

Cooper University Hospital

Podiatric Medicine and Surgery Residency Manual

(Updated 2025)

The following is a non-inclusive list of information that you will need to familiarize yourself with during your residency. For specific questions regarding pay, time off, and medical leave, please refer to your contract. Please do not hesitate to contact your Residency Coordinator, at 856-342-2282.

Mission Statement

The Cooper University Hospital's Podiatric Medicine and Surgery Residency program is designed to educate the podiatric medical school graduate in all aspects of podiatric medicine and surgery. This is a 3-year hospital based surgical training program. To accomplish this task the program seeks to provide an environment conducive to the accomplishment of the competencies identified in this manual.

General Program Goals

1. Develop and enhance diagnostic and management competencies in podiatric medicine and surgery.
2. Develop progressive levels of surgical skills in the management of foot and ankle conditions.
3. Develop the attitudes necessary to practice ethically.
4. Develop the resident's ability to plan appropriately for surgery.
5. Understand the factors involved in various practice models.
6. Understand the differences in the in-patient and out-patient medical models and methods for assuring quality of care and risk management in both settings.
7. Understand how systems of care are employed in managing complex patient issues.
8. Develop competency in research methodology and engage in scholarly activities.

Sites for training: The residents' training will occur at several Cooper University Hospital facilities including the Cooper University Hospital main campus, Cooper University Hospital Surgical Center at Voorhees, in addition to the offices of key Podiatric Staff educators, affiliated with the Cooper University Hospital.

Program Director: David M. Millili, DPM, certified by the American Board of Foot and Ankle Surgery, is the Program Director. He has the authority to administer all aspects of the residency training program. He will work in conjunction with the Division of Podiatric Medicine, the Department of Orthopaedics, and the Graduate Medical Education Committee to assure an optimal complement of excellent faculty to support all aspects of the training program.

Training Year: A block training schedule has been established. Rotation start dates will be established to begin near the first Monday of each month and months will be divided equally for 0.5 month-1-month rotations. Our Program follows all CPME 320 guidelines, which all residents must adhere to.

www.CPME.org/

Resident Responsibilities

- Members of the resident staff are expected to abide by the policies of Cooper University Hospital.
- **Work Rounds** – Residents should arrive at the hospital early enough to be prepared for work rounds. Labs, Imaging, and special tests should be reviewed prior to rounds. All rounds are to be completed prior to surgery or clinic.
 - Rounds allow the team to assess the status of the patient.
 - Work Rounds include pending an incomplete note on the patient.
 - Rounds must be completed prior to other activities such as surgery, journal club, Grand Rounds.
 - Upper years on service must round with the 1st years.
 - Residents are to remain in house and available until 5pm regardless of the number of patients on service.
- **Attending Rounds** – All patients are to be discussed with the attending on service. All new consults must be rounded on by the attending on service to formulate a plan of care.
- **Dictating Charts** – Dictating Operative Reports and Discharge Summaries is part of the skill set that we expect you to learn during your time as a resident. Prompt dictation of Op Reports (*Immediately Following Surgery*) and Discharge Summaries (*within 24 hours*) is a requirement. Non-compliance will result in suspension.
- **Admissions** – All H&Ps and orders related to admissions must be performed by the admitting resident and the senior resident on service should see the admitted patient to review the admission within 12 hours.
- **Consultations** – All consultations, even non-urgent consults, should be seen as soon as possible during regular working. Residents should not leave consults unseen for the day.
 - The attending on call should be notified of all consults and any recommended treatment prior to the administration of care.
 - DO NOT WRITE ORDERS without first discussing the case with your attending and the consulting medical attending or resident.
 - If questions remain, you may seek clarification from your Chief Resident.
- **Progress Notes** – Progress notes must be completed by the end of the day. They can be completed after the plan for the patient has been formulated with your attending.
- **Surgery** – Participating in surgery is a privilege. You are expected to be prepared for all surgical procedure. You should contact the surgeon prior to the scheduled procedure to review films, discuss plan, review choices for hardware, etc.
- **Logging Duty Hours** – This is a nationally developed policy for your safety, and you are required to log your duty hours as outlined by ACGME. If the PD/PA receives a notification of non-compliance (14 days) of logging, the first notification will be a warning, the second notification will result in an extra call day.
- **Logging in PRR** – see below. Program Requirements, Section VI
- **At all times, the patient is to be your first consideration.** Visit each of your patients at least once daily, giving them such conscientious care as the attending physician directs and write all notes, progress notes, consults and procedure notes in a timely fashion.
 - Provide privacy for patients during dressing changes and guard against unnecessary conversation within the hearing of a patient. Act professional and observe HIPPA.

- Never disparage any physician or hospital to the patient.
- Never disparage any physician, the hospital, your co-residents, or the residency program to visiting externs or students.
- Unless otherwise directed, discussions that are held between you and your attending(s) are to be considered confidential and should not be repeated to other residents/attending/staff without prior approval.

Program Requirements

I. **Academics:** *Educational meetings are designed to augment the clinical content of the program.*

Attendance is mandatory. A detailed calendar of lectures, workshops, conferences and journal clubs will be provided on a 6-month basis.

A didactic learning session will be held weekly.

A. Lectures: Lectures are designed to augment the clinical content of the program with respect to the goals and objectives of the program. 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.

APMA free online education series: <http://www.redrc.org/index.cfm>

DLS Conference Videos: <https://dlsconference.com/>

B. Journal Clubs: Journal club will be held 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. Participation is mandatory.

C. M&M/Quality & Safety Review: Morbidity and Mortality/Quality Improvement & Patient Safety Review will be held at least monthly. Participation is mandatory.

D. Cadaver Workshops– scheduled when available (every other month). Participation is mandatory.

E. Protected Academic Time- Protected time are sessions used to augment the residents' academic in study and research. It is required that the residents be present with attendance recorded, with no exception of outside rotations. Any alterations to the schedule of protected time must be approved by the Program Director and/ or chief resident. Emergent consultations will be managed by the on-call attending. Three hours weekly have been built into the resident schedule with this time designed for board review, chapter review, case logs or case studies.

**Academic Participation is a key component of successful completion of residency. All residents are expected to have 85% participation in academics, tracked every 6 months. Failure to meet this goal will result in residents not being eligible to graduate.*

- II. Resident evaluations:** Residents will be evaluated by each rotation director based on the goals and objectives to achieve competencies of each rotation.
- a. Failure to achieve a passing evaluation will result in need to repeat the rotation.
 - b. Failure to attend a rotation, leave early, or be tardy so as to jeopardize the supervising attending's ability to complete a passing evaluation of the rotation will result in disciplinary action up to and include suspension without pay and/or termination of the resident.
- III. Rotation and program evaluations:** The resident will fill out an evaluation on rotations, as well as an evaluation of key faculty members involved in their training experience at the end of the year. This provides the Program Director with continuous self-review and direct feedback from the residents participating in these educational training experiences.
- IV. Faculty Evaluations:** Residents will evaluate core faculty members involved in their training. These will be done on a yearly basis and will be anonymous.
- V. Semi-annual Resident Evaluations:** *The resident will have an evaluation that is comprised of all of key components reviewed in this manual (Attendance, Academic Participation, Rotation Completion, Logs, MAVs, Research). The evaluation will be performed and executed by the residency director and be a permanent part of the residents file.*
- VI. Logs:** Residents are responsible for maintaining their logs. Residents will be provided with access to an electronic program (*Podiatry Residency Resource*), which allows resident to log their patient encounters, surgical procedures, and didactic educational experiences. These logs will be required for Board Certification Patient logs - this will include a listing of the patients seen, including diagnosis and procedure performed, level of involvement. This log must comply with HIPAA rules and regulation. Logs are to be updated regularly and will be verified bi-weekly. Email reminders will be sent if you are falling behind in your logs. It is at the discretion of the residency director if you need to be pulled from your rotations to get your logs up to date.

INCOMPLETE LOGS MAY RESULT IN A RESIDENT BEING PULLED FROM A ROTATION UNTIL COMPLETE. THIS COULD THREATEN THE COMPLETION OF THE RESIDENCY PROGRAM, SO BE CONSISTENT WITH LOGGING YOUR DATA. LOGS ARE TO BE UPDATED ASAP. THEY MUST BE CURRENT UP TO TWO WEEKS.

VII. Minimum Activity Volume: **detailed in CPME 320 Document*

Patient Care Activity Requirements (MAV's)

Case Activities

Foot and ankle surgical cases (PMSR/RRA) 300

Trauma cases 50

Podopediatric cases 25

Other podiatric procedures 100

Lower extremity wound care 50

Biomechanical examinations 50

Comprehensive history and physical examinations 50

Procedure Activities PMSR/RAA

First and second assistant procedures (total) 400

At least 33% of all procedure codes as first assist

One code must not represent more than 33% in each category or subcategory

First assistant procedures:

Digital procedures 80

First ray procedures 60

Other soft tissue procedures 45

Other osseous foot surgery procedures 40

Reconstructive Rear foot/ankle procedures 50

IT IS THE RESIDENT'S RESPONSIBILITY TO HAVE AN ACURATE AWARENESS OF MAV REQUIREMENTS AND WHAT THEIR STATUS IS REGARDING SUCH ON A MONTH-MONTH BASIS.

VIII. Research Manuscript

Each resident is expected to complete a research project/paper for submission to a peer reviewed journal. At the beginning of the program, each resident should request an attending to work with as a mentor. Benchmarks will be set to track research progress. Goals will be set semi-annually and re-evaluated during resident evaluations.

IX. Education Money and Conferences

Each resident has a yearly allowance for education. All reimbursements must be submitted within 30 days of the expense. All monetary allowances must be used by April 30 in the applicable academic year.

X. Unplanned Absences/Sick Days

If there is an outstanding circumstance that requires you to be unexpectedly absent during a rotation, you must contact the residency director, the residency coordinator, and the chief resident via e-mail to inform them of your absence. If you are on an outside rotation, you must also contact the appropriate contact person from that rotation.

XI. Vacation Policies

- Specific vacation time and personal days are outlined in individual contracts.
- Residents must submit all vacation requests to the chief resident and the Podiatric Residency Coordinator 3 months prior to requested time off (exceptions granted at the discretion of the PD).
- No more than 1 week of vacation at a time (7 consecutive days).
- No more than 2 residents can be off at the same time.
- Vacation should not be taken during outside rotations, particularly during a 2-week long rotation. (This could result in a failure of the rotation).
- Missing a mandatory Conference or Cadaver Workshop that was not planned time off will count toward your PTO.

- During the month of July, only 1-2 days can be taken off due to intern training. No weeklong rotations during July

Extern/Student Clerkships

- Students spend time with us primarily for an educational experience. We should consider this when planning their day and they should be treated, at all times, with respect.
- An effort should be made to teach students/externs. Files of cases, x-rays, and lectures should be kept for this purpose. You will find that teaching students reinforces your own knowledge.
- Challenging questions are allowed and even expected, but not acceptable if it is extreme or malicious.
- Remember that students are prospective residents of the program. Never disparage any physician, the hospital or the residency program to visiting students. Private matters concerning the residency program should not be discussed in front of the students.

XII. Appeal

- **A.** The Resident shall refer any grievance or dispute to the Designated Institution Official (DIO) at Cooper University Hospital within ten (10) working days of the earliest of the following:
 1. Verbal or written notification to the Resident of the adverse determination or decision on which the grievance or dispute is based;
 2. If based on other than an express determination or decision rendered concerning the Resident, the occurrence of the events upon which the grievance or dispute is based.
- B.** Upon receipt of notification of the grievance or dispute, the DIO or their designee shall investigate and reach a decision, in writing, within ten (10) working days. Should the resident perceive a conflict of interest by the DIO, the resident may elect to have the Chief Medical Officer (CMO) fulfill the responsibilities.
- . Within ten (10) working days of receipt of notification of the decision of the DIO, further appeal by any party will be to the Chair of the Graduate Medical Education Committee (GMEC). The Chair of the GMEC will convene a panel composed of: the Chair of the GMEC, or his/her designee, the Vice President of Human Resources, or his/her designee, and a member of the Active Medical Staff of Cooper University Hospital to be appointed by the Resident. A Due Process Panel Chair shall be selected by the panel members. An appeal review meeting shall be held within ten (10) working days after receipt of the notice to further appeal. Should the Chair of the GMEC be a faculty member of the department involved, he/she will appoint another physician member of the GMEC, to sit in his/her place. The appeal review meeting shall be conducted in the following fashion:
 1. The DIO, the Department Chair, or their designee shall first present the adverse determination/ decision, or occurrence of events involving the Resident.
 2. The Resident shall then present his/her grievance and/or dispute.

3. The panel may question either party, may request input from other persons, and may request that information be assembled, as it deems necessary.
 4. The Resident or the Program may request that the panel hear information from other individuals. This request must be in writing, to the Chair of the GMEC, at least 2 business days prior to the hearing. The Chair of the GMEC will inform the requesting party if the panel will hear the individual. The panel has full and final right to determine who will be heard at the appeal review meeting.
- D. The panel shall exercise full control over the due process procedure as it deems appropriate to ensure its orderly completion, including but not limited to, the exclusion of verbal and/or written presentations considered to be irrelevant, extraneous, scandalous, unduly time consuming, cumulative, or otherwise inappropriate. A written decision from the panel will be issued within three (3) working days at the conclusion of the appeal review. The decision of the panel shall be final and binding on all parties and shall conclusively determine the subject matter of the dispute.
 - E. This due process procedure is not a court proceeding and rules of evidence or other formalities associated with judicial proceedings do not apply. The resident may bring one support person (legal or personal). The person may remain in the room during the panel discussion but will have no voice in the proceedings. No recording devices will be permitted. The hospital will provide an individual to record and transcribe the proceedings.

XIII. Remediation:

In the event of a question of either professional conduct or competence, remediation may be required. This may include repeating rotations at the end of the program

IX. Rotations and Competencies

- ANESTHESIA – PAIN** This rotation is part of the Podiatric Residents CORE rotations. This two-week rotation is with the Department of Anesthesia and Pain Management of Cooper University. This rotation will expose the resident to all facets, both pre, intra, and postoperatively of anesthesia care of the patient who is to undergo a surgical procedure. In addition, the resident will be actively involved in the assessment and treatment options of the patient undergoing pain management. The experience is designed to enhance the resident's appreciation for various anesthesia methods and their relation to the Medical, Surgical, and Podiatric patient. The resident will participate to the extent that the assigned attending feels appropriate to his/her abilities. The resident will attend all conferences and didactic activities required of them during the two-week rotation.

Objective:

1. The resident will work to enhance their knowledge base of anesthesia agents and care.
2. The resident will work with the anesthesia personnel to better understand and learn the various methods of anesthesia care to include, but not limited to, local anesthesia administration, regional anesthesia, and general endotracheal anesthesia.
3. The resident will enhance their ACLS training in the management of a patient's airway.

include but not limited to, tachycardia, bradycardia, malignant hyperthermia, anaphylaxis, and IV line infiltration.

7. The resident will enhance their ability to establish an airway.
8. The resident is to work with the anesthesia personnel and accept constructive criticism professionally, when offered.
9. The resident will display flexibility when asked to perform didactic, clinical, and administrative tasks by the Department of Anesthesia.
0. The resident will perform their responsibilities with a level of competency and completeness that is consistent with the rules and regulations of the Department of Anesthesia, hospital bylaws and federal guidelines.
1. The resident is to be punctual to all activities he/she is assigned to by the Department of Anesthesia.
2. The resident will display interpersonal and professional behavior consistent with the ethical standards set up by the Department of Anesthesia.
3. The resident will become familiar with the diagnosis and differentials of the patient with chronic pain and the various etiological factors causing disability.
4. The resident will familiarize themselves with the various treatment options in the patient with chronic pain, to include the pharmacological methods using oral, topical, IM, and IV agents, physical therapy, surgical intervention, and psychiatric therapy.

- **EMERGENCY MEDICINE-** Rotational Intent and Teaching Format: This rotation is part of Podiatric Residents CORE rotations. This four-week rotation is with the Department of Emergency Medicine at Cooper University. This rotation will expose the resident to a busy inner-city emergency department and gain further experience in the triage, history taking, and full-body physical examination of the emergency patient. The resident will have successfully complete the ACLS course prior to the start of the rotation. The resident will function as a PGY-1 house officer and will be assigned patients on a next-in-line basis. Shifts worked include 7:00 am to 7:00 pm, 12:00 noon to 12:00 midnight, and 7:00 pm to 7:00 am, on a rotating basis. The resident will report to the Chief of Emergency Medicine.

Objectives:

1. The resident will work independently and with the house staff to enhance their basic knowledge of Emergency Medicine principles.
2. The resident will be able to demonstrate the ability to perform a full-body history and physical.
3. The resident will demonstrate the ability to accurately assess, triage and treat patients who present to the ER as deemed appropriate by the emergency medicine supervising attending.
4. The resident will demonstrate the ability to evaluate and suture lacerations, evaluate and initially treat fractures, order appropriate laboratory and radiologic tests, and act appropriately in an emergency situation, as deemed appropriate by the supervising attending.
5. The resident will enhance their ACLS training and gain exposure to reading EKGs, standard radiographs, ultrasounds, and diagnostic testing.
6. The resident will enhance their experience in dealing with the psychosocial aspects of emergency care.

7. The resident will familiarize themselves with the proper use and technique of a wicks catheter in the treatment of compartment syndrome.
8. The resident will display interpersonal and professional behavior consistent with the ethical standards set by the Department of Emergency Medicine.
9. The resident is to be punctual to all activities he/she is assigned to by the Department of Emergency Medicine.

- **Dermatology-** This rotation is part of the Podiatric Residents CORE rotations. This two-week rotation is with the staff and faculty of the Department of Dermatology at Cooper University. This rotation is designed to familiarize the resident with the medical evaluation, treatment modalities, and treatment options in the patient with Dermatological disorders. The resident will assist the Dermatology faculty and their professional support staff to the extent that the assigned attending feels appropriate to his/her abilities. The resident will attend and participate in all conferences and didactic activities required of them during their two-week rotation.

Objectives:

1. The resident will work to enhance their knowledge of basic Dermatological disorders.
2. The resident will be able to perform a history and physical as it pertains to the patient with dermatological condition, as deemed appropriate by the attending physician.
3. The resident will establish a working understanding of the various pharmacological agents used in the treatment of the Dermatology patient.
4. The resident will assist the Dermatologist in basic operative technique as deemed appropriate by the attending.
5. The resident will display the ability to order and interpret laboratory diagnostic exams for the patient on the Dermatology service.
6. The resident will display interpersonal and professional behavior consistent with the ethical standards set forth by the Department of Dermatology.
7. The resident will demonstrate the appropriate willingness to work and participate in all tasks asked of them by the attending dermatology staff.
8. The resident is to be punctual to all activities he/she is assigned to by the Department of Dermatology.

- **Orthopaedic Surgery-** The rotation in Orthopaedic Surgery is part of the Departmental core rotation and is comprised of a 4 week time frame in both the PGY-2 and PGY-3 year. The resident, during this time period, will participate in the departmental undertakings both didactic and patient related, as deemed appropriate by the Orthopaedic supervising attending. The rotation will expose the resident to the various disciplines within the Department of Orthopaedics. The resident will make themselves available to follow patients, attend rounds and conferences, and assist in surgery at the discretion of the attending surgeon. The resident will attend all conferences and didactic activities required of them by the Department of Orthopaedics during the months rotation.

Objectives:

1. The resident will participate as a member of the Orthopaedic team in which they are assigned.

2. The resident is to be able to perform a pre-operative surgical history and physical on the patient who is on the Orthopaedic service.
3. The resident will work to enhance their knowledge of general orthopaedic principles.
4. The resident will familiarize themselves with the principles of internal fixation.
5. The resident will participate in the triage and evaluation of the orthopaedic acutely injured patient.
6. The resident will familiarize themselves in the indication for the use of external fixation.
7. Will work to enhance their understanding of surgical principles as it pertains to the musculo-skeletal system.
8. Will familiarize themselves with the principles of closed fracture reduction.
9. The resident will be able to identify and adhere to open fracture management and protocol.
5. Familiarize themselves with non-operative management options in the orthopedically injured patient to include the use of immobilization techniques, physical therapy, and prosthetic and bracing options.
6. The resident will work to enhance their ability to sequentially evaluate and order the appropriate diagnostic testing of the orthopaedic patient to include standard radiograph, CT scan, MRI, ultrasound and bone scan.
7. The resident will familiarize themselves with the differential diagnosis of the patient with suspected compartmental syndrome and the proper indication and use of the compartmental testing catheter.

□ **Behavioral Science-** The rotation and exposure in Behavioral Science is designed to enhance the resident's appreciation of the psychosocial aspects of the disease process and increase the resident's ability to work with patients of varying cognitive and behavioral levels. The Behavior Science rotation is part of the Core rotation requirements and is an ongoing integral part of the residents training experience. The rotation is meant to enhance the residents appreciation for working in the urban environment will gain experience with the emotional and behaviorally distressed, the chemically dependent, and both the mentally and physically handicapped. Components of the residents Behavior Science experience includes, but is not limited to their clinical exposure. Assessment of psychosocial and cultural issues is a continuous component of the resident's maturity and are enhanced in their mandatory block rotation of Emergency Medicine, Internal Medicine, and Infectious disease. Additional exposure to an advanced level of psychological disorders is available in an elective Psychology rotation.

OBJECTIVES

1. The resident will be able to obtain an informed consent through an interpreter and recognize the legal and emotional implications associated with such procedure.
2. The resident will be able to demonstrate the essential components of the physician-patient relationship, including interviewing skills, non-verbal communication, and expressions of empathy and understanding.
3. The resident will demonstrate the appropriate communication skills in the management, and treatment of patients emotionally distressed, agitated, and/or diagnosed with OBS.

4. The resident will demonstrate the ability to appropriately manage individuals being treated for chemical dependency or who is seeking a deemed unnecessary level of pain management medication.
5. The resident will recognize evidence of physical abuse and demonstrate the proper notification procedures.
6. The resident will demonstrate the ability to perform a history and physical on the mentally and physically handicapped patient.
7. The resident will demonstrate the ability to formulate and administer an appropriate treatment plan on the mentally and physically handicapped patient.
8. The patient will be able to work closely with the social workers and discharge planners to arrange long term placement and treatment of their patients.
9. The resident will be able to discuss the cause and effects of life changes on health and disease.
8. The resident will enhance their ability to become a team member in the treatment of the patient under the care of the division of psychiatry, as deemed appropriate by the medical attending.

- **Internal Medicine**-Rotational Intent and Teaching Format: This rotation is part of the Podiatric Residents CORE experiences. This one-month rotation is on the teaching service of the Division of Internal Medicine at Cooper University. This rotation will expose the resident to the management and evaluation of the medical patient. The extent of the resident's management and clinical hands on will be determined by the division chief but the experience is designed to give the Podiatric Physician the opportunity to experience, practice, and participate, in patient medical care. The resident shall be assigned to a team by the Chief resident or his/her designee. The resident will take call, manage patients, and participate on the medical service to the extent that the Attending Physician feels appropriate to his/her abilities. The resident will attend rounds and contribute to all didactic activities and conferences during the month block.

Objectives:

1. The resident will improve his/her knowledge base of Internal Medicine.
2. The resident will contribute to rounds and Internal Medicine conferences.
3. The resident will exhibit the ability to perform a global Medical History and Physical.
4. The resident will show a basic competency in reading EKGs.
5. The resident will be able to order and interpret Lab Test in correlation to the management of the patient on Medical service.
6. The resident will be able to medically manage the patient with diabetes mellitus, to include monitoring blood glucose levels and the writing of hyper/hypoglycemic orders under the supervision of the medicine attending.
7. The resident will be able to discuss the effects of drug interactions as it pertains to Management of the medical patient.
8. The resident will prove the ability to formulate an initial treatment plan and coordinate care with his/her team.
9. The resident will maintain current medical records as set forth by the bylaws of Cooper University.

8. The resident will dictate his/her medical records in a timely fashion.
9. The resident will adhere to all hospital and departmental policies.
10. The resident will display interpersonal and professionalism consistent with a member of a medical team.
11. The resident will act independently under the supervision of his/her medical team.
12. The resident is to be punctual to all activities he/she is assigned to by the Department of Medicine.
13. The resident will learn to accept constructive criticism in a professional manner.

- **Infectious Disease-** This rotation is part of the Podiatric Residents PROGRAM CORE rotations. This one-month rotation is with the Department of Infectious Disease at Cooper University Health Care. During this rotation, the resident will become part of an Infectious Disease team and work closely with the attending physicians and fellows treating patients with an infectious process. The objective for the resident is to secure a foundation in the diagnostic, evaluative, and treatment, of all aspects of infectious disease to include bacterial, fungal, parasitic, and viral. The experience is designed to enhance the resident's ability to independently treat patients with infections and be able to provide appropriate alternatives to given events such as complications and resistance to therapeutic agents. The resident will participate to the extent that the assigned attending feels appropriate to his/her abilities. The resident will attend all conferences and didactic activities required of them during the month rotation.

Objective:

1. The resident will work to enhance their knowledge base of treating infections, both systemic and local.
2. The resident will be able to perform an appropriate systemic History and Physical on the patient with an infectious process.
3. The resident is to be able to order the appropriate laboratory tests and properly interpret the results as it pertains to the patient with an infectious process.
4. The resident will be able to recommend, order, and interpret, supportive diagnostic testing as it pertains to the patient with an infective process.
5. The resident will be able to recommend a primary therapeutic agent, with alternatives in the treatment of the patient with an infectious process.
6. The resident will be able to recognize both systemic and local complications of given therapeutic agents and offer alternatives to both resolution of that complication and additional treatment options.
7. The resident will be prepared to contribute to Infectious Disease rounds, conferences, and didactic activities as required by the department of Infectious Disease.

General Surgery- This rotation is part of the Podiatric Residents CORE rotations. This 2-4 week rotation is with the Department of General Surgery at Cooper University. This rotation will expose the resident to the peri-operative, surgical, and post-operative care of the non-Podiatric patient under the service of General Surgery. The resident will assist the General Surgeon and their professional support staff to the extent that the assigned attending feels appropriate to his/her ability. The resident will attend all conferences and didactic activities required of them during the rotation.

Objectives:

1. The resident will work to enhance their knowledge of basic General Surgery principles.
2. The resident is to assist the General Surgery operative team by retracting, suturing, hand tying, as deemed appropriate by the primary surgeon.
3. The resident will be able to perform a pre-operative surgical history and physical on the patient who is on the General Surgery service.
4. The resident will display the ability to order and interpret laboratory diagnostic exams for the patient under the service of General Surgery.
5. The resident will enhance their understanding of the appropriate surgical nutritional needs of the patient on General Surgery service.
6. The resident will be able to discuss how to recognize, evaluate, and manage postoperative complications of the General Surgery patient.
7. The resident will be prepared to contribute to surgical rounds, conferences, and didactic activities of the General Surgery service.
8. The resident will display interpersonal and professional behavior consistent with the ethical standards set by the Department of General Surgery.
9. The resident will demonstrate an appropriate willingness to work and participate in all tasks asked of them by the attending surgery staff.
10. The resident is to be punctual to all activities he/she is assigned to by the Department of General Surgery.

- **Plastic Surgery-** This rotation is part of the Podiatric resident's mandatory surgical specialty core. This two-week rotation in the PGY-2 year occurs with the Cooper University Physicians Department of Surgery, Division of Plastic Surgery. The resident will have direct participation in patient care and surgery at the discretion of the attending physician based upon the resident's abilities and skills. Objective is to expose the resident to the principles of advanced tissue handling protocol, wound healing, reconstructive surgical techniques, and management both pre-operative and post-operative of the patient undergoing plastic surgery. The

resident will abide by all of the rules, and regulations as outlined by the Department of Plastic Surgery.

Objectives:

1. The resident will work to enhance their understanding of the principles of wound healing both normal and abnormal.
2. The resident will work to enhance their understanding of proper tissue handling and suturing technique, as deemed appropriate by the attending plastic surgeon.
3. The resident will familiarize themselves with the different types of suture materials, their properties, and the intra-operative indications for use.
4. Will familiarize themselves with the clinical indications, techniques and limitations associated with partial and full thickness skin grafts, rotational, pinch, and free flaps.
5. The resident will take part in the pre-operative work-up and testing needs of the patient who is to undergo plastic surgery.
6. The resident will work to enhance their knowledge in the management, pre-, intra-, and postoperatively of the patient with hypertrophic scars and keloids.
7. The resident will familiarize themselves with the management of the patient with thermal insult, both burn and frostbite.
8. The resident will work to enhance their experience to become a member of the plastics team.
9. The resident will make themselves available for and participate in all didactic activities asked of them by the Department of Plastic Surgery.

- **Vascular Surgery-** This rotation is part of the Podiatric Residents core rotation. This two-week rotation is with the Department of Surgery Division of Vascular Surgery at Cooper University. This rotation will enable the resident to gain experience in the physical examination and work- up of the patient with peripheral vascular disease. It will expose the resident to general surgical principles of fluid and electrolyte balance, blood loss and replacement, and surgical nutrition.

Objectives:

1. The resident shall demonstrate the ability to perform a history and physical on the patient with peripheral vascular disease.
2. The resident shall demonstrate the ability to order and interpret tests for the patency of the peripheral vasculature, including PVR, Doppler ultrasound, thermography, arteriogram, impedance plethysmography, and venogram.
3. The resident shall demonstrate an understanding of the treatment of the local manifestations of peripheral vascular disease.
4. The resident shall demonstrate an understanding of fluid and electrolyte balance, blood loss and replacement, central line placement, surgical nutrition.
5. The resident shall demonstrate the ability to diagnose and treat surgical infections.
6. The resident shall demonstrate the ability to perform a history and physical on the patient with peripheral vascular disease.
7. The resident shall demonstrate the ability to order and interpret tests for the patency of the peripheral vasculature, including PVR, Doppler ultrasound, thermography, arteriogram, impedance plethysmography, and venogram.

8. The resident shall demonstrate an understanding of the treatment of the local manifestations of peripheral vascular disease. .
9. The resident shall demonstrate an understanding of fluid and electrolyte balance, blood loss and replacement, central line placement, surgical nutrition.
10. The resident shall demonstrate the ability to diagnose and treat surgical infections.
11. The resident shall demonstrate the ability to perform a history and physical on the patient with peripheral vascular disease.
12. The resident shall demonstrate the ability to order and interpret tests for the patency of the peripheral vasculature, including PVR, Doppler ultrasound, thermography, arteriogram, impedance plethysmography, and venogram.
13. The resident shall demonstrate an understanding of the treatment of the local manifestations of peripheral vascular disease. .
14. The resident shall demonstrate an understanding of fluid and electrolyte balance, blood loss and replacement, central line placement, surgical nutrition.
15. The resident shall demonstrate the ability to diagnose and treat surgical infections.

- **Radiology-** This rotation is part of the Podiatric resident CORE rotations. This two-week rotation is with the Department of Radiology at Cooper University. This rotation will expose the resident to the inner workings of a University Radiology department and is designed to enhance the residents understanding of the imaging and evaluative process. The resident will have the ability to interact and observe all diagnostic radiology to include general, musculoskeletal, interventional, and special studies. The resident will be assigned, sit, and discuss pathology with the radiology personnel on a daily basis and participate to the proctor's discretion as to his/her ability. The resident will attend all conferences and didactic activities required of them by the Department of Radiology during their two-week rotation.

Objectives:

1. The resident will become familiar with the fundamental workings of a Radiology Department.
 2. The resident will work to enhance his/her knowledge base of diagnostic radiology.
 3. The resident will learn the fundamentals of reading and interpreting a chest x-ray.
 4. The resident will enhance their ability to interpret musculoskeletal radiographs.
 5. The resident will be able to discuss the fundamentals in the use of nuclear medicine scans and show a basic competency in their interpretation.
 6. The resident will display a fundamental ability to read, discuss, and interpret lower extremity angiograms.
 7. The resident will be able to read, discuss, and interpret MRI imaging of the Foot and Ankle.
 8. The resident will be able to read, discuss, and interpret CT imaging of the Lower extremity.
 9. The resident is to be on time, prepared and contribute to all didactic activities he/she is assigned to by the Department of Radiology during their rotation.
- **Wound Care-** The treatment of the wounded patient is an issue of increasing concern and need for physicians alike. Treatment of chronic wounds very often encompasses a team approach of medical professionals comprised of many medical and surgical specialties to include Vascular

medicine, Internal Medicine, Podiatrists, Physical Therapist and plastic surgery to mention a few. 1 8
The goal of the rotation is to provide the resident with an opportunity to evaluate and manage wounds and related complications commonly seen in the general medicine and surgical practices. Focus will be the pathophysiology of wound healing, covering topics such as co morbidities and the wound physiology, and products, advanced reconstructive options of the wounded patient, osteomyelitis, wound complications and biomechanical/ anatomical variants to wounds development and offloading. The resident will develop an understanding and appreciation of the basic pathophysiology, evaluation and management of the

Objectives:

1. All residents will be able to provide compassionate, culturally-sensitive and appropriate care for patients to prevent and treat chronic wounds.
2. Residents will demonstrate the ability to take a pertinent history and physical, focused to the wounded patient.
3. Residents should be able to characterize the following physical findings and characteristics; acute wounds and their etiology, anatomical pressure variants, BMI evaluation, arterial insufficiency to include both large vessel PVD and peripheral angiopathy, venous system disease and treatment strategies to treat the venous wound, cutaneous skin abnormalities, nail pathology with accompanied risks, wound staging, treatment options in the management of osteomyelitis, and nutritional options for the wounded patient.
4. Residents are to understand the indications, contraindications and complications to the following tissue manipulation techniques; wound debridement, both excisional, non-excisional incisional biopsies. Both bone and soft tissue, wound culturing both superficial and deep, and sterility in performing such procedures.
5. The resident will develop an understanding and appreciation of the basic pathophysiology, evaluation and management of the following conditions seen in the wound care practice: arterial wounds, burns, soft tissue infection/ cellulitis, osteomyelitis both acute and chronic, diabetic foot ulcerations, lymphedema, necrotizing soft tissue infections, neuropathic ulcerations post- operative dehiscence and non-healing incisions, pressure ulcerations, and venous stasis wounds.
6. Pathophysiology of normal healing cascade and wound healing with identifiable alteration in the wound healing process leading to chronic wound status.
7. Conservative wound treatment strategies to include the use of topical agents, wound care dressings, anatomical control of edema, biological dressings and grafts, and tissue manipulation.
8. The role in specialized wound care therapies and modalities to include negative pressure therapy, negative galvanic stimulation, intermittent compression therapy and hyperbaric medicine.
9. Possible cause of treatment failure.
0. The role of bone reconstruction, resection and amputation to include digital, ray, forefoot (TMA), Mid-foot, Choparts, distal symes, below knee, above knee and hemi-pelvinectomy.
1. Soft tissue manipulation to include skin grafts, rotational flaps and free flaps.
2. Antibiotic usage to include topical, oral, intravenous, bone approximation and bone insertion in the wounded patient with osteomyelitis. Infection control procedures.

3. Appropriate understanding for the ordering, handling and interpretation of the following laboratory values and procedure; wound cultures, bone cultures, serum chemistries, CRP and sed rate.

Resident	PGY-1	PGY-1	PGY-2	PGY-2	PGY-3	PGY-3
July	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry
August	Internal Medicine 8/4-8/31/25	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry (2) EM (2) 8/11- 8/24/25
September	Podiatry	Internal Medicine 9/1-9/28/25	Podiatry	Podiatry	EM (2) 9/1- 9/14/25 Podiatry	Foot & Ankle 9/1-9/28/25
October	Radiology (2) 10/6-10/19/25 Podiatry (2)	Podiatry	Ortho Trauma 10/6-11/2/25	Podiatry	Foot & Ankle (2) 10/6-11/2/25	Podiatry
November	Podiatry	Podiatry (2) Radiology (2) 11/17-11/30/25	Psych (2) 11/3-11/16/25 Podiatry (2)	Podiatry	Dermatology (2) 11/3-11/16/25 Foot & Ankle (2) 11/17-11/30/25	Foot & Ankle (2) 11/3-11/16/25 Dermatology (2) 11/17-11/30/25
December	Anesthesia (2) 12/1-12/14/25 Podiatry (2)	Podiatry (2) Anesthesia (2) 12/15-12/28/25	Podiatry	Psych (2) 12/1-12/14/25 Podiatry (2)	Podiatry	Foot & Ankle 12/1-12/28/25
January	Infectious Disease 12/29-1/25/26	Podiatry Wound Care (2) 1/12-1/25/26	EM (2) 12/29-1/11/26 Podiatry (2)	Podiatry (2) EM (2) 1/12-1/25/26	Vascular (2) 12/29-1/11/26 Podiatry (2)	Podiatry
February	Podiatry (2) Wound Care (2) 2/9-2/22/26	Infectious Disease 1/26- 2/22/26	Podiatry	Foot & Ankle 1/26- 2/22/26	Podiatry	Podiatry Vascular (2) 1/26- 2/22/26
March	Gen Surgery (2) 2/23/26-3/8/26 Podiatry (2)	Podiatry (2) Gen Surgery (2) 3/9--3/22/26	Foot & Ankle 2/23-3/22/26	Podiatry	Boards Podiatry	Boards Podiatry
April	Podiatry	Podiatry	Foot & Ankle 3/23- 4/26/26	Ortho Trauma 3/23-4/26/26	Foot & Ankle 3/23-4/26/26	Podiatry
May	Podiatry	Podiatry	Plastics (2) 4/27-5/10/26 Podiatry (2)	Podiatry (2) Plastics (2) 5/11-5/24/26	Podiatry (2) Foot & Ankle (2) 5/11-5/24/26	Foot & Ankle (2) 4/27-5/10/26 Podiatry (2)
June	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry