



Podiatric Medicine and Surgery
Residency with Reconstructive
Rearfoot/Ankle Surgery
(PMSR/RRA)

RESIDENCY MANUAL

2025 - 2026

Approved by
Jason R. Miller, DPM, FACFAS, FAPWCA
Program Director

TABLE OF CONTENTS		
Resident Acknowledgement		3
Mission Statement		4
CPME Information		5
Resident Support Benefits & Conditions of Employment		6
Overview of Resident Responsibilities		8
Resident Evaluations		10
Due Process & Resident Disciplinary Procedures		11
Moonlighting		13
Transition of Care (Teaming)		14
Resident Wellness Program		16
Day to Day Workflow		18
Case Coverage & Hospital Coverage		20
Student Visits		22
Didactic Activities		23
Faculty Lists		26
On & Off Service/Rotation Competencies		30
Block Schedule		63
Policies (Program Specific/Global/HR/Academic Affairs/GME) <ul style="list-style-type: none"> - Inclement Weather - Travel & Business Expense - Behavior & Performance Expectations - Licensure, Registration, Certification & Board Exam - Continuing Education Fund - Resident/Fellow File, Training Record Retention & Verification - Resident/Fellow Grievances - Promotion and/or Renewal of Resident/Fellow Appointment - Professionalism & Code of Conduct - Non-Competition Restrictions - Moonlighting - Adverse Action & Due Process Policy 	Appendix A	64
Evaluation Forms	Appendix B	

+ RESIDENT MANUAL ACKNOWLEDGEMENT

I have received the 2025 - 2026 Manual for Phoenixville Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA). I understand it is my responsibility to read and comply with the information contained in the Resident Manual.

Print Name _____

Signature _____

Date _____

PODIATRY RESIDENCY PROGRAM



At Tower Health/Phoenixville Hospital PMSR/RRA, our Residency Program is committed to training the next generation of foot and ankle specialists. We provide rigorous clinical, surgical, didactic, and research experiences, utilizing a multidisciplinary approach to develop confident, ethical, and highly skilled podiatric physicians.

Our mission is to improve lives through excellence in the science and art of healthcare and healing. We strive to advance the profession of Podiatric Medicine within the broader medical community and elevate the standard of foot and ankle care for all. By promoting excellence in every aspect of foot and ankle care—whether at the bedside, in the clinic, or in the operating room—we integrate the latest techniques and technologies to ensure our residents exceed competencies and are prepared for successful careers in practice and academia.



This Program is established in accordance with CMPE 320 and 330 guidelines that can be found at:

<https://www.cpme.org/residencies/content.cfm?ItemNumber=2444>

Section 6.0 The Council and RRC view the following experiences to be essential to the conduct of a residency (although experiences need not be limited to the following):

- Clinical experience, providing an appropriate opportunity to expand the resident's competencies in the care of disease, disorders, and injuries of the foot, ankle and their governing and related structures by medical, biomechanical, and surgical means.
- Clinical experience, providing participation in complete preoperative and postoperative patient care in order to enhance the resident's competencies in the perioperative care of diseases, disorders, and injuries of the foot, ankle and their governing and related structures.
- Clinical experience, providing an opportunity to expand the resident's competencies in the breadth of podiatric and non-podiatric medical and surgical evaluations and management.
- Didactic experience, providing an opportunity to expand the resident's knowledge in the breadth of podiatric and non-podiatric medical and surgical evaluations and management.

Resident Support, Benefits, and Conditions of Employment

Tower Health Phoenixville Hospital (THPH) provides all residents with a written contract in compliance with CPME requirements. The contract includes the following resident benefits:

Salary: An annual salary, which may be adjusted each year to reflect changes in cost of living.

Vacations and Holidays: Twenty (20) days' vacation (Earned Time Off ETO) for PGY 1, PGY 2 and PGY 3 residents. Residents should contact their assigned senior resident, who will contact the Program Director to determine vacation eligibility, as well as to receive approval for proposed vacation schedule. Vacation days/annual leave days are not carried forward in the event of reappointment. Unused days/annual are not paid out and are lost at the end of the academic year. In addition, Holidays will be off, pending call. Eligible for up to six (6) paid holidays.

With the approval of the Program Director and Vice President/Human Resources, residents may choose to substitute a religious holiday of choice in lieu of one of the traditional six holidays. Residents should make this request through their Program Director.

Sick Time: Residents receive five (5) days of sick time per academic year.

Leaves of Absence: Professional/ Personal/ Sick/ Other: In lieu of vacation, a resident may wish to consider a leave for a variety of reasons. Such leave requires advance planning and approval by the respective Program Director. This program is not normally available to residents in one-year programs but may be available through extension of the training year.

Residents who have worked at THPH for at least 12 months are eligible for Family Medical Leave Act (FMLA) benefits. Residents would be eligible for up to 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons: the birth and care of a newborn child to the employee; for placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (spouse, child, or parent) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

Additional information can be found in your annual Residents and Fellows Benefits brochure and in your employment contract.

Definition of serious health condition may be found at the website:

<https://www.dol.gov/agencies/whd/fmla/certification-of-a-serious-health-condition>

Resident Support, Benefits, and Conditions of Employment (continued)

Absence beyond six months would routinely result in termination based upon Hospital policies and procedures. Because educational requirements of Residency Review Committees vary in the amount of time a resident may have off in a given year without extending the length of the program, it is essential that a candidate for a leave of absence for any reason speak with his or her respective Program Director in order to understand the impact of such a leave on his or her training. Details for each department are available through that Program Director's office.

Professional Liability Insurance: Professional liability insurance is provided to residents through Tower Health and covers all duties and acts performed within the scope of the training program.

Medical Benefits: Residents participating in Tower Health GME programs and eligible dependents of residents receive health and dental benefits consistent with coverage for other employees and the terms of the applicable plan, which may vary by hospital. Please refer to the Resident/Fellow Benefit Booklet. Residents are responsible for electing, enrolling and re-enrolling in desired health and dental plans. Group health insurance and dental insurance is available to residents upon resident's first date of employment. There is cost sharing of the premium expense for certain coverage or benefits as set forth in the Benefit Booklet.

Dental Insurance: Dental insurance coverage is available for residents and their dependents and may be purchased through payroll deductions at the resident's expense. Detailed information is provided in the Resident/Fellow Benefit Booklet.

Life Insurance: Life insurance is provided at no charge by THPH in the amount of the resident's annual salary and is in effect as of the date of employment.

Long-Term Disability Insurance: Long-term disability insurance is provided to residents at no charge by THPH as of the date of employment.

On-Call Room: On-call quarters are provided for resident use at each Tower Health hospital participating site, including at Hospital. On-call quarters are for scheduled on-call duty and are not to be used as a residence.

Meals: Residents are provided with an annual meal allowance during clinical and educational assignments, including while on call.

Lab Coats: Each first-year resident is provided 3 lab coats. These lab coats must be worn when providing services in the Hospital.

Laundry: Laundry service is free for lab coats and hospital attire.

Funeral Leave: Three days of funeral leave are provided to residents for members of their immediate family, and one day for other relatives.

Resident Support, Benefits, and Conditions of Employment (continued)

Jury Duty: THPH will pay the difference in salary between the resident's regular pay and that received for serving as a juror if THPH is unable to have the resident excused from this duty.

CME Allowance: In accordance with policy set by the Reading Hospital GME office, THPH provides an annual continuing medical education allowance of \$1,000 PGY 1 residents and \$2,000 for PGY 2 &3 residents. This allowance may be used toward pre-approved purchases of textbooks, approved conference fee and transportation, meals while attending course or conference, and other miscellaneous expenses related to resident duties or education. All expenditures are to be approved by the program director beforehand as to avoid any potential misuse of funds. **See attached Appendix A for policy and items covered.**

OVERVIEW OF RESIDENT RESPONSIBILITIES

The goal of the residency program is to provide the resident with an extensive experience in medical education in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve this goal, the resident agrees to do the following:

1. Accept the responsibilities, hours of duty, and on-call schedules consistent with CPME's conditions for his or her respective residency program.
2. Accept all reasonable assignments and perform all duties at a satisfactory level of competence as determined by his or her respective Program Director, the CAO, and the President of THPH.
3. Act in compliance with all applicable policies, procedures, rules, and regulations of THPH and its Resident Manual. **Refer to Appendix A for the GME Policy on Professionalism and Code of Conduct.**
4. Complete all medical records on a daily basis unless there is an acceptable reason for not doing so. Resident's record-keeping performance will be considered when contracts are renewed. Recurrent failure to meet regular record-keeping requirements may result in non-renewal of contract.
5. Maintain a valid graduate license to practice medicine in the Commonwealth of Pennsylvania while performing duties and responsibilities under his or her contract with THPH.
6. Understand and adhere to CPME Standards and Requirements.
7. Return all THPH property, such as books, equipment, and completed records, and settle his or her professional and financial obligations prior to termination and departure from the residency program.
8. Develop a personal program of self-study and professional growth, with guidance from THPH's teaching staff.
9. Provide safe, effective, and compassionate patient care under supervision commensurate with his or her level of advancement and responsibility.
10. Participate fully in the educational activities of his or her respective residency program and assume responsibility for teaching and supervising other residents and students.
11. Participate in institutional committees and councils, especially those that relate to patient care review activities and quality improvement activities.

NOTE: Additional information included in Section 3 of your Appointment Contract.

RESIDENT EVALUATION

CPME Core Competencies

The Council on Podiatric Medical Education (CPME) establishes standards and requirements for podiatric medical education, including residency training programs. Podiatric residency programs must demonstrate that residents achieve competencies across a variety of clinical areas, especially during their clinical rotations.

As of CPME 320 (Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies), the competency-based training is structured to ensure residents develop the knowledge, skills, and attitudes necessary to provide quality podiatric care.

Core CPME Rotation Competencies for Podiatry Residents

These competencies are generally grouped into six domains, adapted from the ACGME core competencies, and are applied during each rotation (e.g., surgery, internal medicine, radiology, orthopedics, emergency medicine):

1. Patient Care

- Gather accurate patient histories and perform physical exams
- Interpret diagnostic tests
- Perform podiatric procedures and surgeries with supervision
- Provide post-operative care and management
- Demonstrate ability to triage and manage patients appropriately

2. Medical Knowledge

- Understand pathophysiology, diagnostics, and treatment of conditions related to each rotation
- Apply knowledge to clinical scenarios
- Stay updated with evidence-based medicine and current guidelines

3. Practice-Based Learning and Improvement

- Use self-assessment and feedback to improve performance
- Locate, evaluate, and apply medical literature
- Identify areas for improvement in clinical practice

4. Interpersonal and Communication Skills

- Communicate effectively with patients, families, and healthcare teams
- Maintain clear, accurate, and timely medical records
- Demonstrate cultural sensitivity and empathy

CPME Core Competencies (continued)

5. Professionalism

- Demonstrate ethical behavior, respect, and integrity
- Maintain patient confidentiality and informed consent
- Be punctual, responsible, and accountable

6. Systems-Based Practice

- Understand healthcare systems and how to navigate them
- Advocate for quality patient care
- Coordinate care with other healthcare providers
- Recognize cost-effective strategies

Evaluation and Documentation

- Resident progress is typically evaluated using:
 - Direct observation
 - Case logs
 - Procedural checklists
 - End-of-rotation evaluations
- Competency milestones must be documented in a residency tracking system (e.g., PRR – Podiatric Residency Resource)

Evaluations: Written evaluations are provided by the individual faculty member responsible for the immediate supervision of each resident during a given rotation. This evaluation is recorded in the HR office. **(See Appendix B)**

Bi-annual Review: Each resident will receive a formal evaluation with the Program Director at least two times per year, or in accordance with CMPE 320 guidelines.

Residents experiencing deficiencies will be expeditiously counseled, and a plan to correct such deficiencies will be developed. All residents whose performance is deemed satisfactory will be notified of advancement in the eighth month of the current contract year.

Annual Program Self-Assessment: Per CMPE 320 guidelines the director, faculty, and residents will conduct a review of the program's resources and curriculum. This review will serve to monitor the progress of the residents and policies and practices of the program to ensure that all program objectives are being met.

DUE PROCESS AND RESIDENT DISCIPLINARY PROCEDURES

All residents should conduct their duties in accordance with the Tower Health **Behavior & Performance Expectations (Appendix A)**. Failure to meet those expectations will result in corrective action in accordance with the policies and procedures outlined in that document. This document states that in ascending order of severity, managers may use the following Performance Documents based on their evaluation of the situation:

- Documented Counseling
- 1st Written Warning
- Final Written Warning
- Documented Write Up

Remediation: Residents who are not performing satisfactorily based on the standards and evaluation procedures must be immediately notified, and a written plan describing deficiencies and expectations must be developed. Examples of corrective actions include special assignments, direct supervision, repeating rotation(s), or, in severe cases, academic supervision.

The Program Director in each program has the authority to initiate corrective actions and develop and monitor the plan. The plan of action should be specific and include measurable objectives.

Academic Supervision/Suspension: If remediation efforts have been unsuccessful, the Program Director has the authority to place individuals on academic supervision or suspend them. A letter of academic supervision will be provided to the resident that will include the following:

- The specific reason for academic supervision;
- The duration of the academic supervision (not generally less than 60 days, or more than six months);
- Clearly stated expectations and what will be done to assist the individual in meeting those expectations
- Mechanism of evaluation to determine improvement;
- Consequences if expectations are not met.
- Written feedback must be provided at least monthly to the resident during the academic supervision period.

Dismissal: Dismissal may be considered for residents who have been unsuccessful in correcting the deficiencies that prompted academic supervision. A recommendation for dismissal may be made by the Program Director.

Prior to dismissing a resident except for cause as outlined below, a Program Director must verify that the resident was notified in writing of his or her performance problems, was given the opportunity to remediate his or her deficiencies and was provided feedback on his or her efforts.

Due Process and Resident Disciplinary Procedures (continued)

Automatic dismissal or suspension may be considered for the following causes:

- Incidents or behavior related to theft, dishonesty (direct or by omission) or fraud of any kind, including manipulating any Tower Health policy in order to benefit themselves at the detriment or potential detriment of others or the health system
- Workplace violence, threats, abuse/misuse of Tower Health property, harassment, intimidation, indecent behavior, possession of weapon or bullying
- Accessing or disclosing confidential information (health system, employee, or patient)
- Reporting to work under the influence or with an illegal substance present in system;
- Belligerence or refusal to perform duties as directed by supervisor/manager
- Flagrant disregard of law, Tower Health policy, rules, processes, and regulations;
- Any behavior or performance management merits termination from employment, to include pervasive performance issues with an individual employee
- Failing to comply with licensure and certification requirements
- Sleeping while on duty
- On or off-duty conduct which may damage the reputation of Tower Health including conduct that may result in adverse publicity to Tower Health or conduct that brings an employee's trustworthiness into question;
- Any action resulting in a criminal offense which may make an employee unsuitable for employment as deemed by management
- Violations of Information Security and/or Privacy Policies or Procedures
- Misrepresentation of facts or falsification of employment documents
- Conviction of a felony while enrolled in the residency program
- Failure to comply with or satisfactorily complete terms outlined in the Resident Manual

If termination is recommended, the resident will be informed both verbally and by certified mail return receipt requested. Within 10 days of written notification, the resident may request a hearing with representation, if so desired, by a person of the resident's choice. The hearing will be scheduled as promptly as possible. The Hearing Committee will be comprised of the Program Director, CAO, Department Chair, CMO, and Assistant Vice President/Human Resources as applicable. The decision of the majority will be considered binding and conclusive.

A resident who is terminated will receive his or her stipend up to the day on which notice of termination was sent. Any unused vacation to that date shall be paid. At termination, the resident forfeits all rights to any other benefits from THPH. If the decision to terminate the resident is rescinded or modified following review of written comments or a hearing, the decision shall also state which rights, including compensation, shall be restored.

If the resident incurs incapacitating illness or disability and is unable to perform assigned duties for a period of three months, the CMO may terminate the appointment by notifying the resident in writing, or, at the recommendation of the Program Director, the resident may be placed on a leave of absence.

Please refer to the GME "Resident and Fellow Grievance Policy and the Adverse Acts and Due Process Policy" in Exhibit A for information on Mechanism of Appeal.

MOONLIGHTING

Moonlighting is defined as work outside the residency program duties that requires possession of a license without restriction or an interim limited license. Functions that are performed may replace those of another independent licensed practitioner in non-hospital locations. Moonlighting and other outside work for pay **are not required of any resident**. All moonlighting and other outside work for pay must be approved by the Program Director. The following conditions must be met before moonlighting or other outside work is initiated by the resident:

- The resident must be in his or her second or higher year of training.
- The resident must be performing in a satisfactory manner in the residency program as defined by the Program Director.
- The total of weekly resident duty hours and outside work/moonlighting hours must not exceed 80 hours per week.
- The resident must not have a J-1 Visa status, as such residents are prohibited by the Federal government from any form of moonlighting
- The outside work should be deemed of educational value by the Program Director. In addition, moonlighting requires a license without restriction or an interim limited license in the state of Pennsylvania.

The resident must notify the Program Director of his or her intent to work outside the program and the nature of the responsibilities, as well as verify that total hours worked in curricular and outside work/moonlighting must not exceed 80 hours per week. The Program Director must authorize in writing that he/she is aware that the resident is involved in outside work activity and must provide appropriate documentation in the resident's file. A copy must be forwarded to the Reading Tower Health GME office.

The Program Director will monitor the performance of residents engaged in moonlighting/outside professional activities for the effect of these activities upon resident performance. Adverse effects of these activities upon performance may lead to withdrawal of permission. The resident and Program Director should clarify liability coverage and obtain approval from Hospital Administration for any institution-related activities. Liability coverage for non-Hospital related functions will be the responsibility of the resident and the institution hiring the resident.

Tower Health accepts no responsibility for resident malpractice coverage for outside work not involving the institution or its active staff. A resident found to be in violation of this policy may face disciplinary action up to and including dismissal from the training program.

Please refer to the Moonlighting Policy in Appendix A.

TRANSITION OF CARE POLICY (TEAMING)

Approved by the Podiatry Residency Program Director - Dr. Jason Miller

Approved Date: March 1, 2024

Rationale:

Appropriate handoffs are key elements of JACHO's National Patient Safety Goals. Attention to handoff procedures is vital to safe patient care.

The Phoenixville Hospital Podiatry Residency Program will train residents on appropriate transitions of care through various training methods to ensure patient safety and continuity of care. These training methods include role modeling by attending, direct onsite faculty supervision of hand-off and interpersonal skills required for appropriate transition of care. The Podiatry Residency Program will continuously monitor the resident's knowledge, application, and effectiveness of communication during the transition of care process. The program will formally evaluate the resident to ensure they are achieving competence; evaluation methods include direct observation, feedback by attending, and formal written evaluation by attending.

1. The Phoenixville Hospital Podiatry Residency Program is designed with clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
 - a. All call and shift schedules are created with transitions in patient care in mind.
 - b. At the beginning of the residency, residents will be directly observed face-to-face to verify their competency in transitions of care.
 - c. Residents are then periodically observed directly by the Program Director of supervising physician in transition of care to ensure continue competency.
2. The Phoenixville Hospital PMSR/RRA Residency Program, in partnership with Phoenixville Hospital, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
3. The Phoenixville Hospital PMSR/RRA Residency Program will ensure that residents are competent in communicating with team members in the hand-over process.
4. Phoenixville Hospital and the participating hospital sites utilize an electronic handoff system to ensure an effective, structured hand-over process that is in accordance with HIPAA guidelines.
 - a. At a minimum, patient care lists must include:
 - i. Patient demographics (name, age, room, diagnosis)
 - ii. Physicians of record and contact information
 - iii. Clinical courses over the last 24 hours
 - iv. Problem list
 - v. Resuscitation status
 - vi. Medications, allergies
 - vii. Pending tests (lab, x-ray, cultures)
 - viii. Anticipatory guidelines
5. The end of each hand-off procedure must include a summary of information by the provider and a confirmation of understanding.
6. The Podiatry Residency Program and all clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.

Transition of Care Policy (Teaming) (continued)

7. The Podiatry Residency Program ensures the continuity of patient care, consistent with the program's policies and procedures referenced in **CPME 320 Standards 6.10 (resident is afforded appropriate clinical and educational work hours)**, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

Clinical Responsibilities

1. The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity, and complexity of patient illness/condition, and available support services.
 - a. The provision of optimal care is continuum from the initial encounter with the patient until follow-up appropriate to that patient's surgical disorder(s) is complete.
 - b. During the resident education process, surgical teams should be made up of attending surgeons, residents at various PGY levels, medical students (when appropriate) and other health care providers.
 - c. The work of the caregiver team should be assigned to team members based on each resident level of education, experience, and competence.

Teamwork

1. The Phoenixville Hospital Podiatry Residency Program must provide an environment for patient care that maximizes the opportunity for communication. This must include the ability to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.
2. Care of the surgical patient requires the effective involvement of nurses, therapists, and other personnel, and often requires the involvement of physicians from other disciplines. Residents must demonstrate an unwavering respect for the skills, and contributions of other members of the surgical care team, as well as the commitment to the optimal comprehensive care of the patient.
3. Residents must collaborate with attending surgeons, other residents and other members of interprofessional and multidisciplinary teams to formulate treatment plans for a diverse patient population.
4. Resident must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, residents must learn and utilize established methods for handing off remaining tasks to another member of the team so that patient care is not compromised.

Lines of authority should be defined by programs, and all residents must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety.

Resident Wellness Program

Currently, Tower Health offers the Phoenixville Podiatry Residency Program \$4,000 a year for the Physician Wellness. Monies can be used for activities the resident feel they need or are interested in. Some activities have included spa treatments, Top Golf, Mindfulness events, Christmas Parties/BBQ or trips to sporting events.

All residents can attend medical, mental health, and dental care appointments, including those scheduled during working hours.

Tower Health has partnered with **MARVIN** to promote a teletherapy resource to all its employees. **MARVIN** is an independent, third-party service offering virtual support sessions in a completely confidential setting. There are virtual sessions available 24 hours a day, 7 days a week. **MARVIN** can also help finding a specialized therapist who focuses on your lifestyle, profession, or goals, in order to get the most out of each session.

MARVIN will work with your insurance to confirm coverage and any costs before your first session. If you receive your medical benefits through Tower Health's employee plan, then you will not have to pay any copays during 2024 for these virtual sessions.

Tower Health provides an environment in which the physical and mental well-being of the resident is supported, without the resident fearing retaliation.

Tower Health's Human Resource Department has a dedicated email address for Physician Wellness as WellnessatWork@towerhealth.org and a Wellness Committee.

Day to Day Workflow

General Responsibilities

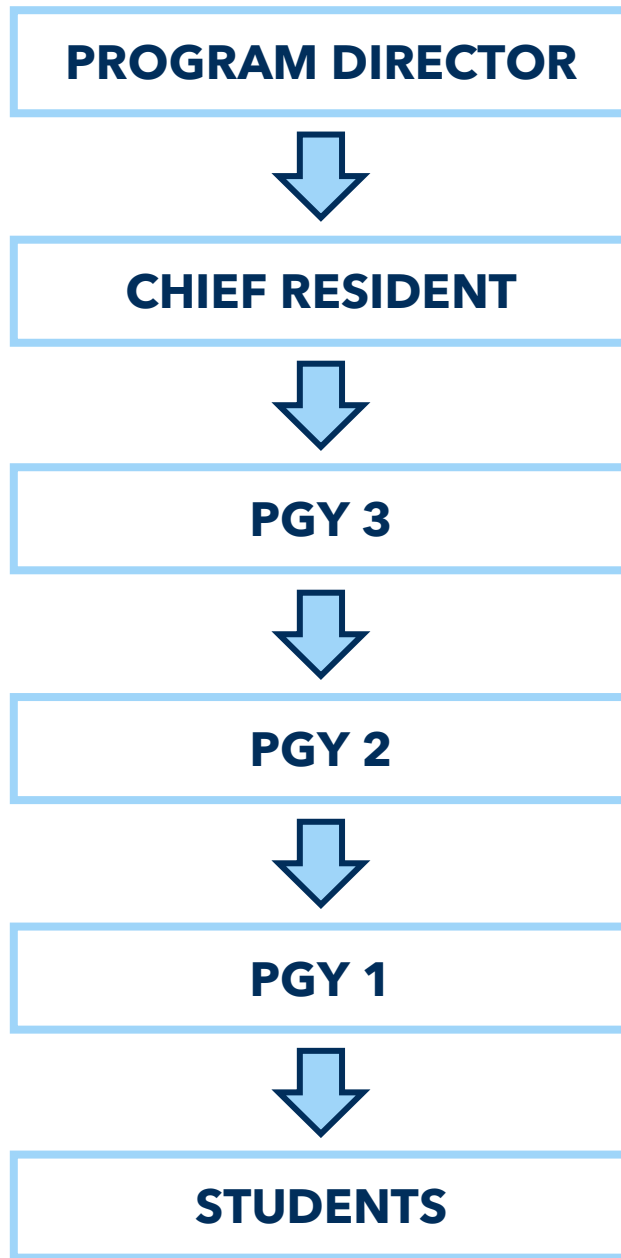
PGY1 – student visits

PGY2 – schedule academics, CASPR applications, coordination of externs, student visits

PGY3 – call schedule, time off requests, surgical case assignments, rotation schedule, in training exams, supervision of all lower year residents

Chief resident(s) – final decisions on changes necessary for the betterment of the program under the guidance of the director.

In general, the chain of command starts with the director and proceeds down the line to the first-year residents. **The chief resident is considered a managerial figure and his or her direction should be considered as coming from the directorship.** 3rd year residents will direct 2nd year residents, 2nd year residents will direct 1st year residents, and 1st year residents will direct rotating students. All questions and concerns should first be directed toward the chief or another upper year resident. The chief will reach out to the appropriate attending, staff member, or directorship as appropriate. Residents should refrain from bringing issues before hospital administration or other faculty without first discussing them with their program director the chief or directorship.



ROTATIONS

- Rotations will start on the 1st Monday of the month.
- Two weeks before the rotation start date, residents should check in with the rotation director to introduce yourself and find out details about the rotation (where, when, articles to read, etc.) If for whatever reason the rotation director indicates that he or she cannot accommodate the rotation, the program director should be notified immediately.

CASE COVERAGE

The resident covering each hospital and office should update the surgery schedule DAILY. You must contact the covering resident and chief if applicable. Keep in mind, if you are the resident responsible for the case, equipment needs should be discussed with the surgeon and ordered by the Thursday BEFORE the procedure to ensure the hardware/equipment is available.

CASES WILL BE ASSIGNED ACCORDING TO THE CASE LOG NEEDS OF THE INDIVIDUAL RESIDENTS AND COMPLEXITY OF THE CASE. IN GENERAL, THE FOLLOWING GUIDELINES WILL BE FOLLOWED:

The format for case in Google sheet should list time (military time), attending, laterality, and procedure. Residents covering Drs. Miller and Monaco will cover their cases that month. Residents covering hospitals have priority for case coverage at that facility. Remaining cases will be assigned by chief resident if applicable. The open blocks will be filled as follows:

- **Resident covering Phoenixville will be responsible for Phoenixville main OR.**
- **Resident covering Pottstown will be responsible for Pottstown OR.**
- **Residents covering Premier are responsible for Dr. Miller cases at Exton surgery center and Limerick surgery center.**
- **Limerick cases will mostly be covered by the PHX resident.**
- **The resident Covering Dr. Monaco will cover his cases at Exton should add his cases to the surgery schedule.**
- **Paoli Surgery Center cases will be determined on a case-by-case basis depending on the weekly schedule**

Any resident that is free on a surgery day can feel free to ask the primary scrub if they can DOUBLE scrub the case. This is in an observation capacity and does not involve taking the primary role in the cases. This applies to third year residents as well.

When in the OR, residents will cover all cases for a given physician that day. They should not cherry pick cases, thus creating coverage confusion. i.e., Don't scrub a Dr. Dahdah 7:30 case in one room, then assign yourself to an 8:30 Dr. Pongia case in another room. This creates chaos and makes nursing uneasy and is also a method in which things get missed and errors are made. Residents should do all cases in the assigned room, then double scrub other cases thereafter as required or requested. Exceptions to this should be cleared by the chief as needed.

When assigned to cases, residents should touch base with the attending **at least** 2 days prior and discuss equipment, surgical approach, etc. Residents should then contact the appropriate industry representative to make sure all equipment is available at the hospital. **This should not be done the day or night before cases.** This makes everyone look bad and potentially can cause cancellations or the facility to incur additional overnight shipping fees.

HOSPITAL COVERAGE

When assigned to a hospital, if a resident needs to leave for any reason, he or she is to contact the upper year resident in charge of the schedule, to ensure that there will be coverage. You are assumed to be there if you haven't notified your upper year resident or attending.

Rounding: Rounding needs to start **no later than 7:00 AM**. Rounds should be done **before** office/wound care hours and before the OR, so plan your time out accordingly. ***5AM rounds may be necessary if patient volume requires it!

- Residents should coordinate with attendings who want to round and try to accommodate as best as possible.
- When attendings have surgeries as well as in house patients, the resident planning on doing the surgery should round with that attending unless other arrangements are made.
- On weekends, hospital rounds need to be done early and may require hospitals to be hit more than once depending on consults, follow ups, etc. You must update the appropriate attending with updates/plans/etc.

Sign Out: Patient sign out should be updated daily by **5 PM at the latest, if not in a case or working on an ED consult. Notify the on-call resident!**

Operator Call Schedules: These should be passed out by the last day of the month for the following month. They should be handed out at Phoenixville Hospital to the unit secretaries on the 2nd and 4th floors, the PA desk in the ER, the physician's room in the ER and the hospital operator. A Schedule should be given to the operators at Pottstown.

Consults: When seeing a consult, you should work up the patient and then speak to the attending with your assessment and plan before performing any procedures. During the 1st month, you should discuss with your back up call person before calling the attending. Nail consults can be performed but contact to the attending should be made before signing off on your note. All pages should be returned within 15 minutes when possible. If in a surgery, have the circulator contact the paging physician and relay any needed information. All consults should be seen the day that they come in and **MUST** be seen within 24 hours. Nail consults called in at night can wait until the morning to be seen.

Sick days: Whenever sick, you should contact the resident in charge of the schedule as soon as possible along with any needed attendings to let them know that you will be out sick that day.

Vacation days: Vacations days should be requested at a minimum of 30 days in advance (emergency situations will have separate consideration). No trip should be planned prior to obtaining approval. **The vacation form is to be filled out and signed by the chief and**

Dr. Miller. Once the vacation day is signed off on, you must place the day off on the google calendar.

- 1st 2nd and 3rd years: 20 days (no more than 5 days continuous)
- No vacation days requests during the month of June or July. Exceptions granted on case-by-case basis.
- Vacation days may be limited in the months of May and August, best to ask up to 60 days in advance
- No more than 5 days in any given rotation
- No more than 1 Friday on any given month

STUDENT VISITS

Ideally, students should do a formal externship, as we will likely pick residents from the pool of externs. However, due to their schedule limitations, etc., students are certainly welcome to visit. This should be limited to two students per month.

Students can sign up for clerkships through the DPMClerkships website. This website is where programs register, students apply and rank their choices for clerkships. The American Association of Colleges of Podiatric Medicine (AACPM) also provides a Clerkship Handbook with detailed information about programs.

Our externships provide a hands-on learning experience and is viewed in the manner of a mentorship and not of a month-long interview. There are plenty of opportunities for students to work hard, be a team player, make and learn from mistakes, and solidify their foundations of didactic education by transferring it into clinical practice.

Welcome letter to the students will be sent by the Program Coordinator one month prior to their assigned clerkship. Correspondence will include the necessary requirements/documentations:

- Statement and Confidentiality
- Attestation Letter
- Headshot Photo
- PPE Education

An externship "Survival Guide" is also be provided.

The assigned 2nd year resident and the academic coordinator will be copied on all correspondence.

Didactic Activities

Didactic sessions will occur on a weekly basis and include lectures, case discussions, clinical pathology conferences, morbidity and mortality conferences, cadaver dissections, tumor conferences, informal lectures, teaching rounds, journal club, and/or continuing education. The Program Director will appoint a resident to coordinate academic meetings. Attendance at academic activities is mandatory and absence should be cleared by resident coordinating the schedule. Failure to comply will result in disciplinary action.

DIDACTIC ACTIVITIES

Lectures, Journal Clubs, Patient Safety Conferences

A detailed calendar of lectures, workshops, conferences, and journal clubs will be provided.

A didactic learning session will be held at least once weekly. The didactics will be as follows:

- Week 1 - Chapter Review & Updated Literature Review with Resident and Student Presentations followed by Discussion.
- Week 2 - Journal Club with extensive analysis and Faculty and Resident Discussion.
- Week 3 - Hands on Workshop "cadaver or sawbones as available" or Faculty Lecture
- Week 4 - Radiology Rounds with M&M/Quality and Safety Review

Note: Subject to change depending on topic of choice and availability of hands-on workshop materials.

Lectures

Lectures are designed to augment the clinical content of the program with respect to the goals and objectives of the program. **Lectures will be held weekly. All lectures are mandatory. Problems and conflicts should be brought to the attention of the Program Director. Lectures may be live, video conference, or pre-recorded.** Residents should be prepared to discuss topics and elaborate on that month's chapter and literature review. All residents are required to attend and participate.

Journal Clubs

Journal club will be held at least monthly. Residents are responsible for reviewing articles as assigned, providing a copy for each resident and the faculty moderator, and presenting and leading the discussion. All residents are required to attend and participate.

M&M/Quality & Safety Review

Radiology Rounds and Morbidity and Mortality/Quality Improvement & Patient Safety Review will be held at least monthly. All residents are required to attend and participate.

Research Methodology

Lectures in Research Methodology are offered through the Tower Health GME Office via Microsoft Teams on a monthly or bimonthly basis throughout the year to all residents throughout the health system. Each resident must attend one of these hour-long lectures once per academic year. The post meeting confirmation email will be forwarded to the program coordinator so that attendance can be documented. In the scenario that errors occur with the email communication system on Microsoft Teams the resident should notify the program coordinator of attendance which can be confirmed by the Tower Health GME office.

Additional annual training includes:

- Falls prevention
- Resident Well Being
- Pain Management & Opioid Addiction
- Cultural humility
- Workplace harassment and discrimination awareness and prevention
- Foundation of and importance of coding and medical documentation

PHOENIXVILLE PODIATRIC FACULTY

Jason R. Miller, DPM, FACFAS, FAPWCA (Program Director) **

Certification

ABFAS Board Certified in Reconstructive Rearfoot/Ankle Surgery & Foot Surgery

APWCA Board Certified in Foot Care

Board Certified in Podiatry

Professional Memberships

American Professional Wound Care Association

American College of Foot and Ankle Surgeons

Pennsylvania Podiatric Medical Association

Stephen S. Soondar, DPM, FACFAS

Certification

ABFAS Board Certified in Reconstructive Rearfoot/Ankle Surgery & Foot Surgery

Professional Membership

American Podiatric Medical Association

American College of Foot and Ankle Surgeons

Pennsylvania Podiatric Medical Association

Spencer Monaco, DPM, FACFAS **

Certification

ABFAS Board Certified in Reconstructive/Rearfoot Ankle Surgery & Foot Surgery

Professional Memberships

American College of Foot and Ankle Surgeons

Pennsylvania Podiatric Medical Association

American Podiatric Medical Association

American Society of Podiatric Surgeons

Vincent Pongia Jr., DPM, FACFAS

Certification

ABFAS Board Certified in Foot & Ankle Surgery

Professional Membership

Fellow of the American College of Foot and Ankle Surgeons

Kevin J. Deangelis, DPM, MS, FACFAS **

Certification

ABFAS Board Certified in Foot Surgery

Professional Membership

American Podiatric Medical Association

Pennsylvania Podiatric Medical Association

American College of Foot and Ankle Surgeons

American Professional Wound Care Association

Nicholas M. Romansky, DPM, FACFAS

Certification

ABFAS Board Certified in Foot Surgery

Professional Membership

American Podiatric Medical Association

American College of Foot & Ankle Surgeons

David C. Erfle, DPM, FACFAS

Certification

ABFAS Board Certified in Foot and Reconstructive/Rearfoot and Ankle Surgery

Professional Membership

American College of Foot and Ankle Surgeons

Colin P. Flannery, DPM, FACFAS

Certification

ABFAS Board Certified in Foot and Reconstructive/Rearfoot and Ankle Surgery

Professional Membership

American College of Foot and Ankle Surgeons

Todd T. Rice, DPM, FACFAS

Certification

ABFAS Board Certified in Foot Surgery

Professional Membership

American College of Foot & Ankle Surgeons

John P. Dahdah, DPM, FACFAS, FAPWCA

Certification

ABFAS Board Certified in Foot Surgery

ABPM Board Certified in Podiatric Orthopaedics and Medicine

American Podiatric Wound Care

Professional Membership

American Podiatric Medical Association

Pennsylvania Podiatric Medical Association

American College of Foot and Ankle Surgeons

American College of Foot & Ankle Orthopaedics & Medicine

American Professional Wound Care Association

American Society of Podiatric Surgeons

Scott Samuelson, DPM, FACFAS

Certification

ABFAS Board Certified in Foot Surgery

American Podiatric Wound Care

Professional Membership

American Podiatric Medical Association

Pennsylvania Podiatric Medical Association

American College of Foot and Ankle Surgeons

American Professional Wound Care Association

Therese Rinaldi, DPM, FACFAS

Certification

ABFAS Foot Surgery
American Podiatric Wound Care

Professional Membership

American Podiatric Medical Association
Pennsylvania Podiatric Medical Association
American College of Foot and Ankle Surgeons
American Professional Wound Care Association

Thomas C. Beideman, DPM, FACFAS

Certification

ABFAS Board Certified in Foot Surgery

Professional Membership

American Podiatric Medical Association
American College of Foot and Ankle Surgeons
Pennsylvania Podiatric Medical Association

John D. Miller, DPM, FACFAS **

Certification

ABFAS Board Certified in Reconstructive Rearfoot/Ankle Surgery & Foot Surgery

Professional Membership

American Society of Podiatric Surgery
American College of Foot & Ankle Surgeons

Brady Biscorner, DPM **

Certification

ABFAS Board Qualified in Reconstructive Rearfoot/Ankle Surgery & Foot Surgery

Professional Membership

Associate - American College of Foot and Ankle Surgeons
Associate - American Academy of Podiatric Sports Medicine
Member - American Podiatric Medical Association
Member - American Society of Podiatric Surgeons
Member - Pennsylvania Podiatric Medical Association

Thomas Milisits, DPM

Certification

ABFAS Board Qualified in Reconstructive Rearfoot/Ankle Surgery & Foot Surgery

Professional Membership

Associate - American College of Foot and Ankle Surgeons
Associate - American Academy of Podiatric Sports Medicine
Member - American Podiatric Medical Association
Member - American Society of Podiatric Surgeons
Member - Pennsylvania Podiatric Medical Association

**** Core Faculty**

PODIATRIC FACULTY ROTATIONS

Rotation	Faculty
Research	Jason R. Miller, DPM
Practice Management	Jason R. Miller, DPM
Podiatry House	John Miller, DPM
Miller Podiatry Office	Jason R. Miller, DPM @ Premier
Monaco Podiatry Office	Spender Monaco, DPM @ Premier

Non-Podiatric Faculty/Departments In the Tower Health System

Department	Faculty
Internal Medicine	Arif M. Jan, MD
Emergency Department	Amy Talley, MD
Orthopedics	Michael Messina, MD
General Surgery	Martin J. Vinca, MD
Infectious Disease	Amit Gangoli, MD
Anesthesia	Kunal U Desai, DO
Radiology	Asha Kovalovich, MD
Psychiatry/Behavioral Health	Sujana R. Kurri Yerram, MD
Plastic Surgery	Ritwik Grover, MD
Vascular Surgery	Edward K. Pavillard, DO
Physical Medicine & Rehabilitation	Andrew Isleib, MD
Intensive Care	Nathaniel Roberston, MD
Pain Management	Michael Lee, MD
Medical Intensive Care	Nathan Robertson, MD

ON-SERVICE ROTATION

PRIVATE PRACTICE

DRS. SPENCER MONACO & JASON MILLER

Patient Care

Perform and interpret the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal examination.

Order and interpret appropriate laboratory studies, including but not limited to: ie hematology, blood chemistries, drug screens, bacteriologic and fungal cultures, urinalysis, serology/immunology, toxicology, coagulation studies, blood gases, synovial fluid analysis.

Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan utilizing appropriate consultations and/or referral; and assess treatment plan and revise as necessary.

Pharmacological management utilizing medications commonly prescribed in podiatric medicine, including proper ordering of, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. (These medications include NSAIDS, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic, uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, and anti-rheumatic agents).

Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including, but not limited to, electrodiagnostic studies, noninvasive vascular studies, bone densitometry studies, compartment pressure studies.

Provide appropriate lower extremity health promotion and education

Perform manipulation/mobilization of the foot/ankle joint to increase/reduce associated pain and/or deformity.

Perform biomechanical evaluations and managing patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devices and footwear

Fabricate appropriate casts for these devices or write appropriate referrals to the prosthetist/orthotist.

Provide appropriate podiatric surgical management when indicated

Recognize and manage post-operative complications i.e. infections, DVT's, hematomas, cellulitis, etc. · Demonstrate appropriate use of local anesthetic agents.

Perform, where indicated, palliation of keratotic lesions and toenails.

PRIVATE PRACTICE: Dr. Spencer Monaco & Dr. Jason Miller (continued)

Manage closed fractures and dislocations including pedal fractures/dislocations, and ankle fracture/dislocation including the use of cast management and tape immobilization as indicated.

Perform appropriate injections and or aspirations, with knowledge of pharmacology, indications, dosages, potential interactions, & side effects.

Demonstrate appropriate referral for physical therapy for patients, and ability to monitor and modify the treatment plan as needed.

Perform biomechanical evaluations and manage patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devices and footwear.

Medical Knowledge

Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management; (See appendix in CPME 320 for list of procedures).

Demonstrate knowledge of pharmacology, indications, dosages, potential interactions, & side effects of anesthetics, oral and injectable medications.

Demonstrate capacity to interpret relevant imaging studies including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging.

Practice Based Learning and Systems Based Practice

Demonstrate understanding of healthcare reimbursement.

Demonstrate understanding of common business practices.

Understand insurance issues including professional and general liability, disability, workers' compensation, and the medical-legal considerations involving healthcare delivery.

Contact: Jason Miller, Spencer Monaco

Attire: Scrubs, business attire, white coat

What to bring: Podiatric instruments (ex. Nail nippers, English anvil etc)

Hours: Approximately 7am-5pm, end time slightly varies depending on clinic schedules, start time varies on clinic days and surgery days.

Location: Premier Orthopaedics (Exton, Collegeville, Malvern, West Chester, Kennet Square)

ON-SERVICE ROTATION

POD HOUSE ROTATION

The Podiatric House Rotation consists of the following:

Practice Settings

Pod House 1:

PGY 1 responsible for Phoenixville & Pottstown hospitals; rounding, consults. Scrub surgeries at Phoenixville & Pottstown. Cover surgery centers.

Pod House 2:

Stationed at Pottstown hospital for surgeries and new consults when PGY 1 is not available. Scrub surgeries at hospitals. Covers surgery centers.

Pod House 3:

Stationed at Phoenixville hospital for surgeries & new consults when PGY 1 is not available. Scrubs at Phoenixville & Pottstown Hospitals. Covers surgery centers.

Pod House 4:

PGY 3 covers floors at Phoenixville & Pottstown hospitals, rounding, consults. Scrub surgeries at hospitals & covers surgery centers.

Pod House 5:

Rare, will be supervisory during early part of the year to ensure proper training of new first years. Utilized in the end of the year to transition to each of the younger residents moving up.

Competencies:

- Inpatient hospital care, proficiency in EPIC EMR, performing consultations, pager services, scheduling inpatient surgeries, scheduling follow up appointments, admitting and discharging patients to the hospital, management of podiatric care for patients, management of systemic care for patients (when Primary admitted), consulting and working with multi-specialty teams, competency in sterile technique, treating patients with proper care for wounds/trauma/orthopedic issues, effective time management, understanding and proficiency in caring for inpatient hospital patients.

Contact:

John Miller, DPM

Attire:

Scrubs, clean white coat

What to bring:

Podiatric equipment (ex nail nippers, English anvil etc)

Hours:

7am-5pm M-F or as needed

Location:

Phoenixville and Pottstown Hospitals, Paoli Surgery Center, Chester County Hospital, King of Prussia Surgery Center

ON-SERVICE ROTATION

PRACTICE MANAGEMENT

The overall educational goal of the Practice Management curriculum is to provide residents with the skills and knowledge necessary to lead and continuously improve all elements of healthcare delivery, including compliance with external regulatory agencies and accreditation requirements. The rotation will include a month-long block in PGY-3 year, monthly noon conferences, and additional longitudinal experiences, including didactics on coding and documentation, HIPAA, practice finances, and medicolegal issues. The PGY-3 experience will include a month-long block with required reading and discussion on various practice management topics. Residents will utilize their respective subscription to Podiatry Management Magazine for readings and discussion topics with the faculty on this rotation.

Faculty will facilitate learning in the following six core competencies:

Patient Care

- Adequately document the patient encounter and appropriately bill for medically necessary services
- Advocate for the patient's welfare while balancing the business realities of practice management
- Develop an understanding of how external quality reviews mandate an effective participation in outcomes research
- Explore practice models that enhance patient access to care and collaboration with other health professionals

Medical Knowledge

- Develop the knowledge to effectively lead and improve health care delivery and develop skills such as organization, administration, communication, marketing and patient care
- Demonstrate knowledge of the following:
 - Practice opportunities
 - Practice facilities
 - Office organization
 - Practice operations
 - Office management
 - Medical records
 - Staff and personnel policies
 - Legal issues
 - Hospital responsibilities
 - Marketing
 - Resources such as practice management consultants, accountants, lawyers, bankers, and marketing consultants
- Develop leadership skills that will enable care to be provided in a wide variety of settings
- Critically evaluate practice models

On-Service Rotation - Practice Management (continued)

Practice-Based Learning and Improvement

- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Utilize resources written practice management to improve and implement changes with the goal of practice improvement

Interpersonal and Communication Skill

- Demonstrate written, electronic, and verbal communication skills that facilitate the timely and effective exchange of information within the system
- Work effectively as a leader of a healthcare team
- Maintain comprehensive, timely and legible records

Professionalism

- Demonstrate a commitment to carrying out professional responsibilities
- Develop the skills to prudently select advisors, vendors and professional associates that protects and respects the privacy of all patients

Systems-Based Practice

- Incorporate considerations of cost awareness and risk management in patient care
- Advocate for quality patient care and optimal systems while balancing the business realities of practice management
- Work in interprofessional teams to enhance patient safety and care
- Participate in identifying systems errors and in implementing solutions

Contact: Dr. Jason Miller, Program Director
Dawn Myer, Office Manager dmeyer@premierortho.com
Attire: Business casual & white coat
What to bring: Reference materials
Hours: 8am – 4pm
Location: Premier; Malvern/Exton

Educational Resources:

1. Podiatry Management Magazine
2. The Podiatry Practice Business Solution – Peter Wishnie
3. Podiatry Prosperity – Rem Jackson
4. Truths from the Trenches – Tina Del Buono
5. Marketing Made Simple – Donald Miller
6. The Business Side of Podiatry Revenue – Gisele Saenger
7. Leadership is Language – L. David Marquet

ON-SERVICE ROTATION

RESEARCH

Resident will develop an independent research project. This is encouraged during PGY-1 year if the research will take time to acquire patients for study. Tower ACGME provides training in performing research as part of the new resident curriculum and will serve as a basis for the project(s). In the context of this project the resident will develop the following skills listed below:

Medical Knowledge

Demonstrate ability to:

- Select an appropriate topic for study.
- Review pertinent literature.
- Develop appropriate research questions.
- Generate an appropriate hypothesis.
- Select an appropriate research methodology.
- Develop appropriate proposal for data analysis that is approved by their faculty mentor and/or residency director.
- Conduct the research project per the prescribed guidelines.
- Successfully complete the project.
- Prepare a quality paper for potential publication in a peer-reviewed journal or a manuscript/poster for presentation at an approved national meeting of ACFAS, APMA, PPMA, AAOFAS or other state component society meeting.

<u>Contact:</u>	Jason R. Miller, DPM
<u>Attire:</u>	Casual
<u>Hours:</u>	7am to 5pm M-F
<u>Location:</u>	Premier Orthopaedics Exton, PA

OFF-SERVICE ROTATION

INTERNAL MEDICINE

Goals

- Enhance medical knowledge of systemic diseases that impact lower extremity health.
- Develop diagnostic and clinical skills for the evaluation and management of common internal medicine conditions.
- Understand the interrelationship between internal medicine and podiatric conditions.
- Improve interdisciplinary communication and collaboration with internists and other healthcare professionals.
- Promote continuity of care by recognizing the importance of medical comorbidities in podiatric patients.

Objectives

Patient Care

- Perform thorough history and physical examinations with a focus on systemic diseases (e.g., diabetes, vascular disease, infection).
- Demonstrate the ability to formulate differential diagnoses and management plans for common internal medicine problems.
- Monitor and manage chronic diseases that affect foot and ankle health (e.g., diabetes, peripheral vascular disease, renal failure).
- Recognize urgent and emergent conditions requiring medical or surgical intervention.

Medical Knowledge

- Describe the pathophysiology, clinical presentation, and treatment of:
 - Diabetes mellitus
 - Hypertension
 - Congestive heart failure
 - Chronic kidney disease
 - Peripheral vascular disease
 - Infectious diseases (e.g., cellulitis, sepsis)
- Understand the impact of systemic diseases on wound healing and surgical outcomes.
- Interpret basic lab results, imaging, and EKGs relevant to internal medicine patients.

Practice-Based Learning and Improvement

- Identify areas for self-improvement and actively seek feedback.
- Utilize evidence-based medicine to guide patient management.
- Reflect on patient outcomes and modify practices accordingly.

Off-Service Rotation - Internal Medicine (continued)

Interpersonal and Communication Skills

- Communicate effectively with:
 - Patients and families regarding medical conditions.
 - Internal medicine attendings and residents.
 - Nursing and ancillary staff.
- Document clinical findings clearly and accurately in the electronic medical record (EMR).

Professionalism

- Demonstrate respect, integrity, and accountability in all clinical interactions.
- Adhere to institutional policies, including confidentiality and informed consent.
- Show sensitivity to cultural and socioeconomic factors influencing patient care.

Systems-Based Practice

- Recognize the importance of a multidisciplinary approach to patient care.
- Coordinate care with other medical specialties, including endocrinology, nephrology, and cardiology.
- Understand hospital systems and discharge planning.

Assessment Methods

- Direct observation by internal medicine faculty.
- Case-based discussions and presentations.
- Evaluation of documentation and patient care.
- Formal rotation evaluation at completion.

Contacts: Dr. Arif Jan, Program Director arif.jan@towerhealth.org
Shannon McKane, Program Manager, Shannon.mckane@towerhealth.org

Attire: Business casual + White coat

What to bring: Stethoscope, reference book (Pocket Medicine is useful)

Hours: 7am-5pm

Morning Report: M, T, Th, F, 7:30-8am

Didactic: M-F, 12:15p-1pm

Location: Phoenixville Hospital

OFF-SERVICE ROTATION

INFECTIOUS DISEASE

Goals

- Enhance knowledge of infectious diseases that affect the lower extremities, such as diabetic foot infections, osteomyelitis, cellulitis, and soft tissue infections.
- Develop clinical skills in diagnosing and managing infections in podiatric patients, with an emphasis on systemic involvement and complications.
- Learn antimicrobial stewardship, including appropriate selection, dosing, and duration of antibiotic therapy.
- Understand the role of infectious disease specialists in the management of complex infections and collaborate effectively.
- Recognize the signs and symptoms of systemic infection that may require urgent intervention and potential surgical management.

Objectives

Patient Care

- Perform comprehensive history and physical examinations, with particular attention to signs and symptoms of infection.
- Develop accurate differential diagnoses for infections commonly encountered in podiatric practice, including:
 - Diabetic foot infections (DFI)
 - Osteomyelitis
 - Cellulitis
 - Soft tissue abscesses
 - Necrotizing fasciitis
- Demonstrate the ability to initiate appropriate diagnostic tests (e.g., blood cultures, wound cultures, imaging) for suspected infections.
- Manage antibiotic therapy, including appropriate selection and monitoring of drug efficacy.
- Recognize and manage complications of infections such as sepsis, systemic inflammatory response syndrome (SIRS), and multi-organ failure.

Medical Knowledge

- Understand the microbial pathogens responsible for common infections in podiatric patients, including bacteria (e.g., *Staphylococcus aureus*, *Pseudomonas*), fungi, and viruses.
- Describe the pathophysiology of various types of infections and how they can impact the lower extremities, including diabetic foot infections and chronic wounds.

Off-Service Rotation - Infectious Disease (continued)

- Learn principles of infection prevention and sterile techniques in both inpatient and outpatient settings.
- Interpret relevant lab tests, including culture results, CBC, ESR, and CRP, and understand their role in infection management.
- Understand the role of antimicrobial resistance in treating infections and the importance of stewardship.

Practice-Based Learning and Improvement

- Identify learning gaps in the management of infections and take steps to improve knowledge through self-directed learning.
- Utilize evidence-based guidelines for the management of infections, particularly in diabetic patients or those with complex comorbidities.
- Reflect on outcomes of infection management, making adjustments to treatment protocols as necessary.

Interpersonal and Communication Skills

- Communicate effectively with infectious disease specialists, attending physicians, and the interdisciplinary healthcare team about diagnosis and management plans.
- Explain treatment plans to patients and families, including the importance of wound care and infection control measures.
- Document clinical findings and treatment plans clearly and accurately in the electronic medical record (EMR).

Professionalism

- Demonstrate respect, integrity, and accountability in all interactions with patients and healthcare professionals.
- Adhere to institutional policies regarding infection control practices, including hand hygiene and appropriate use of personal protective equipment (PPE).
- Show empathy when dealing with patients suffering from complex or chronic infections.

Systems-Based Practice

- Coordinate with other specialties (e.g., endocrinology, surgery) for the multidisciplinary care of patients with complicated infections.
- Recognize the impact of systemic infections on podiatric health and work with the healthcare team to manage these conditions effectively.
- Understand the processes for infection prevention in hospital and outpatient settings, including surveillance for hospital-acquired infections (HAIs).
- **Off-Service Rotation - Infectious Disease (continued)**

Off-Service Rotation - Infectious Disease (continued)

Assessment Methods

- Direct observation and feedback from supervising infectious disease specialists.
- Presentation of clinical cases, including the diagnostic workup and management plan.
- Review of documentation for accuracy and clarity.
- Formal evaluation of the resident's knowledge, clinical reasoning, and treatment decisions related to infectious diseases.

As with every rotation, pay close attention to the things that will benefit you as a surgeon like sensitivity, specificity, and clinical application of laboratory and microbial tests. Know dosing and coverage of antibiotics and their adverse reactions.

<u>Contact:</u>	Dr. Amit Gangoli Contact Kelly Barber (office manager) kbarber@epidamed.com
<u>Attire:</u>	Business casual + White Coat
<u>What to Bring:</u>	Stethoscope Sanford Guide to Antimicrobial Therapy if you have it.
<u>Hours:</u>	Around 8:30/9 -5
<u>Location:</u>	Phoenixville Hospital/ Pottstown Hospital

OFF-SERVICE ROTATION

GENERAL SURGERY

Overall Goal:

To provide the podiatric resident with foundational knowledge and experience in general surgical principles, including pre-operative, intra-operative, and post-operative patient care. The resident will gain insight into systemic conditions that affect surgical outcomes and collaborate within a multidisciplinary team.

Learning Objectives:

1. Patient Care

- Perform comprehensive and focused histories and physical exams on surgical patients.
- Develop preoperative and postoperative management plans.
- Assist in surgical procedures under supervision, with emphasis on sterile technique and surgical protocols.
- Participate in wound care, drain management, and dressing changes.
- Recognize and manage common post-operative complications (e.g., infections, bleeding).

2. Medical Knowledge

- Understand basic principles of general surgery, including surgical anatomy, wound healing, and infection control.
- Gain familiarity with common general surgical procedures (e.g., appendectomy, cholecystectomy, bowel resection).
- Understand the indications, contraindications, and complications of general surgical interventions.

3. Interpersonal and Communication Skills

- Communicate effectively with general surgery attendings, residents, nursing staff, and other healthcare team members.
- Present patient cases clearly and concisely during rounds and in the OR.
- Document care appropriately in the medical record, including H&P, operative notes, and progress notes.

Office-Service Rotation - General Surgery (continued)

4. Professionalism

- Demonstrate responsibility, punctuality, and respect for patients, staff, and fellow healthcare providers.
- Maintain patient confidentiality and adhere to ethical standards in all clinical encounters.

5. Systems-Based Practice

- Understand the role of the surgical team within the larger healthcare system.
- Participate in discharge planning and post-operative care coordination.
- Demonstrate awareness of cost-effective surgical care and resource utilization.

6. Practice-Based Learning and Improvement

- Actively seek and incorporate feedback from attendings and peers.
- Reflect on surgical cases to identify learning opportunities and areas for improvement.
- Review and apply current evidence-based guidelines in general surgery.

Resident Responsibilities:

- Participate in rounds, surgical cases, and call responsibilities as assigned.
- Complete any required readings or didactic assignments.
- Maintain accurate case logs and evaluations.

Evaluation:

- Direct observation by general surgery attendings.
- Completion of rotation-specific evaluation forms.
- Feedback based on clinical performance, professionalism, and medical knowledge.

Contact: Dr. Martin Vinca, MD Text 484-302-6325

Martin011@verizon.net

Attire: Business casual + White Coat

What to Bring: Stethoscope, scissors

Hours: Varies

Location: Phoenixville or Limerick

Other People You May Encounter:

- Dr. Kurtz and Dr. Haynes; both are amenable to having residents' scrub, but you must coordinate with them in advance, not the night before or day of

Other Info:

- They may have an RNFA for more complex cases and you might not scrub

OFF-SERVICE ROTATION

EMERGENCY MEDICINE

Overall Rotation Goal:

To develop the knowledge, clinical skills, and professional behavior necessary to evaluate and manage patients presenting with urgent and emergent medical conditions, especially those involving the lower extremity, within a fast-paced emergency department (ED) setting.

Learning Objectives

1. Medical Knowledge

- Understand the pathophysiology, diagnosis, and initial management of common emergency conditions, particularly:
 - Lower extremity trauma (fractures, dislocations, lacerations)
 - Cellulitis, abscesses, necrotizing fasciitis
 - Diabetic foot infections and complications
 - Vascular emergencies (e.g., acute limb ischemia, DVT)
- Understand the indications and limitations of imaging studies used in the ED (X-ray, CT, MRI, ultrasound).
- Learn to recognize life- and limb-threatening conditions requiring urgent surgical consultation or intervention.

2. Patient Care

- Perform focused history and physical examinations in the emergency setting.
- Triage and prioritize patient management based on acuity.
- Interpret diagnostic tests and formulate differential diagnoses.
- Assist or perform minor procedures under supervision:
 - Incision and drainage of abscesses
 - Simple and complex wound closures
 - Splinting and immobilization
 - Nail avulsion or bedside debridement
- Participate in the stabilization and transfer of critically ill patients when applicable.

3. Interpersonal and Communication Skills

- Communicate effectively with emergency physicians, nurses, and consultants.
- Deliver clear, concise case presentations in ED format (SOAP or SBAR).
- Provide appropriate patient education and discharge instructions.
- Collaborate with multidisciplinary teams for holistic patient care.

Off-Service Rotation - Emergency Medicine (continued)

4. Professionalism

- Demonstrate punctuality, integrity, and responsibility.
- Respect patient confidentiality and ED protocols.
- Exhibit calmness and professionalism in high-stress situations.

5. Systems-Based Practice

- Understand the role of the ED in the healthcare system, including triage and care coordination.
- Recognize appropriate referral and consultation processes.
- Demonstrate cost-effective decision-making in diagnostic and treatment plans.

6. Practice-Based Learning and Improvement

- Seek feedback from attendings and peers to improve performance.
- Reflect on challenging cases to identify areas for growth.
- Review relevant literature and guidelines on emergent podiatric and general medical conditions.

Evaluation Methods

- Direct observation by attending physicians.
- End-of-rotation evaluation forms.
- Case-based discussions.
- 360° feedback from ED staff.

Contact: Amy Talley amy.talley@towerhealth.org
Attire: Scrubs or business casual attire in the clinical setting
What to Bring: Stethoscope + Pocket Medicine
Hours: 7am - 5pm
Location: 1st Floor Phoenixville Hospital (code is 1222)

Other Info:

- You will be expected to take a thorough H&P on each incoming patient, no matter what it is.
- Let the docs or PAs know if you are not comfortable with doing anything. The PAs will be willing to teach and are used to having PA students.

OFF-SERVICE ROTATION

ANESTHESIA

ROTATION GOAL:

To develop foundational knowledge and clinical skills in anesthesia relevant to podiatric surgery through supervised experience with anesthesiology professionals. This includes the assessment, planning, monitoring, and management of anesthesia during the perioperative period, in accordance with CPME 320 competencies.

CORE COMPETENCY OBJECTIVES:

1. Patient Care

- Perform a focused pre-anesthetic evaluation, including assessment of comorbid conditions affecting anesthesia risk.
- Participate in the formulation of an anesthetic plan appropriate for the surgical procedure and patient condition.
- Assist in basic airway management techniques and monitor intraoperative patient status.
- Monitor patient recovery and contribute to postoperative anesthesia care planning.

2. Medical Knowledge

- Demonstrate knowledge of pharmacology and physiology relevant to anesthetic agents and techniques.
- Understand the differences, indications, and contraindications for general, regional, local, and monitored anesthesia care.
- Recognize signs and symptoms of anesthesia-related complications and understand initial management strategies.

3. Practice-Based Learning and Improvement

- Use clinical feedback from anesthesiology faculty to improve technique and understanding.
- Identify knowledge gaps in anesthetic practice and pursue educational resources to address them.

4. Interpersonal and Communication Skills

- Communicate effectively with anesthesia team members, surgical staff, and nursing personnel.
- Document anesthesia-related findings and recommendations clearly and concisely when required.

Off-Service Rotation - Anesthesia (continued)

5. Professionalism

- Demonstrate respect for patient autonomy and confidentiality during preoperative discussions.
- Exhibit professional behavior and accountability in the operating room and perioperative settings.
- Respond to feedback from anesthesia personnel in a mature and constructive manner.

6. Systems-Based Practice

- Understand the role of the anesthesia team in the surgical care continuum.
- Demonstrate awareness of perioperative safety protocols, including those related to DVT prevention, infection control, and equipment use.
- Participate in interdisciplinary care transitions, including handoffs from surgery to PACU.

Contact: Dr. Kunal U Desai, kunal.desai2@towerhealth.org
Attire: OR scrubs
What to Bring: Stethoscope
Hours: Start at 7am, end of day varies depending on cases/procedures
Location: Phoenixville OR or Endo lab
Attendings: Revolving

Other Info:

- Look on the OR Board for which cases will be general and spinals. Those are the ones you should try and see. See the patient in SPU and follow them back. After the cases start, you can bounce to another or stick around.
- Try to do at least one open heart case as they are the most complicated anesthesia
- You can intubate and place IVs when the attendings feel you are ready

OFF-SERVICE ROTATION

VASCULAR SURGERY

Goal:

To develop the knowledge, skills, and clinical judgment necessary to evaluate and manage patients with vascular diseases, particularly those affecting the lower extremity, with a focus on limb preservation and multidisciplinary care.

I. Medical Knowledge

Goal: Understand the pathophysiology, diagnosis, and management of vascular diseases relevant to the lower extremity.

Objectives:

- Demonstrate knowledge of peripheral arterial disease (PAD), venous insufficiency, diabetic vasculopathy, and critical limb ischemia.
- Understand indications, contraindications, and complications of common vascular interventions (e.g., angioplasty, stenting, bypass surgery, endarterectomy).
- Review vascular anatomy pertinent to podiatric surgery and wound care.
- Recognize signs and symptoms of acute and chronic limb ischemia.

II. Patient Care

Goal: Apply clinical skills to evaluate and assist in the management of vascular patients.

Objectives:

- Perform a thorough vascular examination of the lower extremity, including ABI, TBI, capillary refill, and pulse palpation.
- Interpret vascular lab studies (e.g., Doppler ultrasound, angiography, duplex scanning).
- Assist in preoperative and postoperative care of vascular surgery patients.
- Participate in the assessment and management of limb-threatening ischemia and vascular wounds.

III. Interpersonal and Communication Skills

Goal: Effectively communicate with patients, families, and interdisciplinary teams.

Off-Service Rotation: Vascular Surgery (continued)

Objectives:

- Present vascular patients clearly and concisely during rounds and consultations.
- Communicate vascular risks and surgical options to patients in an understandable manner.
- Collaborate with vascular surgeons, residents, and nursing staff in patient care planning.

IV. Practice-Based Learning and Improvement

Goal: Demonstrate the ability to evaluate and improve clinical practices.

Objectives:

- Review current literature related to vascular surgery and its role in limb preservation.
- Incorporate evidence-based guidelines into patient care.
- Seek feedback from attending physicians and incorporate it into daily practice.

V. Systems-Based Practice

Goal: Understand the role of podiatric and vascular surgery in the broader healthcare system.

Objectives:

- Recognize when to refer patients for vascular consultation.
- Understand the coordination required for multidisciplinary care (e.g., wound care, infectious disease, endocrinology).
- Appreciate cost-effective management of vascular conditions.

VI. Professionalism

Goal: Exhibit professional behavior in all aspects of patient care.

Objectives:

- Demonstrate respect, compassion, and integrity.
- Maintain patient confidentiality and adhere to ethical principles.
- Respond promptly to pages, consultations, and team responsibilities.

<u>Contact:</u>	Ed Pavillard, DO Text: (610) 209-0648 EdwardK.Pavillard@towerhealth.org
<u>Location:</u>	Phoenixville and Pottstown Hospital
<u>Attire:</u>	Scrubs and white coat
<u>What to Bring:</u>	Stethoscope
<u>Hours:</u>	Varies

OFF-SERVICE ROTATION

PLASTIC SURGERY

Goals:

- Develop foundational knowledge of plastic and reconstructive surgical principles as they relate to the lower extremity.
- Gain exposure to surgical techniques used in soft tissue reconstruction, wound closure, and grafting.
- Enhance multidisciplinary collaboration with plastic surgeons and wound care teams.
- Understand pre- and post-operative management of complex wounds, grafts, and flaps.
- Recognize indications and contraindications for various plastic surgical procedures involving the foot, ankle, and leg.

Objectives:

Medical Knowledge

- Understand types of skin grafts (split-thickness vs. full-thickness), local and regional flaps, and their indications.
- Describe wound healing phases and how they impact surgical planning.
- Identify common complications of plastic surgical procedures (e.g., graft failure, flap necrosis).

Patient Care

- Participate in the assessment and management of patients requiring reconstructive surgery.
- Assist in surgical planning, including flap design and graft selection.
- Observe and assist in procedures such as:
 - Local and regional flap closures
 - Split-thickness skin grafts (STSG)
 - Wound debridement
 - Negative pressure wound therapy (NPWT) placement
- Monitor and manage post-operative care, including dressing changes and infection control.

Off-Service Rotation - Plastic Surgery (continued)

Interpersonal & Communication Skills

- Present patients concisely on rounds and in the OR.
- Communicate effectively with the plastic surgery team and allied health professionals.
- Discuss surgical plans and obtain informed consent when appropriate.

Professionalism

- Demonstrate respect for attending physicians, patients, and OR staff.
- Maintain punctuality, proper documentation, and ethical behavior.

Practice-Based Learning and Improvement

- Review current literature on reconstructive options for foot and ankle wounds.
- Reflect on outcomes and discuss possible improvements in patient care strategies.

Systems-Based Practice

- Understand referral pathways for plastic surgery in complex wound cases.
- Participate in interprofessional collaboration (e.g., with wound care centers, vascular surgery).

Evaluation:

- Direct observation by attending plastic surgeon(s)
- Case log entries of surgical participation
- End-of-rotation written or oral evaluation
- Feedback on professionalism and communication

<u>Contact:</u>	Ritwik Grover, MD rgrovermd@tpscnj.com; text 215-341-9992
<u>Call:</u>	732-741-0970 x 1505
<u>Location:</u>	Phoenixville Hospital
<u>Attire:</u>	Business Casual and white coat
<u>What to Bring:</u>	Stethoscope
<u>Hours:</u>	Vary

OFF-SERVICE ROTATION

RADIOLOGY

Goals

1. Develop proficiency in ordering, performing, and interpreting diagnostic imaging studies relevant to podiatric medicine and surgery.
2. Understand the indications, limitations, and safety considerations of various imaging modalities.
3. Integrate radiologic findings with clinical and surgical decision-making in foot and ankle care.

Objectives

Knowledge-Based Objectives

- Understand the principles of:
 - X-ray (radiography)
 - MRI (magnetic resonance imaging)
 - CT (computed tomography)
 - Ultrasound
 - Nuclear medicine (e.g., bone scan)
- Know appropriate imaging modality selection for:
 - Trauma (fractures, dislocations)
 - Osteomyelitis and infection
 - Tumors and cysts
 - Arthropathies (e.g., gout, RA)
 - Vascular assessment (e.g., CTA, MRA, Doppler)
 - Biomechanical disorders
- Recognize radiation safety principles (ALARA), especially in fluoroscopy and CT.

Clinical Skills Objectives

- Interpret standard foot and ankle radiographs, including:
 - Weight-bearing and non-weight-bearing views
 - Special views (e.g., Harris-Beath, Broden)
- Identify:
 - Fractures and dislocations
 - Arthritic changes
 - Bone tumors and cysts
 - Signs of infection or osteomyelitis
- Correlate imaging findings with clinical symptoms and physical exam.
- Use imaging to guide surgical planning.

Off-Service Rotation - Radiology (continued)

Technical Skills Objectives

- Demonstrate proper technique in ordering and performing basic imaging studies.
- Understand radiographic positioning for podiatric views.
- Assist or observe ultrasound-guided injections and interventions.
- Participate in CT/MRI protocols related to foot and ankle conditions.

Communication and Collaboration

- Effectively communicate with radiologists and imaging technologists.
- Write clear and concise imaging orders with appropriate clinical indications.
- Participate in multidisciplinary radiology rounds (if available).

Professionalism and Systems-Based Practice

- Respect patient privacy during imaging procedures.
- Recognize cost-effectiveness and appropriateness of imaging studies.
- Advocate for timely imaging in urgent/emergent cases.

Contact: Asha Kovalovich, MD
Asha.kovalovich@pennmedicine.upenn.edu

Location: Phoenixville Radiology Department

Hours: Variable

Attire: Business casual and white coat

OFF-SERVICE ROTATION

BEHAVIORAL HEALTH

Overall Goal

To develop awareness, knowledge, and skills related to behavioral and psychological factors that influence patient care, particularly in patients with chronic disease, pain syndromes, compliance challenges, and psychosocial comorbidities common in podiatric practice.

Learning Objectives

I. Patient Care

1. Recognize signs and symptoms of common psychiatric disorders (e.g., depression, anxiety, substance use, somatization) that may impact podiatric treatment plans.
2. Evaluate the influence of behavioral health issues on patient compliance, healing, and chronic disease management (e.g., diabetic foot care).
3. Demonstrate appropriate communication skills with patients experiencing mental health crises, cognitive impairment, or emotional distress.
4. Collaborate with behavioral health professionals in the formulation of a multidisciplinary treatment plan.

II. Medical Knowledge

1. Describe the psychological and behavioral factors associated with chronic pain, noncompliance, and psychosomatic presentations.
2. Identify the major classes of psychotropic medications, their indications, side effects, and interactions with commonly prescribed podiatric medications.
3. Understand the behavioral health consequences of limb loss, chronic wounds, and physical disability.

III. Interpersonal and Communication Skills

1. Demonstrate patient-centered interviewing techniques that reflect sensitivity to psychological distress and cultural context.
2. Communicate clearly and respectfully with behavioral health professionals regarding consults or co-management of care.
3. Educate patients and families on the role of behavioral health in overall medical treatment, especially in chronic disease management.

Office-Service Rotation - Behavioral Health (continued)

IV. Practice-Based Learning and Improvement

1. Reflect on one's own attitudes and potential biases toward patients with mental health disorders.
2. Identify opportunities to improve patient adherence through behavioral change techniques (e.g., motivational interviewing).
3. Review current literature on behavioral interventions in diabetic foot care, chronic pain, or substance abuse in surgical patients.

V. Professionalism

1. Demonstrate empathy, compassion, and respect for all patients regardless of their mental health status.
2. Maintain confidentiality and respect patient autonomy in all behavioral health interactions.
3. Understand ethical considerations in treating patients with diminished capacity or impaired judgment.

VI. Systems-Based Practice

1. Understand the process for referring patients to behavioral health services and how these services integrate within the healthcare system.
2. Recognize socioeconomic and psychosocial barriers that may affect access to behavioral and medical care.
3. Work collaboratively in a multidisciplinary team to address complex cases that require behavioral and medical management.

Contact: Sujana Yerram Kurri, MD (610) 327-7634
Sujana.yerramkurri@towerhealth.org
Location: Pottstown Hospital
What to bring: Note pad
Attire: Business white coat

OFF-SERVICE ROTATION

INTENSIVE CARE ROTATION

The Intensive Care rotation provides the resident with an opportunity to evaluate and manage patients with life-threatening conditions, often affecting multiple organ systems. Training will familiarize the resident both with patient management as a member of a coordinated team and with consultation for critically ill patients on other services. Residents will become skilled in the interpretation of data and performance of procedures necessary to manage these patients, as well as with the social and ethical issues pertinent to acute care and end-of-life care.

Faculty will facilitate learning in the following six core competencies:

Patient Care and Procedural Skills

1. Must be able to provide compassionate, culturally sensitive, and appropriate care for critically ill patients.
 - a. Seek directed and appropriate specialty consultation when necessary to further patient care.
2. Demonstrate the ability to take a pertinent history and perform a focused physical exam.
 - a. Differentiate ill from stable patients and appreciate and characterize the following physical findings:
 - Abnormal respiratory patterns
 - Abnormal heart and lung sounds
 - SIRS physiology and symptoms and signs of shock
 - Focal neurologic abnormalities
3. Understand the indications, contraindications, complications, limitations, and interpretation of following procedures, and become competent in their safe and effective use:
 - a. Atrial blood gas and arterial line placement, BLS and ACLS protocols, central line placement, endotracheal intubation, initial ventilator management, nasogastric tube placement.
4. Demonstrate knowledge of and be able to counsel patients and/or families regarding the indications and contraindications for the following:
 - a. Acute hemodialysis, mechanical ventilation, PEG placement, transfusion

Medical Knowledge

1. Develop an understanding of the pathophysiology, clinical presentation, diagnostic studies, and therapy for the following:
 - Acute abdominal pain
 - Acute organ failure (adrenal, kidney, liver, respiratory)
 - Altered mental status and coma
 - ARDS
 - Cardiac arrest
 - Diabetic ketoacidosis
 - Disseminated intravascular coagulation
 - Hemoptysis
 - Heparin-induced thrombocytopenia
 - Hypertensive emergency
 - Status epilepticus

- Hypo/hyperthermia
 - Thyroid storm and myxedema coma
 - Marked electrolyte abnormalities
 - Status asthmaticus
 - Massive gastrointestinal bleeding
 - Shock
 - Massive pulmonary embolus
 - Severe stroke
 - Meningitis and encephalitis
 - Pancreatitis
 - Severe intoxication/overdose and withdrawal syndromes
2. Become knowledgeable in the following issues pertaining to critical care:
 - Enteral and parenteral nutrition; pharmacology of opioids, paralytic agents, sedation, and pressors; scoring systems for alcohol withdrawal, sedation, and severity of illness
 3. Understand the indications for ordering and interpretation of results from laboratory and diagnostic studies, including:
 - Arterial blood gas and interpretation of oxygenation and basic acid-base status; analysis of sputum, cerebrospinal, and pleural fluids; chest and abdominal radiographs; computed tomography of head, chest and abdomen; echocardiogram; NT-pro-BNP.

Practice-Based Learning and Improvement

1. Able to access current critical care clinical practice guidelines from the Society of Critical Care Medicine, journals, and other sources to apply evidence-based strategies to patient care.
2. Respond with positive changes to feedback from members of the health care team.

Interpersonal and Communication Skill

3. Demonstrate written, electronic, and verbal communication skills that facilitate the timely and effective exchange of information within the system.

Professionalism

4. Demonstrate a commitment to carrying out professional responsibilities
5. Educate patients in a manner respectful of gender, cultural, religious, economic, and educational differences on choice regarding their care.

Systems-Based Practice

6. Basic understanding that diagnostic and treatment decisions involve cost and risk and affect quality of care.

Contact: Dr. Nathaniel Robertson - Nathaniel.robertson@towerhealth.org
Attire: Business casual & white coat
What to bring: Stethoscope, reference book (Pocket Medicine is useful)
Hours: 7am – 4pm
Location: Phoenixville Hospital

OFF-SERVICE ROTATION

PHYSICAL MEDICINE AND REHABILITATION

Goals:

1. Develop an understanding of the role of PM&R in managing patients with musculoskeletal, neurologic, and functional impairments.
2. Learn interdisciplinary approaches to rehabilitation, especially in diabetic, geriatric, and post-operative patients.
3. Improve knowledge in biomechanics, orthotic/prosthetic management, and rehabilitation strategies applicable to podiatric patients.
4. Collaborate effectively with physiatrists, physical therapists, occupational therapists, and other team members.

Objectives:

Medical Knowledge

- Understand the indications, goals, and limitations of physical therapy modalities used in lower extremity rehabilitation.
- Learn about common neuromuscular disorders affecting gait and balance.
- Identify appropriate rehabilitation techniques for post-operative foot and ankle surgery patients.
- Understand the role of EMG/NCS, gait analysis, and functional assessments in rehabilitation planning.

Patient Care

- Perform a musculoskeletal and functional assessment relevant to podiatric concerns.
- Participate in rehabilitation goal setting and treatment planning.
- Monitor patient progress and modify treatment goals accordingly.
- Assist in fitting and assessment of orthoses, prosthetics, and adaptive devices.

Interpersonal and Communication Skills

- Communicate rehabilitation goals effectively with patients and interdisciplinary teams.
- Document functional assessments and rehabilitation plans clearly and concisely.
- Educate patients about home exercise programs, wound care, and activity modifications.

Professionalism

- Demonstrate sensitivity to cultural, socioeconomic, and disability issues in rehabilitation care.
- Exhibit respect and ethical conduct in interactions with patients and healthcare professionals.

Off-Service Rotation - Physical Medicine & Rehabilitation (continued)

Systems-Based Practice

- Recognize when to refer to or consult with PM&R for complex rehabilitation needs.
- Understand healthcare delivery systems including outpatient rehab, home health, and skilled nursing facilities.

Practice-Based Learning and Improvement

- Reflect on feedback and performance in PM&R setting to improve clinical practice.
- Review current evidence on rehabilitation outcomes for podiatric conditions.

<u>Contact:</u>	Andrew Isleib, MD - Andrew.isleib@towerhealth.org
<u>Attire:</u>	Business casual & white coat
<u>What to bring:</u>	Stethoscope, reference book (Pocket Medicine is useful)
<u>Hours:</u>	7am - 4pm
<u>Location:</u>	Premier Exton

OFF-SERVICE ROTATION

ORTHOPAEDICS

Overall Goal

To provide the podiatric resident with a comprehensive understanding of musculoskeletal pathologies and their management, focusing on integration of orthopaedic principles in the diagnosis, treatment, and surgical care of lower extremity conditions.

Objectives

Medical Knowledge

- Understand the pathophysiology, biomechanics, and clinical presentation of musculoskeletal disorders, particularly of the lower extremity.
- Demonstrate knowledge of congenital, traumatic, degenerative, and neoplastic musculoskeletal conditions.
- Learn the indications, contraindications, and expected outcomes of orthopaedic procedures (e.g., joint replacement, fracture management).

Patient Care

- Perform comprehensive musculoskeletal histories and physical exams.
- Participate in the assessment, diagnosis, and formulation of treatment plans under orthopaedic supervision.
- Assist in the management of orthopaedic patients in inpatient and outpatient settings.
- Recognize orthopedic emergencies and appropriate triage/referral.

Surgical Skills

- Gain exposure to and assist in surgical procedures relevant to the musculoskeletal system, particularly those involving the lower extremity.
- Demonstrate sterile technique, knowledge of surgical instruments, and understanding of procedural steps.
- Participate in post-operative care including dressing changes, wound assessment, and rehabilitation planning.

Interpersonal and Communication Skills

- Effectively communicate with orthopaedic attendings, residents, nurses, and allied health professionals.
- Clearly and accurately present cases during rounds and conferences.
- Document findings and treatment plans in the medical record appropriately.

Off-Service Rotation - Orthopaedics (continued)

Professionalism

- Demonstrate responsibility, punctuality, and professional behavior at all times.
- Respect patient confidentiality and autonomy.
- Adhere to ethical principles in the delivery of care.

Practice-Based Learning and Improvement

- Seek and incorporate feedback from supervising orthopaedic faculty.
- Engage in evidence-based practice by reviewing relevant literature.
- Reflect on personal performance and identify areas for improvement.

Systems-Based Practice

- Understand the multidisciplinary approach to patient care including physical therapy, prosthetics/orthotics, and social services.
- Demonstrate awareness of cost-effective care and resource utilization in orthopaedic treatment.

<u>Contact:</u>	Michael Messina, MD – Michael.Messina@towerhealth.org
<u>Attire:</u>	Business casual, Scrubs
<u>What to bring:</u>	Reference book
<u>Hours:</u>	6am-5pm, 1 week of call
<u>Location:</u>	Phoenixville Hospital, Limerick Surgery Center

OFF-SERVICE ROTATION

PAIN MANAGEMENT

Overall Goals

1. Develop a foundational understanding of pain physiology, particularly as it relates to the lower extremity.
2. Gain familiarity with multimodal pain management strategies, including pharmacologic and non-pharmacologic interventions.
3. Learn to assess, diagnose, and treat acute and chronic pain syndromes commonly encountered in podiatric practice.
4. Collaborate effectively with multidisciplinary teams in the care of patients with complex pain conditions.

Learning Objectives

1. Patient Care

- Accurately perform a focused pain assessment for lower extremity complaints.
- Develop differential diagnoses for common foot and ankle pain syndromes.
- Formulate individualized pain management plans incorporating both pharmacologic and non-pharmacologic modalities.

2. Medical Knowledge

- Describe the neurophysiology of pain, including peripheral and central sensitization.
- Understand indications, contraindications, mechanisms, and side effects of analgesics (e.g., NSAIDs, opioids, neuropathic agents).
- Identify interventional techniques relevant to podiatry, such as peripheral nerve blocks, corticosteroid injections, and radiofrequency ablation.

3. Interpersonal and Communication Skills

- Communicate effectively with patients regarding their pain management options, risks, and benefits.
- Coordinate care with pain specialists, primary care providers, physical therapists, and mental health professionals.

4. Professionalism

- Demonstrate empathy and professionalism when managing patients with chronic pain.
- Recognize and address potential issues of opioid misuse or dependency in a compassionate and ethical manner.

Office-Service Rotation - Pain Management (continued)

5. Systems-Based Practice

- Understand how to navigate pain management within the broader healthcare system, including referral pathways and insurance considerations.
- Participate in discussions about health policy and guidelines related to pain management and opioid prescribing.

6. Practice-Based Learning and Improvement

- Reflect on personal performance in managing pain patients and incorporate feedback.
- Use evidence-based resources to guide pain management decisions.

<u>Contact:</u>	Michael Lee, MD
<u>Attire:</u>	Scrubs, clean white coat
<u>What to bring:</u>	N/A
<u>Hours:</u>	7am-5pm M-F or as needed
<u>Location:</u>	Premier Exton, Malvern and Collegeville

BLOCK SCHEDULE 2025 - 2026

2025-2026												
Month	Dohvoma	Cardino	Fletcher	Nguyen	Hymms	Bisaria	Ress Liere	Yacu	Kim	Anchaluisa	Cassera	Phun
July 7/7-8/3	Monaco	Pod 3	Pod 4	Pain 7/7-20; Pod(5) 7/21-8/3	Vasc Surgery	ID 7/7-20; Anes 7/21-8/3	Miller	Pod 2	Miller	Pod 1	ED	IM
August 8/4-8/31	Pain 8/4-17; Pod(5) 8/18-31	Pod 4	Pod 3	Monaco	Miller	Pod 2	Vasc Surgery	Anes 8/4-8/17; ID 8/18-8/31	IM	Miller	Pod 1	ED
September 9/1-10/5	Pod 3	Monaco	Pain 9/1-14; Pod(5) 9/15-10/5	Pod 4	Pod 2	Vasc Surgery	Anes 9/15-10/5	Miller	ED	IM	Miller	Pod 1
October 10/6-11/2	Pod 4	Pain 10/6-19; Pod(5) 10/20-11/2	Monaco	Pod 3	ID 10/6-19; Anes 10/20-11/2	Miller	Pod 2	Vasc Surgery	Pod 1	ED	IM	Miller
November 11/3-11/30	Monaco	PMR	ICU	Pod 4	Miller	Rad 11/3-16; Psych 11/17-30	Pod 3	Pod 2	Miller	Pod 1	Anesthesia	Gen Surg
December 12/1 - 1/4	Pod 4	ICU	PMR	Monaco	Pod 2	Miller	Rad 12/1-14; Psych 12/15-1/4	Pod 3	Gen Surg	Miller	Pod 1	Anesthesia
January 1/5-2/1	ICU	Pod 3	Pod 4	PMR	Monaco	Pod 2	Miller	Rad 1/5-18; Ortho 1/19-2/1	Anesthesia	Gen Surg	Miller	Pod 1
February 2/2 - 3/1	PMR	Pod 4	Pod 3	ICU	Rad 2/2-15; Psych 2/16-3/1	Monaco	Pod 2	Miller	Pod 1	Anesthesia	Gen Surg	Miller
March 3/2 - 4/5	Pod 5	Practice Mgmt	Research	Pod 4	Pod 3	Miller	Monaco	Plastics	Miller	Pod 1	Pod 2	Ortho
April 4/6 - 5/3	Pod 4	Research	Practice Mgmt	Pod 5	Plastics	Pod 3	Miller	Monaco	Ortho	Miller	Pod 1	Pod 2
May 5/4 - 5/31	Practice Mgmt	Pod 4	Pod 5	Practice Mgmt	Monaco	Plastics	Pod 3	Miller	Pod 2	Ortho	Miller	Pod 1
June 6/1 - 6/30	Research	Pod 5	Pod 4	Research	Miller	Monaco	Plastics	Pod 3	Pod 1	Pod 2	Ortho	Miller
Issued: May 7, 2025												
ED Details												
Cassera	PHX 7/7-11 AM		Rotation Key Location				Pod House 1: PGY 1 responsible for PHX & PTS Hospitals: rounding, consults.					
	PHX 7/14-18 PM		Pod House - varies based on need				Scrub surgeries at PHX & PTS. Cover surgery center.					
	PTS 7/21-25 AM		Miller & Monaco - Premier Exton, Collegeville, Malvern									
	PTS 7/28-8/1 PM		Practice Management - Premier Exton				Pod House 2: Stationed at PTS hospital for surgeries & new consults when PGY 1 is not available. Scrub surgeries at hospitals. Covers surgery center.					
Phun	PM&R Premier Exton		ICU - PHX									
	PHX 8/4-8 AM		Vascular - PHX & PTS				Pod House 3: PGY 2 & 3 covers floors at PHX & PTS; rounding, consults.					
	PHX 8/11-15 PM		Plastics - PHX				Scrub surgeries t hospitals & covers surgery centers.					
	PTS 8/18-22 AM		Infectious Disease - PHX									
Kim	PTS 8/25-29 PM		Anesthesia - PHX				Pod House 4: Stationed at PHX hospital for surgeries & new consults when PGY 1 is not available. Scrubs at PHX & PTS & covers surgery centers.					
	PHX 9/1-5 AM		Radiology - PHX									
	PHX 9/8-12 PM		Behavior Science - PTS									
	PTS 9/15-19 AM		General Surgery - PHX & Limerick				Pod House 5: Rare, will be supervisory during early part of the year to ensure proper training of new first years. Utilized in the end of the year to transition each of the younger residents moving up.					
Anchaluisa	PTS 9/22 -26 PM		Internal Medicine - PHX									
	PTS 9/29-10/3 AM		Ortho - PHX & Limerick									
	PTS 10/6-10 AM		Pain Management - Premier Exton, Malvern, Collegeville									
	PTS 10/13-17 PM		Research - Premier Exton									
	PHX 10/20-24 AM											
	PHX 10/27-31 PM											

APPENDIX A

POLICIES

Link to manuals: <https://trh.ellucid.com/manuals/browseFacility/1>

PROGRAM SPECIFIC POLICIES

Podiatry Residency Program - Inclement Weather Policy

Title Podiatric Medicine & Surgery	Inclement Weather
Effective Date: 2/17/2025	Initiated by:
Revised Date:	Approved by: Dr. Jason Miller, Program

Overall Purpose:

In cases of inclement weather (e.g. snow), residents are expected to fulfill all patient care responsibilities or ensure appropriate coverage.

Procedures: (in the event of inclement weather)

1. In the event of inclement weather, residents at Phoenixville are required to follow the Tower Health Inclement Weather Policy. Residents who are off-site must follow each specific site's inclement weather policies.
2. Residents are expected to make appropriate travel arrangements and allow appropriate travel time, to ensure they can be present at the clinical site for patient care. Patient care responsibilities are of the utmost importance.
3. Residents must remain on-site as needed, until the next resident or other appropriate provider arrives.
4. Resident must attempt to make a voluntary call/night float trade, or find appropriate daytime coverage, if they anticipate difficulty getting to the clinical site.
5. In case of emergent inability to travel to the clinical site, despite having attempted the measures listed above, notify the attending, and/or (as appropriate) clinic staff, Chief Resident, training director, and program's office to utilize the backup call system for coverage and notify the resident(s) currently on-site of the need to remain on-site until a backup resident can get there. Please note that backup call residents may have similar difficulty getting to the site. The backup system should only be used when absolutely necessary, and the backup resident should be alerted as soon as possible, to maximize the chances that he/she will be able to get to the clinical site in time for call.
6. In all cases, chief residents must be contacted first and an adequate solution devised.

GLOBAL POLICIES

HUMAN RESOURCES POLICIES

ACADEMIC AFFAIRS POLICIES

APPENDIX B

Resident Evaluation Forms

(Actual evaluations to be completed
electronically in New Innovations)