attending podiatrist or the chief/senior resident once qualified.

Hospital Consultation Supervision: Consultations will be seen by the junior resident initially. The senior or chief resident will evaluate the patient with the junior resident following this preliminary step. The senior or chief resident will discuss the findings with the attending podiatrist.

Outpatient Clinic Supervision: Junior residents will evaluate patients under the direct supervision of the senior or chief resident. The attending podiatrist for the outpatient clinic shall be present and provide direct supervision. Minor operative procedures will be performed by the junior residents under the direct supervision of the senior or chief resident or attending podiatrist.

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Remediation Policy
Purpose:	The purpose of this remediation policy is to describe corrective actions that are designed to improve resident performance and/or behavior prior to invoking the UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy.
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

The standards for academic advancement, clinical performance and professional growth are set forth in the residency manual. These standards are documented in writing and electronic form, distributed, and explained to new and advancing residents. The residents are expected to observe the rules of employment as set out in the current resident manual. The UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy describes in detail the assessment, promotion, discipline and dismissal of residents and fellows in graduate medical education programs at UPMC Harrisburg. The purpose of this remediation policy is to describe corrective actions that are designed to improve resident performance and/or behavior prior to invoking the UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy This remediation policy is specific for the Podiatric residency program alone.

- The program director is responsible for corrective action should a resident demonstrate unsatisfactory performance, conduct, attendance, or behavior unbecoming a resident at UPMC Harrisburg.
- The director must document corrective action which may include any or all of the following: verbal warning, written warning, incident notice, probation, suspension and/or termination.
- The director may also offer the offending resident the opportunity to remediate their actions prior to invoking the UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy.

The remediation process depends on formulating a corrective action plan. The plan is agreed upon by the resident and program director and is designed to outline the conditions for improving the resident's performance, behavior, or attendance. A timetable for completion of the remediation will be firmly established. At the completion of the remediation the resident will have fulfilled their task or will be entered into the guidelines of the UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy for further disciplinary actions, probation and/or eventual dismissal.
The UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy is in the Resident Manual and under Policies in Med Hub.

Corrective Action Plan

The corrective action plan is agreed to by both the director and resident. A timetable is established, and expectation of results set forth. The corrective action plan may include any of the following:

Remediation Policy continued:

- Active mediation between residents, faculty members, rotation, or service.
- Reassignment of the resident to another rotation site or supervisor should the problem be seen as existing substantially within the service or faculty member.
- Increasing the supervisory contact with the chief or senior resident.
- Increasing the supervisory contact with the program director or other faculty members.
- Appointment of a faculty member as an advocate or mentor.
- Increase didactic work, self-study or tutorial.
- Repetition of a particular rotation or didactic experience.

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Resident Evaluation and Assessment Policy
Purpose:	To define the levels of evaluation the resident will undergo to adhere to CPME program requirements
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

The Podiatric Residency Program at UPMC Harrisburg will conduct individual resident assessments based on The Council of Podiatric Medical Education program requirements and compliance with UPMC Harrisburg's policies.

Evaluation is based on assessment of:

- Patient Care
- Medical Knowledge
- Technical Skills
- Pre & post op care of surgical patients
- Interpersonal/communication skills
- Responsibility and reliability
- System-based learning
- Practice-based learning and improvement

Resident's performance will also consist of review of a series of objectives and subjective components such as the following:

- Attendance at conferences
- Operative logs
- Dictations
- In-service exam scores
- Documentation of office hours
- Presentation and discussions
- Scholarly Activity
- Completion of UPMC assigned Learning modules

Residents are evaluated monthly by the supervising faculty member of each rotation. The Program Director meets with each resident biannually, after the faculty evaluations are received, to review the residents' performance and to discuss other pertinent educational and academic goals. This meeting is also an opportunity to monitor stress and fatigue and develop interventions if needed. Each resident will be expected to make progress in each assessment tool and competency for continuation and promotion to the next level of training.

Should further action become necessary an advisory group formed by core faculty members will be assembled and follow the protocol established in the *UPMC Medical Education Policy, Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy.*

UPMC Medical Education

Policies and Procedures

Approved by:

GME Committee: 11/13/2024

Department:	Graduate Medical Education
Title:	Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal
Purpose:	Describe conditions for the re-appointment and renewal of residents and fellows and to establish guidelines for non-promotion or other unsatisfactory status in the progress of a resident/fellow.
Scope:	All UPMC Medical Education (ME) Sponsored Residency/Fellowship Programs
Responsible Parties:	Designated Institutional Official, Vice President UPMC ME

Policy:

Duration of Appointment: All residency/fellowship clinical appointments should be for a period not to exceed one year. Each accredited program must determine the criteria applicable to promotion and/or renewal of all trainee appointments.

Conditions for Reappointment: Trainee appointments are renewable annually on the recommendation of the Program Director, with advice from the Clinical Competency Committee (CCC). A decision to reappoint must be based on the trainee's performance, evaluations and the trainee's ability to work and learn effectively within the residency/fellowship program, in accordance with the program's curriculum.

Unsatisfactory Performance: During the course of training, a trainee may perform in an unsatisfactory manner. Unsatisfactory performance may result in, among other actions, adjusted patient care responsibilities, suspension from duties, or other actions determined by the Program Director with advice from the CCC, and in agreement with UPMC ME. If serious or repeated events occur, the trainee may be placed on probation in accordance with the program-specific policies, accrediting body milestones, certifying board requirements, and/or UPMC and UPMC ME policies. Continued unsatisfactory performance may result in the program, in consultation with UPMC ME, deciding to retain but not promote the trainee, or not renew the trainee agreement or dismissal of the trainee. In instances where a trainee's agreement will not be renewed, or when a trainee will not be promoted to the next level of training, UPMC ME will use best efforts to notify the trainee at least ninety (90) days prior to the expiration of the trainee's current agreement. However, if the reason(s) for the non-renewal or non-promotion occurs within the 90 days prior to the end of the agreement, the program must provide the trainees as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement. **Program**

Directors are encouraged to use UPMC ME leadership and legal counsel if needed and must do so for the following decisions: remediation, probation, non-renewal, non-promotion, suspension, dismissal and potential needs for extension of training Trainees may grieve or appeal this determination, as applicable, by submitting a written request for an appeal to the Office of UPMC ME (see UPMC ME Grievance and Appeal Policy).

Status of Unsatisfactory Performances:

Focused Learning Plan – The Program Director, with advice from the CCC and/or UPMC ME, may initiate a Focused Learning Plan for an individual trainee. The Focused Learning Plan must identify the specific program/milestone metrics of concern, and the outcomes expected for the trainee to be removed from the status. Focused Learning Plans should not be for a term less than 30 days or more than 90 days and should be documented in a letter signed by both trainee and Program Director. Failure to meet the terms of a Focused Learning Plan may result in an additional Focused Learning Plan or elevate to possible Remediation or Probation.

Remediation – The Program Director, with advice from the CCC and/or UPMC ME, may initiate a Remediation for an individual trainee. The Remediation must identify the specific program/milestone metrics of concern and the outcomes for the trainee expected to be removed from Remediation status.

Remediation may result in an extension of training following a consultation with UPMC ME leadership.

Remediation with the potential result of extension of training must be approved by both UPMC ME leadership/human resources and legal before presenting the letter to the trainee. The trainee must also be notified that the justification for remediation and/or an extension of training may be reported on future verification of training requests.

Probation – The Program Director, with advice from the CCC and/or UPMC ME, may place a trainee in a status of probation based on unresolved concerns from previous remediation attempts and/or egregious violation of policy or performance concerns. Probation status should not be for more than 60 days with the ability to extend if the terms of the letter are not being met by the trainee. The probation plan must identify the specific program/milestone metrics of concern, and the outcomes expected to be removed from probation status. Probation must be approved by both UPMC ME leadership/human resources and legal before presenting the letter to the trainee. The trainee must also be notified that the justification for probation will be reported on future verification of training requests. Failure to meet the requirements outlined in the probationary letter may result in additional probation or termination.

Resignation or Dismissal:

For any end of training as a result of Voluntary Resignation or Involuntary Dismissal, the program must notify UPMC ME.

Voluntary Resignation:

If the trainee desires to voluntarily terminate their employment, then the trainee must provide a written or emailed request, including the effective date, to the Program Director stating the reason for the action.

- Voluntary resignation may be granted with the concurrence of the Program Director and the Designated Institutional Official (DIO).

- The Program Director and/or DIO are not required to accept a voluntary resignation with less than 90 days' notice.

Involuntary Dismissal:
A Program Director with advice from the CCC, and in agreement with UPMC ME, may terminate a trainee's employment prior to the established contract expiration due to various substantive reasons including, without limitation, the following:

  - Academic or professional misconduct.
  - Endangering the health or safety of others, including patients, employees, or other persons.
  - Unsatisfactory performance.
  - Abandonment of position/employment.
  - Failure to comply with hospital, departmental or UPMC ME policies, practices and directives.

- **In any such employment termination situation, consultation and direction must be received from the UPMC ME Leadership, UPMC HR and UPMC ME legal counsel prior to termination decision.**

- The Program Director, with approval of the Department Chair (if applicable), shall notify the trainee in writing of the decision to terminate employment.

- Upon notice of termination, the trainee has the right to request an appeal of certain types of termination notices, as described in the UPMC ME Grievance and Appeal Policy.

11/13/2024

Gregory M. Bump, MD
Designated Institutional Official,
UPMC Medical Education

Date

11/13/2024

Samantha Cascone, MPA
Vice President,
UPMC Medical Education

Date

UPMC Medical Education

Policies and Procedures

Approved by:

GME Committee: 9/11/2024

Department:	Graduate Medical Education
Title:	**Resident/Fellow Grievance (Non-Academic Issues)**
Purpose:	To establish a policy and procedure for addressing resident or fellow grievances for non-academic issues.
Scope:	All UPMC Medical Education-sponsored Residency and Fellowship programs
Responsible Parties:	Designated Institutional Official; Vice-President, UPMC Medical Education

Policy

Trainees must be assured of an educational environment in which they are able to identify issues and work towards their resolution without intimidation or fear of retaliation. Every UPMC Medical Education (ME) program has responsibility for the trainee work environment and its relationship to the educational program**.** Separate policies exist for addressing trainee grievances in academic matters; this policy specifically addresses non-academic issues.

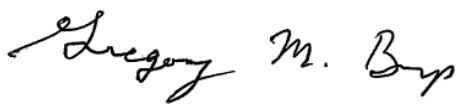
Procedure

When possible, trainees should first address concerns related to these topics within their UPMC ME program, to the program leadership, i.e. the program director, chief resident and/or relevant faculty members.

The UPMC ME Office Directors and staff are resources outside of the program that are available to provide a confidential and protected environment where residents may come forward. If a trainee presents with a grievance, the trainee may be encouraged by the UPMC ME Directors or their designated representatives to approach the chief resident, relevant faculty member or program director. In circumstances where this may not be feasible, the following procedure will be followed:

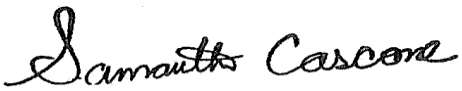
1. The trainee will submit the grievance, in writing, to the UPMC ME Designated Institutional Official or Vice President.
2. A copy of the grievance will be shared with the Designated Institutional Official (DIO) or designee, UPMC ME Vice President, and program director. One of these individuals will be identified to resolve the matter in a timely and confidential fashion.

3. If after these efforts the grievance is not resolved to the satisfaction of the trainee within thirty (30) calendar days of the date the grievance was submitted, the trainee may appeal to the UPMC ME Vice President for final resolution in a timely fashion under ad hoc direction by the DIO or designee.
4. The decision of the UPMC ME Vice President will be final.



_____ Date: 9/11/2024

Gregory M. Bump, MD
Designated Institutional Official
UPMC Medical Education



_____ Date: 9/11/2024

Samantha Cascone, MPA
Vice President, UPMC Medical Education

UPMC Medical Education

Policies and Procedures

Approved by:

GME Committee: 9/11/2024

Department:	Graduate Medical Education
Title:	**Resident/Fellow Grievance and Appeal Policy**
Purpose:	Description of standards of performance in residency and fellowship training and a description of procedures for resident/fellow grievances and appeals to the sponsoring institution.
Scope:	All UPMC Medical Education-Sponsored Residency and Fellowship Programs
Responsible Parties:	Designated Institutional Official; Vice-President, Graduate Medical Education

Policy

I. STANDARDS OF PERFORMANCE IN GRADUATE TRAINING PROGRAMS OF UPMC MEDICAL EDUCATION (UPMC ME)

The clinical graduate training programs of UPMC ME are established for the purpose of providing specialized advanced educational instruction. Each clinical program is under the supervision of a qualified program director as approved by the UPMC ME leadership and GME Committee.

Employment of a qualified trainee in a formal graduate training program indicates an intention to continue until the completion of the program, subject to satisfactory performance and academic progression and meeting prescribed professional standards. Appointment to each Training Program is for one year with succeeding reappointment based in part upon satisfactory performance and progression in the year completed including without limitation compliance with UPMC ME employment contract requirements and all UPMC policies.

The performance of each trainee in the educational process of the graduate training programs is under the direction and the evaluation of the program leadership selected by the individual clinical department to provide specialty instruction. Professional evaluation of trainees will include not only academic and intellectual achievement, but also consideration of ethical and moral behavior and capability of fair judgement.

Each program has its own minimum standards of performance based upon program requirements, ACGME general competencies and milestones, or other accrediting body standards. These standards and requirements will differ among programs and each program will provide to its trainees the program specific policy regarding trainee appointment, renewal, non-promotion, remediation, probation, suspension, and dismissal.

Each graduate medical education program has the responsibility of providing regular evaluations and feedback to the trainees as described in program requirements and in the UPMC ME Evaluation: Resident/Fellows, Faculty and Program Policy. For all ACGME accredited programs this should occur after all major rotations or at least every three months. Each trainee should have access to all such evaluations and meet at least twice yearly with the program director or designee to review their evaluations. This meeting should be documented in writing.

All programs must have clinical competency committees (CCC s) or field-specific (i.e., Dental, Pharmacy, or Podiatry) mechanisms that must periodically review the evaluations, assess progress on specialty-specific milestones, and make recommendations for promotion to the next year of training. For ACGME programs, the composition of the clinical competency committee may vary in each program but at minimum, the program director must appoint at least three (3) program faculty members. This minimum may include the program director, dependent upon the composition of the program, the ACGME Review Committee and/or board requirements (e.g., American Board of Anesthesiology prohibits the Program Director from chairing the CCC). The trainee must be notified of evaluations indicating an unsatisfactory performance and provided with an action plan, which should be documented and implemented. The clinical competency committee may advise the Program Director about remedial or disciplinary actions it deems fair and appropriate for a given trainee. This may include a requirement to repeat one or more rotations, a requirement for an additional period of training, denial or delay of board eligibility, employment contract non-renewal, dismissal from the program, or other action as determined to be appropriate and warranted in the judgment of the clinical competency committee as outlined in the UPMC ME Resident/Fellow Appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension, and Dismissal policy. When such actions are taken, the trainee will be advised both verbally and in writing of the action being taken, the reasons for such action, and the right to a timely request of appeal under this policy.

II. STATUS OF UNSATISFACTORY PERFORMANCE:

As outlined in the UPMC ME Resident and Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy -

Focused Learning Plan – The Program Director, with advice from the CCC and/or UPMC ME, may initiate a Focused Learning Plan for an individual trainee. The Focused Learning Plan must identify the specific program/milestone metrics of concern and the outcomes expected for the trainee to be removed from the status. Focused Learning Plans should not be for a term less than thirty (30) days or more than ninety (90) days and should be documented in a letter signed by both the trainee and Program Director. Failure to meet the terms of a Focused Learning Plan may result in an additional Focused Learning Plan or elevate to possible Remediation or Probation.

Remediation – The Program Director, with advice from the CCC and/or UPMC ME, may initiate a Remediation for an individual trainee. The Remediation must identify the specific program/milestone metrics of concern and the outcomes expected for the trainee to be removed from Remediation status.

Remediation may result in an extension of training following a consultation with UPMC ME leadership.

Remediation with the potential result of extension of training must be approved by both UPMC ME leadership/human resources and legal before presenting the letter to the trainee. The trainee must also be notified that the justification for remediation and/or an extension of training may be reported on future verification of training requests.

Probation – The Program Director, with advice from the CCC and/or UPMC ME, may place a trainee in a status of probation based on unresolved concerns from previous remediation attempts and/or egregious violation of policy or performance concerns. Probation status should not be for more than sixty (60) days with the ability to extend if the terms of the letter are not being met by the trainee. The probation plan must identify the specific program/milestone metrics of concern and the outcomes expected to be removed from probation status. Probation must be approved by both UPMC ME leadership/human resources and legal before presenting the letter to the trainee. The trainee must also be notified that the justification for probation will be reported on future verification of training requests. Failure to meet the requirements outlined in the probationary letter may result in additional probation or termination.

III. STANDARD FOR INITIATION OF GRIEVANCE

A trainee may file a grievance if a reasonable basis exists to support allegations that the trainee has been treated contrary to existing policies governing the UPMC ME training program and where such allegations do not rise to the standard of an appeal.

IV. STANDARD FOR INITIATION OF APPEAL

A trainee may file an appeal where a reasonable basis exists to support allegations that disciplinary or other actions could result in employment contract non-renewal or dismissal or significantly threaten a trainee's status in, or ability to successfully complete the program. Violations of employment contract requirements are not subject to appeal under this policy (e.g., drug use or diversion, invalid medical license or visa status, criminal justice system charges, convictions or guilty pleas, HIPAA or similar law violations, etc.). Violations of UPMC Policy are not subject to appeal under this policy, except when such violations result in a trainee's dismissal from the program or employment contract non-renewal.

V. PROCEDURE

a. Grievance

Step 1: Actions alleged to constitute a grievance shall be filed in writing with the office of UPMC ME, for review by the department chairperson or designee determined by the DIO on a case-by-case basis. Any alleged grievance must be filed within ten (10) calendar days of the date on which the alleged grievance causation occurred. Any grievance not timely filed shall be waived and not processed under this policy. The departmental chairperson or designee shall review the alleged grievance of the trainee in a timely manner and shall gather additional information and/or consult with appropriate individuals in order to fairly render a determination concerning the alleged grievance. The departmental chairperson or designee may discuss the grievance with an Associate Designated Institutional Official and/or GME legal counsel for procedural suggestions and review.

Step 2: In cases where the department chairperson or designee upholds the program's actions, the trainee may request in writing such further review by the UPMC ME DIO or designee, whose decision shall be final. The final decision on any grievance action shall be issued within thirty

(30) calendar days of the date that the grievance was filed, unless circumstances justify a reasonable delay as determined by the UPMC ME DIO or designee.

b. Appeal

This policy controls every appeal brought under this policy.

Step 1 - Actions alleged by a trainee to constitute the basis for an appeal must be presented to the office of UPMC ME in writing within ten (10) calendar days of the date on which the alleged actions underlying the appeal occurred. Any appeal not timely filed shall be waived and not processed under this policy. If applicable, the UPMC ME DIO or designee shall also determine whether the trainee's salary and fringe benefits shall continue throughout the appeal process. The appeal notice must sufficiently set forth the reasons the trainee is seeking an appeal.

The UPMC ME office will notify the applicable department chairperson or designee of the appeal and provide the chairperson or designee with the relevant information to initiate a departmental review of the appeal.

The department chairperson or designee, determined by the DIO on a case-by-case basis, may discuss the appeal with GME legal counsel and/or an Associate Designated Institutional official for procedural suggestions and review. The department chairperson or designee shall give fair and appropriate consideration to the record of appeal and all available relevant information to the appeal. The department chairperson or designee shall render a written decision on the appeal within fifteen (15) business days of the date the departmental appeal was received from the trainee, unless circumstances justify a reasonable delay as determined by the DIO or designee. The department chairperson's or designee's written decision shall be promptly provided to the office of UPMC ME with a copy to the trainee and the program director.

Step 2 - In the event that the departmental appeal procedure upholds the program's actions, the trainee may further appeal the decision to an Ad Hoc Hearing Committee assembled by the Chair of the Grievance and Appeals Subcommittee of the GMEC. This recourse is available to all trainees of the programs sponsored by the UPMC ME, but only after departmental review has been exhausted. If the trainee wishes to appeal the departmental decision, he/she will notify in writing the office of UPMC ME, the department chairperson or designee and the program director. The trainee must include a sufficiently detailed written description of the appeal and authorization to review all pertinent department records, including the departmental review procedure records. Failure of the trainee to provide the office of UPMC ME with written notice of appeal within ten (10) calendar days of receipt of the department's final action will result in waiver of all appeal rights.

Upon receipt of this request, the Chair of the Grievance and Appeals subcommittee of the GMEC, will review the appeal and pertinent record, and determine if there is a sufficient basis for a further appeal hearing. Only in the case of dismissal from a program or employment contract non-renewal will an appeal hearing always be granted. If a hearing is granted, the UPMC ME DIO or designee will select at least two (2) faculty members to serve on the Ad Hoc Hearing Committee and will include at least one (1) UPMC ME trainee, in addition to the Chair of the Grievance and Appeals Subcommittee. The faculty members chosen to serve on the Ad Hoc Hearing Committee must be from other UPMC ME GME programs. Faculty with an appointment in the academic department providing the training program of the trainee will be excluded. The Chair of the Grievance and Appeals Subcommittee shall give the Ad Hoc Hearing Committee its charge in writing within fifteen (15) business days of the acceptance of the trainee's written appeal, and the Ad Hoc Hearing Committee shall hear the appeal no later than thirty (30) business days from the office of UPMC ME's receipt of the trainee's

written notice of appeal, unless circumstances justify a reasonable delay as determined by the DIO or designee.

The function of the Ad Hoc Hearing Committee is to review the action of the program and department. The purpose will be one of inquiry to determine, based upon a preponderance of the evidence submitted, whether the program and department's actions were arbitrary, capricious or not based upon substantial evidence. The Ad Hoc Hearing Committee shall set a date, time and location convenient for the Ad Hoc Hearing Committee, and shall conduct a fair and reasonable review of the appeal record. The hearing may be closed to the public and may be restricted at any time to hearing a single individual in the absence of all witnesses. The Ad Hoc Hearing Committee will not receive new testimony, information or evidence which is not already part of the underlying appeal record unless the Ad Hoc Hearing Committee chair determines otherwise on a very limited exception basis to assure that the trainee received a fair and reasonable opportunity to be heard within traditional notions of fair play and judicial economy.

The chairperson of the Grievance and Appeals Subcommittee shall function as the chair of the Ad Hoc Hearing Committee, shall rule on all matters of substance and procedure, and shall assure that an appropriate written record of the hearing is maintained. The Ad Hoc Hearing Committee may have an advisor who may be an attorney to assist the Committee and its chair.

The Ad Hoc Hearing Committee may direct that the program director offer an explanatory statement of the action, which may include presenting reference to relevant evidence, testimony or witnesses of record. Information presented by the program director may be subject to reasonable questioning by the trainee. The Ad Hoc Hearing Committee may also direct the department chairperson, or any designee who rendered a decision at Step 1 of the Appeal process in place of the department chair, to give testimony concerning that departmental appeal proceeding and its written record. In which event the departmental chairperson, or their designee, may be subject to reasonable questioning by the trainee.

The trainee may then present objections and offer reasons and evidence of record supporting the appeal, and testimony of witnesses but only if authorized by the Ad Hoc Hearing Committee chair. All such evidence and testimony will be subject to inquiry by the Ad Hoc Hearing Committee and questioning by the program director. Finally, the Ad Hoc Hearing Committee may initiate its own directives for production and receipt of evidence, testimony, or witnesses from other sources depending upon the need that the Ad Hoc Hearing Committee chair determines is necessary. Formal rules of evidence or legal procedure do not need to be followed so long as a reasonable and fair opportunity is made available to the trainee to present their position to the Ad Hoc Hearing Committee.

A written report/decision will be composed based on the majority vote of the Ad Hoc Hearing Committee. This written decision will form the final report of the Ad Hoc Hearing Committee and will be sent to the trainee, with copies also sent to the office of UPMC ME, the department chairperson or designee and the program director. The report shall be issued within fifteen (15) business days from the date that the Ad Hoc Hearing Committee hears the appeal, unless circumstances justify a reasonable delay as determined by the DIO or designee.

Step 3 - In the event that the Ad Hoc Hearing Committee upholds the program's actions, the trainee may further appeal the decision in writing to the UPMC ME DIO or designee, within ten (10) calendar days of receipt of the Ad Hoc Hearing Committee's report/decision. The UPMC ME DIO or designee will review the decision of the Ad Hoc Hearing Committee, and the relevant appeal record, and will render a written decision in the matter within fifteen (15) business

days of receipt of the written notice of appeal to the UPMC ME DIO or designee. This decision is final and will govern the trainee's participation in the training program. This decision also will exhaust the appeal mechanism for the trainee. A copy of the UPMC ME DIO's or designee's decision will be provided to the trainee, the office of UPMC ME, the department chairperson or designee, the program director, the members of the Ad Hoc Hearing Committee, and the hospital senior management of the trainee's appointment.

Gregory M. Bump

_____ Date: 9/11/24

Gregory M. Bump, MD
Designated Institution Official
UPMC Medical Education

Samantha Cascone

_____ Date: 9/11/2024

Samantha Cascone, MPA
Vice President, UPMC Medical Education

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Transition of Care Policy
Purpose:	To define safe and efficient transition of care
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

Safe, efficient transition of care between resident shifts assures the patients of continuity of their health care needs in a seamless fashion. This is a priority within our department and certainly within the Graduate Medical Education department and the whole of the hospital system.

POLICY:

- A daily sign-out form is created or updated each morning prior to rounds. The form must include at minimum the patient's name, physician or group, location, medical record number, medical history, admission date, admission diagnosis, consultations, lab studies, radiology, and a daily plan of care.
- The sign-out form must be done in a thorough and precise manner and must be updated regularly by the on-call resident.
- All patients must be seen first in the morning and the sign-out form updated at that time.
- The sign-out form may be updated to the on-call (night) resident by phone call or face to face between 4: 00 and 4:30 pm during weekday hours. If the on-call (night) resident is not available during that time, reviewing the updated sign out form should be done first by the on-call (night) resident. Should questions arise the on-call (night) resident may call day residents for clarity. Before leaving the hospital, all the members of the day team must be clear on the care plan changes before handoff.
- The day service resident or residents are responsible for updating the senior or chief resident on in-house patients daily. This update may be conducted via phone.
- The on-call (night) resident must update the sign-out form and have the form available to be reviewed by day residents on Microsoft Team no later than 7 am. If day residents have issues accessing Microsoft Team, face to face or phone call sign out may be done. Any critical information from the overnight hours must be clearly communicated to the entire day service team or resident.
- Consults must be seen by the resident on service at the time the consult is ordered.
- Standard call for Podiatry service is at least a 24-hour period starting at 7am. The number of call days in a month depends on the PGY level.
- Weekly change of service and beeper hand-off is done on Monday mornings at 6:00am.

Transition of Care Policy continued:

- End of service rotation for all residents occurs at 5:00pm the night before the 1st of the month or the 15th of the month if the rotation is two weeks in duration.

- Call and service schedules are emailed to the residents and faculty each month, posted on the Infonet in Medtrak, and UPMC Harrisburg Podiatry Microsoft Teams page.

The sign-out forms and transition of care process is monitored closely by the chief resident(s). Deficient sign-out forms or hand-off policies will be addressed by the chief resident(s). Should direct feedback fail to correct the issue then additional lectures or mentoring will be assigned. Should the problems persist; the chief resident(s) will bring them to the attention of the program director for additional remediation.

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Alertness Management/Fatigue Mitigation Policy
Purpose:	To recognize the signs of fatigue and sleep deprivation and to outline a mitigation process to immediately resolve the problem if identified.
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

- The program will supply the on-call resident with sleeping facilities in the residents' on-call quarters.
- Meal money is added to the resident's paycheck twice a year to supplement the cost of food while the residents are on call.
- All residents must complete the required annual education on fatigue and sleep deprivation provided through the GME department. This education is also available to the faculty.
- Each resident is responsible for monitoring themselves for signs of fatigue.
    - Sluggish thought patterns, inability to concentrate
    - Inability to maintain wakeful state in the absence of external stimulation
    - Irritability, sudden anger, intolerance
    - Nausea or stomach cramps unassociated with physical illness
    - Tremors, particularly intention tremors while performing delicate procedures
- Should a resident feel they are sufficiently fatigued to impair their ability to perform, they must notify the supervising attending surgeon/physician or the supervising (chief) resident.
- Should a supervising surgeon/physician notice evidence of excessive fatigue in a resident, the resident will be released from any further patient care responsibilities at the time of recognition and the supervising (chief) resident must be notified.
- Should a staff member notice evidence of excessive fatigue in a resident, they should notify the resident, attending surgeon/physician and the supervising (chief) resident immediately.
- The attending surgeon/physician or supervising resident (chief) will help transfer clinical responsibilities when a fatigue issue has been identified.
- The supervising (chief) resident must notify the Program Director of the incident and transfer of care responsibilities.
- Should the affected resident be deemed too fatigued to drive home safely, they can sleep in the on-call room or should no facility be available, a safe transportation home will be provided.

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Resident PTO/TLOA Policy
Purpose:	To clarify the types and amounts of leave/time off for residents/fellows in Podiatry in addition to the requirements set forth in UPMC Medical Education Paid Time Off Policy and the Resident Physician Agreement of Appointment.
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

Paid time off for residents will be encouraged to increase personal well-being and decrease the risk of burn-out.

Paid Time Off Days
Podiatric residents will receive 21 days of paid time off (PTO) days free from their training responsibilities. Time off should be scheduled during the "on-service" rotation and not during external rotations. External rotations require at least two or four weeks (depending on the rotation) for completion; therefore, PTO time should not be scheduled during these rotations. Requests must be made at least three weeks prior to the date(s) requested. No time off will be granted to a junior resident in June. All requests must be made using MedHub. The chief and program director will approve/deny requests and the program coordinator will track.

Emergency Time Off
During your residency program illness and other emergencies cannot be anticipated. Should this occur, the resident must contact the program administrator or program director by phone to inform them of the emergency or illness. This will allow for the rotation coordinator to be informed and appropriate coverage arranged. Emergency time off will be counted into the 21 days of paid time off. The resident must still request the time off in MedHub within 48 hours of the missed shift(s). This is the only instance where you do not have to request in advance.

Conference (CME) Time Off
Up to 5 days of paid time off will be allowed for approved medical conferences or similar educational programs. This time must be requested through MedHub under Absence/Conference Away, and review/follow the UPMC Travel and Business Expense Policy.

Senior Resident Boards/Interviews
During the third year of residency, 5 days of paid time off is permitted for the following: interview time for fellowships or employment and board examination dates. No more than 30 days away are permitted during the third year. Any time besides the 30 days could result in extending your training requirements. Time off must be requested through MedHub under Absence/Leave of Absence and request it as an Interview Day or Board Exam.

Leaves of Absence
Policy and procedures for leave of Absences are set forth in the UPMC ME Policies: Paid Time Off (PTO) and Trainee Leaves of Absence (TLOA). Work partners is responsible for all approvals associated with any type of

medical and/or personal leave. Request a UPMC Consultation for planned leave by emailing GME_Administration@upmc.edu. They will guide you through the process.
It should be noted that any extended leave of absences more than the allowable yearly amount could result in the extension of your training requirements.

Disciplinary Action for Unapproved Time Off
All paid time off must be accounted for through the program office. Failure to comply with this policy can result in disciplinary actions as outlined in UPMC ME Resident/Fellow Appointment, Re-appointment, Renewal, Non-Promotion, Remediation, Probation, Suspension and Dismissal Policy, which is also located in your residency manual.

UPMC Medical Education
Policies and Procedures

Approved by:

GME Committee: 01/08/2025

Department:	Graduate Medical Education
Title:	**Paid Time Off (PTO) and Trainee Leaves of Absence (TLOA)**
Purpose:	UPMC Medical Education (UPMC ME) establishes this policy to provide guidance to training programs for the purposes of vacation, illness, interviews, conference attendance, and other leave.
Scope:	All UPMC ME-sponsored training programs
Responsible Parties:	Designated Institutional Official; Vice-President, Graduate Medical Education

Policy:

Consistent with ACGME institutional and common program requirements, as well as other accrediting bodies, UPMC ME recognizes the need for trainees in training programs of all levels and specialties to receive time off. To meet these objectives, UPMC ME provides trainees with Paid Time Off (PTO) for vacation, sickness, and personal time as well as to attend conferences or interviews for career progression whenever possible. UPMC ME PTO does not include bereavement time, jury duty, or military leave.

UPMC ME also recognizes that trainees may experience the need for extended time away from clinical and educational responsibilities. Trainee Leave of Absence (TLOA) provides pay protection for leaves associated with time away for personal, medical, parental and caregiver leaves of absence.

Successful completion of a UPMC ME training program is dependent on performance and meeting the requirements of the accrediting organization and specialty board(s). A trainee may utilize approved leaves at any point during the UPMC ME program, but extension of the training program may be required for necessary observation and successful program completion.

Workpartners is responsible for all approvals associated with medical and personal leaves of absence (e.g., Family Medical Leave of Absence (FMLA), Personal Leave of Absence (PLOA), etc.), payroll protection (e.g., Paid Parental Leave (PPL), Short Term Disability (STD), Long Term Disability (LTD), etc.), and disability accommodations. All requests must be initiated through Workpartners for review prior to utilizing the benefits associated with TLOA/FMLA/PLOA/etc. An application with Workpartners can be initiated by calling 1-844-833-0526.

Procedure:

1. At the outset of each year's training contract, all trainees are provided a minimum of 4 weeks paid time off per contracted year. UPMC ME provides trainees with PTO for vacation, sickness, and personal time as well as to attend conferences or interviews for career progression whenever possible. Each trainee must utilize a minimum of two weeks paid time off per year with the definition of week being outlined within the program specific PTO policy. In consultation with the program specific specialty boards and at the discretion of the program director, up to two weeks may be reserved for utilization in future training years or forfeited to offset extra time needed in a previous training year. Any ability to adjust the PTO must be outlined in the program specific PTO policy.

2. To ensure the delivery of quality patient care, UPMC ME requires advance scheduling of PTO whenever possible. UPMC ME will encourage programs to accommodate trainees' requests for PTO, but such requests cannot be guaranteed.

3. PTO shall be available uniformly across all trainees in the program.

4. Unused PTO days will not be paid at the end of any academic year or at completion of training.

5. PTO may be used for unscheduled time off for personal emergencies that are not pre-scheduled. Unscheduled PTO is to be reported by the trainee according to established program procedures and standards. Individual program standards may vary. Any unauthorized absence may result in an unpaid absence and/or result in corrective action. In those instances where additional absences would result in a critical staffing shortage, unscheduled PTO may be denied. Proof of emergency situation may be required.

6. Trainees may apply for TLOA pay protection to utilize up to a total of six (6) weeks during one or more approved medical, parental or caregiver leave(s) of absence for qualifying reasons that are consistent with applicable law, starting the first day of employment.
    a. A trainee must file all necessary paperwork associated with employment protection through FMLA/PLOA and payroll protection through STD/PPL with Workpartners to be qualified for TLOA pay protection.
    b. TLOA pay protection may not be utilized outside of the approved dates of FMLA/PLOA by Workpartners. If FMLA/PLOA is due to the birth/adoption of a child, TLOA must be utilized within twelve (12) weeks of the qualifying event.
    c. UPMC ME may make an exception based on individual review for TLOA pay protection associated with an administrative leave of absence occurring during an active UPMC ME employment agreement.

d. Trainees will be provided the equivalent of 100 percent of their salary and benefits for up to a total of six (6) weeks with an approved medical, parental or caregiver leave(s) of absence during each UPMC ME training program without the utilization of PTO.

7. Each program will maintain a written policy posted within MedHub addressing:
    a. Outline of PTO available to each trainee including
        i. Days of PTO automatically scheduled by the program (e.g., holiday schedule).
        ii. Definition of week (five vs. seven days).
        iii. Number of days allowed for items including but not limited to interviews, conferences, and examinations.
        iv. Limitations on the time(s) of year and/or specific rotations when PTO cannot be taken.
    b. Approval process for planned PTO requests (including but not limited to medical conference, interviews, medical, mental health and dental care appointments).
    c. References to specialty board certification requirements (e.g., link to the specialty specific leave policy).
    d. Reference how to request a UPMC ME consultation via the **UPMC Trainee Resources Teams Page** Family Planning section or most efficiently by clicking this **Bookings link** to review a planned leave.

8. All time away from the training program must be recorded in the individual trainee's schedule and/or training history within MedHub.
    a. At the end of each TLOA/FMLA/PLOA leave period, the program must submit a Leave of Absence Attestation to UPMC ME.

9. Each ACGME, ASHP, CODA, OR CPME-accredited program must provide its trainees with accurate information regarding the impact of an extended leave of absence on the criteria for satisfactory completion of the program and upon a trainee's eligibility to participate in examinations by the relevant certifying board.
    a. For a one-year (12 month) training program, if a trainee utilizes the six (6) weeks of TLOA/FMLA/PLOA in addition to the full allotted PTO, additional time is anticipated to meet program requirements.
    b. For a training program consisting of 2 or more years, additional time/assessment may be needed to meet training program requirements if a trainee utilizes the six (6) weeks of TLOA/FMLA/PLOA in addition to the full allotted PTO in an individual training year. Additional review is needed by the Program Director or designee of the individual trainee's performance and completion of clinical/educational requirements.
        i. The criteria for program completion is left to the discretion of the individual Program Director. If more than four weeks of leave time are utilized in any individual training year, the Program Director, in consultation with the Clinical Competency Committee (CCC), may extend that current training year for additional time for clinical assessment.

ii. A final decision regarding the need for extending a training program, in consultation with the Clinical Competency Committee (CCC), should be made six (6) months prior to the end of the training program.
iii. The program may waive additional training time during the final year of training (if acceptable by specialty board requirements).

Policies Referenced/Related Within This Policy
HS- HR0730 Workers' Compensation
HS-HR0729 Funeral Leave
HS-HR0718 Family Medical Leave of Absence (FMLA)
HS-HR0719 Personal Leave of Absence (PLOA)
HS-HR0722 DISABILITY Income Protection (Short Term-STD, Long Term-LTD, and Salary Continuation)
HS-HR0750 Disability Accommodations
HS-HR0756 Parental Leave of Absence (PALOA)
HS-HR0757 Paid Parental Leave of Absence (PPLOA)
HS-HR0712 Military Leave of Absence
HS-HR0737 Jury Duty Pay
Date: 1/08/2025

Gregory M. Bump

Date: 1/8/2025

Gregory M. Bump, MD
Designated Institutional Official
UPMC Medical Education

Samantha Cascone

Date: 1/8/2025

Samantha Cascone MPA
Vice President
UPMC Medical Education

Appendix A:

Respective specialty boards and other governing agencies may have specific limitations regarding time away from clinical responsibilities and candidacy for board eligibility. UPMC ME strongly encourages all trainees to review leave policies from the individual licensing and certifying bodies. If you should have specific questions and would like to schedule a consultation with a member of UPMC ME, please email gme_admin@upmc.edu .

Potential Combinations of Leave of Absence

Personal/Medical Leave - Extended Care of Self:

- A trainee must submit the necessary documentation for approval by WorkPartners for PLOA/FMLA for leave of clinical/educational responsibilities
- With approval of PLOA/FMLA, a trainee can receive six (6) weeks of paid leave via TLOA at 100% of salary support.
- Additional time may be supported through a combination of STD (as approved by WorkPartners) and PTO utilization.

Maternity Leave - Childbearing Parent:

- A trainee must submit the necessary documentation for approval by WorkPartners for PLOA/FMLA for leave of clinical/educational responsibilities.
- STD at 100% of salary support will be identified based on type of delivery
    - Vaginal delivery will receive six (6) weeks of STD
    - C-Section will receive eight (8) weeks of STD
- An additional two (2) weeks of paid time can be applied via Paid Parental Leave to be utilized within twelve (12) weeks of the date of birth.
- Any additional leave will be accounted for through PTO for paid leave or unpaid time.

Maternity/Paternity Leave - Non-Childbearing Parent/Adoptive Parent:

- A trainee must submit the necessary documentation for approval by WorkPartners for PLOA/FMLA for leave of clinical/educational responsibilities
- With approval of PLOA/FMLA, a trainee can receive two (2) weeks of Paid Parental Leave (PPL) and four (4) weeks of paid leave via TLOA at 100% salary support to be used within twelve (12) weeks of the date of the qualifying event
- Additional approved leave time may be supported through a combination of PTO and unpaid time

Caregiver Leave – Care of a Child/Dependent or Parent:

- A trainee must submit the necessary documentation for approval by WorkPartners for PLOA/FMLA for leave of clinical/educational responsibilities
- With approval of PLOA/FMLA, a trainee can receive six (6) weeks of paid leave via TLOA at 100% salary support.
- Additional approved leave time may be supported through a combination of PTO and unpaid time.

Department:	UPMC Harrisburg Department of Podiatric Medicine and Surgery
Title:	Research Policy
Purpose:	To provide the resident with the graduation requirement regarding research
Scope:	This policy applies to all residents participating in the Podiatric Medicine and Surgery Residency-UPMC ME Harrisburg Program.

Per the CPME's program requirements for graduate podiatric medical and surgical education, residents must participate in research during their training.

Each resident in the program must have at least one research project completed by the end of the third year to receive a certificate for graduation.

Examples of research projects include a poster presentation in any local or national meeting, publication in any major journal or text. A poster, abstract or paper presentation at Medical Education Day would qualify.

All projects should be done with the sponsorship of one or more faculty members. The section will sponsor the cost for presenting posters, papers or abstracts at a national meeting or the Medical Education Day. Quarterly research updates must be provided to the Program Director.

Your research project must be approved by the program director in advance. Please complete and submit the attached form to the Program Director prior to starting your research

UPME Harrisburg Podiatric Medicine and Surgery Residency
Research Project Approval Form

Date: _____

Resident Name: _____

Research Project Title: _____

_____

Type: _____ Poster Presentation

_____ Publication

_____Abstract

_____Other

Faculty Sponsor: _____

Other Information:

_____

_____

_____

_____

Program Director Approval: _____

Date: _____

Please complete this form and submit it to the program administrator or directly to the Program Director for approval.

Yijin Wert, Research and Biostatics Consultant, is available to help with study design, analysis of data, abstract and manuscript writing. She can be reached by cell phone (717) 877-3395 or email wertyz@upmc.edu. A team meeting is recommended when starting a new research project.

Laurie Bernard, GME Research Coordinator, is available to help with all aspects of research, including completing the required paperwork. Lori is in Press Hall, Second Floor, 717-231-8883, and bernardla@upmc.edu

UPMC
POLICY AND PROCEDURE MANUAL

POLICY: **HS-AC0500 ***
INDEX TITLE: **Accounting**

SUBJECT: **Travel and Business Expenses**
DATE: **May 29, 2024**

I. POLICY

It is the policy of UPMC to reimburse all employees and, in some cases, non-employees with business relationships to UPMC, for substantiated business-related expenditures. This includes expenses incurred while traveling on approved UPMC business or educational trips.

Links to policies referenced within this policy can be found in Section XII.

II. PURPOSE

The purpose of this policy is to document the expenses that UPMC will reimburse. In all cases, governing tax authority guidance will be followed to determine if any tax ramifications to the employee exist. An individual cannot take a personal deduction for unreimbursed business expenses if the person is entitled to reimbursement by UPMC.

III. SCOPE

This policy applies to all employees of United States based, fully integrated, owned or controlled entities of UPMC. This policy also applies to employees of entities in which UPMC holds a non-controlling interest, but only to the extent specifically adopted by such entities. The Insurance Services Division and the following UPMC hospitals are specifically included within this policy's scope:

[Check all that apply]

☒ UPMC Children's Hospital of Pittsburgh	☒ UPMC Pinnacle Hospitals
☒ UPMC Magee-Womens Hospital	☒ Harrisburg Campus
☒ UPMC Altoona	☒ West Shore Campus
☒ UPMC Bedford	☒ Community Osteopathic Campus
☒ UPMC Chautauqua	☒ UPMC Carlisle
☒ UPMC East	☒ UPMC Memorial
☒ UPMC Hamot	☒ UPMC Lititz
☒ UPMC Horizon	☒ UPMC Hanover
☒ Shenango Campus	☒ UPMC Muncy

☒ Greenville Campus	☒ UPMC Wellsboro
☒ UPMC Jameson	☒ UPMC Williamsport
☒ UPMC Kane	☒ Williamsport Campus
☒ UPMC McKeesport	☒ Divine Providence Campus
☒ UPMC Mercy	☒ UPMC Cole
☒ UPMC Northwest	☒ UPMC Somerset
☒ UPMC Passavant	☒ UPMC Western Maryland
☒ Main Campus	
☒ Cranberry	
☒ UPMC Presbyterian Shadyside	
☒ Presbyterian Campus	
☒ Shadyside Campus	
☒ UPMC Western Psychiatric Hospital	
☒ UPMC St. Margaret	

Provider-based Ambulatory Surgery Centers	**Free-Standing Ambulatory Surgery Facilities:**
☒ UPMC Altoona Surgery Center	☒ UPMC Hamot Surgery Center **(JV)**
☒ UPMC Children's Hospital of Pittsburgh North	☒ Hanover Surgicenter
☒ UPMC St. Margaret Harmar Surgery Center	☒ UPMC Specialty Care York Endoscopy
☒ UPMC South Surgery Center	☒ Susquehanna Valley Surgery Center
☒ UPMC Center for Reproductive Endocrinology and Infertility	☐ West Shore Surgery Center **(JV)**
☒ UPMC Digestive Health and Endoscopy Center	
☒ UPMC Surgery Center – Carlisle	
☒ UPMC Surgery Center Lewisburg	
☒ UPMC Pinnacle Procedure Center	
☒ UPMC West Mifflin Ambulatory Surgery Center	
☒ UPMC Community Surgery Center	
☒ UPMC Leader Surgery Center	

All UPMC employees, unless governed otherwise, e.g., foreign government regulation, are required to comply with this policy. If an employee violates this policy, UPMC may take one or more of the following actions:

- Delay or deny reimbursement.
- Require the employee to issue a full refund, immediately.
- Impose corrective action or terminate employment based on management discretion and applicable laws. In cases of fraud, the employee will be terminated and may be prosecuted.
- Facilitate taxation on reimbursements (treat as additional compensation to the employee and deduct appropriate taxes from the employee's pay).

To comply with governing tax authorities, UPMC requires documentation sufficient to substantiate the amount paid, date/time, location, and business purpose of the expense.

Travel advances will not be issued to employees, and all employees shall incur travel and business expense on a UPMC issued Travel and Business Expense (TBE) card and/or a Declining Balance (DBC) card. Personal cash, checks, charge and/or debit cards are not to be used to incur any UPMC travel and business expense.

IV. TRAVEL & BUSINESS EXPENSE POLICY TERMINOLOGY

A. Balboa Travel : Refers to the travel agency contracted by UPMC, both domestic and foreign locations, to arrange travel under negotiated corporate rates for hotel, airfare, and rental cars. *Travel UPMC*, an on-line booking tool, is the selected method for arranging all U.S. originating travel or the cost of a conference registration.

B. Employee/Staff Recognition Expenses: Refers to costs incurred to recognize employees, individuals, or teams, when exceptional behaviors, actions, and/or skills are demonstrated which exceed normal expectations and which support the vision, mission, and goals of UPMC.

C. Expenses Tool: Refers to the on-line tool used to create a Travel and Business Expense Report. The Expenses Tool is available by searching "Expenses" on Infonet. The employees of entities without access to the Expenses Tool should refer to their entity's procedures for requesting reimbursement of travel and business expenses.

D. Hotel Wizard: Refers to a function within the Expenses Tool which easily itemizes the hotel's invoice.

E. My Wallet: MY WALLET refers to a link located in the Quick Start section of the Expenses Tool where all Travel and Expense Card transactions are posted. Cardholders can access MY WALLET by selecting "My Wallet" from the drop- down box and clicking the "Go" button. All Travel and Business Expenses paid for using the Travel and Expense Card must be pulled from MY WALLET when preparing the expense report.

F. Personal Expense: Refers to costs incurred on the Travel and Expense Card that are of a personal nature, i.e., spa treatment included in the hotel bill. Personal expenses on the Travel and Expense Card should be avoided to every extent possible. Employees are encouraged to pay for personal expenses with cash or a personal credit card. **The personal expense flag in the Expenses Tool should be used solely to flag personal expenses when**

circumstances do not permit the segregation of personal and business expenses charged to the Travel and Expense Card. Employees who have a second personal expense within 6 months, are subject to having their UPMC Corporate Credit Card revoked, without notice.

To reimburse UPMC for the personal expense, the employee should make a check payable to UPMC and mail it to: UPMC Procure to Pay, ATTN: TBE Analyst, Floor 59, 600 Grant Street, Pittsburgh, PA 15219.

G. Reimbursable Expense: Refers to travel and business-related costs paid by the EMPLOYEE using a personal credit card or cash, or for mileage incurred. The employee must record these costs in the Expenses Tool, as payment type CASH, in order to receive reimbursement for these costs.

H. Travel and Business Expense Report: Refers to the report created through the Expenses Tool to capture all travel and business-related expenses. Entities without access to the Expenses Tool may have a similar document for their employees to complete for requesting reimbursement.

I. Travel and Expense Card or TBE Card or Corporate Credit Card: Refers to the charge card issued by UPMC to the employee to pay for business and travel expenses. UPMC pays the card company directly. The employee is required to substantiate all charges through the Expenses Tool. The manager must request the card for the employee through UPMC's Identity Management System (IMS). This card is available to all employees and shall be issued to those who incur travel and business expense.

Exclusions to the required use of the TBE card are limited to employees having professional development accounts, as defined in Policy PS-PHY-011, Continuing Medical Education Funding. These employees may incur travel and business expense, permissive applicable Business Unit Professional Development and/or Continuing Medical Education Policy(s), via their UPMC issued Declining Balanced (DBC) card.

J. Travel UPMC: Refers to the on-line travel booking tool available through UPMC's Infonet.

K. Business-related Meals: Business-related meals refer to meals purchased and consumed by the traveler while attending out-of-town business meetings, conferences and presentations which require an overnight stay.

L. **Declining Balance Card (DBC or CME Card):** Refers to the charge card issued by UPMC to the employee to pay for contracted continuing medical education (CME) expenditures. UPMC pays the card company directly. The employee is required to substantiate all charges through the Expenses Tool. The manager must

request the card for the employee through UPMC's Identity Management System (IMS). This card is available to all employees who have contractual CME, which is not funded through payroll.

M. **Employee Uniform Allowance Card:** Refers to the charge card issued by UPMC to the employee to pay for required UPMC uniforms and shoes/boots, such as those worn by UPMC Police. The employee is required to substantiate all charges through the Expenses Tool. The manager must request the card for the employee through UPMC's Identity Management Systems (IMS).

V. APPROVAL – TRAVEL

No one is permitted under any circumstances to approve his or her own travel and/or related expenditures; approval from an appropriate next higher level of authority, or greater if required by UPMC Leadership, must be obtained.

In cases of employees incurring a business or travel expense together, and it is not practical to pay individually (i.e., restaurant will not prepare separate checks), the most senior level employee should pay for all group expenses (e.g., meals, taxis), especially in cases where the employees have a direct reporting relationship.

VI. EMPLOYEE RESPONSIBILITY

Each employee is responsible for the following:

- Reviewing the Supply Chain Management Buying Matrix to ensure the Travel and Business Expense Card is the appropriate method to procure the item(s) being purchased.
- The UPMC TBE Cardholder is responsible for the security of the Travel and Expense Card as well as all transactions made with the card. If the Cardholder does not comply with the standards set out in the guidelines outlined in Travel UPMC Overview or the business guidelines outlined in this policy, privileges will be suspended.
- **Determining if there is an alternative means of meeting business objectives without traveling. Teleconferencing or videoconferencing may meet business needs and result in less cost and less time away from home and work.**
- **Using Travel UPMC and/or Balboa Travel to make business travel arrangements. Any travel arrangements not made using Travel UPMC are subject to reimbursement denial.**
- Keeping costs reasonable and providing details as to the business reasons for the expenses through the submission process.
- Ensuring that all expenses incurred are in compliance with the standards of business conduct set forth in all other UPMC policies and other company guidelines regarding ethical conduct. Refer to Ethics and Compliance

Plan.

- Taking proper precautions to ensure personal safety and to prevent theft or loss of UPMC property (e.g., tickets, computers) by keeping valuable property close at hand or locked in a secure location.
- Using the Expenses tool to record travel and business expenses.
- **All expenses must be submitted for reimbursement within 14 days of incurring the business expense.**
- Accumulating small dollar expense items into one expense report.
- Making sure each individual expense has its own line.
- Reviewing the Travel and Business Expense Report for accuracy before submittal, whether self-prepared or prepared by an assistant.
- Ensuring all appropriate receipt documentation is scanned and attached to the Travel and Expense Report prior to submittal.
- Do not give your UPMC Corporate Card to anyone to make a purchase on your behalf. Do not accept a card from someone to make a purchase on their behalf.
- It is prohibited to use your Corporate Credit Card to pay a person or supplier using Venmo, or similar third-party payment transfer app.

Note: Checks to reimburse UPMC for expenses paid with the Travel & Expense Card, which are of a personal nature, or which are over the allowable limits, should be made payable to UPMC and UPMC Procure to Pay, ATTN: TBE Analyst, Floor 59, 600 Grant Street, Pittsburgh, PA 15219.

VII. MANAGEMENT'S RESPONSIBILITY

Each **approver** is responsible for the following:

- Ensuring that employees understand this policy, including the requirements for supporting expenses with proper and adequate documentation.
- Reviewing and validating the employee's expenses, including a review of the receipts, to ensure they are reasonable and consistent with requirements herein, and are in compliance with the policy, prior to approving the expense report.
- Ensuring that all receipts and other supporting documents are scanned and attached BEFORE approving the expense report.
- Taking necessary steps to investigate all suspected violations of this policy and taking appropriate action when those violations have been confirmed (See Section III – Scope).
- Ensuring that the employee submits a check, payable to UPMC, for any expenses paid using the Travel and Expense Card, which is of a personal nature, or which is over the allowable limits described or referenced herein.
- Approving or denying the employee's expense report timely to remain compliant with the 14 day and before the 90-day rule for approving

expenses.

- Once notice of resignation is provided, an employee is no longer able to purchase licenses, book conferences, pay for memberships, or to purchase other items of benefit to the employee and not to UPMC.

Supply Chain Management, Internal Audit and/or the **Office of the Chief Accounting Officer** will be responsible for the following:

- Conducting audits of employee expense reports.
- Investigating and disputing questionable charges, even those which have been approved by management.
- Any non-compliant charges and/or threshold violations identified through an audit may result in corrective action.

VIII. TRAVEL AND BUSINESS EXPENSE REPORT

The Travel and Business Expense Report, accessible via the Expenses Tool and hereafter, Expense Report, is used to capture all expenses incurred and related to UPMC business.

The Expense Report is to be completed by the employee within 14 days of the travel or business expense being incurred. The approver is expected to review the Expense Report soon thereafter so as not to delay the employee's reimbursement of out-of-pocket costs. Expense Report submissions and approvals that are 90 days after the date in which the expense occurred will not be processed. **The employee and his/her manager must work together to ensure that the expense is submitted and approved in a timely manner.**.

In compliance with governing tax authorities, employees must document the business purpose of the expense and have documentary evidence, such as receipts, canceled checks, bills, for any and all meals, hotel stays, automobile rentals, parking, tolls, and other business expenses. Procedures relating to the submission of documentary evidence are as follows:

- Documentary evidence must be scanned and attached to the Expense Report before electronically submitting the Expense Report for review and approval.
- Expenses for which receipts are not available may not aggregate more than $75 per trip. Routinely missing receipts (e.g., meals) will likely be referred to Internal Audit or the Office of the Chief Accounting Officer for review.
- A credit card statement alone is not acceptable documentary evidence – the itemized receipt must be included.
- Documentary evidence will be considered adequate to meet requirements if it shows the amount, date, location, and nature of the expense.

For costs that are NOT reimbursable - See section IX, sub-section W.

IX. EXPENDITURE CATEGORIES

Expenditures must be reported in the appropriate categories using the Expenses Tool.

A. Ground Transportation

The means of transportation should be governed by the distance to be traveled, the city or area being visited (e.g., it is typically more feasible to take a cab in New York City than to rent a car), availability of public transportation, and the number of persons traveling together on the trip. If a personal vehicle is being used, please note that the combined costs for mileage, meals, incidental expenses, and hotels necessary during the drive may not exceed the cost of coach class commercial airline transportation.

UPMC will reimburse employees for normal, business-related expenses for ground transportation: taxi, ride share (i.e., Uber, Lyft) shuttle, train, bus, trolley, etc. Employees using personal ride share accounts should track their business travel separately from their personal ride share use. Additionally, employees must choose standard, or economical ride share vehicles for travel (i.e., no luxury cars or XL vehicles unless the situation warrants). Along with the receipts required for reimbursement, employees should also include a map (e.g., Google maps) showing starting and ending destinations that support each trip's mileage (as it relates to cost), and business purpose. Car service expenses (when economically justified) should also be categorized as "Ground Transport – Taxi, etc.". When choosing a mode of transportation, employees are strongly encouraged to choose the most economical alternative relative to the distance traveled.

B. Privately-Owned Automobiles and Mileage

UPMC reimburses employees for any reasonable and necessary work-related miles driven using their personal vehicles. Work-related mileage excludes mileage related to the employee's commute. Mileage or other transportation expenses that are incurred for travel between an employee's home and their recurring work location is a personal commuting expense, regardless of when the trip occurs (scheduled work hours or other times).

The employee is reimbursed at the IRS Business Standard mileage rate at the time the mileage is incurred. The rate is intended to be inclusive of insurance, maintenance, fuel, etc. The current domestic rate is automatically populated in the Expenses tool.

The employee must provide supporting evidence of the mileage submitted for reimbursement. A detailed mileage log, which includes the date of travel, business purpose full street addresses and towns, must be completed and submitted for all mileage. This log must be attached to the expense report and approved by the supervisor, within 90 days of when the mileage was first incurred. For employees participating in hybrid or flexible work arrangements[1], mileage is not reimbursable for the employee's normal commute to their recurring workspace.

The employee must have a valid driver's license and automobile insurance when using their personal vehicle for business travel.

Any disputes concerning the interpretation or application of the mileage reimbursement policy shall be referred to the Office of the Chief Accounting Officer whose decision shall be final.

Example 1 – Employee has a temporary work assignment (most common): Employee's normal, round-trip commute to the recurring workspace is 20 miles. The employee travels from her residence and back on a temporary work assignment. The total miles driven on the trip are 300.The employee's business mileage subject to reimbursement is 280 (300 total miles less 20 commuting miles).

Example 2 – Employee works at more than one location: Employee is regularly assigned to workspace A on Monday, Wednesday, Friday, and at workspace B on Tuesday, Thursday. Workspace A and Workspace B are the employee's recurring workspaces given their weekly job responsibilities. Employee's normal, round-trip commute to Location A is 6 miles and to Location B is 8 miles. The employee drives from their residence to a temporary work location on Monday and returns to the residence at the end of the day for a total of 20 miles. The employee's business mileage subject to reimbursement is 14 (20 total miles less 6 commute miles). If the employee traveled on Tuesday, the eligible mileage would be 12 (20 total miles less 8 commute miles).

Example 3 – Employee has a hybrid or flexible work arrangement: Employee typically works in the recurring workspace 2 days a week and works from his/her residence 3 days per week. The employee's normal, round-trip commute is 10 miles. The employee is required to come into the recurring workspace for a third day. The employee is not able to request

[1] A hybrid or flexible work arrangement is one where the employees split their work hours between their home and their recurring UPMC workspace. For example, an employee that works three or four days from home and one or two days at their UPMC recurring workspace is deemed to be participating in a hybrid or flexible work arrangement.

mileage reimbursement as their work schedule is flexible and going into the office is considered commute mileage. Commute mileage is not reimbursable.

Example 4 – Employee designated as Full-time Work from Home by HR: Employee does not have commute mileage since the employee's residence is considered their recurring work location. All travel for business is considered to be to a temporary work location and the total mileage traveled is eligible for reimbursement. If unsure if employee is designated as full-time work from home by human resources, then contact your manager or human resources representative for a confirmation.

Example 5 – Employee attends employee engagement event: Employee attends an offsite department pizza party to celebrate a big project successfully implemented. The employee would not be eligible for mileage reimbursement to the offsite meeting as it is not deemed to be business related.

Business related mileage reimbursed at the IRS Business Standard mileage rate is NOT applicable in the following circumstances:

- Mileage associated with relocation activities. It is reimbursed in accordance with IRS Publication 521, *Moving Expenses.*
- Employee freely volunteers to work a shift on a non-scheduled workday.
- Mileage incurred by UPMC Travel Nurses on a work assignment.

Specific guidance on Parking is provided in sub-section L.

C. Rental Vehicles

Rental cars should be used when the nature of the trip is such that the use of local transportation, such as hotel shuttles and taxis, is not cost-effective or practical. Travel UPMC and/or Balboa Travel must be utilized to obtain the best pricing. .

Rental car size must either be midsize, if no more than two are traveling to the same destination, or full-size if three or more are traveling. Weather conditions may dictate the use of a 4WD vehicle for personal safety, but this should only be utilized in limited circumstances.

UPMC's U.S. auto policy provides liability and property damage (collision) coverage while renting a vehicle for UPMC business purposes. UPMC employees renting vehicles in the U.S. should NOT purchase additional

insurance. UPMC domestic employees renting vehicles outside of the U.S. for business purposes should purchase liability, collision, theft protection and other insurance offered by the rental company. Accident reports should be filed directly with the car rental company. For business rentals, the renter is required to advise UPMC's Corporate and Captive Insurance department of the accident by calling (412) 432-7696.

Generally, the fuel pre-purchase option should be declined, and all rental cars should be returned with a full tank of gas. The refueling fee charged by the car rental company can be substantially higher than the gas station price. However, travelers expecting to use a full tank of gas may utilize the fuel pre-purchase option if the per gallon rate is lower than posted local rates.

If travel plans change, the traveler is required to notify either the UPMC authorized travel agency or the car rental company directly if they do not intend to rent the car. Travelers may be held personally responsible for any no show fees assessed by the car rental company.

D. Air Transportation

Airline reservations must be made through Travel UPMC and/or Balboa Travel. Travelers must choose the lowest available fare, including non-refundable fares, but may choose a shorter, higher priced flight if the time savings to the employee is at least two hours. For purposes of clarification, a traveler should look for all flight options – regardless of carrier - within a 2-hour departure window to find a comparable lower cost flight option. The staff member should notify the UPMC authorized travel agency immediately in the event of cancellation.

Employees may participate in airline mileage programs, but he/she must select low-cost flights regardless of such programs. Mileage program numbers may be provided to the UPMC authorized travel agency and kept in the traveler's profile to assure proper credit.

Airline ticket savings can sometimes be realized by staying over the weekend. See sub-section P, "Travel Extensions and Travel with Other Parties".

Airline Fees: Flight change fees are reimbursable if the change is supported by a valid business purpose. Fees charged by an airline to check one (1) standard bag are reimbursable. Extra bag fees, oversize and/or overweight bag fees are not reimbursable unless incurred for a valid business purpose. Refer to sub-section W, "Non-Reimbursable Expenses", for additional exclusions.

Class of Service: The purchase of Coach, Economy, and Premium Economy seating (but not first class or business class seating) class is permitted for all domestic flights. Business class, but not first class, is permitted for international flights. Employees should use discretion in choosing premium seating. The purchase of in-flight or airport terminal Wi-Fi is also permitted if used for a business purpose. Other discretionary purchases, such as fees charged for early boarding, are not reimbursable.

Unused airline tickets, expensed to UPMC, must only be applied to a future UPMC business trip.

E. Meals

In general, Travel, and Business meals are reimbursable.

A Travel Meal is defined as a meal purchased by a UPMC employee (individual or group) who is traveling on behalf of UPMC and has an overnight stay. Reimbursement for Travel Meals is limited to the lesser of the actual expenses incurred, including tax, gratuity, and other fees, or **$70 per person, per day**. Employees are expected to be reasonable when purchasing meals on the first and last day of the business trip.

Occasionally, it is necessary to the interests of UPMC to host or provide meals to business guests ("Guest Meals") such as job candidates, visiting scholars, benefactors, or business associates. Guest Meals deemed excessive may not be reimbursed or may require repayment to UPMC.

Meals that do not include overnight travel or include business guests are not permitted and will not be reimbursed.

Individual or small group meals (i.e. not for the entire department) should not be purchased using employee recognition funds. Employee recognition funds should only be used to purchase meals as part of a department wide event such as a holiday party.

Any disputes concerning the interpretation or application of the Meals reimbursement policy shall be referred to the Office of the Chief Accounting Officer whose decision shall be final.

UPMC's policy of paying or reimbursing for Travel, and Business is subject to the following general rules:

- Both the itemized receipt and the payment receipt must be submitted with the Expense Report.
- Regardless of the type of meal, all attendees must be listed in the

Expense Report. The attendee list must include the name, company or entity, and title or description, i.e., UPMC employee, donor or recruit, of each person.

- Business Meals documentation submitted with the Expense Report must include a description of the reason of the meal expense.

- UPMC will not reimburse the employee for a meal when the cost of a meal is included as part of a conference or seminar fee.

How to Report the Meals in the Expenses Tool

Selecting the correct expense type in the Expenses Tool will help to assure that employees provide the required information, obtain the correct reimbursement, and prevent delays in the payment of the reimbursement.

1) **Meals Individual Traveler**: This is the default expense type for meals purchased with a Corporate Credit Card and must be changed to the appropriate Expense Type if for other than an individual traveler. An **overnight** stay is required for an individual traveler. Reimbursement is limited to the lesser of the actual expenses incurred, (including tax, gratuity, and other fees), or $70 per day.

2) **Meals Group Travelers**: This expense type should be used when meals are purchased for a group of UPMC employees, during an **overnight** business trip, when it is impractical to pay individually. Managers should never effectively approve their own expenses by having their subordinate pay for and submit the expense for reimbursement where the manager then approves the reimbursement. Reimbursement is limited to the lesser of the actual expenses incurred, (including tax, gratuity, and other fees), or $70 per day per person. The attendees must be listed by name, entity, and title.

3) **Meals Guests:** Meals purchased for UPMC events, recruitment, sales, scholar or VIP visits and/or benefactor or business associate relations are defined as Guest Meals and includes at least one non-UPMC employee. The business purpose must be clearly noted, and all attendees must be listed by name, company or entity, and title or description, in the Expense Report.

4) **Meals International Travel**: This expense type should be used for meals purchased during international business travel. Refer to sub-section K, Foreign Travel, for additional information on meals in foreign countries.

F. Gratuity

Gratuities should be reasonable. The following are guidelines:

- Meals: 15% - 20% of the bill unless a gratuity or service charge is included in the bill. The meal gratuity must be reported as part of the meal allowance, subject to the meal reimbursement thresholds.
- Taxi/Car Service: 15% of the bill.
- Parking valets: $1- $2.
- Bell hop: $1 per bag.
- Room service: 15% of the bill, unless a gratuity or service charge is included.
- Housekeepers: $1 - $2 per day.

Gratuities in excess of the guidelines may be subject to denied reimbursement.

G. Accommodations

Reservations for employee hotel accommodations must be made through Travel UPMC and/or Balboa Travel to obtain corporate negotiated discounts and best available rates. Employees should, however, take advantage of any discounts available with specific programs or seminars. **The use of lodging services such as Airbnb and VRBO is not acceptable and will not be reimbursed.** Only hotel accommodations made through Travel UPMC, Balboa Travel or included as part of a conference package are reimbursable.

Reimbursement is generally limited to the amounts set forth for the applicable city in the U.S. GSA publication per the link below. The GSA limits are shown with the hotel rates in Travel UPMC and/or Balboa Travel. Refer to sub-section K, International Travel, for lodging in foreign countries. Exceptions to these rates must be supported by a valid business purpose and approved by the traveler's supervisor. The per-night lodging amounts shown exclude taxes, which are reimbursable.

http://www.gsa.gov/perdiem

Only single-standard room rates will be reimbursed.
An itemized hotel receipt/folio must be submitted with the employee's expense report for reimbursement. The receipt should show separately: room rate, all applicable taxes, meals/room service, additional charges (e.g., phone calls, internet fees, in-room movies). Refer to sub-section W, "Non-Reimbursable Expenses."

Hotel room cancellation charges are the responsibility of the traveler unless approved by an appropriate level of authority or supported by valid business purpose. The traveler is required to contact the UPMC authorized travel agency or the hotel directly to make the cancellation.

H. Conferences

Employees may, with valid, documented, business purpose and management's approval, travel to conferences for continuing education purposes. Conference or registration fees for an individual should be paid via a personal credit card or the Travel and Expense Card and processed through the Expenses tool. Conference or registration fees for multiple employees should be paid via the Travel and Expense card and processed through the Expenses tool or via Payment Request if a registration discount can be obtained.

In addition to the supporting documents for expenses listed in the applicable sections of this policy, the employee must include the conference agenda (meeting schedule) or the registration form to support the business purpose and timing of the trip.

Employees should take advantage of discounted room rates for hotel stays which are available by booking through the conference host.

In the event that Meals are included as part of the conference fee, no additional Meal charges should be expensed by the employee.

I. Memberships and Dues

An employee may be a member of an organization if the membership is directly related to the goals and mission of UPMC and will materially benefit UPMC in the following ways:

- Required to conduct business operations.
- Provides access to industry data (i.e., benchmarking information) through publications and websites.
- Provides research and education opportunities for employees.
- Promotes networking with other industry members.
- Promotes community relationships, involvement and initiatives.

UPMC will reimburse 50% of the cost of membership, limited to annual dues, of an individual if pre-approved by the employee's supervisor. Donations or other discretionary amounts which may be paid in conjunction with annual dues are not reimbursable. Supervisors are responsible for ensuring that memberships paid fall within the departmental budget.

UPMC will pay 100% of an individual's membership under the following circumstances:

- is part of a documented employment agreement or
- a predetermined, documented compensation package
  Memberships in civic associations or social clubs are not reimbursable.

Medical Staff dues are excluded from this policy.
The Expenses tool is to be used for reimbursement of memberships and dues. A receipt or other acceptable documentation must be submitted when requesting reimbursement. In the comment section for this cost, include whether the reimbursement is 50% or 100% and include the full amount of the fee in this comment section. For example, if the annual dues are $200 and are 50% reimbursable, then enter $100 for the amount to be reimbursed. In the comment section for this cost, enter "50% of $200 cost". This will facilitate the proper reimbursement.

J. Licensure and Certification

Professional licensure and certifications are governed by policy HS-HR0706 "Licensure, Certification, Registration of Staff Members", and in some cases, may be reimbursed at 100% if supported by appropriate documentation, required, or preferred as a condition of employment and supported by the individual's business unit/division. Further, such expenses should be approved by the employee's department head.

Courses from a post-secondary institution, for credit, may be deemed compensation and subject to Federal income tax. Such expenses should be submitted for approval and reimbursement under the Tuition Assistance Program. If the course is not considered tuition by the UPMC Human Resources, then the Expenses tool may be used for reimbursement to the employee with documentation that it does not fall under the Tuition Assistance program.

K. International Travel

For employees traveling on behalf of the International Division, all travel will need to be **pre-approved** by UPMC Global Mobility prior to booking. All international travel not on behalf of the International Division must be **pre-approved** by the traveler's manager prior to booking. All travel bookings must be made with Travel UPMC.

Passports may be reimbursable for required international business travel. Such expenses must be pre-approved by Financial Compliance for reimbursement.

All expenses incurred in a foreign currency must be converted to the currency used by the entity reimbursing the employee, e.g., U.S. based employees incurring business related costs in Euros would request reimbursement from their entity in US dollars. Employees requesting reimbursement for expenses incurred in a foreign currency should provide the appropriate documentation to support the conversion rate. If documentation is not available, employees may convert the foreign currency using the Oanda Currency Converter at https://www.oanda.com/us-en/trading/ or the preferred government rate identified by the non-US entity for the date the expense was incurred. Support for conversion rates and the reimbursement amount requested must be submitted with the receipts.

Employees are encouraged to convert currency at currency exchange stations in airports, at banks, or at ATMs in the foreign country. Exchanging currency at a hotel usually results in unfavorable rates to the traveler.

Vaccinations required for travel to a foreign country will be reimbursed with appropriate documentation, e.g., Centers for Disease Control advisory, destination country advisory, and proof of payment. Refer to UPMC's International Travel web page for more information.

General guidelines for local meals and lodging are set forth for the applicable geographic area by the US Department of Defense. Receipts are required for reimbursement. The reimbursement is limited to the lesser of actual expenses or the applicable limits.

Refer to sub-section E, Meals, for information on selecting an expense type for international meals.

L. Parking

For employees traveling between UPMC locations, the use of low-cost transportation options, such as public transportation and off-site parking lots, is strongly encouraged. However, parking expenses incurred may be fully reimbursable but should not include the employee's normal, routine daily parking fee.

The reimbursement applies to all parking situations where employees must travel between UPMC locations.

Validated parking may be available at the discretion of individual departments, who are responsible for the cost of parking validation stickers. To the fullest extent possible, employees should request parking be validated when parking at UPMC facilities.

Additionally, to the extent possible, employees should make every attempt to minimize parking costs by choosing the lowest cost option when deciding where to park.

Parking expenses incurred when traveling to non-UPMC sites is reimbursable in full. For example, parking charged by the hotel where the employee is staying or is attending a conference is reimbursable in full. However, the parking and rental car costs should be considered together when determining transportation costs and alternatives to renting a vehicle. It may be less expensive to take a shuttle or taxi from the airport to the hotel.

When parking at the Pittsburgh International Airport, reimbursement is limited to the current daily Long-Term parking rate. Use of Extended parking or offsite parking (Charlie Brown or Global Airport Parking), if less expensive, is encouraged to contain costs. Additionally, it may also be more cost effective and convenient if the total travel period is greater than 7 days to consider a car service for pickup and drop-off at the airport in lieu of paying for parking.

M. Employee/Staff/ Recognition Activities

It is the policy of UPMC to provide guidelines related to management and oversight of Employee/Staff Recognition Expenses. UPMC believes that individuals or teams should be recognized when they demonstrate exceptional behaviors, actions and/or skills that exceed their normal job expectations and that support the mission, vision, and goals for the health system. The objective is to establish an equitable, flexible, and cost-effective process to recognize and reward individual or team behaviors that promote exceptional service to our customers, patients, co-workers, visitors, etc.

The Employee/Staff Recognition Expenses will be the responsibility of each operational business unit leader (department head level and above) in managing their departmental budget(s). This provides each leader the ability to manage employee recognition activities in line with UPMC policies while being accountable to the annual budget parameters set by Finance. These expenses, such as service milestones or annual team events[2], are budgeted by the operational business unit leader or budget owner. It is the responsibility of the operational business unit leader or budget owner to develop an approval process for employee recognition expenses within their department. **Staff Recognition should not be used for meals with individual employees or small groups of employees. Staff Recognition**

[2] For insurance and liability reasons, activities held at personal residences require prior approval from management.

should be utilized uniformly across the department (i.e. summer picnic, holiday party, etc.).

All Employee/Staff Recognition Expenses submitted for reimbursement must be compliant with W of the Travel and Business Expense Policy. Employee/Staff Recognition Expenses submitted for reimbursement in contradiction of the Travel and Business Expenses Policy will not be paid by nor reimbursed by UPMC and may be subject to disciplinary action. Additionally, the operational business unit leader or budget owner has the discretion to deny reimbursement of any non-compliant purchase or purchases that exceed the amount allotted to the department for employee recognition. As such, it is recommended as a best practice that all Employee/Staff Recognition Expenses are pre-approved to ensure compliance with the Travel and Business Policy and that the purchase is within the established budget parameters.

Expenses for each event or token gift MUST BE reasonable and in accordance with Section W of this policy. A key factor in making this determination is how often such events are held and how many times any individual employee attends the event. For example, it would be reasonable to spend more for an annual holiday party than it would be for a team-building event attended by the same employees four times a year. Tax rules require employees to be taxed if the value of these events is more than de minimis.

All awards require review for taxability to the recipient. Gift cards (no matter what the value) are not permissible for Employee Recognition Expense reimbursement at UPMC, unless approved as part of a formal business unit program approved and managed by the business unit's HR Leader**.** There is no de minimis threshold for gift cards. For all tangible goods, an annual de minimis threshold of $100 for tangible goods given as gifts/awards to employees has been established. Based on the fair market value of any tangible good award, managers should notify payroll of any award/gift given to an employee that is in excess of the annual de minimis threshold established so that the entire value, not just the value over the threshold, can be appropriately taxed in the employee's next pay.

Reimbursement of Employee Recognition Expenses must include a full attendee list, description of the event and receipts must be submitted for reimbursement.

Helpful Information – Staff Recognition Expense Type in the Expenses Tool

Selecting the correct expense type in the Expenses Tool will help to assure that employees provide the required information, obtain the correct reimbursement, and prevent delays in the payment of the reimbursement.

The Employee/Staff Recognition Expense Type should be selected in the Expenses Tool and the items should be noted as Employee/Staff Recognition Expense in the description field along with a clear explanation of the reason.

N. Community Outreach and Fundraising Events

For foundation, outreach, fundraising, or other events held for external purposes, expenses must be reasonable, in accordance with UPMC guidelines, and approved by a Vice President or higher authority level. Funding for such events must be pre-approved and expenses must be supported by itemized receipts upon submission of the expense report. The most appropriate Expense Type(s) should be selected when completing the Expense Report.

O. Alcohol

The purchase of alcohol for business entertainment purposes with dinner or as necessary for business partner/customer interactions is at the discretion of the most senior individual and must comply with UPMC policy HS-HR0743 - *Use of Alcoholic Beverages on UPMC Premises*. The purchase of a glass or two of alcohol with dinner (after work) while out of town for business is reimbursable. No reimbursement should be sought by the individual for the purchase and consumption of any form of alcohol except within the meal allowances previously stated.

P. Travel Extensions and Travel with Other Parties

It will be the responsibility of the employee who submits his/her expense report to track personal expenses separately from business expenses associated with such modified travel arrangements (e.g., double room occupancy, meals). It is the responsibility of the manager to verify the business expenses for such situations.

Q. Contractual Continuing Medical Education Funding

To the extent professional development funds are available, this policy shall be followed in the absence of conflicting contractual obligations.

R. Travel Insurance

UPMC has a travel accident insurance policy that covers all U.S. personnel traveling on UPMC business. The maximum benefit amount is $100,000 and is for accidental death and dismemberment only. Premiums for additional travel insurance are not reimbursable by UPMC.

S. U.S. Government Unallowable Expenses / Gifts Provided to Government Employees

Government Contracts/Grants – Expenses incurred for meals and accommodations which will be billed to the Government, or a grant department will be reimbursed consistently with UPMC policy, outlined herein, and with the terms of the contract, if applicable.

Further, certain expenses are not recoverable under U.S. Government contracts or grants and must be withdrawn from the costs that UPMC bills directly to the Government or to a grant department. These costs are identified as "unallowable" by Government regulations and are frequently referred to as "Costs Voluntarily Withdrawn (CVW)". Classification of expenses as unallowable or CVW is not an indication of whether or not UPMC will reimburse the employee for such expenses.

Common CVW or unallowable expenses include:

- Alcohol
- Premium air fare
- Spousal / family expenses
- Social and entertainment expense
- Gifts
- All other costs associated with personal use.

Gifts to officials and employees of any level of governmental unit of the U.S. and other countries are subject to a variety of laws and regulations, including the Foreign Corrupt Practices Act, which limit the amount and type of such gifts. It is the policy of UPMC to comply strictly with these laws and regulations. UPMC employees and agents should not give any gifts to, or accept any gifts from, any government employee or official unless there is specific knowledge that they are permissible under UPMC policies and applicable laws and regulations. Further, these gifts should be approved by the employee's department head or equivalent authority. Refer to UPMC policy HS-EC1806 - *The Foreign Corrupt Practices Act ("FCPA") and Other Anti-Bribery Statutes.*

T. Electronic Communications - Telephone, Wireless Devices and Data Services

Communication expenses are reimbursable when they are incurred for a legitimate business purpose. This includes:

- Business-related telephone calls made while away from the home office.

- Business use of a personal pager/two-way radio or PDA/Blackberry /Wireless PC, which does not fall under one of the UPMC provided plans.
- Charges to access the internet, when used for business purposes, including in-flight and airport terminal Wi-Fi connection fees.

Travelers are encouraged to use their personal phone, UPMC provided phone, or a prepaid calling card to reduce the telephone fees typically charged by hotels. For business related telephone calls made from a hotel or other offsite location, a bill supporting the charges should be submitted for reimbursement.

Similarly, an invoice or bill should be submitted to document fees paid to access the internet when access is used for business while traveling.

UPMC will not reimburse for data charges on a personal electronic device when the device is not mandatory for the employee's job responsibilities. For example, an employee has a personal iPad that he/she uses to take to meetings in place of his UPMC provided laptop because the iPad is lighter and easier to carry. The data charges for the iPad would not be reimbursable to the employee since the use of the iPad is not compulsory.

In cases where an employee exceeds their allotted monthly minutes and incurs minute charges, business use of a personal device is reimbursable through the Expenses tool. Supporting documentation should consist of a copy of the employee's bill with business calls identified and subtotaled. Calls are reimbursed by multiplying the minutes used times the actual rate charged by the employee's plan, not to exceed $0.45/minute and ONLY when the employee exceeds the allotted monthly minutes and incurs minute charges.

Example 1: The employee has an unlimited phone plan. This employee would not be able to request reimbursement for business phone calls on his/her personal cell phone when the business calls did not cause the employee to incur a higher out of pocket cost.

Example 2: The employee has a 500 minute/month plan. This employee used 505 minutes and incurred additional minute charges. The business calls for the month totaled 20 minutes. The employee is eligible for reimbursement for the cost of 5 minutes (505 per bill less 500 allotted) up to $0.45 per minute.

Full phone expenses/charges are not reimbursable through the Expenses tool. These services must be obtained through ECG Communications and

expenses approved/paid through the respective processes aligned with corporate contracts.

Employees must also comply with all related corporate policies, including HS- FM0210 - *Use of Wireless Communication Transmitting Devices*.

U. Charitable Giving

Expenditures relating to charitable giving must be submitted for approval through Payment Request and paid directly to the charity. Such expenditures are not reimbursable through the Expenses tool.

V. Relocation/Moving Expenses

Certain relocation expenses are reimbursable and should be addressed through Human Resources. Typically, these expenses are not reimbursed through the Expenses tool.

W. Non-Reimbursable Expenses

Non-reimbursable expenses include, but are not limited to the following:

- Purchase of a cell phone, Smartphone, iPad, tablet, or other electronic devices and accessories (use the IT Portal or eProcurement)
- Airline upgrades (first class and business class seating and priority boarding fees), unless otherwise allowed for by sub-section D – Air Transportation of this policy.
- Airline baggage fees after the first standard bag fee, oversize bag fees, or overweight bag fees unless supported by a valid business purpose.
- Lost, stolen, or damaged bags/luggage.
- **Hotel, airfare (or other transportation) and rental cars not procured through Travel UPMC and/or Balboa Travel.**
- Hotel room upgrades from the standard single rate.
- Hotel or car rental charges associated with cancellation, where reasonably prudent actions were not taken to avoid such charges.
- Hotel laundry charges, except for trips over seven business/work days domestically. For international trips, this time period may be shortened based on pre-approval.
- Hotel in-room mini-bar and in-room movies
- Incremental expenses incurred for spousal or guest accompaniment.
- Membership fees for airline, hotel, rental vehicle and frequent flyer clubs

- Dry-cleaning (employees should use UPMC contracted vendors to launder lab coats, etc.)
- Health club/gym fees
- Barber and/or beauty parlor expenses
- Spa treatments
- Travel related child or pet care.
- Parking tickets/traffic citations
- Personal credit card fees (unless pertaining to FX conversion costs)
- Personal entertainment or recreation items (e.g., magazines, books, movies)
- Personal expenses incurred in employee's absence (e.g., lawn care, snow removal)
- Personal subscription services such as streaming entertainment (i.e., Netflix, Spotify, etc.) or delivery services (i.e., Amazon Prime). Employees should consult Supply Chain for enterprise memberships when procuring these services.
- Sports and casino betting (gambling)
- Payments to research participants. These must be processed via the Vincent Payment Solutions system, where available.
- Gift cards to employees, unless approved as part of a formal business unit program approved and managed by the business unit's HR Leader. Gift cards are *not otherwise allowable* for Employee Recognition.
- Gifts to an employee or an employee's family members (cards, flowers, candy, gift baskets, gift cards, balloons, or other related personal items)
- Computers, software, and other equipment purchases, including accessories (hands free Blue Tooth, flash drives, etc.) (use eProcurement)
- Office furniture and room décor (lamps, rugs, artwork, etc.) (must use eProcurement)
- Office and medical supplies, except in emergencies (use eProcurement)
- Driver's Licenses/Real IDs
- Telecommunication services, office supplies, computer hardware and office furniture for work from home use for employees participating in a hybrid work arrangement.

X. PAYMENTS

All expense-related disbursements issued through the Expenses Tool will be direct deposited or reimbursed via check if the employee is paid by payroll via check.

Any questions concerning the status of payments or requests for changes should be directed to Supply Chain Help Center.

XI. SPECIAL CONSIDERATIONS

This policy attempts to address all travel and business-related occurrences. Occasionally, situations arise that are not specifically covered within the policy. These situations should be addressed on an individual basis by submitting a ticket to the Supply Chain Help Center prior to incurring the expense, with final approval or denial by the policy owner.

Should a Travel and Business transaction result in a personal gain that is material (in excess of $25) and specifically identifiable (i.e., itemized on a receipt), the Cardholder must reimburse UPMC for the value of the item received. For example, if a Cardholder purchases admission to a conference for $2,000 that includes a gift card and the receipt for the transaction itemizes the value of the conference at $1,000 and the gift card at $1,000, the Cardholder is required to reimburse UPMC for the value of the gift card. If you have question on if a travel and business transaction includes an item that may result in personal gain, please reach out to the Office of the Chief Accounting Officer.

The Office of the Chief Accounting Officer should be contacted regarding requests for exceptions to any section of this policy. The Office of the Chief Accounting Officer will evaluate the request and if approved, will notify the requestor and the Director, Procure to Pay.

XII. POLICIES REFERENCED WITHIN THIS POLICY

HS-HR0706 Licensure, Certification, Registration of Staff Members

HS-HR0743 Use of Alcoholic Beverages on UPMC Premises

HS-HR0747 Employee Recognition Expenses

HS-EC1806 The Foreign Corrupt Practices Act ("FCPA") and Other Anti-Bribery Statutes

HS-FM0210 Use of Wireless Communication Transmitting Devices

PS-PHY-011 Continuing Medical Education Funding

HS-AD0801 Catering Services

HS-EC1700 Conflicts of Interest and Commitment - General Obligations

HS-EC1900 Code of Conduct

SIGNED: Frederick Hargett
Executive Vice President and Chief Financial Officer
ORIGINAL: October 1, 1999
APPROVALS:
Policy Review Subcommittee: May 9, 2024
Executive Staff: May 29, 2024
PRECEDE: May 24, 2023
SPONSOR: Chief Accounting Officer, UPMC

*** With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.**

Department:	UPMC Harrisburg Department of Addiction Medicine and Podiatric Medicine & Surgery
Title:	Department Educational Fund Approval Process
Purpose:	To define the process of submitting and approval of Education Funds

Education Fund Stipends:

Each academic year, the residency and/or fellowship will apply for/receive a stipend for each trainee in the following amounts:

- PGY 1 - $1200
- PGY 2 - $1400
- PGY 3 - $1400
- PGY 4 - $1500
- PGY 5 - $1500
- PGY 6 & above, to include fellows - $1600

Procedure: The following steps must be completed before the funds can be used:

- Trainee will review the UPMC Travel and Business Expense Policy found on the Teams page and MedHub.
- Trainee will complete the Educational Fund Purchase Request Form and submit to the Program Administrator.
- Administrator will approve or deny the proposed purchase. Purchases will be held to the current UPMC and TBE policies.
- If approved, trainee will use their TBE, or the Administrator can use their card. Any receipts must be forwarded to the administrator to submit the expense.

Allowable Expenses:

- Professional textbooks, journals, eBooks
- Professional conferences and related travel expenses (registration, hotel, meals and flights) that have occurred when not presenting. Example: GME is sending you to a research conference where you are presenting, but you plan to stay past the allowable GME funded timeframe. The Ed Fund can pay the remainder of your expenses.
- Board Review Courses (registration fees and related travel)
- ITE Prep Courses (fee, registration, and related travel)
- Elective Rotation Expenses (depending on residency/fellowship)
- USMLE/COMLEX Exam Fees
- Professional Memberships

Educational Fund Purchase Request Form

Name:

Program & PGY Level:

Date of Request:

What are you requesting approval for:

If a conference:

Name:
Dates:
Role:

I have read the TBE policy, and my request conforms with this policy.

X _____

Trainee

_____

Administrator Signature:

Approved _____ Denied _____

Notes:

Didactics

UPMC ME Harrisburg Podiatry Residency
Academic Calendar 2025-2026

July

7 **Intern Suture workshop plus hand ties once a month sign up mandatory first years (Rav & Antonio proctoring)**

8 **McGlamry review with the residents before journal club** 7:30AM -Juniata **Journal Club (3rd Year Residents) Radiology or related topic (2nd Year Residents) -- Review expectations for journal club and radiology rounds, article quality/presentation, reference binder-**Reserved Brady boardroom

15 **Monthly Resident Team meeting & FIT testing with Kim** -Juniata at 9:30a

16 **SWRC via teams (Topic Open)** via Teams 7-8 am

16 **Attending Lecture (Logging Cases, Boards review, discuss ITEs -- before grand rounds) Attendings: Marks, Yarmel -**Brady 9th floor Time TBD

16 **Grand Rounds** Brady 9th floor 6pm
1st and 2nd year: "a thing learned on outside rotation"

23 **Ankle workshop in skills lab (rep/attending TBD)**

30 **WUCPM & AZCPM Virtual Presentations-7:45 & 8:00pm**

***Academic topics: Ankle trauma, Compartment Syndrome**
***McGlamry's chapters: 31, 35, 59, 64**

August

(Externs: Tashongedzwa Mataswa & Hetvi Patel-both KSU)

4 **Intern Suture workshop plus hand ties once a month sign up mandatory first years (Rav & Antonio proctoring)**

12 **McGlamry review with the residents before journal club 7:30AM**
Journal Club (2nd Year Residents) Radiology or related topic (1st Year Residents) Reserved Brady Boardroom **Yarmel**

19 **Monthly Resident Team meeting with Kim** -Juniata 10:30

20 **SWRC via teams (topic)** via Teams 7-8am

20 **Board review/attending lecture (attending TBD); Grand Rounds,** Brady 9th floor 6 pm
1st and 2nd year: "a thing learned on outside rotation"
2 extern presentations

25-28 **Cadaver Lab** (rep/attending TBD)

29 **Resident Business Conference-PGY3's-7-3pm**

***Academic topics: First ray procedures, digital and metatarsal fractures**
***McGlamry's chapters: 7-9, 15-18**

September (Extern: Pragnakiran Surapaneni-KSU)

? **Dr. Dhatt Diabetes lecture** ***prefers noon*** ***TBC***

8 **Intern Suture workshop plus hand ties once a month sign up mandatory first years (Rav/Antonio proctoring)**

9 **McGlamry review with the residents before journal club** 7:30AM **Journal Club (1st Year Residents) Radiology or related topic (3rd Year Residents)** Reserved Brady Boardroom **Yarmel**

9 **TUSPM Recruitment Lunch –Yarmel & resident (Antonio/Kaitlyn)**

15-20 **ITEs for PGY1 & PGY2**

16 **Monthly Resident Team meeting with Kim** -Juniata 10:30

17 **SWRC (topic)** via Teams 7-8 am

17 **Board review/attending lecture (attending TBD); Grand Rounds, Brady 9th floor (6 pm)**
1st and 2nd year: "a thing learned on outside rotation"
extern presentation

25 **PGY3 Boards (Foot didactic/CBPS)**

26 **PGY3 Boards (RRA didactic/CBPS)**

***Academic topics: Gas infections, calc OM, Charcot**
***McGlamry's chapters: 38, 40, 49**

October

? **Wound Care lecture/VAC** **WOCN Morgan**

6 **Intern Suture workshop plus hand ties once a month sign up mandatory first years (Rav & Antonio)**

14 **McGlamry review with the residents before journal club** 7:30AM **Journal Club (3rd years) Radiology or related topic (2nd Year Residents)** Reserved Brady Boardroom

? **Malpractice Lunch & Learn**- *TBD 12-1* (Yarmel's guy)

15 **SWRC (topic)** via Teams 7-8 am

15 **Board review/attending lecture (attending TBD)Grand Rounds, Brady 9th floor (6 pm)**
1st and 2nd year: "a thing learned on outside rotation"

20 **Research / Biostatistics class (1st Year Residents)** via Teams 12-1pm Yijin Wert

20-23 **Skills Lab Cadaver lab sessions**

21 **Meeting with Kim-**Juniata 10:30 am

***Academic topics: Pilon fx, TTC nails, total ankle replacements, fixation**
***McGlamry's chapters: 32, 34, 36, 37, 65**

November (Extern: Kendra Willman-AZCPM)

? **Attending Lecture (Vascular Surgery) PHVG** *attending TBD*

11 **McGlamry review with the residents before journal club** 7:30AM **Journal Club (2nd Year Residents) Radiology or related topic (1st Year Residents)** Reserved Brady Boardroom **Yarmel**

18 **Monthly Resident Team meeting with Kim** -Juniata 10:30 am

19 **SWRC (topic)** via Teams 7-8 am

19 **Board review/attending lecture (attending TBD); Grand Rounds, Brady 9th floor (6 pm)**
1st and 2nd year: "a thing learned on outside rotation"
Extern Presentation

? **Arthex cadaver lab**

***Academic topics: Midfoot fractures and hindfoot fusions**
***McGlamry's chapters: 23-27**

December (Externs: Takudzwa Makota-NYCPM, Matthew NGO-DMU)

? **Attending Lecture (PT/Biomechanics) HFA**
Yarmel (Select PT) ***TBC

8-11 **Skills Lab Cadaver lab sessions**

9 **McGlamry review with the residents before journal club** 7:30AM **Journal Club (1st Year Residents) Radiology or related topic (3rd Year Residents)** Reserved Brady Boardroom

15 **Research / Biostatistics class (1st Year Residents)** via Teams 12-1 pm **Yijin Wert**

16 **Monthly Resident Team meeting with Kim** -Juniata 10:30 am

17 **SWRC (topic)** via Teams 7-8 am

17 **Board review/attending lecture (attending TBD**); **Holiday Grand Rounds with Cookies,**

1st and 2nd year: "a thing learned on outside rotation"
Brady 9th floor 6pm

***Academic topics: Cavus foot, CMT, tarsal coalitions**
***McGlamry's chapters: 20, 44**

January

10-11 TENTATIVE CASPR Chicago (January 8-12th)

13 McGlamry review with the residents before journal club 7:30AM **Journal Club (3rd years) Radiology or related topic (2nd Year Residents)**
Reserved Brady Boardroom **Yarmel**

20 Monthly Resident Team meeting with Kim -Juniata 10:30 am

21 SWRC via teams Near Miss Anas Atrash (7am)

21 Board review/attending lecture (attending TBD);Grand Rounds, Brady 9th floor (6 pm)
1st and 2nd year: "a thing learned on outside rotation"
Rav annual presentation

? Attending Lecture with Granger (topic TBD)

***Academic topics: Gunshot wounds, open fractures, soft tissue and bone tumors**
***McGlamry's chapters: 5, 42, 43, 45**

February (Extern: Clayton Karam-KSU)

1-28 PGY 3's (Rav/Antonio) ABPM ITE

? Attending Lecture (HBO/woundcare) Wound Center 4pm **Dr. Rogers**

10 McGlamry review with the residents before journal club 7:30AM **Journal Club (2nd Year Residents) Radiology or related topic (1st Year Residents)**
Reserved Brady Boardroom **Yarmel**

16 Research / Biostatistics class (1st Year Residents) via Teams 12-1 pm
Yijin Wert

17 Monthly Resident Team meeting with Kim -Juniata 10:30 am

18 SWRC (topic) via Teams 7-8 am

18 Board review/attending lecture (attending TBD); Grand Rounds
1st and 2nd year: "a thing learned on outside rotation"
Kaityln Annual Presentation
Extern Presentation
Brady 9th floor 6pm

23-26 Skills Lab Cadaver lab session

24-27 ACFAS-Las Vegas

***Academic topics: Achilles ruptures, tendon disorders and transfers, DVT prophylaxis**
***McGlamry's chapters: 56-58**

March

? **Attending Lecture (Pain Management) (CGOH)**
Morganstein ***TBC

9 **Disability Lunch and Learn Lecture –**Susquehanna 12:00-Robert Filipone-Corio & Associates

10 **McGlamry review with the residents before journal club** 7:30AM **Journal Club (1st Year Residents) Radiology or related topic (3rd Year Residents)**
Reserved Brady Boardroom **Yarmel**

? **Arthex cadaver lab**

17 **Monthly Resident Team meeting with Kim** -Juniata 10:30

? **PGY3 Boards (Foot didactic/CBPS)**

18 **SWRC-(topic)** via Teams 7-8 am

? **PGY3 Boards (RRA didactic/CBPS)**

18 **Board review/attending lecture (attending TBD);Grand Rounds**
1st and 2nd year: "a thing learned on outside rotation"
Lauren Annual Pod Presentation
Brady 9th floor 6pm

***Academic topics: Clubfoot, congenital vertical talus, peds foot & ankle fractures**
***McGlamry's chapters: 52-55**

April (Extern: Tyler Nayavich-DMU)

14 **McGlamry review with the residents before journal club** 7:30AM **Journal Club (3rd years) Radiology or related topic (2nd Year Residents)**
Reserved Brady Boardroom **Yarmel**

9 **Inside Track Night (East Shore Location) with Henry ***TBC**

15 **SWRC via teams (Topic Open)** via Teams 7-8 am

15 **Board review/attending lecture (attending TBD); Grand Rounds, Brady 9th floor (6 pm)**

1st and 2nd year: "a thing learned on outside rotation"
Antonio Annual Presentation
Extern Presentation

21 **Monthly Resident Team meeting with Kim** -Juniata 10:30 am

? **Medical Education Day-**Penn Harris 7:30 am

27-30 **Skills Lab Cadaver lab session 5**

***Academic topics: Talar neck fractures, calcaneal fractures**
***McGlamry's chapters: 29, 30**

May

? **Chief Boot Camp** via teams 1-4pm

12 **McGlamry review with the residents before journal club** 7:30AM **Journal Club (2nd Year Residents) Radiology (1st Year Residents) Education planning meeting for 2026-2027 Chief meeting**
Reserved Brady Boardroom

18 **Research / Biostatistics class (1st Year Residents)** via Teams 12-1 pm **Yijin Wert**

19 **Monthly Resident Team meeting with Kim** -Juniata 10:30 am

20 **SWRC-Near Miss** am via teams-Anas Atrash

20 **Board review/attending lecture (attending TBD); Grand Rounds**
1st and 2nd year: "a thing learned on outside rotation"
Tulsi and Virti Annual Presentations
Brady 9th floor 6pm

***Academic topics: Skin tumor management, excision of accessory bones, nonunions/malunions, peripheral nerve pathologies**
***McGlamry's chapters: 46-48, 51**

June

9 **Monthly Resident Team meeting and Lunch with Kim** -Juniata 10:30 am

12 **Tentative Graduation**

17 **SWRC (Topic Open)** via Teams 7-8 am

UPMC ME HARRISBURG - PODIATRIC EDUCATION 2025-2026

Attendance Sheet

DATE & Times _____

TOPIC _____

SPEAKER NAME & EMAIL _____

	RESIDENTS	**SIGNATURE**
1	Isaiah Tates, DPM	_____
2	Ravneet Gill, DPM	_____
3	Antonio Sierra, DPM	_____
4	Kaitlyn Fox, DPM	_____
5	Lauren Adkins, DPM	_____
6	Tulsi Menaria, DPM	_____
7	Virti Shah, DPM	_____
	Student	_____
	Student	
	Student	_____

	ATTENDINGS Please Print Name.	**SIGNATURE**
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Resources

Contents

Work Hours

Work hour (formerly called duty hour) submission is a key part of your professional responsibility as a GME trainee. Verifying and submitting your accurate Work hours on a timely basis is your responsibility. Access is provided on a two week rolling basis after which lockout occurs. Lockout occurs at 12:00am EST Sunday morning for the previous week.

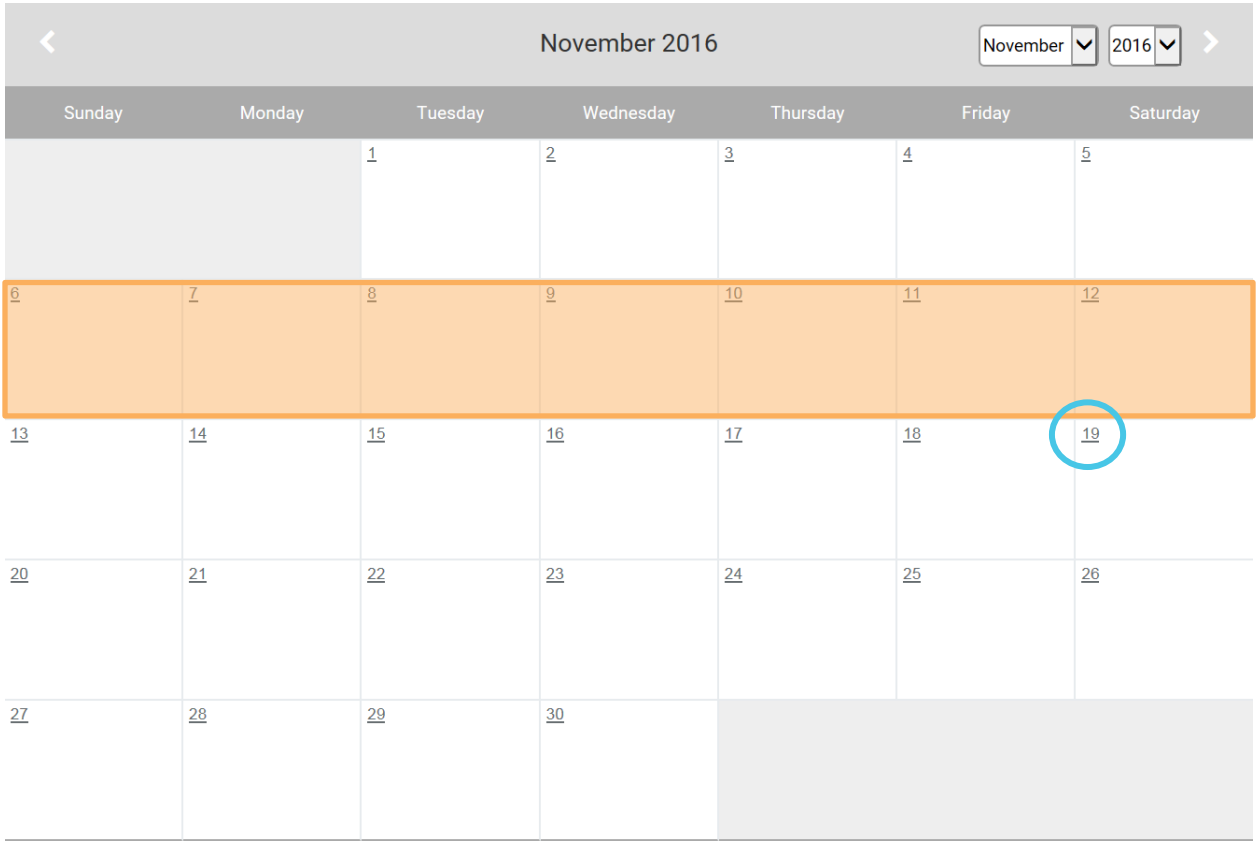
Current ACGME Work Hour Standards

Maximum hours of work per week	80 hours, averaged over 4 weeks
Maximum Work Period Length	28 hours (admitting patients up to 24 hours then 4 additional hours for transitional and educational activities).
Maximum in-hospital on-call frequency	Every third night, on average over 4 week
Minimum time off between scheduled Work periods	8 hours between Work periods Must have 14 hours after 24 hour Work periods
Maximum frequency of in-hospital night float	Maximum of 6 consecutive night float Work periods
Mandatory time off Work	• 1 day (24hours) off per week, averaged over 4 weeks

How Much Time Does a Resident Have to Enter Work Hours?

A trainee has 14 days to enter Work hours for a given week. A trainee can enter their Work hours in MedHub for the current week of activity or for the previous week of activity. After 14 days have passed, the Work hour period is "locked" and cannot be changed by the trainee.

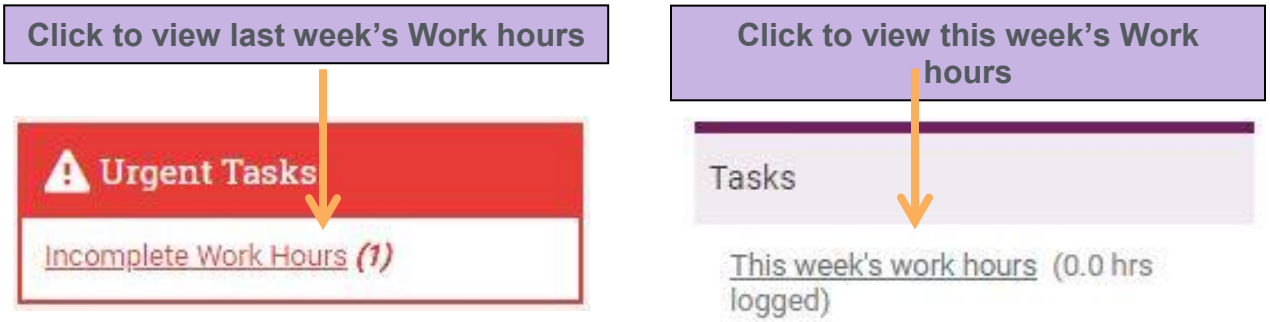
As an example, for the week of November 6 – November 12, a trainee would have until November 19th at 11:59 pm to complete the timesheet.



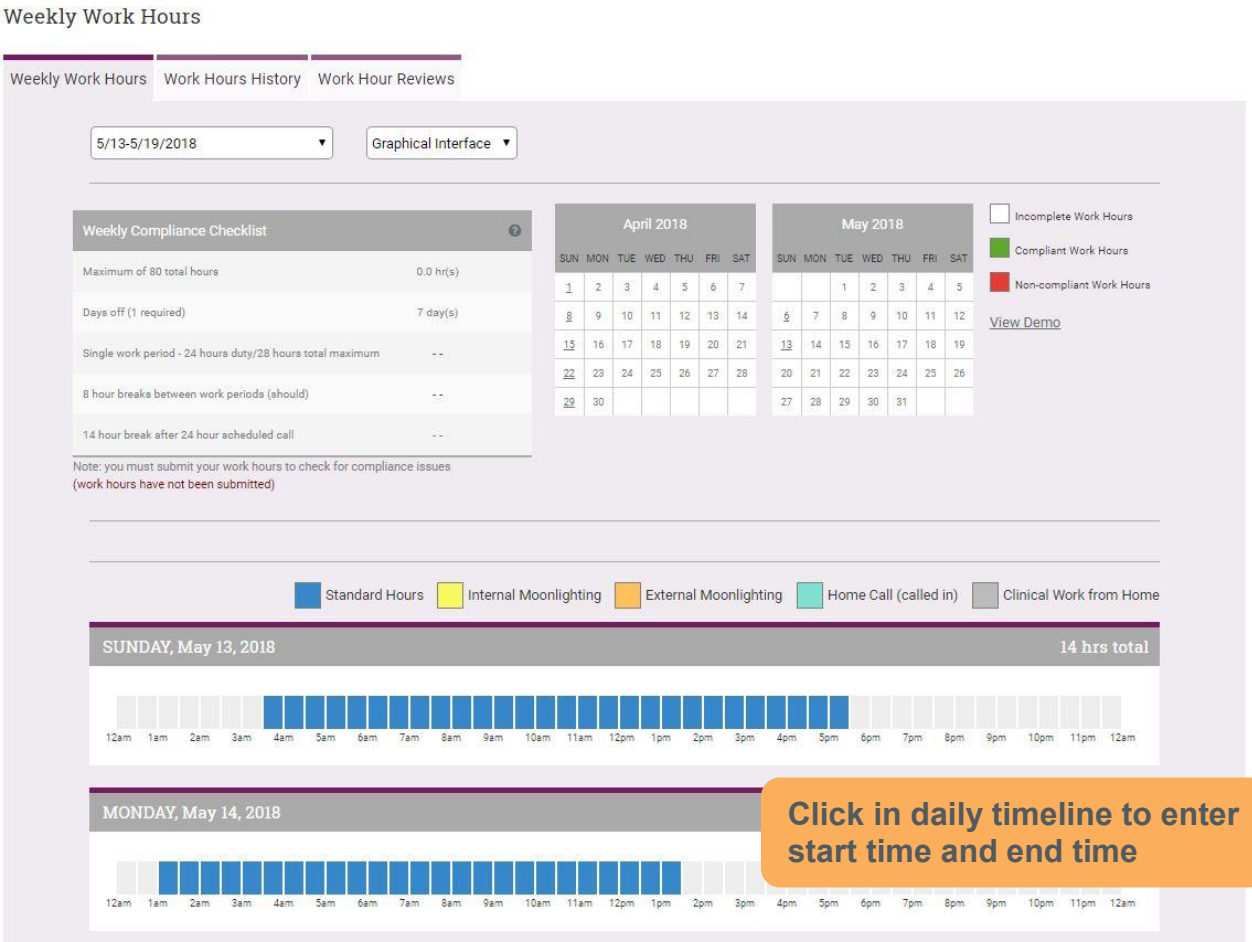
There is no Trainee unlock function. Trainees who fail to record their Work hours within the time-frame explained above will need to have their Program Coordinator log the activity on their behalf.

Entering Work Hours from PC

Step 1: Login to https://upmc.medhub.com

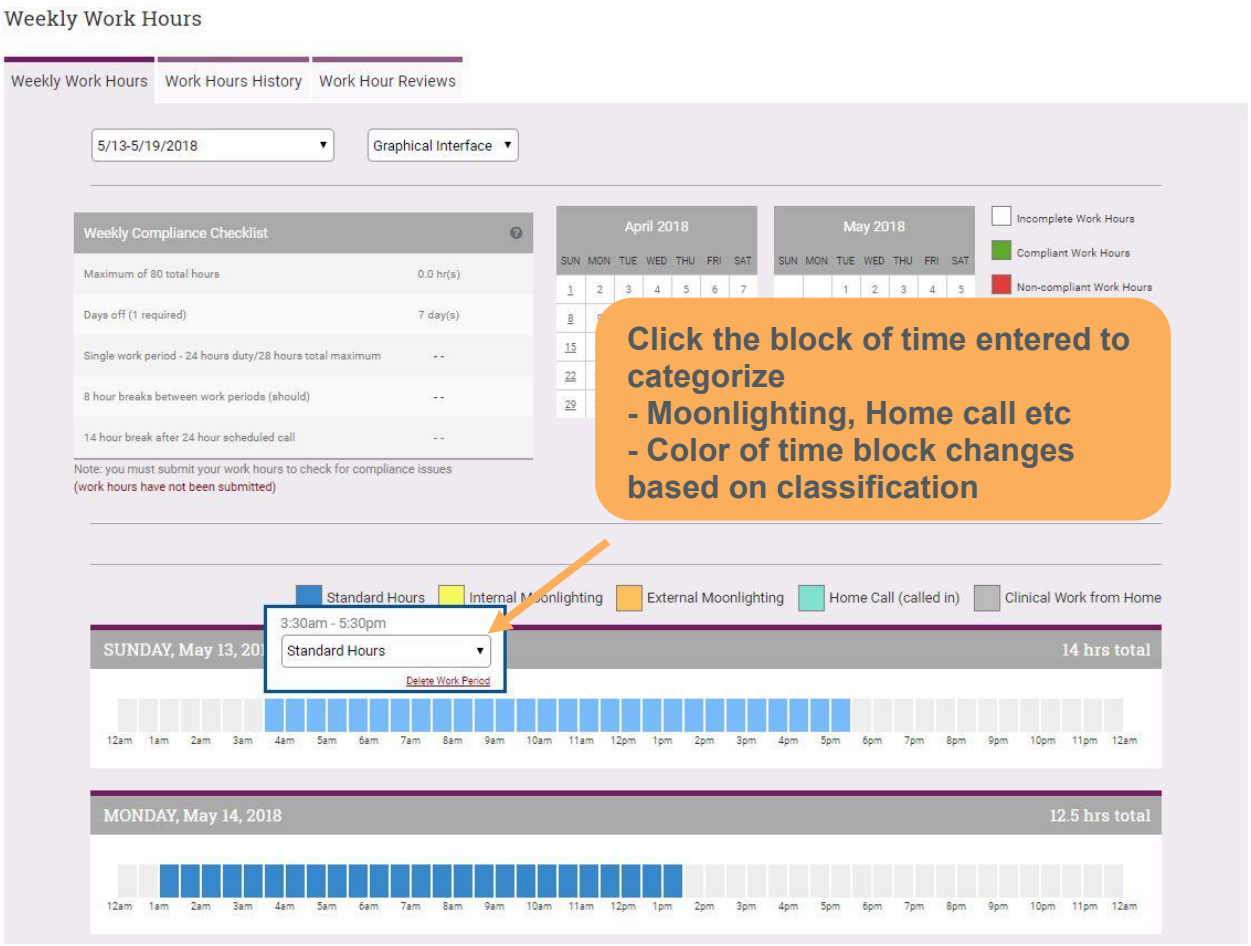


Step 2: Track Weekly Work Hours by clicking in the timeline to enter start and end time.

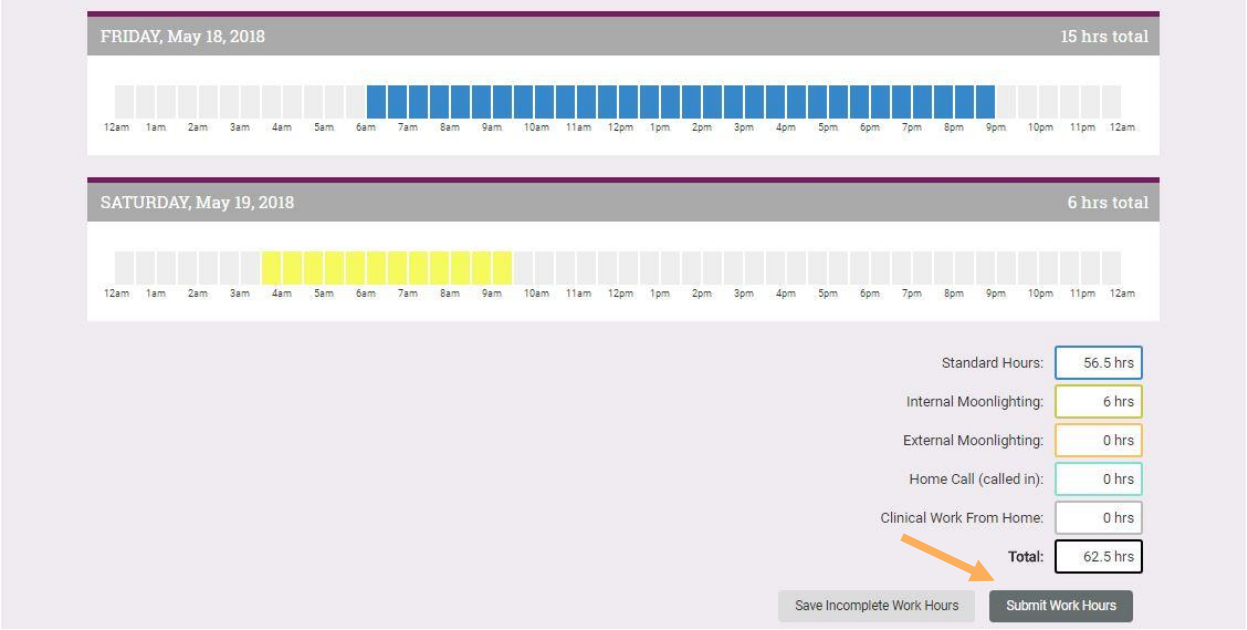


Step 3: After entering hours worked, click in gray box to categorize your shift. This section will always default to Standard Work Period, unless you change it to Internal Moonlighting, External Moonlighting, or Home Call (called in).

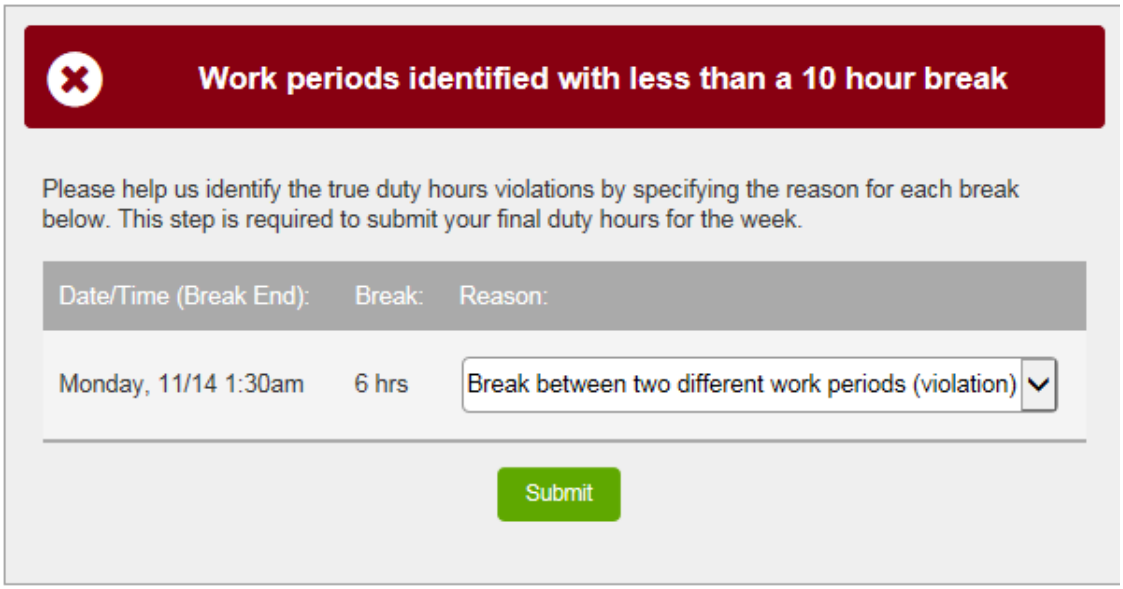
*****Home Call (called in) is when a resident/fellow is at home, after normal work hours covering patients from home. The resident/fellow is basically on a "pager". Home Call (called in) occurs when the resident/fellow is taking calls from home and has to come into the hospital for a patient care issue that cannot be handled by phone. In this instance, the resident/fellow must enter the hours spent in the hospital as part of their Work hour requirement. *****



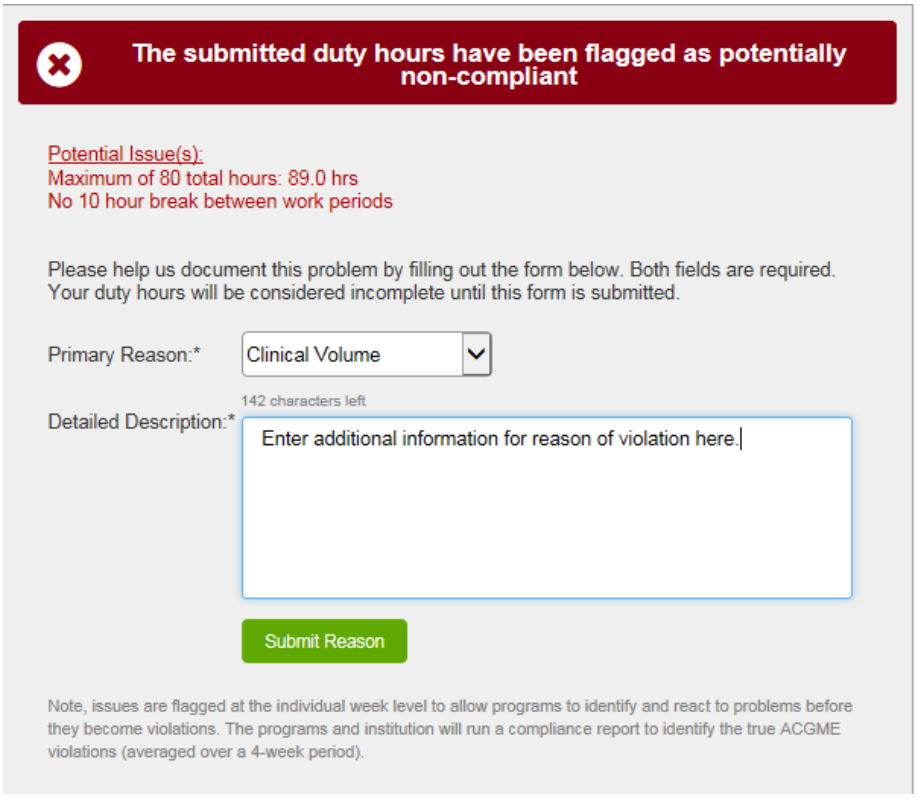
Step 4: After entering Work hours each day, click "Save Incomplete Work Hours" button. Once hours are submitted for whole week, click "Submit Completed Work Hours" at the very bottom of screen.



Step 5: After submitting hours, MedHub will review for any violations of Work hour rules. The system will ask you to submit a reason for the violation.

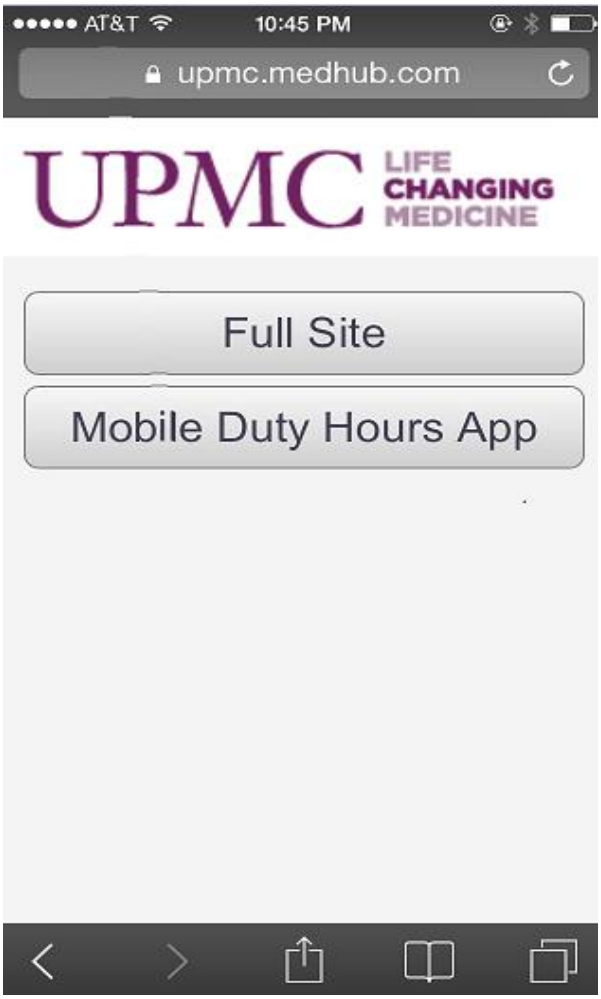


- **Break between work periods (violation)**
- **Continued same work period after break**
- **Left institution for strategic nap (same work period)**

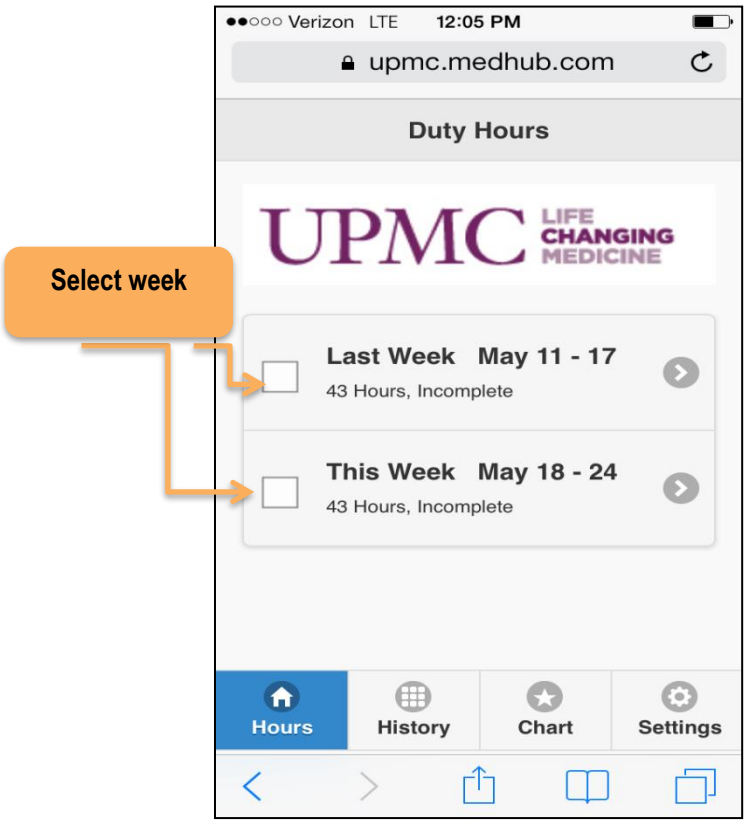

The submitted duty hours have been flagged as potentially non-compliant
Potential Issue(s):
Maximum of 80 total hours: 89.0 hrs
No 10 hour break between work periods
Please help us document this problem by filling out the form below. Both fields are required. Your duty hours will be considered incomplete until this form is submitted.
Primary Reason:*
Clinical Volume
142 characters left
Detailed Description:*
Enter additional information for reason of violation here.
Submit Reason
Note, issues are flagged at the individual week level to allow programs to identify and react to problems before they become violations. The programs and institution will run a compliance report to identify the true ACGME violations (averaged over a 4-week period).

Entering Work Hours from Mobile Device

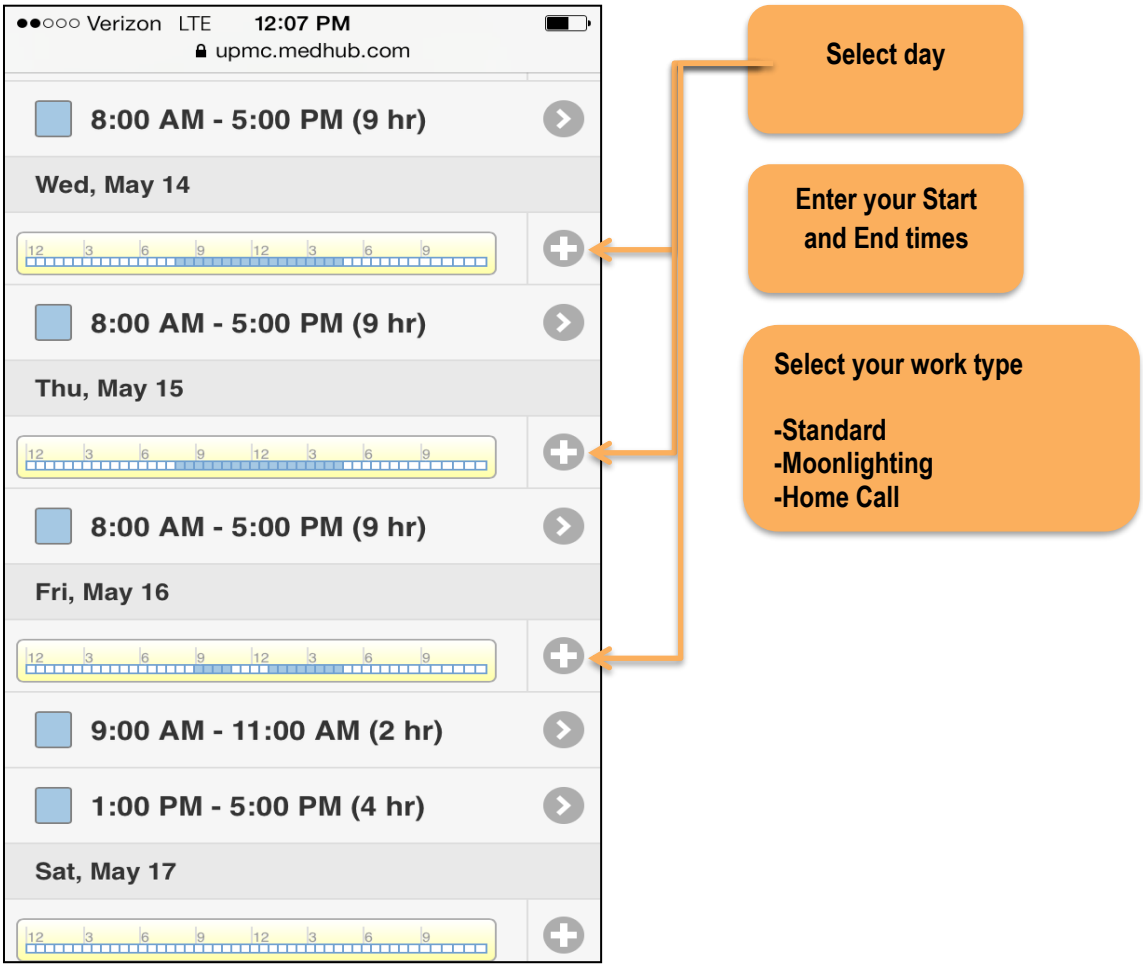
Step 1: Access at upmc.medhub.com



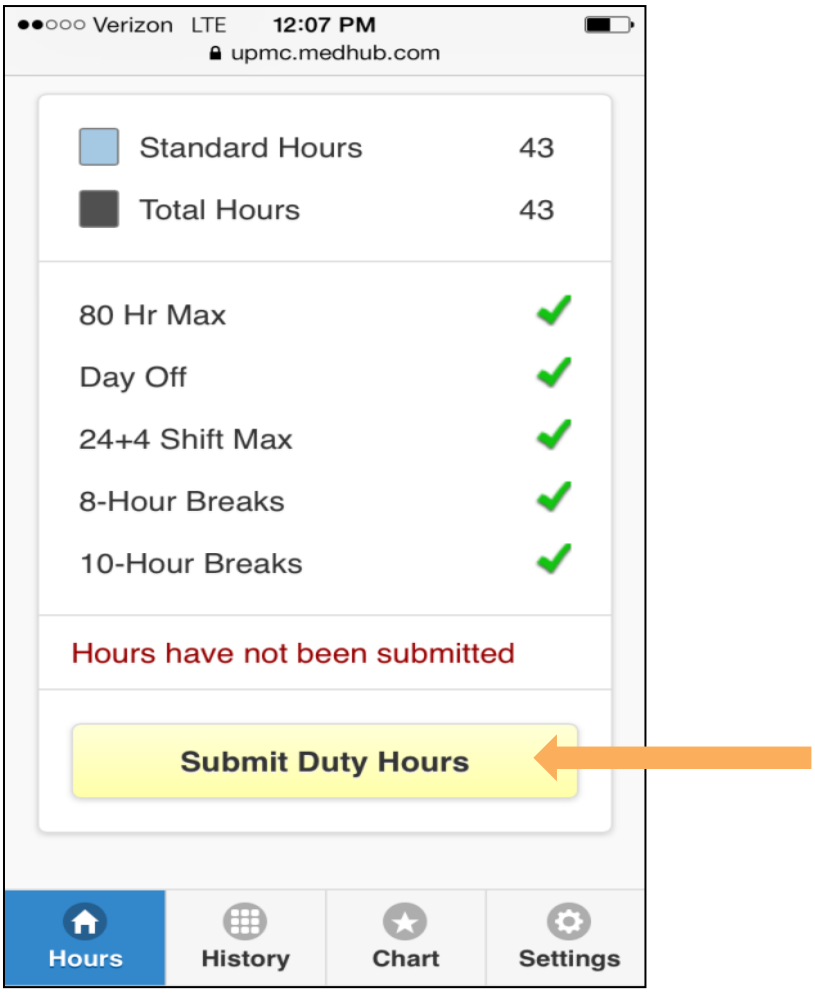
Step 2: Displays 2 weeks of timesheets (this week and last week's)



If hours need to be added or changed, click the + symbol next to the day that needs to be edited.



Step 3: Once Work hours have been documented, click "Save this work period" to return to the main app page. On the main app page, verify 'Total Hours and Violations' and click 'Submit Work Hours' at the bottom of page.



iPhone App

Another option for iPhone users is to download the MedHub app from the Apple App Store. The icon will look as such:

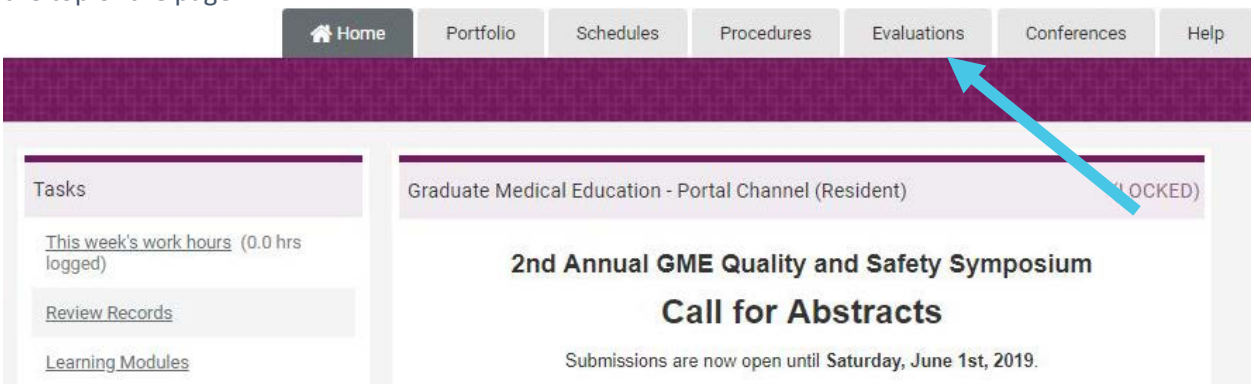
Contents

Evaluations in MedHub

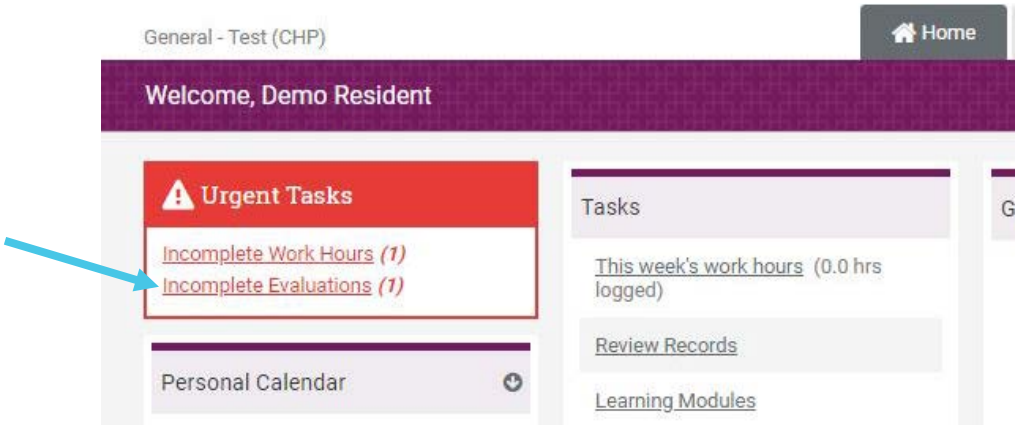
The Evaluations section of MedHub is used for many purposes by UPMC ME programs. The most common use is to collect feedback for residents/fellows from faculty members while working in a clinical setting; other uses include recording training progress or gathering information needed for administrative tasks. This Quickstart will walk you through how to access and complete an Evaluation.

Accessing Evaluations

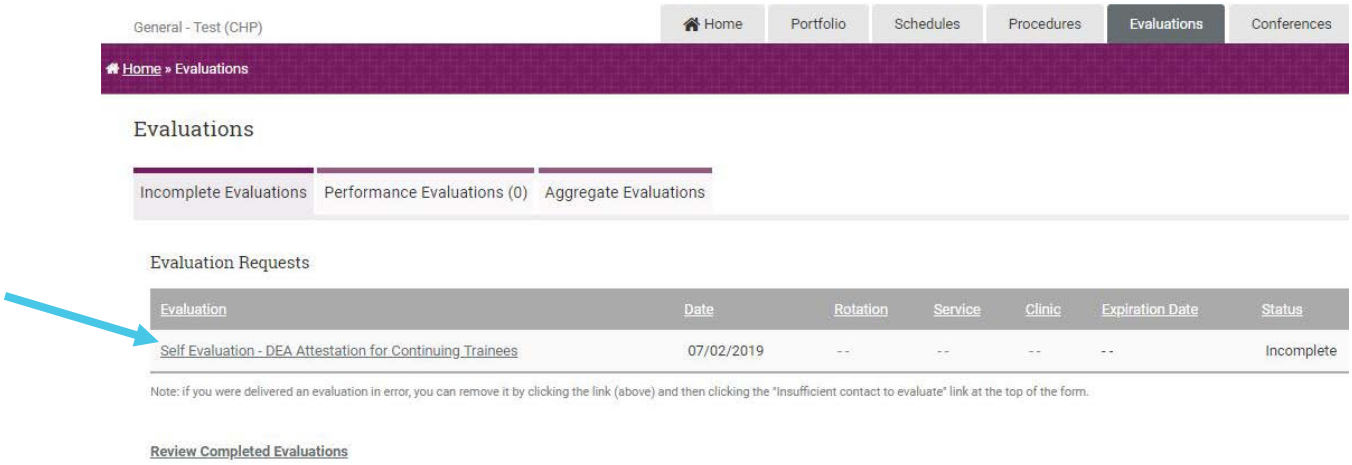
To get to the Evaluations screen in MedHub, click on the "Evaluations" button on the gray menu bar at the top of the page:



or click on the "Incomplete Evaluations" link from the Urgent Tasks box in the upper left corner:

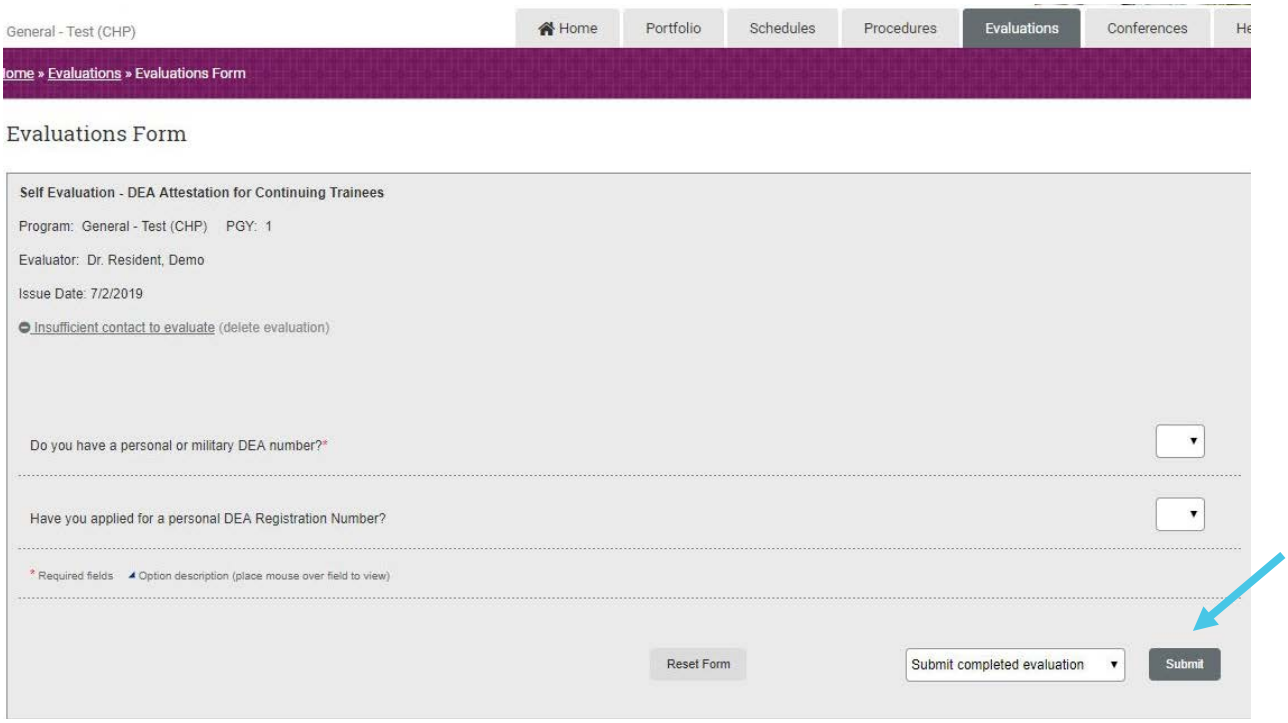


When the Evaluations page loads, you will have a list of Evaluations Requests. Click on the name of the evaluation you wish to complete. In this example the "Self Evaluation – DEA Attestation for Continuing Trainees".

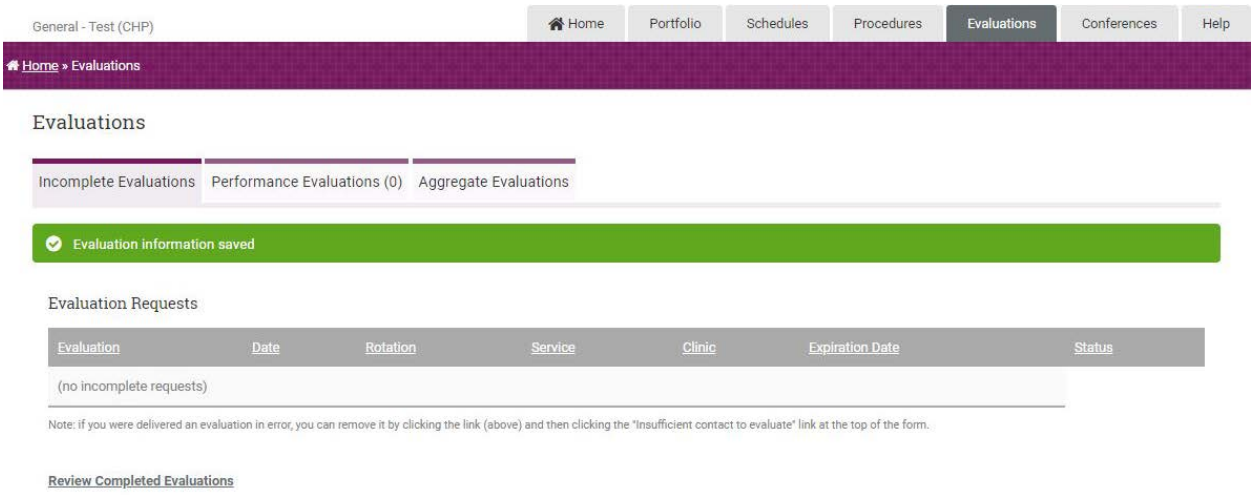


Completing an Evaluation

Once the evaluation loads you will be able to answer the various questions. When satisfied with your evaluation click the submit button.



Upon successful submission of an evaluation you will get a green box with the message “Evaluation information saved”.



UPMC ME Resources for Trainee Needs

Resident and Fellow Assistance Program (LifeSolutions): 412-647-3669	• Free, 24/7, confidential support for UPMC residents and fellows (and their household members) • Counseling in person or by phone (6 sessions per issue) • Support for burnout, stress, depression, anxiety, substance misuse, relationship concerns, domestic violence, grief and loss
Physicians for Physicians: 412-647-3669	• Free, 24/7, confidential peer support with a UPMC resident or attending for work-related stressors or adverse events
CuRBside: 1-833-231-1575	• Free, discreet, personalized mental health referral service for UPMC physicians and their family members. Referrals outside of UPMC are available.

UPMC LIFE CHANGING MEDICINE

UPMC ME WELL Website & Resource Flier

- Quick Links or Phone Numbers for Resident/Fellow Specific Resources

UPMC ME Confidential or Anonymous Reporting

- Direct link to report concerns in the training environment. Reviewed and addressed by UPMC ME leadership.

Interactive Screening Program (ISP)

- Free, voluntary mental health and wellness self-screening tool for trainees
- Secure, confidential, anonymous communication using a unique user ID
- Receive personalized responses with resources and options for next steps

External Resources

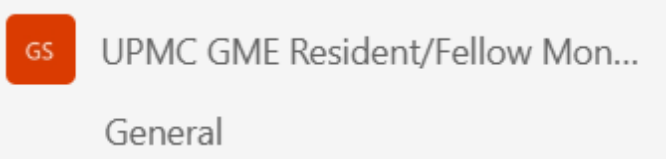
Local 24/7 resolve Crisis Services:
1-888-796-8226 (7-YOU-CAN)

National Suicide & Crisis Lifeline: Call/Text/Chat 988

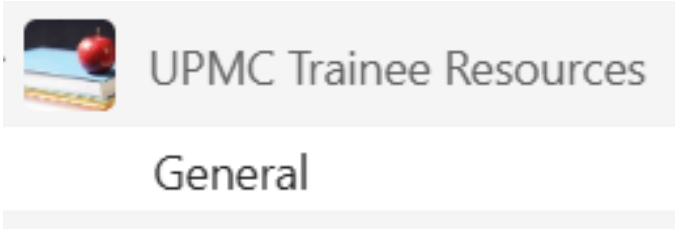
UPMC HARRISBURG PODIATRY RESIDENCY MICROSOFT TEAMS

There are currently three GME Microsoft Teams pages that residents can access. Open Microsoft Teams and click the Teams icon on the left.

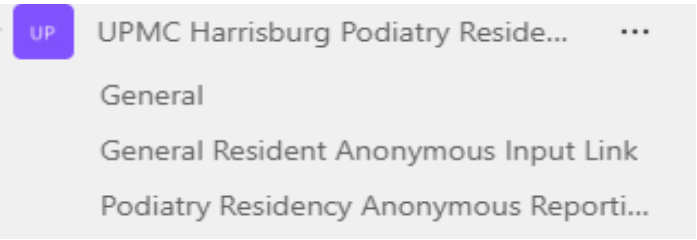
1. UPMC GME Resident/Fellow Monthly Schedules: Here you will be able to find the Monthly Education and Call schedules.



2. UPMC Trainee Resources page: This page is run by GME in Pittsburgh to keep you updated on policy changes, wellness resources, benefits, Family Planning, Professional Development and more.



3. UPMC Harrisburg Podiatry Resident Team Page: Here you are able to post anything to the group and the Program Manager will post any important resources. You will also see a Podiatry Resident Anonymous Reporting link used to anonymously report program level concerns/issues. You will also see the General Resident Anonymous Input link. Here you can express any type of concern to the GME management anonymously. Be sure to include just enough information for them to try to solve the problem.



Podiatry Residency: Anonymous Reporting

GENERAL RESIDENT ANONYMOUS INPUT LINK

Scan the QR Code, or use the link provided below if you have any concerns that you feel need addressed by GME. Please be sure to leave enough anonymous information that the problem can at least be addressed properly

https://www.surveymonkey.com/r/78DZ675

UPMC
LIFE CHANGING MEDICINE

Understanding SSI –PATOS Documentation

UPMC HAI Reduction Program

Understanding Documentation for PATOS (Infection Present at the Time of Surgery)

Per CDC/NHSN, an infection present at the time of surgery, or PATOS, is an important designation that waives the need to send the patient a letter and the surgical site infection (SSI) is not counted against the facility's NHSN SSI data.

Operative Note: Words Matter – Meeting PATOS criteria.

Target: Clear description of infection must be included in the body of the Operative Note or *Findings section*. Abbreviated surgical reports may not provide adequate descriptions.

- Use of descriptive notation and using the following words in the body of the Op Note ***WILL*** meet PATOS:
  - Abscess
  - Phlegmon
  - Pus/purulence
  - Infection, i.e., infected hematoma, infected fluid
  - Feculent or purulent peritonitis

Operative Notes: Words Matter – Not Meeting PATOS criteria.

Target: Some words alone do not meet for PATOS.

- The following ***do NOT meet*** PATOS unless further detail of infection is described in the Op Note:
  - "-itis" – i.e., peritonitis or diverticulitis
  - Murky or cloudy fluid
  - Gangrene
  - Necrosis/Ischemia
  - Inflammation
  - Perforation
  - Contamination, for example due to initial trauma, gunshot wound, or new bowel injury

Important Considerations for Operative Note

- Description of the level of infection is needed for PATOS determination.
  - Infection in original surgery must be at the same level of potential SSI infection.
  - Superficial (skin/subcutaneous), Deep (muscle/fascia) and Organ Space (below muscle).
- Wound class alone does ***NOT*** meet for PATOS.
- Path report or imaging alone do ***NOT*** meet for PATOS — must also describe infection in Op Note.
- Culturing for sterility often recovers organisms that are considered pathogens by NHSN definitions even if clinically believed to be contamination. ***Recommend culturing for true infection concerns only.***

Documentation to Determine if Infection is present on admission (POA)

Target: Physician documentation is needed on day 1 or day 2 of admission.

- Description of fever, pus, purulence, abscess, erythema, edema, heat, infected fluid at the deepest level noted two days before or within two days after admission may help make POA determination easier.
- Surgeon office visit notes are reviewed if available to find description of infection prior to admission.
- Radiographic evidence within two days of admit is also helpful.

Go to Guide for New Resident Orders and Workflow

UPMC ME Harrisburg Podiatry Program

Admissions

Patients are admitted to podiatry service in one of three ways:

- Direct admit from outpatient clinics/offices
- Admit from the ED
- Post-op/OPER (outpatient extended recovery) stay

Every direct admission involves **4 key steps**:

1. **Complete a comprehensive H&P**
    a. See the patient. Collect a full history and do a full physical exam (from head to toe)—in addition to a focused podiatric exam.
    b. Document the H&P in the **Admission Manager**.
    c. OPER admits staying overnight do **not** need a full H&P but can consider writing a **Plan of Care** note if there's anything other teams should know.
2. **Notify the Attending**
    a. For direct admits, the attending should call you before the patient arrives.
    b. For ED admits, call the attending to review the case **before** placing admission orders.
3. **Place Admission Orders**
    a. Use the **Admission Manager**.
    b. Select the **"Podiatry Admit Orders"** set (or post-op orders if more appropriate).
4. **Update the Sign-Out**
    a. Add the new patient to the sign-out with key info and plan.

How to Perform a comprehensive H&P

1. **Collect Key History**
    a. PMH, PSxH
    b. Medications, Allergies
    c. Social History: tobacco, alcohol, illicit drug use, ambulation status
2. **Perform a Full Physical Exam**
    a. General Exam: Vitals, Constitutional, HEENT, Lymph, CV, Resp, GI, MSK, Neuro, Psych (rule of thumb-pick five systems)
    b. **Podiatric Exam**:
        i. **Derm**: Skin integrity, wounds, infection
        ii. **Vascular**: Pulses, cap refill, edema
        iii. **Neuro**: Sensory testing, monofilament, vibratory
        iv. **MSK**: Deformities, ROM, strength
3. **Document in the Admission Manager**
    a. Write your H&P under the **Admission Manager**, similar to a progress note.
4. **Add a Diagnosis**
    a. Search for the correct diagnosis.
    b. Select it, then click **"Continue to A&P"** to open the **Current Assessment and Plan** window.
    c. Enter your A&P under the correct diagnosis.

Admission Orders

Review Current Orders

- ED admits may already have active orders (labs, imaging, meds).
- **Continue what's appropriate** after review.
- **Always continue the "Inpatient Bed Search" order.**

Reconcile Home Medications

Usually handled by the hospitalist (in most cases, we will defer this to the hospitalist, as they are consulted on **ALL of our primary patients), but you should still review everything.*

- Continue home meds unless there's a reason to hold or change. Most medications will be ordered/continued as they take them at home.
- **Discontinue PO antibiotics** if they've failed or IV antibiotics are starting.
- **Chronic anticoagulation** (e.g., warfarin, DOACs): Hold if going to OR within 24 hrs—check with hospitalist or cardiology for high-risk patients (e.g. hx of A.fib, PE, DVT etc).
- **Diabetes meds**:
    - Stop home regimen.
    - Start **sliding scale insulin**.
    - If glucose is uncontrolled, **consult Endocrinology** for management.
- **Non-formulary meds**:
    - Review Epic suggestions for alternatives.
    - If no suitable substitute, place a **"patient's own medication"** order (so they can be given their own pills while in the hospital)

Placing new orders

Select the "Podiatry Admit Orders" Order Set.

- The following tabs are organized as they will appear in the order set. This was done intentionally so that you do not miss sections as some are not open at default when you open the order set. It is critical that while you are learning that you take time to read each line until you are familiar with these different sections.
- Notes are also included below following the headings to help you understand the reasoning associated with each order.

Podiatry Admit Orders

1. General

- Code Status: Every admitted patient must have a documented code status.
    - **Level of Intensity** = Code Status:
        - **Level 1** – Full Code: CPR (default for most patients)
        - **Level 2** – DNR/DNI or limited interventions (a selective level of care where extreme life sustaining measures will not be employed)
        - **Levels 3–5** – *Do not admit to podiatry service*

  Tip: If the patient was previously admitted, a code status may already be recorded—verify and update if needed.

2. Vital Signs:
    - The following are **automatically selected** in the order set and should be kept unless otherwise indicated:
        - **Vital signs** – Every shift
        - **Neurovascular checks** – Every shift
        - **Intake & Output (I&O)** – Every shift
    - These help monitor for decompensation, vascular compromise, or fluid imbalance—**don't skip them**.
3. Activity

- Set activity based on the patient's condition. Use the **comments section** in each order to specify **laterality** and **instructions**.
    - **Bedrest**
    - **Progressive Mobility** – Use this to communicate weight-bearing (WB) status to nursing and PT/OT:
        - Weight-bearing as tolerated
        - Partial weight-bearing
        - Non-weight-bearing
    - *Example*: "WB to right heel in surgical shoe when ambulating" for a patient with a right hallux ulcer.
    - **Offload Heels**:
        - **Elevate heels off bed** – Order for all patients, especially patients with vasculopathy.
        - Add comment: *"Heels should be offloaded while in bed at all times."*
        - **Prevalon boots** (order: "heel protector boot") for high-risk patients.

4. Nursing

- Select based on the patient's condition. Add **laterality** and **specific instructions** in the comments when needed.
    - **Extremity Care**
        - **Elevate extremity** – Select as indicated for edema
        - **Ice to affected area** – *Use with caution.* Avoid in diabetics, vasculopaths, or over wounds. Use at ankle/knee level, not directly on toes. Usually ordered for trauma cases.
    - **Footwear & Protection**
        - **Surgical shoe (LLE or RLE)** – Only for weight-bearing patients. *Do not order if patient is NWB.*
        - **Heel protector boot (LLE or RLE)** – For offloading and pressure prevention.
    - **Wound Care**
        - **Change dressing: Podiatry will change dressing** – Nursing won't touch it.
        - **Change dressing: Reinforce PRN** – Nursing reinforces only. Add instructions or page criteria.
        - **Nursing to change dressing** – Specify frequency and method. Example: "Change dressing QOD with Betadine + dry sterile dressings."
        - **Make available at bedside**: gauze, Kerlix, Ace wrap, Aquacel, Hydrogel, or cast supplies as needed.
        - **Wound VAC** – If ordered, also place a **WOCN consult** for VAC dressing changes.
    - **Other**
        - **Insert Foley catheter** – Defer to hospitalist.

5. Diet

- All patients need a diet order at admission. For diabetic patients, default to **Consistent Carbohydrate** unless otherwise indicated.
    - **Common Diet Orders**:
        - Regular
        - Low Fat / Low Cholesterol
        - **Consistent Carbohydrate** *(default for most of our patients that are diabetic)*
        - NPO
            - NPO effective midnight *(for scheduled morning surgery)*
            - NPO effective 0800 *(if surgery is add-on after 4 or 5pm and patient can eat breakfast before)*
            - *Always add "Sips of clears with meds" to allow perioperative meds*

Tip: The order auto-includes a clause allowing the **dietitian to modify** the diet—**keep this** checked

6. Labs

- Order based on **admit type** and **clinical need**.
  - **For Direct Admits**:
    - Order STAT: CBC, BMP, ESR, CRP (for acute inflammatory markers add if infection is suspected)
    - Add blood cultures if infection is suspected
  - **For ED Admits**:
    - Labs may already be done—**review first**
    - Don't duplicate unless new or urgent lab needed
  - **Daily Labs**
    - CBC, BMP, ESR, CRP
    - Set **AM draws for 10 occurrences** to avoid missing daily labs
    - Add others as needed:
      - PT/INR – if on anticoagulation
      - HbA1c – for all diabetics
      - CMP, LFTs – if indicated (use your clinical judgment)
      - Mag, Phos, Albumin – case-specific
      - Type and screen –to hold unit of blood if OR likely and patient's
      - Urinalysis with reflex to culture – if UTI suspected
      - Aerobic and anaerobic cultures – *Not in order set; must be added manually*

Tip**: Watch for duplicates** in the order set (e.g., CBC appears twice—one should be STAT). Always double-check before signing.

7. Diagnostic Tests
   - Lower Extremity Imaging
     - Order imaging as indicated. Again, if a patient is being admitted from ED it is likely that at least x-rays have already been ordered and do not need to be repeated upon admission. Do not forget to modify orders for STAT if needed for decision making for surgeries planned for that day or for urgent rule out (like DVT with a venous Doppler).
     - X-ray, MRI, CT, Bone Scan
       - Be mindful when selecting with or without contrast. **Creatinine should be evaluated prior to this decision**. If elevated, do not order with contrast.
   - Arterial/Venous Dopplers – specify **laterality**
     - *For Arterial Dopplers*:
       - Add this comment:
         "Please include ABIs for DP and PT. Remove dressings as needed to perform exam."
   - Preoperative Cardiac Workup
     - **EKG (12-lead)**
     - **Chest X-ray (1-view only)**
       - *Do NOT order 2-view chest X-ray—it must be done in radiology and adds no value for preop*

Tip: If surgery is planned **soon after admission**, you should order these **yourself** instead of relying on hospitalist.

8. Respiratory
   - **Incentive Spirometry (IS)**
     - **Uncheck by default** – It's auto-ordered to be done by RT, but this is usually unnecessary.
     - If needed, you can **reorder post-op** (not required pre-op for most patients).
     - Only order if clinically indicated (e.g., history of pulmonary disease or poor inspiratory effort).

9. Consults

- Use clinical judgment—**when in doubt, consult**. Save frequent services to your **Favorites** for faster access.
    - **Always Consult**
        - **Hospitalist** – On *every primary podiatry admission*
            - Order: *"Inpatient consult to Hospitalist"*
            - Provider: *Pinnacle Hospitalist* (It will say it is located at CGOH, but it will be rerouted appropriately)
            - Reason: *For medical management, restarting home meds appropriately, and preop risk stratification*
    - **Common Consults**
        - **Infectious Disease** – Most patients
            - Order: *"Inpatient consult to Infectious Disease"*
            - Provider: Drs. Goldman, Tkatch, Akay, Govern, Rhie, etc
            - Reason: *Antibiotic recommendations and management*
                - Add clinical context: e.g., *"R hallux ulcer with suspected OM; plan for OR tonight; intraop cultures to be obtained"*
        - **Cardiology** – For history of CAD, CHF, AFib, MI etc.
            - Order: *"Inpatient consult to Cardiology"*
            - Provider: *PinnacleHealth Cardiovascular Institute (PHCVI)- Harrisburg* or *Dr.Chang (for Interventional Cardiology)*
            - Reason: *Preop risk stratification*
        - **Endocrinology** – For uncontrolled blood sugars (BG ≥250) or insulin pumps
            - Order: *"Inpatient consult to Endocrinology"*
            - Provider: *PinnacleHealth Endocrinology Associates – Harrisburg*
            - Reason: *Insulin management for diabetes etc.*
        - **Nutrition, PT, OT** – As needed
            - PT/OT often ordered *post-op* once WB status is clear
            - Include WB status and special instructions
        - **Vascular Surgery** – *Only after ordering arterial Dopplers*
            - Order: *"Inpatient consult to Vascular Surgery"*
            - Provider: *PinnacleHealth Cardiovascular and Thoracic Surgery Associates o*r individual vascular attendings (e.g., Drs. Calderon, Loran)
        - **General Surgery** – If BKA/AKA is being considered
        - **Nephrology** – All dialysis patients; defer to hospitalist if unsure
        - **Social Work** – If discharge barriers are anticipated (e.g., IV abx, rehab)
        - **Addiction Medicine** – For patients on Suboxone, methadone, or high-dose opioids
            - Secure chat with Dr. Adam Barnathan (previous fellow, now attending) for questions
            - Provider: *PinnacleHealth Center for Addiction Recovery*

Tip: For **STAT/emergent needs**, place consult AND directly page or secure chat the team.

10. DVT/VTE Prophylaxis

- **You must select an option**—this section is required to sign orders.
    - **When to Start Prophylaxis**
        - Most of our patients qualify: decreased mobility, obesity, infection, etc.
        - *If the patient is going to the OR that night*, consider delaying it until **post-op**—but don't forget to start it afterward.

- **Medication Options**
  - **Lovenox (Enoxaparin)-** *depends on patient's BMI and CrCl*
    - 40 mg subQ daily *(most common)*
    - 30 mg subQ daily *(lower dose option)*
  - **Heparin 5000 units** subQ q12h
- **Mechanical Prophylaxis**
  - **SCDs (Sequential Compression Devices)**
    - *Do not use over infected or cellulitic limbs*
- **Other Options**
  - **"VTE Prophylaxis Not Indicated"** – Only select if:
    - Patient going to surgery
    - Patient is on full anticoagulation (e.g., warfarin, Eliquis)
    - Patient is low risk
    - Patient refuses prophylaxis

Tip: Use the **Padua Risk Score** in the order set as a reference if needed.

11. IV Fluids

- Only start IV fluids if clinically indicated. **When in doubt, defer to the hospitalist.** Be cautious in patients with cardiac or renal conditions—improper fluid management can worsen their status
  - **When to Consider IV Fluids**
    - NPO
    - Septic
    - Vomiting or signs of dehydration
  - **Common Orders**
    - Normal Saline (NSS) – 80 mL/hr
    - D5 ½ NSS – 80 mL/hr

12. Medications

- Use **Lexicomp** in Epic to check for interactions or renal dosing concerns. If additional questions/concerns, can always call pharmacy for additional guidance
  - **Antibiotics**
    - Choose based on **allergies** and **infection severity**.
    - Most diabetic patients need **MRSA + Pseudomonas** coverage:
      - **Cefepime IV** + **Vancomycin** (pharmacy to dose)
      - Add **Flagyl IV** if anaerobes are a concern (e.g., gas-forming infection)
    - Select "Skin/skin structure infection" as the indication
  - **PRN Medications** (Select so nursing can treat without calling)
    - **Antipyretics**
      - e.g. Acetaminophen 650 mg PO q6h PRN fever
    - **Analgesics**
      - PRN pain meds should be structured so patients receive oral meds first, with an IV option available for breakthrough pain.
        - e.g. oxycodone 5mg q4-6hrs prn for mild to moderate pain, acetaminophen 650mg q6hrs prn mild to moderate pain, IV morphine 1g q2hrs for severe or breakthrough pain
      - Common oral pain meds
        - Acetaminophen
        - Norco

            - **Percocet** – Most common; has dual-strength dosing options
            - Ultram (Tramadol)
        - Common IV pain meds
            - **Morphine** – Most common; has 3-tiered dosing based on pain level
            - Dilaudid
            - Toradol
    - **Antiemetics**
        - Zofran IV PRN nausea
            - Avoid if allergy or prolonged QTC.
        - Alternatives: Phenergan, Reglan, Compazine.
    - **Bowel Regimen**
        - PRN options (select at least one):
            - Milk of magnesia
            - MiraLAX *(most common)*
            - Senokot
            - Dulcolax suppository
        - Do **not** select scheduled bowel meds unless clearly needed.
    - **Diabetes Management**
        - **Hospitalist orders this** unless urgently needed
            - Discontinue home insulin/oral agents
            - Place patient on **sliding scale insulin (Aspart/Novolog)**
                - Usually use **Usual Dose Scale**
            - Consult Endocrinology if sugars are uncontrolled
    - **Antihypertensives (PRN)**
        - **Hospitalist orders this** unless urgently needed
            - e.g. Hydralazine 10 mg PRN if SBP >180 or DBP >110

13. Additional Orders:

- Use this section to add anything not included in the Podiatry Admit Order Set:
    - **Routine aerobic and anaerobic culture** – *Must be added manually*
    - **1-view chest X-ray** – For pre-op patients under 50 with comorbidities
    - **Nursing instructions** – e.g., "Reapply dressing if removed for imaging"
    - **Follow-up labs** – e.g., ESR/CRP recheck in 48 hrs
    - **Wound care details** – Clarify dressing instructions if not in standard orders

14. Review and Sign

- Review all your orders for accuracy
    - Make sure nothing is duplicated or missing
    - Click **"Sign"** to release all orders to be acted upon immediately
- Tip: Signing your orders promptly ensures nursing, pharmacy, and other teams can begin patient care without delay.

Consults

Consults come in three ways:

- **Inpatient consult** (from another admitting team)
- **ED consult** (patient still in the ED)
- **Follow-up on existing patient**

General Rules

- **Always add the patient to the inpatient census** (Treatment Team tab in the chart)
    1. Open the chart → go to **Summary**
    2. Scroll to **Treatment Team** → click the hyperlink
    3. Under **"Add Provider Team"**, enter the consulting physician's practice
        - *e.g.: Keystone Podiatry for Dr. Ritter*
        - ** Dr. Marks and Dr. Black use their own names as practice names**
    4. Under **"Add Team Member"**, enter the attending's name
    5. Set role to **"Consulting Physician"** (**not Primary**)
    6. Return to census and confirm the patient is listed
- **Update the attending** after seeing the patient
- **Update the sign-out** with key findings, orders, and pending results
- Timing of inpatient/ED consults
    1. **Before 4pm**:
        - Inform the resident team immediately.
        - A plan is made so the covering resident sees the consult, allowing the resident handling it to leave by 5pm (if not on call).
    2. **After 4pm**:
        - The on-call resident handles the consult if needed.
    3. **Urgency Guidelines**:
        - **Urgent/Emergent**: See immediately.
        - **Non-Urgent**: Can be seen the next morning by the rounding resident.
    - **Tip:** When unsure of consult urgency, ask a *senior resident or chief*. When in doubt, see the patient right away

Completing *New* Inpatient Consults: 5 Steps

1. **See the Patient**
    a. Ask if they already see a podiatrist—if yes, direct consult to that attending
    b. If not, direct to the on-call podiatrist
2. **Update the Attending**
    a. Brief overview: HPI, physical findings, labs/imaging, and proposed plan
3. **Write the Consult Note**
    a. Use the **Preop/Consult tab** → 3rd tab at the top
    b. S/O and A/P format is the same for a consult note as it is for a progress note
        i. Adding a New Diagnosis:
            1. It is possible that the primary team already has a diagnosis that fits appropriately for what we are treating. However, if there is not a diagnosis that appropriately fits, create a new diagnosis and start charting under that.
                a. e.g. Patient was admitted from the ED by the IM service and they included a diagnosis of "Diabetic foot ulcer, right foot" and "Cellulitis, RLE". Upon your evaluation, the right hallux wound probes to bone and MRI reveals osteomyelitis. It may be appropriate to create a new diagnosis of "Osteomyelitis of right toe" and chart under that than to continue charting under right hallux ulcer with cellulitis.

2. ***Do NOT document under “Overview”*** Document under current assessment and plan
3. Please refer to *Podiatry Assessment and Plan Format* (on formatting A/P)

c. Associate the note with the podiatry consult order (via “Consults” tab at the top of the note)
   i. The difference between a consult note and progress note is that **we need to associate the consult order with the consult note**.
   ii. When you generate your note for a consult note, at the top of the note, there will be a tab that says “Consults.” Click this tab. A window opens with the available consults to select. Select the podiatry consult. This associates the consult with the consult note satisfying the requirement. Then sign your note.

4. Place Orders

a. Routinely included:
   i. Change dressing (specify who does what)
      1. If needed: we can place the order and write: "podiatry to change dressing, nursing to reinforce p.r.n." This is sometimes needed in order for nursing staff to know who is changing the dressing
      2. If we are having the nurses change the dressings, the change dressing order should read “nursing to change dressing {however often} with {how you want it changed}".
         a. e.g. "Nursing to change dressing every other day with betadine paint to the wound, followed by dry 4x4 gauze, wrapped with kling, and held in place with a piece of medipore tape. Please apply gauze to the anterior ankle and extra padding to all bony prominences to reduce the risk of pressure injuries”
      3. If we want Wound Care nurses to be changing the dressings, a consult to WOCN needs to be placed with the specifics of the dressing changes.
   ii. Weight-bearing status
   iii. Offload heels (unless very low risk)
      1. e.g. of low-risk patient: very young patients (younger than 40) with no comorbidities and almost no risk for decubitus ulcers.

b. Add as needed:
   i. Imaging (XR, MRI, CT)
   ii. Vascular studies (Dopplers)
   iii. Cultures (aerobic/anaerobic)
   iv. Vascular Surgery consult (if Doppler shows critical disease)
   v. Pre-op labs if surgery is likely

c. If after the initial consult, you are planning to take a patient to the operating room, there are additional orders that need to be selected, but this will be discussed under Preoperative Inpatient Orders.

5. Update the Sign-Out

a. Include: consult date, service, brief summary, any pending studies, and the plan
b. Helps keep the whole team in sync

Completing *New* Emergency Department Consult: 7 steps

- When the ED pages you for a consult, your job is to assess, guide treatment, and determine next steps, if the patient needs to be Discharged vs. Admitted
- The ED will directly page the on-call pager for new ED consults.

- They will also sometimes call to inform you of a new consult that is being admitted by medicine but that needs urgent/emergent evaluation by us.
- If you are the resident that takes the call, make sure to ask the ED provider the name of the patient, which hospital they are at, and which bed the patient is in. You would be surprised how often they do not just offer that information.

1. **Take the Call**
    a. Get patient's **name, location, and bed number**
    b. Open the chart while on the phone (recommend that patient's chart is reviewed prior to calling the ED)
    c. Ask for key info: presentation, imaging, labs, interventions done (e.g., tetanus, antibiotics)
2. **Request Workup if Needed**
    a. Ask for any missing or needed workup before seeing the patient
        - *e.g: "Please start IV antibiotics and give tetanus; have lidocaine at bedside."*
    b. *e.g.* ED calls about an open right hallux fracture but gives limited info.
    Ask: Patient name/location; Time of injury; Tetanus given?; Antibiotics started?; Neurovascular status?; Wound cleaned or closed?
        - Based on responses, request **antibiotics**, **tetanus**, and **lidocaine at bedside** before evaluating the patient.
3. **See the Patient**
    a. Confirm podiatry history
        - If they have a podiatrist → inform that attending
        - If not → inform the on-call attending

    b. Perform a focused exam and document findings

4. **Notify the Attending**
    a. Brief overview: HPI, physical findings, labs/imaging, and proposed plan
5. **Document the Consult Note**
    a. Use the same **Preop/Consult note** format as under "Completing Inpatient Consults"
    b. There may be **no consult order** placed by ED—check and associate if it's there
6. **Place Orders**
    a. You can place imaging, cultures, or workup orders
        i. *e.g.* Patient has a calcaneal fracture on x-ray. You want to order a CT scan to classify it. You can put the order in yourself, or you can request it from the ED provider.
        ii.
    b. **For discharges**:
        i. Communicate **weight-bearing status, dressing care, antibiotics, and follow-up** directly to the ED provider
        ii. Reinforce instructions directly with the patient
        iii. Put your recommendations in the chart under discharge tab- "patient instructions", but note they may not reach the patient
7. **Update Sign-Out**
    a. If the patient is admitted → add to **inpatient census** and **sign-out**
    b. If discharged → no sign-out needed

Daily Rounding

- Once an initial consult has been performed and the patient is being followed by our service, they need to be seen on a regular basis while in-house. Some patients are seen daily, while others are seen less frequently, but the process for daily rounding is the same.
    - Postoperative patients are typically seen on a daily basis, then seen less frequently as appropriate

- All primary patients must be seen **daily**.
    - When we are primary, in addition to the 5 tasks listed below, it is important that you be in contact with the hospitalist and the social worker on a regular basis to help coordinate care and move the patient towards discharge

1. **See the Patient**
    a. Do a focused exam + podiatric assessment
        i. Do not get complacent. Be diligent in your history and physical on a daily basis as patients can quickly and easily decompensate while in the hospital. The plan can always be changed, and further workup can always be done.
    b. Always **check heels** for pressure injuries
    c. Take **wound photos** (with permission)
        i. It is worth a thousand words, and attendings like to see any changes, not just hear about them.
        ii. If you have the ability, you should upload pictures to the patient's chart occasionally (you can ask a senior how to do this). This is helpful for other teams (such as Infectious Disease) so they don't have to take down the dressings, and it helps your co-residents see how a patient's wound has progressed when they are seeing a patient for the first time during their course
2. **Update the Attending**
    a. Give a brief, structured update:
        i. Update the attending with a pertinent positives and negatives, updated labs or exam findings (focus on changes), and how we are working toward the treatment plan
        - *e.g.*: Hi Dr. So-and-so, update for Pt BB in HH 400: 87 yo female with right hallux ulcer that came in yesterday. Wound is as pictured (pic attached). Little change in erythema or warmth. On IV vanco/cefepime. WBC trending down from 12 to 9. MRI ordered shows OM of distal phalanx. Plan for toe amp pending vasc workup, art dopp pending.
3. **Write the Progress Note**
    a. Progress notes are completed under the **Progress Note** tab and follow a problem based charting format
    b. Update S/O and A/P daily (copy forward with edits as needed)
        i. Please refer to *Podiatry Assessment and Plan Format* (on formatting A/P)
4. **Place Orders**
    a. Add or modify any necessary orders based on your assessment
5. **Update the Sign-Out**
    a. Update the sign-out daily with medications, labs, culture results, imaging, procedures, and current plan
    b. Keeps the whole team in sync and on track for discharge- **The sign-out is critical to keeping every resident team member up to date on the care of the inpatients. This should be updated in a timely manner, again, so that co-residents are kept in the loop and to help with making the plan for the following day.**

- Podiatry Assessment and Plan Format
    - The A&P (regardless of note type- H&P, consult, progress, etc.) should follow a similar format no matter which resident wrote it. The order and language composition will obviously differ from person to person but should cover the same elements.
    - Assessment One Liner: Patient age, sex, CC with laterality, and cause of CC complaint. This should be updated to include critical events/interventions, like surgeries with dates.
        - Pertinent labs or findings that support the assessment on admission/consultation
        - Imaging, cultures, other studies and their findings
    - Plan One Liner: Highlight the major points to complete treatment (pending surgery, pending cxs, etc) that are leading toward discharge.

        - Pertinent labs or findings that support the assessment
        - Dressings: What, when, who
        - WB Status
        - Offload heels
        - Additional nursing interventions (elevate/ice/supplies)
        - Imaging, cultures, other studies and their findings
        - Other teams consulted and their plans
- Example:
    - Assessment and Plan:
        - A 68-year-old male presented to the ED with worsening cellulitis secondary to a left hallux wound. Podiatry was consulted due to concern for underlying osteomyelitis. The patient follows with Dr. Yarmel and reports failure of outpatient oral antibiotics (doxycycline 100 mg BID for 2 weeks). On presentation, he was afebrile and hemodynamically stable. Labs were notable for leukocytosis with a left shift (WBC 11.2) and elevated inflammatory markers (CRP 10.7, ESR 70).
            - Xray: Concern for OM to the distal phalanx
            - MRI: OM first distal phalanx, distal portion of first proximal phalanx
            - Arterial Studies: 75-99% stenosis of the Anterior tibial artery
            - Wound Culture: (p) rare gram-positive cocci
        - Plan:
            - Patient with worsening left hallux ulceration overlying the IPJ with purulence and exposed bone.
            - To better assess the extent of underlying osteomyelitis, an MRI was ordered. MRI results were reviewed with the patient, revealing OM of the distal phalanx and distal portion of the proximal phalanx. This correlates clinically.
            - Discussed risks/benefits/complications associated with conservative versus surgical treatments for osteomyelitis. Patient amenable to surgical intervention.
            - Patient scheduled for left hallux amputation tomorrow 2/16 at 7:30 am.
            - Medical management per primary team; request documented risk stratification. Please hold anti coagulation as medically appropriate in preparation for the OR.
            - Patient to be NPO at midnight in preparation for procedure tomorrow.
            - Arterial studies were obtained due to non-palpable pulses and revealed significant stenosis. Vascular Surgery is following and plans to perform an angiogram during this admission; however, per their most recent note, it is appropriate for Podiatry to proceed with a digit amputation.
            - Continue IV antibiotics per primary team (or Infectious Disease if on board) recommendations
            - Patient to be weight-bearing as tolerated to the left heel in a surgical shoe.
            - Please keep heels elevated off the surface of the bed at all times to reduce risk of pressure injury.

Inpatient Perioperative Management

Pre-Operative

- The decision to take a patient to the operating room can be made at many different times during an inpatient admission. It may be decided at the time of the initial consult in the ED, or may be decided a few days into an admission after being consulted by another service.
- *** 8 things need to be completed prior to any inpatient going to the OR***:

1. **Schedule the Case**
    a. Discuss date/time with attending
    b. Place **"Case Request Operating Room"** order

c. Once the order is signed, call the OR to confirm: have patient name, room number, attending, and procedure ready
    i. If the patient's surgery is planned for two or more days out, the case can often be scheduled in advance. Call the OR scheduler directly—if unavailable, leave a voicemail and note in the sign-out to have the scheduler contacted before 10 a.m the following day.

2. **Consent**
    a. Prepare consent form with patient sticker
        i. Please discuss with the attending regarding what the patient should be consented for. Typically the patient should be consented for one level proximal than planned in regard to amputation (if planned for partial digit amp, then consent for full digit amp). The attending may also want to include an adjunctive procedure such as a TAL.
    b. Review risks, benefits, alternatives with patient
    c. Consent must be witnessed (RN or another physician)
        i. As residents, we do not sign the consent forms as the physician. We can, however, prepare a consent form for the attending.
    d. **Must be completed ≥24 hrs before anesthesia**—plan ahead
        i. You cannot consent a patient within 24 hours of having anesthesia, this is a huge legal liability. Try to think ahead and be aware of this, our patients will frequently have vascular intervention prior to our procedures.
3. **Risk Stratification**
    a. Prior to going to the OR, all patients need to undergo a preop risk stratification by hospitalist (and cardiology if needed). This provides a written documentation of the patient's risk of negative anesthesia/surgery related events for the requested surgery.
    b. If we're primary: include this in the **initial consult**
        i. the consult to Hospitalist should include preop risk stratification if there is a chance that patient will go to the OR. If we are expecting a patient will go to surgery at the time of admission, please include the request for preop risk stratification in your initial consult request, it saves time and work for the hospitalist and helps to keep the relationship between our teams positive
    c. If consulted: request documented risk stratification from primary team
        i. You need to request a preop risk stratification from the primary team/hospitalist/cardiologist both in writing (documented in your note) and verbally-as an Epic chat.
4. **CXR + EKG**
    a. Required for:
        i. All patients ≥50 years old
        ii. <50 with cardiac/pulmonary history
        iii. Healthy trauma patients <50 usually don't need them
5. **Pregnancy Test**
    a. Order **Serum HCG** for all females age 12–5
6. **NPO**
    a. NPO 8 hrs before surgery
    b. Modify to **"NPO with sips of clear fluids for meds"**
    c. For next-day add-ons (cases that are at 4pm or after):
        - Set NPO start time to 0800 so patient can eat breakfast *Document this and inform nursing verbally or via Epic Chat*
    d. Exceptions are true emergencies (like gas gangrene or compartment syndrome) where delaying care in order to be NPO for 8 hrs would cause harm to the patient.
7. **Anticoagulation/DVT prophlyaxis Management**
    a. **ASA/Plavix (DAPT)**: Don't hold unless directed
    b. **Heparin drip**: Stop 4–6 hrs pre-op; resume 6 hrs post-op

c. **Lovenox/Heparin SQ**: Hold morning of surgery; restart post-op
d. **Eliquis/Xarelto**: Stop 48 hrs before; resume 24 hrs after
e. **Warfarin**: Stop 5 days prior; may need heparin bridge

8. Pre-Op Note

a. On the day of surgery for an inpatient, you need to include the standard Podiatric Preoperative Note in the A&P portion of your daily progress note. **This is equivalent to an Interval H&P that you perform for outpatient surgeries and thus must be done prior to proceeding to the OR**.

b. Use shared **"Podiatry Pre-Operative Note" dot phrase** (request from fellow resident)

i. It appears as such:

Podiatry Pre-Operative Note

1. Patient to OR today for *** {Blank single:19197::"at ***","after 5pm"}.
2. H&P reviewed with no changes.
3. CXR and EKG reviewed.
4. Labs reviewed.
5. NPO since {Blank single:19197::"midnight"}.
6. Pre Op Risk Stratification: ***
7. Risks, benefits, and alternatives discussed, and all questions answered. No guarantees made or implied. Patient agrees to proceed with procedure. Consent prepared for attending.

c. Include in the A/P of progress note on day of surgery

i. Covers H&P review, imaging, NPO status, consent, and risk stratification

- Once all of the above is complete, the patient is prepared for the OR.

Post-Operative

- Once surgery is complete, follow the patient to PACU and open the **Postop Manager**.
  - Make sure you're working under **"Postop to Floor"** (not "Postop to Discharge").
- Complete these 4 Tasks:

1. **Brief Operative Note**
   a. Complete while the patient is still in PACU
   b. Use the F2 through the template
   c. In **Procedure Details**, document key intra-op findings (e.g., abscess, lytic bone, cultures taken)
   d. Take note: The orders for cultures and pathology are listed in the brief op note for your reference and review

2. Postop Orders

a. Open **Postop Orders** tab and **review current orders**

b. Update as needed:

i. **Modify:**

1. **Diet** – Remove NPO, restart diet
2. **Weight-bearing status** – Update if changed
3. **Dressing** – Adjust orders (e.g., packing changes)
4. **PT/OT** – Order if not already placed

ii. **ii) Add:**

1. **Postop imaging** – Order X-ray for all bone work
   - Some attendings (e.g., Young, Ritter, Jensen etc.) require post-op X-rays for every case
   - *If unsure, ask your attending*

3. **Operative Report**

a. Complete within **24 hours** (preferably same day)
b. Use the standard **SAPPPAHEMIC** template
    i. Request a smart dot phrase from senior resident
c. Examples are available on the Google Drive

4. **Update the Sign-Out**
    a. Procedure performed
    b. Dressing details
    c. Cultures/pathology sent
    d. New plan (e.g., follow-up cultures, VAC placement)
        i. *e.g.*: If intraoperative cultures are taken, plan should now say to follow up on cultures and should also mention if they are pre vs post lavage or proximal margins. It is also important to specify if a surgical cure was obtained or if we are awaiting path/culture on an infection case. If the attending wants a wound VAC placed the next day, the plan should now reflect that.
    e. Remove pre-op checklist items

Outpatient Perioperative Management

Hospital Outpatient Surgeries

- Many of our attendings perform outpatient surgeries at one of the three hospital operating rooms. There are some important differences between the perioperative processes for an outpatient compared to an inpatient.
- Pre-Operative (Hospital Outpatient Cases) require one task to be completed:
    1. Interval H&P – Required
        a. Go to **Preop/Consult tab → "Interval Update/Write H&P"**
            i. Find the H&P scanned from the office (Onbase H&P)
            ii. Click "Add Interval" → Press **F2**
            iii. Choose: "H&P reviewed. The patient was examined and there were no changes." or "H&P updated. The patient was examined and ***. "
                1. In the vast majority of cases, you will select the 1st option.
            iv. Add attending as cosigner → Sign
        b. Go to **Preop/Consult tab → "Interval Update/Write H&P"**
            i. If no H&P scanned from the office
            ii. Go to Notes tab
            iii. Click: create note**→ H&P note**
                1. Request smart dot phase from senior resident, complete accordingly
    2. **Optional but Helpful**
        a. Introduce yourself to the patient
        b. Confirm procedure and laterality
        c. Do a quick focused exam (e.g., ROM, structure)
            i. e.g. You should be checking range of motion, hypermobility, etc for all bunion patients to understand why particular bunion surgeries are being performed.
- Post-Op (Hospital Outpatient)
    - Use **"Postop to Discharge"** in Postop Manager if they will be getting discharged home following surgery

1. Brief Op Note – Same format as inpatient

2. **Postop Orders**
    a. Use **"Postop to Discharge"** in Postop Manager if they will be getting discharged home following surgery
        i. Just like with inpatient surgeries, you need to review current orders. Most peri-op orders done by anesthesia will already be set to discontinue or will not need reconciliation.
        ii. Add discharge-specific orders:
            1. Discharge order

a. Since the patient will be leaving, they need to be discharged.

2. **WB status**
3. **DME** (e.g., surgical shoe, crutches)
4. **Dressing care/Follow-up provider**
    a. Under the Post Up manager (similar to what you will see in the Discharge manager), there is a section for Follow Up Providers and Patient Instructions.
    b. Patient Instructions: Should have dressing instructions (Keep clean, dry, intact. Do not remove. Do not soak, etc), weight bearing status, and other special instructions as indicated like their follow up apt (there is a dot phrase for this that can be shared).
    c. Follow up providers: Add the attending surgeon to the follow up providers. It will pull their contact info so that they know to follow up at their scheduled post-op visit.
    d. Note: Most offices have a Post Op Instructions sheet (Keystone's is a neon color). Some attendings give it to the patient at the preop visit, some bring it to the OR. Make sure to review it and give it to the PACU nurse with any rx so that they can be given to and reviewed with the patient by the PACU nurse prior to DC.
5. **Pain meds** – Based on attending preference
    a. Most attendings give pain medication scripts at their preop visits, some need a blank script to fill out (or to be shown how to put a script in the New Orders section of the discharge under their Epic login), and some want you to order them (in very rare cases, as Dr. Mark's does not want us using our DEA number to prescribe narcotics for attending's outpatient surgeries).
6. **Postop X-rays** – *Most do NOT want PACU films; ask the attending*
    a. In the majority of outpatient cases, the attendings do NOT want post op x-rays in the PACU because they will order them at the office and they do not want them to be charged twice. Double check with the attendings until you learn their preferences. Remember again that some attendings need xrays for their boards, so when in doubt, just ask.

b. Use "**Post Op to Floor"** in Postop Manager- If the patient is being admitted to the hospital under the hospitalist from the PACU. You or the attending will need to call the 717-988-2337 (BEDS) phone number to speak with an admitting hospitalist to explain the situation and why they need to be admitted (including all of their past medical history. When it comes time to do the postop orders, you will reconcile the current orders and the patient's home medications as you typically would if they would being discharged, but when you come to the new order section, you can put in your normal post operative orders. If the hospitalist is admitting the patient, **you do not put in admit orders.**
c. Use "**Post Op to Floor"** in Postop Manager- If the patient is being admitted to the hospital on our service from the PACU. When it comes time to do the postop orders, you will reconcile the current orders and the patient's home medications as you typically would if they would being discharged, but when you come to the new order section, you can select the **Podiatry Admission Order Set** to perform your admission orders as you wound in a normal admission scenario.
d. If the patient is planned just to spend the night after surgery (for pain control and PT/OT eval), then they should be admitted as OPER (outpatient extended recovery) stay. If they are being admitted for longer, then they should be admitted as inpatient.
    i. OPER does not require an H&P (but a plan of care note may be appropriate if there is something that should be communicated), but inpatient admissions do.
    ii. You will need to select **Podiatry Admission Order Set**

** It is good practice to communicate what you need from the PACU nurse verbally. Let them know if you need crutches surgical shoe, XR if needed, and what the patient's WB status is **

3. **Operative Note**
    a. This is the same for inpatient and outpatient surgeries.

West Shore Surgery Center

- Neither of the surgery centers use EPIC; therefore, their periop management is very different than surgeries done at the hospitals. Both WSSC and SVSC use paper charting.
- **Pre-Op:**
    - No forms or paperwork to complete by residents at WSSC
    - Offer to get patient a **contact card** with phone number for the attending to call post-op
        - **You can offer this, but these days most attendings just take a card with a sticker and go on their way**
    - Some attendings want you to introduce yourself (e.g., Yarmel), others do not (e.g., Luzzi)—ask fellow resident or the attending if unsure
- **Post-Op – Complete 4 Tasks:**
    1. **Brief Op Note**
        a. Fill out skeleton note in the paper chart (SAPPPAHEMIC format) [ask the nurse in the PACU for the paper, if you can't find it in the patient's folder]; you will need to write it out
        b. Sign and date
    2. **PACU Orders**
        a. Fill out pre-printed PACU orders at bottom of chart page
        b. Circle correct laterality, and if patient needs surgical shoe/crutches
        c. Use Rx pad from PACU if needed
            i. Rx: The different offices have an Rx pad in the PACU area if they should ever need to write script for the patient. Just ask a PACU nurse and they will get one for you.
            ii. 99.9% of the time the patient was given instructions and scripts when they were last seen in the office.
    3. **Medication Reconciliation**
        a. There is another form in the chart for medicine reconciliation. There will be a chart at the top of the form that lists the patients' medications. Review the list, and if all medications can be restarted (which they almost always can be), then sign the line at the bottom of the form that says Physician Signature.
    4. **Operative Report**
        a. Dictated via **CH Mobile app** (Apple only)
        b. Use iPads on-site if needed (ask a nurse, it's usually in the Business office)
        c. Username: `podiatry.resident` | Password: `resident`
        d. Once you log in, select the "Patient Search" option on the home screen of the app. Enter the patient's MRN (can be found on the patient stickers from sx center). Select your patient's name. You will then see a screen with a large "RECORD" button. Select this and dictate your note, when you are finished you can hit "PAUSE." You have the option to listen to your recording. Once you are satisfied with it, select the gray "End & Send" button. You will then be able to see your recording in the "sending" row of the "Status" window. Check back after a few minutes to confirm that your recording was successfully sent.
        e. Your op note should follow the same format as the EPIC op note format.

Susquehanna Valley Surgery Center

- **Pre-Op:** No pre-op responsibilities

- **Post-Op – Complete 4 Tasks:**

1. **Procedure Log/Document**
    a. There is a page on the left side of the chart with the patient's sticker for that day of service, on the right side of that page, you need to write the procedure that was performed (including which foot). Then sign/date/time.
2. **Brief Op Note**
    a. There is a lined form in the chart that is a very brief version of a brief op note. It asks for pre and post op diagnosis, procedure, and procedure findings (equivalent to the Procedure Details portion of an EPIC Brief Op note). You need to complete this form, and check the box that says "Complete Op Report to Follow". Sign/date/time.
3. **Medication Reconciliation**
    a. There is another form in the chart for medicine reconciliation. There will be a chart at the top of the form that lists the patients' medications. Review the list, and check the box that says, "Restart Above Medications." Sign/date/time.
4. **Operative Report**
    a. Dictated via phone
    b. Call: **1-866-837-8588** → Work Type: 2
        i. User ID: (find on sign-out list; varies by attending)
            1. e.g.: Clarke 4100
        ii. When you are finished dictating, you just hang up.

Discharges

- Inpatient discharges are only performed when we are the primary team for a patient. All discharge activities are found under the "Discharge" manager tab. Once the patient is ready for discharge, *there are four tasks the need to be done for the discharge to be complete*.

1. Discharge Orders
    a. Before discharge, review **all active orders** to determine what should be **resumed, prescribed, or discontinued**.
    b. **Medication Reconciliation**
        i. Remove any temporary inpatient meds (e.g., IV antibiotics, insulin sliding scale)
        ii. Ensure **discharge antibiotics** are correct and duration is clear
        iii. **Restart home meds**, prescribe any **new medications/antibiotics**, and **discontinue inpatient-only orders** (e.g., PRNs for nausea or constipation).
        iv. IV Antibiotics
            1. **Do not send to pharmacy**—ID and social work handle this
            2. **If the patient is being discharged home with IV antibiotics**, we are not actually prescribing the medications to be sent to the pharmacy. All management of IV antibiotics is arranged between Infectious Disease and the social worker. However, for completion, these medications need to be available on the patient's Epic medication list so that other providers know the patient is currently on antibiotics. Therefore,In Epic, select **"Prescribe" → "No Print"** so the med appears on the discharge list for continuity but isn't printed or sent
            3. if patient is going to rehab, then IV antibiotic orders need to be placed by us
        v. Check Other Teams' Notes
            1. Internal Medicine or other consults may have adjusted meds—**review their progress notes** and update discharge meds accordingly
            2. If Endo made changes, they often **pre-load them into Discharge Manager**
                a. You may get a prompt that orders are saved—**accept and proceed**

b. Do **not override** their finalized insulin or diabetes plans

c. Discharge Order: In order to leave the hospital, the patient needs an actual discharge order.
    i. Make sure to select where the patient is going (home, facility, hospice), that they are leaving today, and approx. what time of day. Often, our patients will be discharged in the evening following their last dose of antibiotics for the day. You should write this in the comment section of the discharge order so that the nurses know that the patient should not leave until after that last dose.
    ii. Additional Discharge Orders: You need to include any additional information that the patient would need to know upon discharge. This is essentially the same information that would be found in your patient instructions including dressing changes, weight-bearing status, follow-up, etc. You can either put these in as individual orders for that information, or you can choose the order "Additional Discharge Instructions" and put all that information in the free text box of that order.

d. Review and Sign: Do not forget to double check all your orders and hit Sign.

2. Plain language
    a. Include **discharge plain language**—a brief, easy-to-understand summary of the reason for admission, what was done during the stay, and any new or continued medications.
3. Patient Instructions and Follow Up Providers **(required for all primary/consult patients)**
    a. In the **Discharge Manager**, fill out:
        i. **Follow-Up Providers:**
            1. Add the attending—this pulls in their contact info.
            2. Most patients are seen within one week of discharge.
            3. Enter this info **as soon as the plan is clear** to help streamline discharge and minimize last-minute pages or chats.
        ii. **Patient Instructions:**
            1. Include dressing care, weight-bearing status, and any special instructions.
            2. A shared dot phrase is available to streamline this.
4. Discharge Summary
    a. Use the **Discharge Manager**
        i. Start early; can always revise later
    b. A discharge summary follows a similar format to the H&P and Progress Note in that it follows the same S/O and A&P sections that get generated together. But there are key differences.
        i. In the S/O portion of the DC Summary, there are two sections: HPI and Hospital Course. The HPI is the reason that they are in the hospital and should match the H&P. The hospital course is a short summary of the admission. It should cover important events (like surgeries, critical events like MIS, etc), testing (imaging or labs that helped you come to critical decisions or supported major decisions/diagnoses, like MRIs identifying OM for surgery or sepsis criteria markers), who was consulted and why (like ID for IV abx planning), and anything that needs to be followed up on in the outpatient setting (like PCP follow up for meds adjustments, post op visit, etc).
        ii. Complete the HPI by copying the HPI from the H&P and pasting it in that section.
        iii. Complete the Hospital Course in one of two ways:
            1. Write it directly into the note
            2. Auto populate from the SVC Hospital Course (RECOMMENDED): This is its own tab under the discharge manager. It can be edited by anyone on the team at any point during an admission. If someone has started to write a summary in this section, it will automatically pull it into the DC summary where you can modify it. Efforts should be made by all members of the team to work on this throughout a patient's admission to make it easier on the resident who is discharging.

c. In the A&P section, unlike in our H&P and Progress Notes, all the patient's inpatient problems need to be addressed. You can do this in one of a couple of ways.
    i. You can talk to the hospitalist to find if there is anything important that needs to be followed up on in the outpatient setting and write those instructions under the appropriate diagnosis.
    ii. You can reference the last hospitalist note, copy their plan for each diagnosis, and paste it under the appropriate diagnosis making sure to document "Per hospitalist note: ...". **(*This is the most common method)**
    iii. Or you can review the issues and put pertinent discharge information such as "continue home medication" or "change in medication as such..." etc.
d. Make note that as you F2 through the Discharge Summary, there are small other questions/sections to answer that are self-explanatory.
    i. At the bottom of the DC summary, there is a section with questions that influence billing. Such as how much time was spent preparing discharge information and if the patient has a planned readmission within 30 days. Please pay attention to these questions. The readmission question is almost always a "no," and an incorrect answer creates a headache for the attending with the billing office.

Consulted Patients Discharges

- When podiatry is **consulted**, we are **not responsible** for the discharge summary or discharge orders. However, we **do provide discharge instructions and follow-up**.
- Update this info in the **Discharge Manager** as the patient nears discharge
- Instructions and follow-up fields are the **same for primary and consult patients**, and can be filled out **anytime during admission**
    - If there are special discharge dressings, especially a wound VAC, this information should also be communicated to the social worker as they may need to authorize outpatient services.
        - If we are signing off on a patient, this information needs to be filled out in the Discharge manager at that time.
    - Please make an effort to put this information in the chart as soon as we have an idea what the final recs will be, because it makes for smoother discharge process and reduces the number of extra pages/secure chats that the residents get.
- Request for smart dot phrase from senior residents

Reviewed and Revised R.K.Gill 4/06/25