

Hackensack
Meridian *Health*
Palisades Medical Center

Office of Academic Affairs

Podiatric Medicine & Surgery
Residency

RESIDENCY MANUAL

2025 - 2026

7600 River Road
North Bergen, NJ 07047

201-710-2761

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Introduction

This manual is designed to be a resource to assist you in maneuvering through your Podiatric Medicine and Surgery Residency with the added credential in Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA) residency training program. It includes policies, procedures, schedules, expected competencies and a myriad of other material which we hope will be useful to you. In addition to this document, you are also expected to be familiar with, and adhere to the “HMH Palisades Graduate Medical Education Policies and Procedures Manual”.

Role and Responsibility

Welcome to Hackensack Meridian *Health* Palisades. The goal of the residency program is to provide effective, quality patient care and a stimulating academic environment to support your further educational growth and development. Your primary responsibility is to your patients. To that end, all of the resources of the Medical Center are committed and available to assist you.

To assure the availability of adequate teaching and supervision, health care providers are directly and immediately available to assist in-patient care, technical and operational issues, and manage all of the teaching services.

We are sure you will find this 36 month academic program challenging and satisfying.

Mission Statement of the Program

The Podiatric Medicine and Surgery Residency with the added credential in Reconstructive Rearfoot/Ankle Surgery is a 36 month podiatric residency program at HMH Palisades. In keeping with the mission of our sponsoring institution, it is designed to provide the academic and clinical foundations for the Doctor of Podiatric Medicine. Our mission is to train individuals who will provide high quality, cost-effective, compassionate and accessible care to all patients.

The Program seeks to:

- Sensitize students to the diversity of health care needs and the impact of socioeconomic factors on health care. We believe that tolerance, understanding, and cultural sensitivity are vital attributes needed by health care professionals practicing in a vibrant and highly diverse urban environment.
- Encourage and motivate our residents to return to their communities and improve the access to quality health care.
- Foster the development of the interpersonal skills, attitudes and behavior that are needed to function competently, confidently, and compassionately as health care professionals
- Develop an understanding of the role of the podiatrist within the healthcare system, the provision of health care services, health promotion and disease prevention.
- Integrate the basic sciences, social sciences, medical education and clinical training to provide a comprehensive introduction to the practice of podiatric medicine and surgery.
- Provide the competencies necessary to allow the graduate to ultimately achieve Board Certification status by the American Board of Podiatric Medicine and The American

Board of Podiatric Surgery for both Foot Surgery and the added credential for Reconstructive Rearfoot/ Ankle Surgery.

- Develop competencies in written and oral communication skills. We believe that clinicians must be able to communicate clearly with their peers and with their patients.
- Develop learning strategies for life-long learning.
- Encourage collaboration in learning and working.
- Encourage the students to empower their patients and advocate for their needs.
- Serve as role models in the medical community.

Program Goals:

The Program is designed to provide residents with the necessary academic, clinical, professional and interpersonal skills to allow them, as newly graduated podiatrists, to function competently, confidently, compassionately, and efficiently.

Through a critical, continuous and dynamic self-assessment, the program will identify and implement changes necessary to maintain the highest possible standards as outlined in Document 320 of the Council on Podiatric Medical Education.

The Program seeks to sensitize residents to the diversity of the patient population and their health care needs. The impact of socioeconomic factors on health care will be continual focus, with a hope of promoting non-discrimination and inspiring graduates to work in communities that have been traditionally underserved.

It is a goal of the Program to provide the student with the desire and strategies to pursue learning as a lifelong process and to maintain the highest level of knowledge and commitment

Values central to our mission:

*Respect
Integrity
Compassion
Excellence
Education*

Our program is accredited through the Council on Podiatric Medical Education. During 36 months of training we hope to produce podiatric medical doctors that are competent and confident in their abilities to treat lower extremity pathology. We encourage all of our graduates to follow the path of certification by the American Board of Podiatric Surgery as well as the American Board of Podiatric Medicine.

Our program is designed to meet the competencies and performance indicators as required by the Council on Podiatric Medical Education, and outlined in Document's CPME-320 and CPME - 330.

General Housestaff Policies

Absences

It is the resident's responsibility to inform the program director, his/her immediate Clinical Supervisor, as well as the Podiatric Medical Education Office when he/she will be absent. All absences from assigned clinical responsibility (both on and off site) must be communicated to and documented by the Podiatric Residency Coordinator. This includes nights, weekends, and holidays. There are no exceptions and unexcused absences are not acceptable. If after hours or during a holiday an email will or text message will suffice.

Any house staff member's absence from all or any part of an assigned shift which is not documented by a direct telephone call, email or text message to the rotation supervisor and a direct call to the Podiatric Medical Education Office before the shift begins is an unexcused absence. Any absence from work that is reported to the Medical Education Office, directly or indirectly, after the fact is an unexcused absence. Unexcused absences from work are not reimbursable. Unexcused absence from an assigned shift will result in the house officer's loss of a day's pay. Any number of unexcused absences beyond one will be considered grounds for further disciplinary action, to be arbitrated by the Graduate Medical Education Committee.

APMA Membership

All residents are encouraged to maintain membership of the American Podiatric Medical Association. For specific information regarding membership, contact the NJS Podiatric Medical Association directly.

Attendance

Timely attendance on a daily basis, as well as at all scheduled conferences and teaching sessions is mandatory. Attendance records will be maintained on an on-going basis. Resident participation will be reflected in final evaluations and letters of reference.

Consultations

When the podiatry service receives a request for consultation you must follow the following protocol:

Notify the Chief Resident of each/every/any requests for consultations immediately.

The Chief Resident will determine which resident and which attending podiatry staff member will perform the consult.

- If the consult requests a specific attending podiatrist, then that podiatrist ONLY must be notified in a reasonable period of time.

- If the consult is for “House” or is not specified, then the Chief resident will determine who the attending will be.

When you are assigned to perform the consultation follow the following steps in order:
(This should be within 6 hours of receiving the assignment)

1. Review the chart
2. Review ancillary information (imaging studies, other consults, etc.)
3. Examine the patient but do NOT initiate treatment
4. Form a treatment plan
5. Call the attending assigned to the case and discuss your treatment plan.

CMS requirements demand that all consultations/treatments be performed by the attending podiatrist, or by the resident under direct supervision.

Residents cannot sign consultation forms. You should place a note in the chart, but the consultation must be signed by the attending within 24 hrs of your notifying him/her.

The patient should be followed daily, and seen at least twice a day by the PGY III residents. If the patient is to go to the OR the resident assigned to the case must pre-op the patient, be certain that all is in order and contact the attending of specifics.

Evaluations

Evaluations are an essential means of both providing you with recognition of your ability and for identifying areas for improvement. You should ask each rotational supervisor for an interim verbal assessment two weeks into the rotation and a final exit interview.

At the completion of each monthly rotation, the Clinical Supervisor, Attending Physician or Rotation Supervisor will evaluate all residents. These written evaluations will be signed by the resident, reviewed and signed by the Director of Podiatric Medical Education and maintained in the performance files in the Department of Medical Education.

The PMSR/RRA Program Director will meet with each resident, as necessary, to review and discuss the evaluations. Every attempt will be made to hold these meetings on a monthly basis. On a quarterly basis, each resident will be counseled regarding his/her overall performance, including an assessment of fund of medical knowledge, technical and interpersonal skills. A written quarterly evaluation will be filed in the residents performance file. Throughout the year, the resident will have the opportunity to respond to issues and conflicts both verbally and in writing.

Each resident is expected to complete an Evaluation of Rotation Form for each completed rotation. The Podiatric Medical Education Committee, as a means of continuing program self-evaluation and performance improvement, will periodically review evaluation of Rotation Forms. Evaluation of Rotation Forms may be reviewed and discussed with the appropriate rotation supervisor when necessary, in an effort to strengthen perceived areas of weakness in the educational program.

Evaluation forms are to be received by the Medical Education Office within two weeks of any rotation's completion. It is the resident's responsibility to ensure that all paperwork is completed in a timely fashion.

A Rotation Evaluation Form can be found in this manual. It should be reproduced, completed and submitted on a monthly basis, regardless of the length of the rotation.

Note Writing

A PGY III in the podiatric medicine and surgery residency training program is obligated to make rounds, and place appropriate notes in the chart, on EVERY patient on the podiatry service TWICE a day. That is **EVERY** day, seven days a week.

Morning rounds must be completed before morning lecture. Evening rounds should be performed sometime between 4pm and 8pm.

If a PGY I and/or II is assigned to the podiatry service, it is the Chief resident who determines what days they round with the PGY III, but they are NOT to round alone.

You are required to write a daily progress note on all your hospitalized patients through the Epic system. All residents will be trained on the Epic system upon hire.

Activity Logs/ Surgical Logs

The podiatric residency program offered at HMH Palisades participates in the Podiatric Residency Resource Program ®. Each resident will be assigned a unique password for logging in to this internet bases based program. All patient care and educational activities must be documented on line no later than two weeks after the end of each rotation.

These logs will be necessary for you to document your activity during your residency training. At some point, the American Board of Podiatric Medicine and/or the American Board of Podiatric Surgery will require submission of documentation through the Podiatry Residency Resource Log System for credentialing by those organizations. It is imperative that these logs be maintained on a regular basis, and it is your advantage to ensure that this is performed. These logs will be reviewed regularly by The Director of Podiatric Medical Education and be signed off on a regular basis.

It is suggested that logs be updated daily. Logs **MUST** be current, within one week, at all times.

Injured while On Duty

If a resident has an emergent medical/surgical problem while on duty, he/she should immediately notify his/her Clinical Supervisor, report the incident via **one link** and be seen in the Emergency Room. Also notify the program director and coordinator

Medical Records

The Medical Record Department is located on the second floor of the hospital. Timely completion of medical records (discharge summaries, etc.) is **mandatory**. Failure to do so will result in a verbal warning. If the delinquent records are not completed in a timely fashion, further corrective action will be considered.

Employment Benefits

Health Insurance

Specific information regarding this coverage, deductibles and policy numbers may be obtained from the Human Resources Department, located on the first floor at 1 Marine Plaza.

Malpractice Insurance

The hospital's insurance carrier for malpractice automatically covers all residents during the term of their employment. If any problems or questions arise regarding coverage or lawsuits, contact Risk Management.

Sick Days

Residents are entitled to no more than five paid sick days during a twelve-month Residency. Sick days must be documented by a telephone call to the rotation supervisor and the Medical Education Office before the missed shift begins. If in the opinion of the rotation supervisor and/or the Program Director or coordinator a resident is abusing the sick day privilege, medical documentation of an illness may be requested of a house officer before being reimbursed for any or all shifts missed. If more than three sick days are taken consecutively, the resident must call The Hartford for Leave of Absence and **must** be seen by Employee Health before returning to work at HMH Palisades.

Communication is very important! If you are to take any unscheduled days off you "must" make the PD, Chief Resident, Attending and PC aware of your absence.

- Any Covid related sick days you must notify PD and PC as well as HMH Occupational Health Call center at 732-897-3800

Uniforms/Dress Code

At all times, residents are expected to maintain professional standards in personal grooming, hygiene and appearance. Scrubs should not be worn outside of the operating room area. If you must leave the OR area in scrubs, you must wear a physician jacket with proper identification.

Vacation/PTO

Residents receive a total of twenty paid vacation days per year. Vacation days will be assigned at the beginning of the academic year. Vacation time is a mandatory 2 weeks at a time as to not continue disruption of resident training. Medical Center policy mandates that no vacation be taken within the first three months of employment.

Wellness

Residents receive a total of five paid wellness days per year. Please see the Wellness policy in this manual.

- They may not be used to extend any other type of leave (vacation, holidays, etc)
- Prior to using a wellness day, advance notice of at least 7 days is required to be provided to the Program director, chief resident and program coordinator.
- Once the day is approved, residents are encouraged to ensure that the supervising faculty is made aware as well.

Stipend

1) \$300 educational stipends 2) \$1000 Conference 3) \$1000 board review stipend for graduating seniors only

The network has implemented a new policy where any in-person conferences will be approved if the resident is a first author in a presentation. Please keep in mind that not all conferences are pre-approved (budgeted).

Expenses on MyWay

1. Click on the Expenses tab
2. Click on Create Expense report
3. On this Expense Report page you must choose a Business Purpose - choose "Business/Other"
4. Under Description please type in what you are expensing - Choose from the following:
 - a. "Education Stipend" - do not put books, laptop, exam, exam prep, etc
 - b. "NJ Permit", Place this for the application fee as well as the fingerprinting fee.
 - c. "Research/Publication"
 - d. Board Review - Graduating seniors ONLY. If non graduating seniors purchase a board review it must be from your education stipend.
5. Attach receipt
6. Click Add Expense
7. Choose an expense type - I only see three choices on my expense report - choose Entertainment and in the description box put one of the descriptions listed in #4.
8. Under Payment Details:
 - a. Click Employee Paid
 - b. Add Amount
9. Under Additional Information click Accounting
 - a. Scroll all the way to the left
 - b. Under Account type in your account #
 - c. Must click enter after typing account #
 - d. Account #'s
 - i. Educational Stipend: 600510
 - ii. Publication: 604720
 - iii. Senior Board review: 604025
 - iv. NJ Permit & Fingerprinting: 600557
10. Click Save
11. Click Review & Submit - you must hit submit or it will not reach me for approval.

****All Conferences MUST be sent using the create travel authorization link. Any other way will be denied.**

Use CTM to Book Travel and Hotel for Conferences

Corporate Travel Management (CTM) is Hackensack Meridian *Health's* travel management supplier for our corporate travel program as of June 1, 2023. Look up the CTM application and download it. Please ask the PC for additional information



App Store



Google Play

Team members should then:

- Complete CTM user profile by adding travel preferences, airline and hotel membership numbers, etc.
- Download the Conferma App ([Apple](#) or [Google](#)) which is used to view virtual card information for hotel payment.
- **Note:** When signing into the CTM Portal for the first time, use your HMMH email address and click on "Don't remember your password" if it asks for a new password.

If you have questions, please read the [FAQ](#) or contact [Frank Maciel](#) or [CTM](#). **Reminder:** All travel requests must be reviewed and approved by your leader.

Please do not call after hours to make reservations. If residents book via Lightning it is the lowest fee despite time of day since there is no agent involved. After Hours fees are for calling in case of emergency typically for travel within 24-48 hours and cannot be done online. CTM charges a fee per call in addition to the transaction charges such as Air, Train Car or Hotel whatever applies. After Hours are 7 days a week, MON-FRI between 7:01p to 8:29am and Sat and Sun 24 hours a day. They can only be called, they have no access to email.

The booking fees will depend on how the reservation was made. If it is a hotel, there is an extra fee of \$5.00 for the Direct Bill.

Transaction Fees:

DEDICATED Agent (Gayle) fees:

Air - \$10.00 Car Hotel - \$10.00 Direct bill - \$5.00
Agent assist to online booking - \$10.00

BACK UP AGENT FEES:

Domestic Air - \$26.00 International Air - \$35.00 Car hotel only - \$10.00
Direct bill - \$5.00 Agent assist to online booking - \$26.00

ONLINE BOOKING FEES:

Air-\$5.00 Hotel car only -\$4.00
AFTER HOURS: AH fee - \$25.00 REFUND FEES: \$26.00

The **HMM Hospital Libraries** is available at <https://hmmlibraries.libguides.com/hmh> and is your best entry portal to system-wide library resources

General Information

BCLS/ACLS Information

Certification in Basic Cardiac Life Support and Advanced Cardiac Life Support is a requirement of your Residency. Residents not receiving this training at HMH Palisades are financially responsible for acquiring BCLS and ACLS certification. The Office of Academic Affairs will provide funding for the training of BCLS and ACLS if taken at HMH Palisades.

On Call Cell Phone

For those scheduled to be on - call there is an on call cell phone provided by HMH Palisades. The GME office has shared this number with the different services within the hospital so that the on call residents can be reached quickly.

ID Badges

Identification badges are provided during the week of orientation. ID badges must be worn at all times while on duty at HMH Palisades. Lost ID badges should be reported immediately to the Security Department and a replacement procured. A replacement fee will be required to reissue an ID badge. Security is located on the ground floor of the hospital near the main entrance.

Mail

All mail will be distributed to residents through the Medical Education Office. Residents are responsible for picking up their mail from their respective coordinators.

Each resident is issued a hospital Email account. It is the responsibility of each resident to check their HMH email account for important information.

Paychecks

Paychecks are issued bi-weekly, on Fridays. Direct deposit is available and can be arranged through the onboarding process upon your hire. You can update any information via the HMH MyWay software.

Lactation Room



Hackensack
Meridian *Health*

Lactation Room Availabilities

HMH Palisades Medical Center locations:

- Labor & Delivery, 2nd floor in the OBGYN Department
Instructions: If there is more than one person pumping at a time, they will provide accommodations in a patient's room.



Useful Numbers

Palisades (PMC)
Main No. 201-854-5000

| | | | |
|--------------------|-----------------------|--------------------|------|
| Admitting | 5094 | <u>Units</u> | |
| Central Supply | 5154 | 3 East | 5165 |
| Employee Health | 5265 / 5709 | 4 East | 5182 |
| Lab | | 5 East | 5200 |
| Chem | 5039 | 5 West | 5206 |
| Cytology | 5051 | CCU | 5161 |
| Hemo | 5041 | Dialysis | 5517 |
| Micro | 5042 | ER | 5100 |
| Path | 5046 | L&D | 5189 |
| Medical Records | 5081 | OR | 5180 |
| Nursing Supervisor | (3-11) 1-201-694-6830 | PACU | 5181 |
| | (11-7) 1-201-694-7694 | Peds | 4127 |
| Pharmacy | 5138 | SDS | 5247 |
| Radiology | | Med Team A | 3711 |
| Cath lab | 5726 | Med Team B | 3712 |
| CT | 5241 | Med Team C | 3713 |
| MRI | 5574 | Med Team D | 3716 |
| Nuc Med | 5118 | Med Team E | 3714 |
| U/S | 5030 | ICU Resident | 3757 |
| X-ray | 5109 | Med Night Coverage | 3715 |
| Podiatry Pager | 201-216-4815 | | 3714 |

Palisades Medical Center**WHEN YOU NEED AN INTERPRETER:**

1. **DIAL: 1-866-874-3972**
2. **PROVIDE:** your 6-Digit Pin Number **210399**
3. **INDICATE:** the language you need or press
 - 1 for Spanish
 - 2 for all other languages and state the name of the language you need
 - 0 for assistance if you don't know what language you need
4. **PROVIDE:** Employee ID Number
5. **CONNECT:** to an interpreter, document his/her name and ID# for reference.
Summarize what you wish to accomplish and give any special instructions. .

If you have a dual handset phone: Lift handset and press the "Red" interpreter button, then follow the prompts. Once connected to an interpreter, give the second handset to the limited English proficient individual.

When calling or receiving a call from a limited English proficient individual: Use the conference feature on your phone to make a 3-way call, & follow the instructions above to connect to an interpreter.

Epic *KNOWLEDGE BUILDER*



Clinical Documentation: Secure Chat

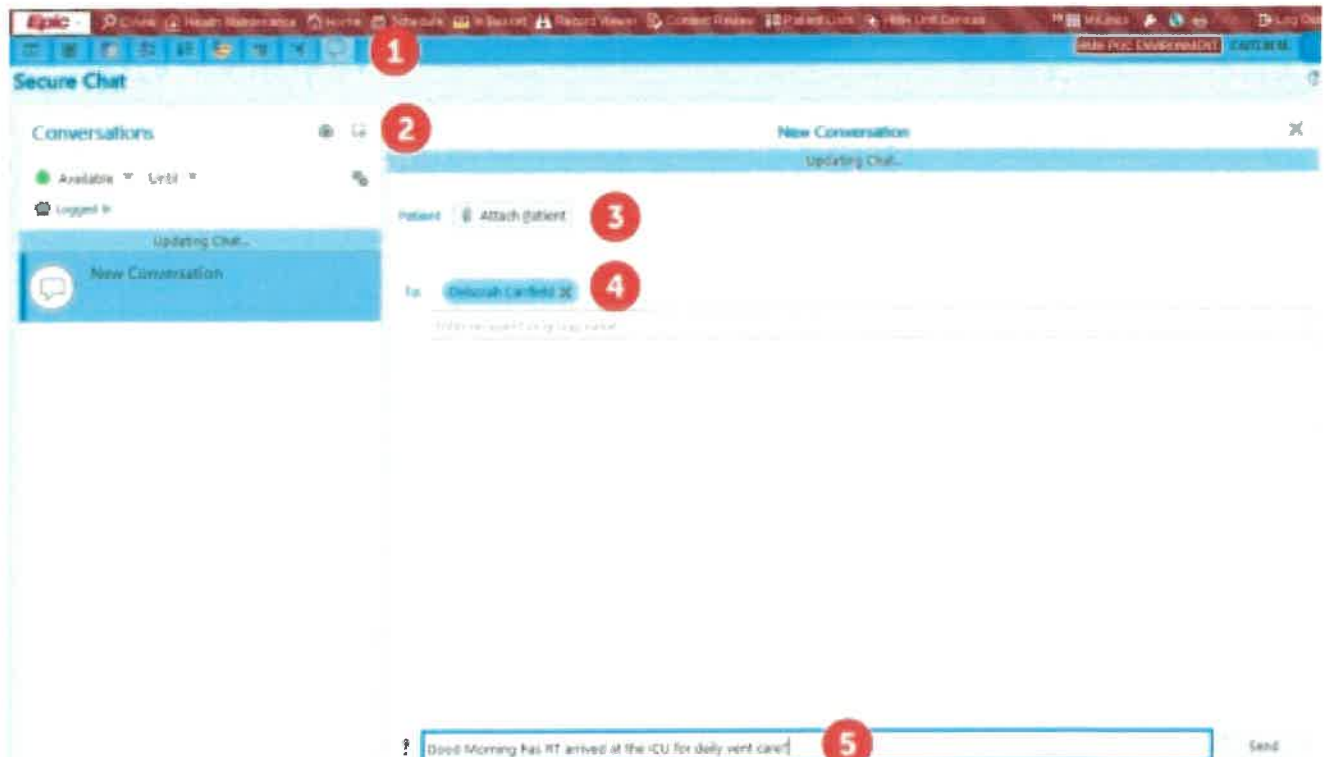
Communicate quickly and safely with colleagues by sending secure messages within Hyperspace, Rover, and Haiku/Canto utilizing Secure Chat. Messages can be in general or associated with a specific patient.

How it Works



Send a Secure Message:

1. Open the Secure Chat Workspace
2. Click  to start a new conversation.
3. Select **Attach Patient** to attribute to a specific patient.
4. Enter the name of the user or group.
 - The **To:** field will suggest members of the patient's care team automatically. Click a recipient to add them to the message.
 - Add as many individuals as needed in the **To:** field
 - After a conversation has already started, add additional people to it by clicking  **Add Participants**.
5. Enter the message in the bottom pane and click **Send**.




6. New messages will appear with a  in the workspace tab, click to open and read.




If you no longer want to be part of a conversation, click  **Leave Conversation**.

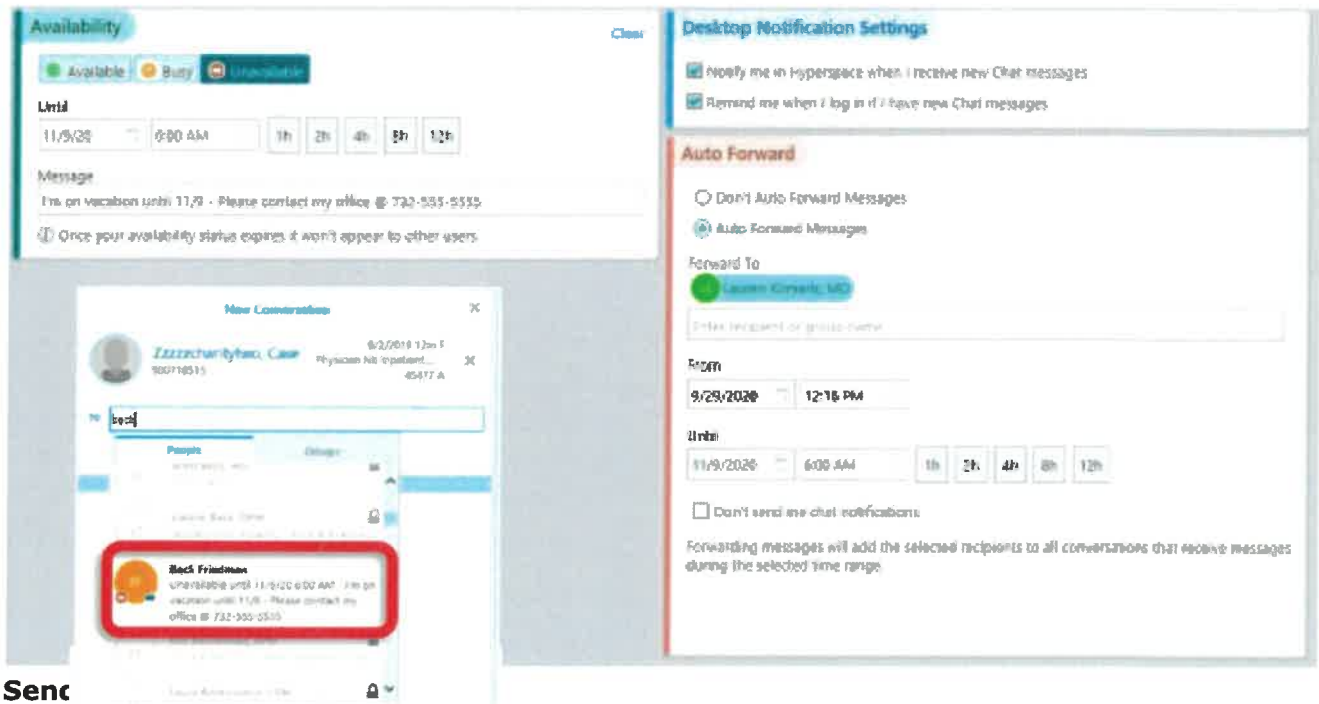
Set messages to Auto-Forward:

If unable to respond to messages for a period of time, set the messages forward to other users. 1. In the Secure Chat activity, click  above the list of conversations. 2. Select **Auto Forward Messages**. 3. In the **Forward To**, enter the user who should receive the messages. 4. Use the **From** and **Until** fields to control when auto-forwarding will begin and end. 5. Click **Accept**.

Set Availability:

Let colleagues know when unavailable by changing the status in Secure Chat.


1. Click **Set your availability**.
2. Select the appropriate option (**Available**, **Busy**, **Unavailable**).
 - When set to **Unavailable** the, Send button will be disabled for other users attempting to message the clinician, as individual messages cannot be received.
3. Click **Until** to set how long you'll be in that status.
4. Click  and enter an away message in the **Message** field.



The screenshot displays the 'Availability' and 'Auto Forward' settings in the Epic Secure Chat interface. The 'Availability' section shows a status of 'Unavailable' with a message: 'I'm on vacation until 11/9 - Please contact my office @ 732-555-5555'. The 'Auto Forward' section is configured to 'Auto Forward Messages' to 'Luciano Corrales, MD' from 9/29/2020 12:15 PM until 11/9/2020 6:00 AM. A 'New Conversation' window is also visible, showing a message from 'Beck Friedman' with a red box highlighting the 'Send' button.



Send

Send an image from the patient's chart as part of a secure chat message.

- Excludes PACS images. 1. In the conversation, click . A list of images within the patient's chart appears. 2. Find the image you want to include, select it, and click **Send**.

Send an image from Mobile Device:

From a Secure Chat message on the mobile device:

1. Press . A Send Media pop-up appears with options to either take a new photo or attach an existing image.
2. To send a new photo from the device, tap **Take Photo**.
 - Capture the image.
 - Press **Send**.
3. To attach an image from the chart tap **Attach Image From Chart**
 - Tap the image
 - Tap .
 - Tap **Add to Chart**.

For more information, contact: EpicEducation@HackensackMeridian.org April 6, 2021

Resident Selection: Policy & Procedure

The process of resident selection is objective and fair, resulting in the recruitment of the finest, most capable house staff for training. All applicants are given equal consideration without bias toward age, race, religion, gender or sexual preference.

All applicants are to complete the official Application for Residency form through the Central Application Service for Podiatric Residencies (CASPR).

Interviews are scheduled through the Centralized Regional Interview Program (CRIP) conducted by the AACPM, or at a mutually convenient time at the Medical Center.

The Program Director, along with interested attending members of the podiatric and medical staff and the current Podiatric House staff, conducts interviews at a Central Regional Interview Process. Other arrangements can be made under special circumstances.

Applicants' credentials and evaluations are presented to and reviewed by the Medical Education Committee. They are prioritized on the basis of:

- a) Academic standing
- b) Letters of recommendation
- c) Personal attributes (willingness, initiative, commitment, and personality) as determined through interview.

Applicants are ranked in sequential order of preference as per regulations of the Central Application Service for Podiatric Residencies (CASPR) conducted by the AACPM. HackensackUMC Palisades is bound by the results of the CASPR match to offer each matched candidate a contract for residency.

All Residents are required to have successfully completed Part I and Part II of the National Board of Podiatric Medical Examiners (NBPME) before beginning the PMSR/RRA training program. HackensackUMC Palisades is an equal opportunity employer.

Resident Contact Information



**Hackensack
Meridian Health
Palisades Medical Center**

PODIATRY RESIDENTS

AY 2025 - 2026



Dr. Dolly Basaldua-Rivera

Chief Resident
PGY-3

Demetrios Econopouly, DPM
Program Director

Marilu Perez-Villalta
Program Coordinator
201-710-2761



Dr. Dawud Abdur-Rashid
PGY 3



Dr. Anthony Castronova
PGY 2



Dr. Chris Patel
PGY 2



Dr. Mohammed Al-Zubidi
PGY 1



Dr. Leah Gillon
PGY 1

Attending Faculty List

Demetrios Econopouly, DPM
9226 Kennedy Blvd
North Berge, NJ 07047

Richard Braver, DPM
4-14 Saddle River Rd
Fair Lawn, NJ 07410

Mina Abadeer, DPM
5301 Broadway
West New York, NJ 07093

Todd Stewart, DPM
495 N. Franklin Tpke #7
Ramsey, NJ 07446

Lenny Ramirez, DPM
2391 NJ-36
Atlantic Highlands, NJ 07716

Barry Finkelstein, DPM
111 Galway Place
Teaneck, NJ 07666

Juliana Paternina, DPM
70 Hudson St.
Hoboken, NJ 07030

Jonathan Shalot, DPM
70 Hudson St.
Hoboken, NJ 07030

Kenya Lazovic, DPM
542 Anderson Ave.
Cliffside Park, NJ 07010

Joy Oakman, DPM
70 Hudson St.
Hoboken, NJ 07030

Djavlon Khakimov, DPM
255 State RT - 3
Secaucus, NJ 07055

Matthew Welch, DPM
6506 Park Ave
West New York, NJ 07093

Brian Levine, DPM
Palisades Medical Center
7600 River Road
North Berge, NJ 07047

Jill Hagen, DPM
363 Grand Ave
Englewood, NJ 07631

Garen Ream, DPM
255 State RT - 3
Secaucus, NJ 07055

Tyrone A. Mayorga, DPM
6 Chestnut Ridge Rd
Montvale, NJ 07645

Components of Podiatric Competencies for the PMSR/RRA PROGRAM

The PMSR/RRA program provides the resident with experiences in first contact care, continuous care, long term care and comprehensive care. During the thirty six months of the Program, the resident will rotate through, and achieve competencies in the major clinical areas of the hospital by spending time in Medicine, Surgery, Anesthesia, Pathology, Medical Imaging, Emergency Services, Orthopedic Surgery, Behavioral Health, Wound Care and Out-Patient Clinics. An outside rotation at the Hackensack Surgery Center also is part of the training. These rotations will enable the resident to gain a broad knowledge of a variety of diseases that affect the human body and to relate other disease processes and manifestations to the diagnosis, management and treatment of foot problems. Education will be provided through scheduled lectures, seminars, and conferences with emphasis on the integration of the basic sciences with clinical treatment of patients. The value and importance of a close working relationship between podiatry and medicine will be stressed to the podiatric resident. To further this end, lectures and demonstrations will be given by personnel in the other departments at the hospital.

During the first year it is expected that the resident will gain knowledge experience and a level of competency in the following:

1. Hospital charting and protocol.
2. Indications for hospital admission.
3. Detailed history and physical taking.
4. Drawing of routine and pre-operative blood work.
5. Interpretation of laboratory results.
6. Observation of specialized radiographic techniques such as angiography, venography, doppler, etc..
7. Indications and assisting in general surgical procedures.
8. Knowledge of anesthetic inducing and maintenance medications for the surgical patient.
9. Interpretation of standard radiographs of the entire body.
10. Participation in out-patient community podiatry clinics.
11. Attend lectures and seminars given by the podiatry staff as well as other specialties.
12. Understand the indications for emergency surgery.
13. Participate in medicine and surgery emergencies including CVA, MI, diabetic crises, seizures.
14. Develop an understanding of pathological states of the human body.
15. Participate in the pathology rotation.
16. Evaluate medical literature. A journal club is instituted and is designed to provide the resident with experience in evaluating literature related to any discipline in medicine.
17. Develop an understanding of methods of diagnosis and management of a variety of individuals with emotional, behavioral and learning problems and recognize the implications of life changes on health and disease.

The second and third years the PMSR/RRA resident will spend the major portion of the rotation in Surgery, concentrating on Orthopedic and Podiatric cases. This will enhance the residency experience and allow a larger number of hands-on care of patients. The resident will follow patients from admission, pre-operative work-up, surgery, including scrubbing and assisting at all Orthopedic and Podiatric surgeries, and through the post-operative period until discharge. The resident will review medical imaging studies and will develop competency in evaluating the total status of the patient in relationship to the specific Orthopedic/Podiatric procedures that are planned. The second year and

third year residents will perform podiatric procedures under the supervision of a licensed and qualified Podiatrist.

The PGY II and III resident of the PMSR/RRA program will gain competencies in the following:

1. Concise and detailed podiatric and general history and physical examination.
2. The ability to recognize and treatment of pathological states of the foot including benign and malignant neoplasms.
3. Experience in the evaluation of the podiatric surgical patient's ability to undergo anesthesia for surgical procedures.
4. Develop the ability to understand the indications for hospitalization of podiatric patients.
5. Develop experience in all phases of foot surgery.
6. Develop experience in the management of the postoperative surgical patient with emphasis on fluid management as well as postoperative pain relief.
7. Develop experience in hospital charting and documentation.
8. Improvement in his/her skills of antibiotic management of pedal infections both postoperatively and in the emergency situation.
9. Attend didactic seminars provided by the attending podiatry staff as well as other specialties.
10. Improvement in rehabilitative skills postoperatively.
11. Perform out-patient procedures in the podiatry clinic such as total nail avulsions, partial nail avulsions, phenol and alcohol procedures, etc..
12. Attend to the medically and surgically compromised podiatric patient in the emergency setting.
13. Develop experience in the performance and interpretation of pedal radiographs, CT scan and MRI.
14. Develop experience in the prevention and treatment of diabetic emergencies, shock, cardiopulmonary emergencies and seizures.
15. Resident will be able to act as first assistant.
16. Resident will be able to perform soft tissue surgery.
17. Resident will be able to perform digital surgery.
18. Resident will be able to perform lesser metatarsal surgery.
19. Resident will be able to perform first metatarsal surgery.
20. Resident will be able to perform midfoot (Cuneiform, cuboid, navicular) surgery.
21. Resident will be able to perform rearfoot and ankle surgery.
22. Resident will be able to apply fixation techniques in the foot and ankle.
23. Resident will be able to apply casts to the foot and ankle.
25. Resident will be able to recognize and manage perioperative complications

Our program is designed to meet the competencies and performance indicators as required by the Council on Podiatric Medical Education, and outlined in Document CPME-320 (July 2013).

Research Methodology

During the 1st year both PGY 1 & 2 will be instructed by the PD with regards to research into a podiatric related condition. Instruction will include but not limited to accessing EMR of specific conditions, med line searches and clinic evaluations. Residents will be required to periodically update their PD as to the status of their research. Residents are required to have a journal-ready paper completed by December of their PGY 3 year. Topics will be approved by the PD and the CMO.

Resident # 1

| Block | PGY 1 | PGY 2 | PGY3 |
|-----------------------------------|---|--|----------------------|
| Block 1 July 01 - 27, 2025 | Podiatric Medicine** | Emergency Med | Podiatric Surgery |
| Block 2 July 28 - Aug 24, 2025 | Radiology (2 weeks) Anesthesia (2 weeks) | Podiatric Medicine** | Podiatric Surgery |
| Block 3 Aug 25 - Sept 21, 2025 | Podiatric Medicine** | Podiatric Surgery | Podiatric Medicine** |
| Block 4 Sept 22 - Oct 19, 2025 | Orthopedic Surgery | Orthopedic Surgery (2 weeks) Podiatric Surgery (2 weeks) | Podiatric Surgery |
| Block 5 Oct 20 - Nov 16, 2025 | Wound Care | General Surgery | Podiatric Surgery |
| Block 6 Nov 17 - Dec 14, 2025 | Research | Podiatric Surgery | Podiatric Surgery |
| Block 7 Dec 15 - Jan 11, 2026 | Infectious Disease | Vascular Surgery | Podiatric Surgery |
| Block 8 Jan 12 - Feb 08, 2026 | Internal Medicine | Podiatric Medicine** | Podiatric Surgery |
| Block 9 Feb 09 - Mar 08, 2026 | Podiatric Medicine** | Podiatric Surgery | Podiatric Medicine** |
| Block 10 Mar 09 - Apr 05, 2026 | Podiatric Medicine** | Physical Med & Rehab (2 weeks) Podiatric medicine (2 weeks) | Podiatric Surgery |
| Block 11 Apr 06 - May 03, 2026 | Podiatric Medicine** | Podiatric Surgery | Podiatric Medicine** |
| Block 12 May 04 - 31, 2026 | Pathology | Podiatric Medicine** | Podiatric Surgery |
| Block 13 June 01 - 30, 2026 | Behavioral Health (2 weeks) Pediatrics (2 weeks) | Podiatric Surgery | Podiatric Surgery |

*Schedule does not include vacation time. Please discuss vacation with your Chief and review it on New Innovations.

**Includes rotations at NHCAC on Tuesdays, Wednesdays & Thursdays.

Resident #2

| Block | PGY 1 | PGY 2 | PGY3 |
|-----------------------------------|---|--|----------------------|
| Block 1 July 01 - 27, 2025 | Podiatric Medicine** | Podiatric Surgery | Podiatric Surgery |
| Block 2 July 28 - Aug 24, 2025 | Anesthesia Radiology | Emergency Medicine | Podiatric Medicine** |
| Block 3 Aug 25 - Sept 21, 2025 | Orthopedic Surgery | Podiatric Medicine** (2 weeks) Orthopedic Surgery (2 weeks) | Podiatric Surgery |
| Block 4 Sept 22 - Oct 19, 2025 | Wound Care | Podiatric Surgery Vascular Surgery | Podiatric Medicine** |
| Block 5 Oct 20 - Nov 16, 2025 | Podiatric Medicine** | Podiatric Surgery | Podiatric Surgery |
| Block 6 Nov 17 - Dec 14, 2025 | Podiatric Medicine** | General Surgery | Podiatric Surgery |
| Block 7 Dec 15 - Jan 11, 2026 | Research | Podiatric Medicine** | Podiatric Surgery |
| Block 8 Jan 12 - Feb 08, 2026 | Pathology | Vascular Surgery | Podiatric Medicine** |
| Block 9 Feb 09 - Mar 08, 2026 | Behavioral Health (2 weeks) Pediatrics (2 weeks) | Physical Med & Rehab (2 weeks) Podiatric Medicine** (2 weeks) | Podiatric Surgery |
| Block 10 Mar 09 - Apr 05, 2026 | Internal Medicine | Podiatric Surgery | Podiatric Medicine** |
| Block 11 Apr 06 - May 03, 2026 | Podiatric Medicine** | Podiatric Surgery | Podiatric Surgery |
| Block 12 May 04 - 31, 2026 | Infectious Disease | Podiatric Surgery | Podiatric Surgery |
| Block 13 June 01 - 30, 2026 | Podiatric Medicine** | Podiatric Surgery | Podiatric Surgery |

*Schedule does not include vacation time. Please discuss vacation with your Chief and review it on New Innovations.

**Includes rotations at NHCAC on Tuesdays, Wednesdays & Thursdays.

Rotation Notes

All of the rotations with the exception of Podiatric Medicine are located on the HMH Palisades campus.

Residents should present to the office of the rotation chair at the start of the rotation or contact the Podiatric Program director directly with any questions.

The Podiatric Medicine rotation is located at the North Hudson Community Action Center located at:

West New York

5301 Broadway
West New York, NJ 07093

Tuesdays

11AM - 4PM

Garfield

535 Midland Ave
Garfield, NJ 07026

Wednesdays

1PM - 4PM

Hackensack

25 East Salem St.
Hackensack, NJ 07055

Thursdays

11AM - 3PM

On off days or if the clinic is canceled, residents are expected on campus to assist in Podiatric Surgery.

Evaluations

Completed evaluations via New Innovations due within 1 week of rotation completion.

CPME 320 / 330 Information

Copies of the CPME 320 & 330 can be found at the HMH Palisades Academic Affairs Office. If you would like instant access to these documents please copy the links below to any browser:

CPME 320: <https://www.cpme.org/files/CPME%20320%20final%20June%202015.pdf>

CPME 330:

https://www.cpme.org/files/2023-2a_CPME_330_Procedures_for_Approval_of_Podiatric_Medicine_and_Surgery_Residencies_7_2023.pdf

Lecture Schedule

HMH Palisades offers Medical Academic Lectures every Wednesday from 8AM - 9AM which includes monthly M & M. PMSR/RRA residents are expected to be in attendance weekly unless clinical responsibilities or outside rotations preclude attendance.

A specific lecture series for the Podiatric Medical Education Program is scheduled for Wednesday evenings. This lecture series is coordinated by Dr. Demetrios Econopouly, Program Director and clinical faculty members. All podiatric residents are required to attend. While it is understood that clinical responsibilities may occasionally interfere with attendance, every effort should be made to be present by scheduling one's time appropriately. Although clinical responsibilities may interfere, lecture attendance is still encouraged. Please prioritize your responsibilities and make every effort to attend. Attendance records will be kept to allow documentation of our academic training. Three unexcused absences are allowed for the year after which the remediation process will be initiated.

While the lectures presented are specifically geared for the Podiatric Medical Education Program, all members of the Podiatry section of the orthopedic department are encouraged to attend. Other interested parties are invited to attend as well.

A portion of the lecture schedule is devoted to a review of cases for that month and will be in the format of Chart Rounds or Mortality and Morbidity Rounds. A review of difficult cases, interesting pathology, or cases that went awry will be discussed. Any interested party may bring cases to this forum regardless of whether these patients have been or will be treated at HMH Palisades. Residents in particular are expected to bring ED and clinic cases to these meetings.

July

July 2 - Wound Healing
July 9 - Case Presentations / Radiology Rounds
July 16 - Digital Surgery / Journal Club
July 23 - Presentations
July 30 - Research Methodology*

August

August 6 - Case Presentations / Radiology Rounds
August 13 - Achilles Pathology
August 20 - Presentations / Journal Club
August 27 - Case Presentations / Radiology Rounds

September

September 3 - Case Presentations / Radiology Rounds
September 10 - Tendon transfers
September 17 - Osteoporosis and Diabetes/ Journal Club
September 24 - Repair of Acute tendon Ruptures

*Either 1 hour webinar through Berkeley or in person lecture.

October

October 1 - Calcaneal Fracture

October 8 - Metatarsal Fracture Management
October 15 - Lisfranc Fracture Dislocation / Journal Club
October 22 - Infectious Disease
October 29 - Pilon Fracture Management

November

November 5 - Soft Tissue & Bone Neoplasms
November 12 - Case Presentations
November 19 - Orthotics and Biomechanics / Journal Club
November 26 - Case Presentations / Radiology Rounds

December

December 3 - Wound Care/ Tibial Nailing
December 10 - Case Presentations / Radiology Rounds
December 17 - Pediatric/ Biomechanical Gait / Journal Club
December 24 - Case Presentations / Radiology Rounds

January

January 7 - Case Presentations / Radiology Rounds
January 14 - Neuromuscular Disorders
January 21 - Case Presentations / / Journal Club
January 28 - Metatarsus Adductus

February

February 4 - Infection Management
February 11 - Case Presentations / Radiology Rounds
February 18 - Diabetes Management / Journal Club
February 25 - Case Presentations / Radiology Rounds

March

March 4 - Calcaneal Osteotomies
March 11 -Case Presentations / Radiology Rounds
March 18 - Pain Management - Inpatient/Outpatient / Journal Club
March 22 - Case Presentations / Radiology Rounds

April

April 1 - Vascular Work up/ modalities
April 8 - Case Presentations / Radiology Rounds
April 15 - STJ Arthrodesis / Journal Club
April 22 - Case Presentations / Radiology Rounds
April 29 - Triple Arthrodesis

May

May 6 - 5th Metatarsal Surgery
May 13 - Case Presentations / Radiology Rounds
May 20 - 1st Metatarsal Surgery
May 27 - Case Presentations / Radiology Rounds

June

June 3 - Case Presentations / Radiology Rounds

June 10 - Nail Trauma

June 17 - Case Presentations / Radiology Rounds

June 24 - Ankle Arthrodesis

Resident Work Hours/ Transition of Care

The Program Director is responsible for complying with the 80 hours per week work schedule in compliance with the other residency programs within the HMH network. A typical work day consists of both clinical and educational work hours.

Transition of care is done in person in the 2nd Floor conference room during the times listed below.

0600 Morning rounds

0700 Sign out

1100 Chart review any communication with other specialties (this is actively happening 24/7 but usually is most prevalent at this time)

1800 Sign out

COMPETENCIES FOR ANESTHESIOLOGY

During your rotation in the Anesthesia Department, you will gain experience in the initial work-up, management and care of patients preoperatively, intraoperatively and post-operatively. You will learn how to recognize and manage anesthesia related problems and complications and you will become familiar with a variety of anesthetic agents and techniques of administration.

At the conclusion of this rotation, you should be able to:

1. Document a clear and accurate patient anesthesia history.
2. Determine a patient's American Society of Anesthesiologists, (ASA) classification.
3. Become familiar with the methodology used to select the type of anesthesia to be administered.
4. Gain experience in the use of IV anesthetic agents, regional blocks, and intubations.
5. Recognize anesthesia related emergencies and complications and become familiar with methods of prevention and treatment.
6. Monitor patients appropriately through the peri-operative period.
7. Evaluate patients' medical problems which have a direct impact on the use of anesthesia for surgical procedures.
8. Gain knowledge in the proper use of a variety of anesthetic agents and techniques.
9. Gain experience with airway management techniques and equipment.

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC RESIDENT EVALUATION FORM**

ANESTHESIOLOGY

Resident: _____

Rotation Date: _____

Evaluator: _____

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

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|--|---|---|---|---|---|---|
| 1. Document a clear and accurate patient anesthesia history. | | | | | | |
| 2. Determine a patients anesthesia American Society of Anesthesiologists, (ASA) classification. | | | | | | |
| 3. Become familiar with the methodology used to select the type of anesthesia to be administered. | | | | | | |
| 4. Gain experience in manual aspects of IV therapy, regional blocks and intubation. | | | | | | |
| 5. Resident was able to recognize anesthesia related emergencies and complications and become familiar with methods of prevention and treatment. | | | | | | |
| 6. Resident was able to monitor patients appropriately through the peri-operative period. | | | | | | |
| 7. Evaluate patients medical problems which have a direct impact on the use of anesthesia for surgical procedures. | | | | | | |
| 8. Gain knowledge in the proper use of a variety of anesthetic agents and techniques. | | | | | | |
| 9. Resident gained experience with airway management techniques and equipment. | | | | | | |
| 10. Resident presented themselves in a professional manner at all times. | | | | | | |
| 11. Resident showed initiative during their training. | | | | | | |
| 11. Overall rating of resident's professional growth. | | | | | | |

COMMENTS:

SIGNATURES:

EVALUATOR: _____
(Signature)

DATE _____

RESIDENT _____
(Signature)

DATE _____

DIRECTOR _____
(Signature)

DATE _____

EDUCATIONAL OBJECTIVES FOR EMERGENCY SERVICES

In the course of your interactions in the Emergency Department, you will be exposed to patients presenting with a wide variety of acute medicine and surgery conditions. You will learn how to evaluate, diagnose, and manage patients requiring immediate interventions.

At the conclusion of the program rotation, you should be able to:

1. Elicit an accurate history of patients presenting complaints and symptoms.
2. Perform a physical exam and diagnostic work-up to reach a diagnosis in patients presenting with acute problems.
3. Use ancillary services (Lab, Radiology, etc.) appropriately in confirming or ruling out a specific diagnosis.
4. Determine what clinical manifestations warrant immediate surgical intervention.
5. Distinguish how to prioritize appropriately when triaging patients according to severity of condition.
6. Become familiar with a variety of illnesses and symptoms requiring immediate assessment and intervention.
7. Gain knowledge in the management of the acutely ill medical patient, e.g. diabetes, sepsis, shock etc.
8. Gain knowledge in E.D. procedures, e.g. the insertion of chest tubes, central lines, laceration repair, abscess, I & D, etc. central lines.
10. Have a better understanding of EMS field activity and EMS techniques for immobilization and pre-hospital care interventions.
11. Apply your technical abilities with a greater degree of confidence, e.g. cast applications, suture techniques, acute trauma care, hemorrhage control, trephination, venous access techniques, etc.

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC RESIDENT EVALUATION FORM**

EMERGENCY SERVICES

RESIDENT: _____

ROTATION DATE: _____

EVALUATOR: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|--|----------|----------|----------|----------|----------|----------|
| 1. Elicit and accurate history of patients presenting complaints and symptoms. | | | | | | |
| 2. Perform a physical exam and diagnostic work-up to reach a diagnosis in patients presenting with acute problems. | | | | | | |
| 3. Use ancillary services appropriately in confirming or ruling out a specific diagnosis. | | | | | | |
| 4. Determine what clinical manifestations warrant immediate surgical intervention. | | | | | | |
| 5. Distinguish how to prioritize appropriately when triaging patients according to severity of condition. | | | | | | |
| 6. Become familiar with a variety of illnesses and symptoms requiring immediate assessment and intervention. | | | | | | |
| 7. Gain knowledge/skill in the management of acutely ill patients. | | | | | | |
| 8. Gain knowledge/skill in the management of sepsis and septic shock. | | | | | | |
| 9. Gain knowledge/skill in the insertion of chest tubes & central lines. | | | | | | |
| 10. Understanding of EMS filed activity and EMS techniques for immobilization and pre-hospital care interventions. | | | | | | |
| 11. Gain technical abilities (cast applications, suture techniques, etc.) | | | | | | |
| 12. Resident dressed and acted in a professional manner at all times. | | | | | | |
| 13. Resident treated patients with respect at all times. | | | | | | |
| 14. Overall rating of resident's professional growth. | | | | | | |

COMMENTS:

EVALUATOR _____

DATE _____

RESIDENT _____

DATE _____

DIRECTOR _____

DATE _____

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC RESIDENT EVALUATION FORM**

PODIATRY CLINIC

RESIDENT: _____ ROTATION DATE: _____

EVALUATOR: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|--|----------|----------|----------|----------|----------|----------|
| 1. PROPERLY OBTAIN RECORD AND COMPLETE HISTORY AND PHYSICAL EXAMINATION INCLUDING NEUROLOGICAL, VASCULAR, DERMATOLOGICAL, MUSCULOSKELETAL, BIOMECHANICAL, SYSTEMS, AND TREAT APPROPRIATELY | | | | | | |
| 2. PERFORM THE ASSIGNED CHARTING AND DOCUMENTATION IN A TIMELY MANNER. | | | | | | |
| 3. COMMUNICATE EASILY AND EFFECTIVELY WITH ALL PATIENTS. | | | | | | |
| 4. ORGANIZE AND PRESENT CASES. | | | | | | |
| 5. FORMULATE A PLAN OF DIAGNOSIS AND THERAPY. | | | | | | |
| 6. PROPERLY OBTAIN AND RECORD A COMPLETE HISTORY AND PHYSICAL EXAM. | | | | | | |
| 7. UNDERSTAND THE COMMON DRUGS AND THEIR DOSAGES. | | | | | | |
| 8. DETAIL PROPER PROCEDURES IN MANAGING COMMON EMERGENCIES. | | | | | | |
| 9. ORDER AND INTERPRET LAB DATA AND CORRELATE WITH CLINICAL FINDINGS TO DEVELOP A MORE DEFINITIVE DIAGNOSIS. | | | | | | |
| 10. UNDERSTANDING OF VARIOUS COMMON CONCEPTS AND TECHNIQUES UTILIZED. | | | | | | |
| 11. TECHNICAL ABILITIES. | | | | | | |
| 12. RESIDENT SHOWED INITIATIVE DURING THEIR TRAINING. | | | | | | |
| 13. RESIDENT WAS ABLE TO COMMUNICATE EFFECTIVELY TO THE ATTENDING AS WELL AS THE PATIENT. | | | | | | |
| 14. RESIDENT ACTED IN A PROFESSIONAL MANNER AND POSSESSED A POSITIVE ATTITUDE WHILE ROTATING. | | | | | | |
| 15. OVERALL RATING OF RESIDENT'S PROFESSIONAL GROWTH. | | | | | | |

COMMENTS: _____

EVALUATOR _____

DATE _____

RESIDENT _____

DATE _____

DIRECTOR _____

DATE _____

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC RESIDENT EVALUATION FORM**

PODIATRIC SURGERY (PGY II)

RESIDENT: _____ ROTATION DATE: _____

EVALUATOR: _____ SURGERY SITE: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|---|
| 1. Comprehend\complete preoperative history and physical exam. | | | | | | |
| 2. Develop a differential diagnosis for foot and ankle pathology. | | | | | | |
| 3. Interpret preoperative lab values and tests. . | | | | | | |
| 4. Complete preoperative charting and dictation techniques. | | | | | | |
| 5. Act as first assistant. | | | | | | |
| 6. Assist/Perform soft tissue surgery. | | | | | | |
| 7. Assist/Perform digital surgery. | | | | | | |
| 8. Assist/Perform lesser metatarsal surgery. | | | | | | |
| 9. Assist/Perform first metatarsal surgery. | | | | | | |
| 10. Assist/Perform midfoot surgery. | | | | | | |
| 11. Assist/Perform rearfoot and ankle surgery. | | | | | | |
| 12. Assist/Perform residentsal fixation. | | | | | | |
| 13. Assist/Perform application of casts. | | | | | | |
| 14. Recognize and manage complications. | | | | | | |
| 15. Resident showed initiative during their training. | | | | | | |
| 16. Resident demonstrated the ability to interact with and communicate effectively. | | | | | | |
| 15. Overall rating of residents professional growth. | | | | | | |

COMMENTS:

SIGNATURES:

EVALUATOR _____ DATE _____

RESIDENT _____ DATE _____

DIRECTOR _____ DATE _____

GOALS AND OBJECTIVES OF THE PODIATRIC SURGERY ROTATION (PGY III)

The rotation will provide the resident with experiences in first contact care, continuous care, long term care and comprehensive care. During the three months of the rotation as a PGY III, the resident will rotate through clinical areas of the podiatry and will spend time in the operating room. This rotation will enable the resident to gain a broad knowledge of a variety of diseases that affect the human body and to relate other disease processes and manifestations to the diagnosis, management and treatment of foot problems. Education will be enhanced through daily scheduled lectures, and conferences through the orthopedics department to integrate the basic sciences with clinical treatment of patients. The resident will review x-ray findings and will develop competency in evaluating the total status of the patient in relationship to the specific procedures that are planned. The resident will perform procedures under the supervision of a licensed and qualified individual.

The resident should gain knowledge and experience in the following:

1. Understand the indications for ambulatory surgery.
2. Develop experience in the performance and interpretation of pedal radiographs, CT scan, MRI
3. Develop experience in the prevention and treatment of diabetic emergencies, shock, cardiopulmonary emergencies as well as seizures.
4. Resident should be able to act as first assistant.
5. Resident should be able to perform soft tissue surgery in orthopedic, general surgery, plastic & vascular surgery cases.
6. Resident should be able to perform digital surgery.
7. Resident should be able to perform lesser metatarsal surgery.
8. Resident should be able to perform first metatarsal surgery.
9. Resident should be able to perform midfoot (Cuneiform, cuboid, navicular) surgery.
10. Resident should be able to perform rearfoot and ankle surgery.
11. Resident should be able to apply internal fixation techniques in the foot and ankle.
12. Resident should be able to apply casts to the foot and ankle.
13. Resident should be able to recognize and manage perioperative complications.
14. Resident should be able to recognize and perform flatfoot reconstructive surgery.
15. Resident should be able to recognize and perform cavus foot surgery.
16. Resident should be able to recognize and perform ankle joint arthroscopy.
17. Resident should be able to recognize and perform Achilles tendon surgery.
18. Resident should be able to recognize and perform tendon transfer procedures.

HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC SURGERY PGY III

Resident: _____ Date: _____ Evaluator: _____

5 Exceptional 4 Very Good 3 Average 2 Below Average 1 Unsatisfactory 0 Not Observed

| | 5 | 4 | 3 | 2 | 1 | 0 |
|--|---|---|---|---|---|---|
| 1. Understand the principles of casting. Traction and immobilization. | | | | | | |
| 2. Apply casts to simple fractures of extremities | | | | | | |
| 4. Review clinical symptoms and radiology findings with attendings to determine the appropriate treatment regimen for patients | | | | | | |
| 5. Evaluate patients in the post-operative period & recognize any potential complications. | | | | | | |
| 6. Document a clear & concise trauma history | | | | | | |
| 7. Understanding of open and closed fracture reduction | | | | | | |
| 8. Understands internal fixation principles | | | | | | |
| 9. Resident is able to perform digital surgery. | | | | | | |
| 10. Resident is able to perform rearfoot and ankle surgery. | | | | | | |
| 11. Resident is able to perform lesser metatarsal surgery. | | | | | | |
| 12. Resident is able to perform first metatarsal surgery. | | | | | | |
| 13. Resident is able to perform midfoot (Cuneiform, cuboid, navicular) surgery. | | | | | | |
| 14. Resident is able to apply internal fixation techniques in the foot and ankle. | | | | | | |
| 15. Resident is able to recognize and manage perioperative complications. | | | | | | |
| 16. Resident is able to recognize and perform flatfoot reconstructive surgery. | | | | | | |
| 17. Resident should be able to recognize and perform cavus foot surgery. | | | | | | |
| 18. Resident should be able to recognize and perform tendon transfer procedures. | | | | | | |
| 19. Resident should be able to recognize and perform ankle joint arthroscopy. | | | | | | |
| 20. Resident demonstrated the ability to interact and was able to communicate effectively. | | | | | | |
| 21. Resident acted in a professional manner and possessed a positive attitude while rotating. | | | | | | |
| 19. Overall rating of residents professional growth | | | | | | |

COMMENTS:

EVALUATOR _____

DATE _____

RESIDENT _____

DATE _____

DIRECTOR _____

DATE _____

COMPETENCIES FOR ORTHOPEDIC SURGERY

During this rotation, you will work closely with the orthopedic surgeons and follow patients from admission through discharge. You will have the opportunity to assist in the operating room as well as to learn to diagnose and manage emergency orthopedic problems in a variety of situations.

At the conclusion of this rotation, you will be able to:

1. Understand the principles of casting, traction and immobilization.
2. Apply casts to simple fractures of extremities.
3. Gain knowledge on the proper use of a variety of orthopedic equipment.
4. Review clinical symptoms and radiology findings with Attending to determine the appropriate treatment regimen for patients.
5. Evaluate the patients in the post-operative period and recognize any potential complications.
6. Document a clear and concise trauma history.
7. Understand open and closed fraction reduction.
8. Understand Residential fixation principles.
9. Understand basic orthopedic prosthetic devices and instrumentation.

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC RESIDENT EVALUATION FORM**

ORTHOPEDIC SURGERY

RESIDENT: _____ ROTATION DATE: _____

EVALUATOR: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|---|
| 1. Understand the principles of casting, traction and immobilization. | | | | | | |
| 2. Apply casts to simple fractures of extremities. | | | | | | |
| 3. Gain knowledge on the proper use of a variety of orthopedic equipment. | | | | | | |
| 4. Review clinical symptoms and radiology findings with attendings to determine the appropriate treatment regimen for patients. | | | | | | |
| 5. Evaluate patients in the post-operative period and recognize any potential complications. | | | | | | |
| 6. Document a clear and concise trauma history. | | | | | | |
| 7. Understanding of open and closed fraction reduction. | | | | | | |
| 8. Understanding fixation principles. | | | | | | |
| 9. Understanding of basic orthopedic prosthetic devices and instrumentation. | | | | | | |
| 10. Resident showed initiative during their training. | | | | | | |
| 11. Resident acted in a professional manner and possessed a positive attitude while rotating. | | | | | | |
| 12. Resident demonstrated the ability to interact and communicate effectively in a multi-disciplinary setting. | | | | | | |
| 13. Overall rating of residents professional growth | | | | | | |

COMMENTS:

EVALUATOR _____ DATE _____

RESIDENT _____ DATE _____

DIRECTOR _____ DATE _____

COMPETENCIES FOR PEDIATRICS

The resident will be expected to gain an understanding of the normal ontogeny of the lower extremity and the various developmental stages of newborns, infants, and children. The resident should also gain knowledge of the treatment modalities available for use in pediatrics and when it is appropriate to seek consultation.

At the conclusion of this rotation, you will be able to:

1. Perform an examination of newborns, infants and children.
2. Be familiar with common pediatric medications and their dosage.
3. Perform pediatric CPR.
4. Understand and recognize common pediatric neurologic and orthopedic diseases.
5. Understand the management of pediatric emergencies.

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC RESIDENT EVALUATION FORM**

PEDIATRICS

Resident: _____ Rotation Block: _____

Evaluator: _____

Using the following scale please rate the residents performance level in meeting each of the competencies as listed below:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|----------|----------|----------|----------|----------|----------|
| 1. Ability to perform and examination of newborns, infants and children | | | | | | |
| 2. Familiarity with common pediatric medications and their dosage. | | | | | | |
| 3. Ability to perform pediatric CPR. | | | | | | |
| 4. Understanding the management of pediatric emergencies. | | | | | | |
| 5. Understanding and recognition of common pediatric, neurologic and orthopedic diseases. | | | | | | |
| 6. Resident was able to demonstrate the ability to interact with and communicate effectively. | | | | | | |
| 7. Resident showed initiative during their training. | | | | | | |
| 8. Resident acted in a professional manner and possessed a positive attitude while rotating. | | | | | | |
| 9. Overall rating of residents' professional growth. | | | | | | |

COMMENTS:

EVALUATOR _____

DATE _____

RESIDENT _____

DATE _____

DIRECTOR _____

DATE _____

COMPETENCIES FOR PMSR/RRA FOR INTERNAL MEDICINE

Your involvement in Internal Medicine is designed to provide you with exposure to a variety of disease processes in a varied group of patients. It is designed to improve the body of knowledge developed during your podiatric medical school education. You will be presented with the pathophysiologic, diagnostic and therapeutic aspects of an assortment of medical conditions, during the course of your rotation. You will also follow selected outpatients on an ongoing, primary care basis through the medical clinic under the aegis of a Clinical Supervisor.

At the conclusion of this rotation, you should be able to:

1. Elicit a detailed and accurate patient history and perform a complete physical examination in a timely fashion.
2. Discuss the differential diagnosis and use ancillary services appropriately in confirming or ruling out a diagnosis for a variety of common medical conditions.
3. Demonstrate proficiency in the interpretation of clinical and laboratory findings in various aspects of Internal medicine and establishing a differential diagnosis before assigned attendings.
4. Discuss management plans for a variety of common medical conditions.
5. Establish safe and effective discharge planning for a variety of patient situations and medical problems.
6. Actively participate in the daily medical management and in the discharge planning for all in-house podiatric patients.
7. Discuss the management of podiatric in-house patients with attending in various aspects of Internal medicine (infectious disease, endocrinology, cardiology, etc.).

HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
Podiatric Resident (PMSR/RRA) Evaluation Form

INTERNAL MEDICINE/General Medicine

Resident: _____

Rotation Month: _____

Evaluator: _____

Using the following scale, please rate the Resident's performance level in meeting each of the COMPETENCIES as listed below:
5 Exceptional 4 Very Good 3 Average 2 Below Average 1 Unsatisfactory 0 Not Observed

| | | | | | | |
|---|--|--|--|--|--|--|
| 1. Elicit a detailed and accurate Patient History and perform a complete physical examination in a timely fashion | | | | | | |
| 2. Discuss the differential diagnosis, diagnostic evaluation, medical mangagement and discharge planning for a variety of medical conditions. | | | | | | |
| 3. Demonstrate proficiency in the interpretation of clinical and laboratory findings in various aspects of internal medicine and establishing a differential diagnosis. | | | | | | |
| 4. Discuss management plans for a variety of common medical conditions. | | | | | | |
| 5. Establish safe and effective discharge planning for a variety of patient situations and medical problems | | | | | | |
| 6. Actively participate in the daily medical management and in the discharge planning for all in-house patients. | | | | | | |
| 7. Resident was able to demonstrate the ability to interact with and communicate effectively. | | | | | | |
| 8. Resident showed initiative during their training. | | | | | | |
| 9. Resident acted in a professional manner and possessed a positive attitude while rotating. | | | | | | |
| Overall rating of resident's professional growth | | | | | | |

COMMENTS:

Evaluator _____

DATE _____

Resident _____

DATE _____

Director _____

DATE _____

INFECTIOUS DISEASE/ MEDICINE

Hackensack Meridian Health Palisades Medical Center sees large numbers of patients whose problems include problems of an infectious disease nature. As such the hospital maintains an active infectious disease service through the Department of Medicine.

As part of the PMSR/RRA the resident rotates through three months on the Medicine Service. To enhance this experience significant interaction with the Infectious Disease Service is included in your education.

During the course of your PMSR/RRA you will be exposed to a variety of learning experiences with patients of all ages with infections. This will be on an inpatient basis as well as an outpatient basis.

The resident will participate in the infectious disease service which will include, but is not limited to the following experiences:

1. Recognizing and diagnosing common infectious processes in the pediatric and adult patient.
2. Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiotics monitoring.
3. Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiotics monitoring
4. Exposure to local and systemic infected wound care.
5. You will learn to prevent, diagnose and manage diseases, disorders and injuries of the pediatric and adult lower extremity which involve infectious processes, by surgical and non-surgical means.
6. Demonstrate the ability to interact with, and communicate effectively in a multi-disciplinary setting.

As in all of your other experiences at Hackensack Meridian Health Palisades Medical Center , you will be expected to practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion, and be lifelong inquisitive learners and teachers.

HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC MEDICINE RESIDENT EVALUATION FORM

INFECTIOUS DISEASE

RESIDENT: _____ ROTATION DATE: _____

EVALUATOR: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL **4** VERY GOOD **3** AVERAGE **2** BELOW AVERAGE **1** UNSATISFACTORY **0** NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|----------|----------|----------|----------|----------|----------|
| Resident was able to recognize and diagnose common infectious processes in the pediatric and adult patient | | | | | | |
| Resident was able to interpret laboratory data including blood cultures, gram stains, microbiological studies, and antibiotics monitoring | | | | | | |
| Resident was able to interpret laboratory data including blood cultures, gram stains, microbiological studies, and antibiotics monitoring | | | | | | |
| Exposure to local and systemic infected wound care. | | | | | | |
| Has demonstrated knowledge in the prevention, diagnosis and management of diseases, disorders and injuries of the pediatric and adult lower extremity which involve infectious processes, by surgical and non-surgical means. | | | | | | |
| Demonstrate the ability to interact with, and communicate effectively in a multi-disciplinary setting. | | | | | | |
| Resident showed initiative during their training. | | | | | | |
| Resident acted in a professional manner and possessed a positive attitude while rotating. | | | | | | |
| Overall rating of residents professional growth | | | | | | |

COMMENTS:

EVALUATOR _____

DATE _____

RESIDENT _____

DATE _____

DIRECTOR _____

DATE _____

COMPETENCIES FOR PATHOLOGY

Your rotation in Pathology is designed to familiarize you with proper techniques used in a variety of laboratory procedures. You will be exposed to the processing of various types of pathological specimens and will learn how to interpret microscopic specimens as they relate to the disease process.

At the conclusion of this rotation, you will be able to:

1. Learn appropriate method to collect and submit tissue specimens for podiatry.
2. Interpret abnormal and normal tissue specimens microscopically in a variety of diseases.
3. Relate abnormal pathology findings to the disease process and develop an appropriate treatment plan.
4. Become familiar with general principles of tissue processing as they pertain to podiatry specimens.
5. Make a presentation on a specific disease entity that includes the use of pathologic diagnosis to develop a treatment plan and prognosis.
6. Gain experience in handling, processing, and interpreting blood samples for a variety of tests, including chemistry, hematology, serology and blood typing and cross matching.

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC MEDICINE RESIDENT EVALUATION FORM**

PATHOLOGY

RESIDENT: _____ ROTATION DATE: _____

EVALUATOR: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|--|----------|----------|----------|----------|----------|----------|
| 1. Learn appropriate method to collect and submit tissue specimens for podiatry. | | | | | | |
| 2. Interpret abnormal and normal tissue specimens microscopically in a variety of diseases. | | | | | | |
| 3. Relate abnormal pathology findings to the disease process and develop an appropriate treatment plan. | | | | | | |
| 4. Become familiar with general principles of tissue processing of podiatry specimens. | | | | | | |
| 5. Make a presentation on a specific disease entity that includes the use of pathologic diagnosis to develop a treatment plan and prognosis. | | | | | | |
| 6. Gain experience in handling, processing and interpreting blood samples for a variety of tests, including chemistry, hematology, serology and blood typing and cross matching. . | | | | | | |
| 7. Resident showed initiative during their training | | | | | | |
| 8. Resident acted in a professional manner and possessed a positive attitude while rotating. | | | | | | |
| 9. Resident demonstrated the ability to interact with and communicate effectively. | | | | | | |
| 10. Overall rating of residents professional growth. | | | | | | |

COMMENTS:

EVALUATOR _____ DATE _____

RESIDENT _____ DATE _____

DIRECTOR _____ DATE _____

COMPETENCIES FOR PODIATRIC MEDICINE

This rotation provides didactic as well as clinical training in the evaluation of patients with foot and ankle problems. You will participate in the diagnosis and treatment of an acceptable volume and diversity of cases identified with podiatric pathology. Training will emphasize nonsurgical intervention, preventative medicine and patient education.

At the conclusion of this rotation, you will be able to:

1. Work-up patients with foot and ankle problems.
2. Interpret foot and ankle x-rays for podiatric pathology.
3. Develop an understanding of abnormal pathology.
4. Gain technical skills in performing a variety of podiatric procedures.
5. Discuss the diagnostic work-up, diagnosis and treatment plan with Podiatrists on patients with a variety of foot and ankle problems.
6. Become familiar with a variety of complex podiatric pathologies.
7. Manage newborn through geriatric patients, with emphasis on treatment of patients.
8. Develop effective patient-physician communication skills.

**HACKENSACK MERIDIAN *HEALTH* PALISADES MEDICAL CENTER
PODIATRIC RESIDENT EVALUATION FORM**

PODIATRIC MEDICINE

RESIDENT: _____ ROTATION DATE: _____

EVALUATOR: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| ROTATION'S EDUCATIONAL OBJECTIVES | 5 | 4 | 3 | 2 | 1 | 0 |
|--|----------|----------|----------|----------|----------|----------|
| 1. Work-up patients with foot and ankle problems. | | | | | | |
| 2. Interpret foot and ankle x-rays for podiatric pathology. | | | | | | |
| 3. Develop and understanding of abnormal pathology. | | | | | | |
| 4. Gain technical skills in performing a variety of podiatric procedures. | | | | | | |
| 5. Discuss the diagnostic work-up, diagnosis and treatment plan on patients with a variety of foot and ankle problems. | | | | | | |
| 6. Become familiar with a variety of complex podiatric pathologies. | | | | | | |
| 7. Management and treatment of patients. | | | | | | |
| 8. Patient- physician communication skills | | | | | | |
| 9. Resident showed initiative during their training. | | | | | | |
| 10. Resident acted in a professional manner and possessed a positive attitude while rotating. | | | | | | |
| 11.. Overall rating of residents professional growth | | | | | | |

COMMENTS:

EVALUATOR _____ DATE _____

RESIDENT _____ DATE _____

DIRECTOR _____ DATE _____

GUIDELINES FOR QUALITY ASSURANCE

Outpatient Clinic – Podiatry Section

Antibiotics

All patients that are begun on parenteral antibiotics, either intravenous or oral, should have a culture & sensitivity harvesting before initiation of medication. While the infection should certainly be treated empirically, a baseline must be done with a culture & sensitivity before initiation of antibiotics.

Bone surgery

All patients who have bone surgery done at Hackensack Meridian Health Palisades Medical Center must have postoperative x-rays taken before discharge from the facility. There should be some notation somewhere by the house staff and/or attending staff that these x-rays were reviewed and are of appropriate quality.

Charting

All patient charts must be completed and signed by the resident and the attending before a clinic session is to be considered complete. This must be done before the end of business of the day of the clinic. All attendings and house staff must sign legibly or print their names along with the signature. All attendings must sign the attestation which states that the chart has been reviewed and that they agree with the evaluation and treatment as noted.

Consent Forms

All patient undergoing surgical procedures should have appropriately filled out consent forms. The witness of this form must different from the surgeon. Please note that any changes in the consent form must be clearly legible and must be initialed by the patient and a witness as well as dated.

Hallux Valgus

Documentation of a painful deformity must be noted in the record before surgical intervention should be considered.

- Preoperatively, all patients must have:
 - weight bearing AP and lateral x-rays. These radiographs must be reviewed and an evaluation form filled out by the resident and the attending podiatrist. This form should include the decision making logic for selection of criteria.

HIV + Patients

To be considered for elective surgery, the CD-4 counts should be greater than 200 or the viral load should be insignificant. This can be overridden by the Medicine Department during time of evaluation for preoperative clearance. This, however, must be clearly noted and identified in the record.

Nail Surgery

Clear documentation of pathology is necessary. A consent form should be in the chart, signed and witnessed before the procedure is performed. Appropriate follow-up care should be identified in the record.

Onychomycosis

Diagnosis to be confirmed by KOH culture if a patient is to be started on oral antifungal medication. Oral medication should be followed up with liver function *tests if there is medical necessity as determined by history and physical examination.*

In cases where onychomycosis is to be treated on the basis of topical medication only, there is no indication or need for objective laboratory testing to confirm the diagnosis

Orthotics

All patients being considered for orthotics should have a biomechanical evaluation form completed in the chart before casting.

PREOPERATIVE EVALUATIONS

All patients who are scheduled for elective surgery through the Family Health Center must be seen in the facility within two weeks of the surgery. The attending of record, the resident on the case and the patient must ALL be present. A consent form should be signed at that time, outlining the elective surgical procedures. If this procedure is not followed anyone has the right to summarily cancel the case.

PRIMARY CARE PHYSICIANS

All patients seen in the podiatry clinics must have a documented primary care physician whose name is identified in the chart. It need not be a Hackensack Meridian Health Palisades Medical Center Physician, but it must be noted that a PCP exists and has evaluated the patient within a reasonable previous interval.

SIGNATURES

All signatures should be legible, and should identify the degree of the provider. Dr. John Smith is NOT an acceptable signature. John Smith DPM is. A preprinted stamp is provided by the hospital for your use, and should be used in conjunction with your signature, each and every time.

VASCULAR

ALL RESIDENTS ARE REQUIRED TO HAVE A HANDHELD DOPPLER WITH THEM AT ALL TIMES. Patients who have less than normal findings of arterial inflow to the feet (as measured by palpation) must have an ABI documented in the record. At all times the noted ABI must be less than 3 months old. All patients with ABI of less than 1.0 should be referred to the vascular clinic.



Hackensack
Meridian Health
Palisades Medical Center

At the end of each rotation, please complete this form and submit to the Office of Academic Affairs.

Evaluation of Completion for Radiology Elective at Palisades Medical Center

Name of Resident : _____

Date of Rotation: _____

PGY: _____

Evaluating Attending: Dr. Wattamwar

1. Did the resident complete all the required self-directed online learning material by the end of their scheduled rotation time?

Yes NO

2. Any other comments regarding the resident's performance during the rotation?

Attending Signature: _____

Date: _____

PODIATRIC RESIDENT EVALUATION FORM

GENERAL SURGERY

Resident: _____

Rotation Block: _____

Evaluator: _____

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

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|---|
| 1. Obtain a good surgical history from patients | | | | | | |
| 2. Generate a differential surgical diagnosis. | | | | | | |
| 3. Determine what clinical presentation warrants surgical intervention. | | | | | | |
| 4. Assist at a variety of operative procedures in both general surgery and subspecialties. | | | | | | |
| 5. Provide and document routine post-operative care. | | | | | | |
| 6. Become familiar, through lectures and personal reading, with a variety of complex surgical procedures. | | | | | | |
| 7. Ability to share knowledge and skills with supervisors, peers and staff. | | | | | | |
| 8. Resident presented themselves in a professional manner. | | | | | | |
| 9. Actively seeks opportunities to learn. | | | | | | |
| 10. Overall rating of resident's professional growth. | | | | | | |

COMMENTS:

SIGNATURES:

EVALUATOR

DATE

RESIDENT

DATE

DIRECTOR

DATE

PODIATRIC RESIDENT EVALUATION FORM

Vascular Surgery

RESIDENT: _____

ROTATION DATE: _____

EVALUATOR: _____

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|----------|----------|----------|----------|----------|----------|
| Prevent, diagnose, and manage vascular diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means | | | | | | |
| Perform and interpret the findings of a thorough problem-focused history and physical exam, including: vascular examination, vascular imaging., hematology, blood chemistries, coagulation studies, non-invasive vascular studies | | | | | | |
| Appropriate non-surgical management when indicated, including: pharmacologic management, including the use of: antibiotics, peripheral vascular agents, anticoagulants and formulates and implement an appropriate plan of management, including: appropriate medical/surgical management when indicated, including: debridement of superficial ulcer or wound. | | | | | | |
| Assess and manage the patient's general vascular status. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination). Formulate an appropriate differential diagnosis of the patient's problem orders) additional diagnostic studies, when indicated.. | | | | | | |
| Practice with professionalism, compassion, and concern | | | | | | |
| Demonstrate the ability to communicate effectively in oral and written form. | | | | | | |
| Maintains appropriate medical records and understands medical-legal considerations involving health care delivery. | | | | | | |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature. | | | | | | |

Comments:

EVALUATOR

DATE

RESIDENT

DATE

DIRECTOR

DATE



PODIATRIC RESIDENT EVALUATION FORM

WOUND CARE

RESIDENT: _____ BLOCK: _____

EVALUATOR: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|---|
| 1. Understands etiologic characteristics of wounds (pathophysiology, epidemiology, etc.) | | | | | | |
| 2. Has ability to manage superficial wounds as an outpatient. | | | | | | |
| 3. Has ability to manage complex wounds as an outpatient. | | | | | | |
| 4. Has ability to manage wounds as an inpatient and develops and implements an appropriate treatment plan. | | | | | | |
| 5. Is able to differentiate a wound which represents a local problem from one which is indicative of a complex problem. | | | | | | |
| 6. Demonstrates proficiency in the use of different wound care agents and dressings. | | | | | | |
| 7. Understands the principles of wound repair. | | | | | | |
| 8. Ability to share knowledge and skills with supervisors, peers and staff. | | | | | | |
| 9. Resident presented themselves in a professional manner. | | | | | | |
| 10. Actively seeks opportunities to learn. | | | | | | |
| 11. Overall rating of resident's professional growth. | | | | | | |

COMMENTS:

SIGNATURES:

EVALUATOR _____ DATE _____

RESIDENT _____ DATE _____

DIRECTOR _____ DATE _____



PODIATRIC RESIDENT EVALUATION FORM

Physical Medicine and Rehabilitation

RESIDENT: _____

BLOCK: _____

EVALUATOR: _____

Using the following scale, please rate the residents performance level in a meeting each of the competencies as listed below:

5 Exceptional 4 Very Good 3 Average 2 Below Average 1 Unsatisfactory 0 Not Observed

| | 5 | 4 | 3 | 2 | 1 | 0 |
|--|---|---|---|---|---|---|
| 1. Demonstrates understanding of what cases are appropriate to refer to PM & R. | | | | | | |
| 2. Demonstrates understanding of the indication and use of PM & R. | | | | | | |
| 3. Demonstrates understanding of exercises and modalities used by PM & R as they relate to functional rehabilitation | | | | | | |
| 4. Demonstrates understanding of the role of PM & R in post - operative rehabilitation with emphasis on the lower extremity. | | | | | | |
| 5. Demonstrates ability to share knowledge and skills with supervisors, peers and staff. | | | | | | |
| 6. Actively seeks opportunity to learn | | | | | | |
| 7. Demonstrates understanding and proper weight bearing statuses and demonstrates ability to provide instruction for patient with appropriate assistive gait device (FWB, WBAT, PWB, TTWB) | | | | | | |
| 8. Demonstrates understanding of assistive devices ability to properly size & fit as well as instruct the patient in proper care & use. | | | | | | |
| 7. Presents self in a clean and professional manner. | | | | | | |
| 8. Overall rating of Resident. | | | | | | |

COMMENTS:

EVALUATOR _____

DATE _____

RESIDENT _____

DATE _____

DIRECTOR _____

DATE _____



PODIATRIC MEDICINE RESIDENT EVALUATION FORM

COMMUNITY MEDICINE/ BEHAVIORAL HEALTH

Resident: _____ Rotation Date: _____

Evaluator: _____

USING THE FOLLOWING SCALE, PLEASE RATE THE RESIDENT'S PERFORMANCE LEVEL IN MEETING EACH OF THE COMPETENCIES AS LISTED BELOW:

5 EXCEPTIONAL 4 VERY GOOD 3 AVERAGE 2 BELOW AVERAGE 1 UNSATISFACTORY 0 NOT OBSERVED

| | 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|---|
| 1. Management of patients from extended care facilities. | | | | | | |
| 2. Management of patients with psychosocial disorders. | | | | | | |
| 3. Treatment and management of homeless patients. | | | | | | |
| 4. Treatment and management of under-served minority patients. | | | | | | |
| 5. Treatment and management of medically disenfranchised patients. | | | | | | |
| 6. Medical management of emotional, behavioral, psychiatric, and learning problems. | | | | | | |
| 7. Discharge planning of disadvantaged patients. | | | | | | |
| 8. Podiatric treatment to psychiatric patients. | | | | | | |
| 9. Ability to educate and instruct patients on self-care management. | | | | | | |
| 10. Recognize the implications of life changes on health and disease. | | | | | | |
| 11. Presents self in a clean and professional manner. | | | | | | |
| 12. Overall rating of residents' professional growth. | | | | | | |

COMMENTS:

EVALUATOR _____ DATE _____

RESIDENT _____ DATE _____

DIRECTOR _____ DATE _____

PMSR/RRA QUARTERLY EVALUATION FORM

RESIDENT: _____

PGY: I II III

QUARTER: 1 2 3 4

5 - EXCEPTIONAL 4 - VERY GOOD 3 - AVERAGE 2 - BELOW AVERAGE 1 - UNSATISFACTORY 0 - NOT OBSERVED

| CLINICAL PERFORMANCE & CASE MANAGEMENT | 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|---|
| 1. MANAGEMENT OF ROUTINE CASES | | | | | | |
| 2. MANAGEMENT OF DIFFICULT CASES | | | | | | |
| 3. DETECTION AND DIAGNOSIS OF PATHOLOGY | | | | | | |
| 4. UNDERSTANDING OF SYSTEMIC PHARMACOLOGY | | | | | | |
| 5. MAKING APPROPRIATE REFERRALS WHEN INDICATED | | | | | | |
| 6. WRITING REPORTS/NOTES WHEN RECORD KEEPING | | | | | | |
| 7. APPROACH AND ATTITUDE TOWARDS PATIENTS | | | | | | |
| 8. INDEPENDENCE AND FOLLOW THROUGH IN CASE MANAGEMENT | | | | | | |
| 9. TECHNICAL APTITUDES | | | | | | |
| INTERPERSONAL SKILLS | | | | | | |
| 1. COMMUNICATION AND INTERACTION WITH PATIENTS | | | | | | |
| 2. COMMUNICATION AND INTERACTION WITH PEERS | | | | | | |
| 3. PROFESSIONALISM | | | | | | |
| LEARNING SKILLS | | | | | | |
| 1. INTEREST AND INDUSTRY; ENTHUSIASM FOR LEARNING | | | | | | |
| 2. INTELLECTUAL CURIOSITY; GROWTH IN KNOWLEDGE AND SKILLS | | | | | | |
| 3. PARTICIPATION IN EDUCATIONACTIVITIES | | | | | | |
| 4. CRITICAL AND ANALYTICAL REASONING | | | | | | |
| 5. APPLICATION OF GENERAL FUND OF KNOWLEDGE | | | | | | |

CORRELATING THE RESIDENT'S EVALUATIONS TO DATE, HOW WOULD YOU RATE THE OVERALL
PERFORMANCE OF THE RESIDENT THIS QUARTER COMPARED TO THE PREVIOUS ONE:

___ SAME AS BEFORE ___ BETTER THAN BEFORE ___ NOT AS GOOD ___ UNSATISFACTORY ___ FIRST QUARTER

COMMENTS:

RESIDENT SIGNATURE: _____

DATE: _____

PROGRAM DIRECTOR SIGNATURE: _____

DATE: _____



**Hackensack
Meridian *Health*
Palisades Medical Center**

Semi-Annual Review by Program Director

RESIDENT:

Review period:

DIRECTOR: Demetrios Econopouly, DPM

Instructions: Please check the most appropriate box which corresponds to your perception of each item using the rating scale below.

| Unsatisfactory | Marginal | Satisfactory | Above Average | Superior |
|-----------------------|-----------------|---------------------|----------------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |

| MEDICAL KNOWLEDGE AND SKILLS | | | | |
|---|---|---|---|---|
| Knowledge of basic sciences. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Understanding of clinical medicine. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Diagnostic judgment. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Comprehensiveness and thoroughness of treatment plans. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Understanding of clinical procedures. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Technical ability. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Quality of scientific research. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Interest in self-directed study and continuing medical education. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Thoroughness of documentation of H&P, progress notes, consultation reports, discharge summaries, etc. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Critical decision making ability. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Knowledge and utilization of behavioral concepts and skills. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Overall medical knowledge. | | | | |
| 1 | 2 | 3 | 4 | 5 |

PERSONAL QUALITIES

| | | | | |
|--|---|---|---|---|
| Dedication to medicine. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Ethical standards. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Acceptance of administrative responsibilities. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Interaction with patients and their families. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Interaction with other physicians. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Interaction with other health professionals. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Professional attitude and demeanor. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Response to constructive criticism. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Leadership capabilities. | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Initiative | | | | |
| 1 | 2 | 3 | 4 | 5 |
| Communication Skills | | | | |
| 1 | 2 | 3 | 4 | 5 |

Please evaluate the intern/resident in terms of progress in the program, promise as a physician, and in other areas not specifically mentioned above. All comments will be treated confidentially.

Signatures:

Program Director

Date

Resident

Date



RESIDENT EVALUATION of ROTATION

At the end of each rotation, the resident must complete this form and submit to the Office of Medical Education.

Attending Name: _____

Block: _____

Resident Name: _____

Instructions: Please check the most appropriate box which corresponds to your perception of each item using the rating scale below.

| Excellent | Above Average | Average | Below Average | Unsatisfactory | No Interaction |
|-----------|---------------|---------|---------------|----------------|----------------|
| 5 | 4 | 3 | 2 | 1 | 0 |

Orientation to Rotation

Appropriate length

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Curriculum Structure

Competencies Identified

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Competencies Met

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Reference Materials

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Quality of Instruction

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Appropriateness to Podiatry

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Treated Respectfully

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Active Participation

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Additional Comments: _____

Resident Signature: _____

Date: _____

DPME Signature: _____

Date: _____



RESIDENT EVALUATION of ATTENDING

At the end of each rotation, the resident must complete this form and submit to the Office of Medical Education.

Attending Name: _____

Block: _____

Instructions: Please check the most appropriate box which corresponds to your perception of each item using the rating scale below.

| Excellent | Above Average | Average | Below Average | Unsatisfactory | No Interaction |
|-----------|---------------|---------|---------------|----------------|----------------|
| 5 | 4 | 3 | 2 | 1 | 0 |

Instructive Capabilities

Active participation in lectures/discussions

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Active participation in presentations/meetings

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Active instruction during clinical patient care

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Active participation in in teaching rounds

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Quality of preparation for cases/ rounds

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Spectrum of cases covered

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Personal Qualities

Instructive Ability

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Organization of topics taught

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Punctual

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Ability to present feedback

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Sensitivity to needs of patients

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Sensitivity to hospital staff

| | | | | | |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|

Additional Comments: _____



Hackensack
Meridian Health
Palisades Medical Center

Attending Evaluation of Scholarly Activity

| | | |
|------------------------------------|--------|----------------|
| Scholarly Activity/ Project Title: | | |
| Resident Name: | | |
| PGY: | Block: | Academic Year: |
| Supervising Physician: | | |

As a requirement of the satisfactory completion of the residents Research rotation:

- ☐ The resident has attached a paper copy of the scholarly activity for my review.
- ☐ I have reviewed the scholarly activity for this resident and it is to my standards as a scholarly project related to the field.

| | |
|----------------------|-------|
| Attending Signature: | Date: |
| Resident Signature: | Date: |



Biomechanical Foot Examination Form

Note: Please complete relevant information. This form is for teaching purposes and not to be included in the patient's chart. Please keep a copy in your own file throughout residency.

Patient: _____

Date: _____

| STATIC STANCE EVALUATION | | |
|-----------------------------------|--|--|
| Head Tilt | | |
| Shoulder Position | | |
| Hip Position | | |
| Patellar position | | |
| Limb Length (ASIS to Floor in cm) | | |
| NCSP | | |
| RCSP | | |
| Arch morphology weight bearing | | |

DYNAMIC GAIT EVALUATION:

Anterior view:

Posterior view:

Lateral View:

CLINICAL:

| | RIGHT | LEFT |
|------------------------------------|-------|------|
| Ankle joint plantar flexion | | |
| Ankle joint dorsiflexion | | |
| 1 st ray dorsiflexion | | |
| 1 st ray plantarflexion | | |
| 1 st MPJ dorsiflexion | | |
| 1 st MPJ plantarflexion | | |
| STJ inversion | | |
| STJ eversion | | |

DIAGNOSIS: _____

TREATMENT: _____

RATIONALE: _____

Resident: _____ Supervisor: _____

Director of Podiatric Medical Education: _____ Date: _____



| | |
|---|---|
| TITLE: Graduate Medical Education: Palisades Medical Center Discipline and Adverse Actions | |
| Date Created: July 1, 2018 | Date(s) Reviewed and/or Revised: |
| DIO: Jeffrey R. Boscamp, MD | Date DIO Approved: July 1, 2018 |

SCOPE

This policy applies to all Hackensack Meridian Health Palisades Medical Center sponsored residency and fellowship training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Commission on Dental Accreditation (CODA).

PURPOSE

To establish a means for resolving disputes between resident physician and his/her Program Director or other faculty members.

POLICY

Adverse actions and disciplinary actions are not subject to the grievance and arbitration procedure and instead shall be administered pursuant to the CIR Collective Bargaining Agreement, Article 15, Discipline, Adverse Actions and the Evaluative Process.

Adverse Actions

Adverse actions are not considered disciplinary and are limited to the decision to non-renew a House Staff Officer's individual contract; to withhold residency credit; to not promote a House Staff Officer to the next level of training; to require the House Staff Officer to repeat a year; or to withhold permission to take the specialty board examination. Adverse actions shall not be subject to the grievance and arbitration procedure and shall instead be subject to the internal hearing procedure set forth below.

A House Staff Officer shall be notified in writing of any adverse action and such written notice shall include a description of the reason(s) that the adverse action is being taken. A copy of the written notice shall be sent by email to CIR within 72 hours after it is presented to the House Staff Officer.

Adverse actions may be appealed by a House Staff Officer by requesting in writing a hearing before an internal hearing committee. The request must be sent to the Director of Graduate Medical Education within 21 calendar days of receipt of the written notice of adverse action.

Within 14 calendar days of receipt of the House Staff Officer's request for a hearing, the Director of GME shall appoint an ad hoc hearing committee. The hearing committee shall be comprised of five members. The ad-hoc hearing committee shall include three Program Directors, chosen by the Medical Center; and two House Staff Officers chosen by CIR. No committee member shall be from the same department as the House Staff Officer who is the subject of the adverse action unless the adverse action is taken against multiple residents who are in different departments. For

cases in which the adverse action is taken against multiple residents in different departments, the Medical Center will makes its best efforts to ensure that no committee member is from the same department as the House Staff Officers who are the subject of the hearing. A House Staff Officer who has requested a hearing may, at his or her option, choose to limit the composition of the ad hoc hearing committee to the three Teaching Attending or Program Directors and to exclude other house staff officers from the committee. A hearing shall be held within 21 working days of the appointment of a hearing committee, unless the parties agree to a later date in writing.

If a hearing is requested, the committee shall hear and evaluate all data related to the adverse action and shall give the House Staff Officer a full and unimpaired right to present evidence related to their performance in the program. The House Staff Officer may have a CIR representative at the hearing. After presentation of the evidence, the committee shall meet in closed session to consider the evidence and the proposed adverse action. The committee shall have the authority to accept, reject or modify the proposed adverse action, and shall issue a written decision within 10 working days after the conclusion of the hearing. The committee's decision shall be final and not subject to arbitration.

Disciplinary Actions

Disciplinary actions are defined as written reprimands/warnings, suspensions and terminations. A disciplinary action may be appealed and the appeal process shall differ depending on whether the action is taken for academic or non-academic reasons. There shall be no disciplinary action assessed against any House Staff Officer except for just cause.

A House Staff Officer shall be notified in writing of any disciplinary action and such notice shall describe the discipline being imposed and a description of the reasons for the disciplinary action. A copy of the notice shall be sent by email to CIR within 72 hours after it is presented to the House Staff Officer.

Disciplinary Actions for Academic Reasons

A disciplinary action taken for academic reasons is one that is based upon a House Staff Officer's deficient fund of medical knowledge as well as the development of the clinical skills necessary to function as a physician in the House Staff Officer's medical specialty. Disciplinary actions taken for any other reason shall be a non-academic disciplinary action.

Disciplinary actions taken for academic reasons may be appealed by a House Staff Officer by requesting in writing a hearing before an internal hearing committee. The request must be sent to the Director of Graduate Medical Education within 21 calendar days of receipt of the written charges and proposed disciplinary action.

Within 14 calendar days of receipt of the House Staff Officer's request for a hearing, the Director of GME shall appoint an ad hoc hearing committee. The hearing committee shall be comprised of five members. The ad-hoc hearing committee shall include three Program Directors, chosen by the Medical Center; and two House Staff Officers chosen by CIR. No committee member shall be from the same department as the House Staff Officer who is the subject of the disciplinary action, unless the disciplinary action is taken against multiple residents who are in different departments. For cases in which the disciplinary action is taken against multiple residents in different departments, the Medical Center will makes its best efforts to ensure that no committee member

is from the same department as the House Staff Officers who are the subject of the hearing. A House Staff Officer who has requested a hearing may, at his or her option, choose to limit the composition of the ad hoc hearing committee to three Teaching Attending Physicians or Program Directors and to exclude other house staff officers from the committee. A hearing shall be held within 21 working days of the appointment of a hearing committee, unless the parties agree to a later date in writing.

If a hearing is requested, the committee shall hear and evaluate all data related to the disciplinary action and shall give the House Staff Officer a full and unimpaired right to present evidence related to their performance in the program. The House Staff Officer may have a CIR representative and/or legal counsel to represent them at the hearing. The Medical Center may also be represented by legal counsel at the hearing. After presentation of the evidence, the committee shall meet in closed session to consider the evidence and the proposed disciplinary action for academic reasons. The committee shall have the authority to accept, reject or modify the proposed disciplinary action, and shall issue a written decision within 14 working days after the conclusion of the hearing. The committee's decision shall be final and not subject to arbitration.

Disciplinary Action for Non-Academic Reasons

A disciplinary action that is taken for reasons other than a House Staff Officer's deficient fund of medical knowledge or development of the clinical skills necessary to function as a physician in the House Staff Officer's medical specialty is a disciplinary action for non-academic reasons. A disciplinary action taken for non-academic reasons may be appealed pursuant to the following procedure.

Step I: A House Staff Officer who wishes to appeal a disciplinary action for non-academic reasons must file a written appeal to the Vice President of Human Resources or his or her designee within twenty-one (21) calendar days of receipt of the notice of disciplinary action. The Vice President of Human Resources or designee shall take appropriate steps to consider the appeal, including meeting with the Union within ten (10) calendar days, and shall reply in writing to the Union no later than fourteen (14) calendar days after the meeting.

Step II: If the grievance is not satisfactorily resolved in Step I, a written appeal to the Chief Medical Officer must be made within fourteen (14) calendar days of receipt of the Step I determination. The Chief Medical Officer shall take the appropriate steps to consider the appeal, including meeting with the Union within ten (10) calendar days, and shall reply in writing to the Union no later than fourteen (14) calendar days after the meeting.

Step III: If the grievance is not satisfactorily resolved in Step II, the Union may submit the grievance to binding arbitration within twenty (20) calendar days of the Step II determination by submitting written notice to the American Arbitration Association and the Medical Center of the Union's intent to arbitrate. If the Union does not refer the grievance to arbitration within twenty (20) calendar days of the Step II determination, the grievance shall be considered waived.

The arbitrator's fee and cost of the hearing room shall be shared equally by the parties.

Disciplinary and Adverse Action Rules

The Medical Center will provide House Staff Officers with time off to be present at all disciplinary and adverse action hearings and grievance meetings. The failure of the House Staff Officer to appear before the ad hoc hearing committee without good cause shall result in the disciplinary action or adverse action being upheld.

Prior to a House Staff Officer being brought into a disciplinary or adverse action conference, or an investigational conference that may lead to an adverse action or discipline of the House Staff Officer being interviewed, the Medical Center representative shall inform the House Staff Officer of the nature of the conference, including the possibility of a discipline or an adverse action being issued. The House Staff Officer shall have the right to have a CIR representative of his or her choice at either of these conferences. In the event a representative is requested, but not available, the Medical Center may temporarily reassign the House Staff Officer from clinical duties or remove them from duty, as appropriate, but may not proceed until a representative is available.

The Medical Center shall not prohibit CIR representation of a House Staff Officer at any Adverse or Disciplinary Action proceeding.

Remediation

It is the program's responsibility to inform a House Staff Officer in a timely manner if his/her performance is substandard and to make clear (verbally and in writing) what specific aspects of the House Staff Officer's performance need improvement. Remediation plans shall be in writing and include a reasonable timetable as determined by the program director, specific goals for improvement and a specific plan to achieve those goals. The development of a remediation plan is a collaborative process that should be discussed with the House Staff Officer for his/her input and, after consultation with the House Staff Officer, may include the assignment of a mentor. A remediation plan is an educational tool to assist the House Staff Officer in meeting performance standards and is not considered a disciplinary action. An initial remediation plan may, but need not, be imposed in conjunction with the placement of a House Staff Officer on probation. However, the parties agree that when possible a House Staff Officer should be given an opportunity to address any performance problems through remediation prior to being placed on probation.

Probation

If a House Staff Officer is placed on probation for not successfully completing remediation, or for any other reason, that action must be in writing and include: a summary of the reasons for the action, the area(s) of performance to be improved, a summary of the criteria for judging adequate improvement, and a date upon which the probation will be reviewed. Probation cannot be imposed until the House Staff Officer has received notice either in person or to his/her email address.



**Hackensack
Meridian Health**
Hackensack University
Medical Center

| TITLE: Graduate Medical Education — Grievance Policy – Due Process | |
|---|---|
| <i>Date Created: 4/14/17</i> | <i>Date(s) Reviewed and/or Revised: 4/14/17</i> |
| <i>DIO: Jeffrey R. Boscamp, MD</i> | <i>Date DIO Approved: 4/14/17</i> |
| <i>Date Presented to GMEC: 4/14/17</i> | <i>Date Approved by GMEC: 4/17/17</i> |

The grievance (due process) procedures are described in the following policy for HackensackUMC Housestaff:

II. SCOPE:

The policy is directed to all Housestaff

III. POLICY:

The purpose of this process is to assure prompt, fair, and equitable resolution of disputes relating to any of the following adverse actions:

- Dismissal
- Probation
- Non-renewal of contract

When possible Housestaff should attempt to resolve these issues with their program directors prior to initiating the Appeal Process.

The appeal process shall be initiated by written notice from the resident, stating the concern, to the Program Director and the Chief Academic Officer. This written notice must occur within 30 days of the aggrieved action. A hearing of the Appeal Board shall be held within 14 working days of such a written request. The decision of the Appeal Board shall be forwarded in writing to all concerned parties concerned within 5 working days after the hearing.

The Chief Academic Officer will form an ad hoc Appeal Board comprised of one residency program director and two faculty members from programs other than that of the grievant, and the Chief Academic Officer or his/her designee. The jurisdiction of the Appeal Board will be limited to ascertaining whether the judgment of the resident's Program Director is consistent with the relevant evaluations and documentation contained within the resident's file. The decision of the Appeal Board will be binding for both the resident and the Program Director, and is not itself subject to appeal.

There will be no legal counsel participation by either the hospital or the appellant. The resident may present at the hearing any relevant evidence that supports his/her contention that the adverse action was not based on "good cause." Any dispute or controversy governed by the Health Care Quality

Improvement Act of 1986 and falling within the definition of a professional review action in that Act shall be governed by the appeal procedures and notice provisions set forth therein.

NOTE: A Program Director's decision to declare a Resident ineligible to take a Board examination in his/her specialty is not appealable and does not fall within the appeal procedures outlined in this section of the House Staff Manual. This is a power granted to the Program Director by the certifying board and not by the Hospital. Program Directors will inform the Chief Academic Officer and the affected Housestaff prior to any such action.



| TITLE: Resident/Fellow Physician Promotion, Non-Renewal and Dismissal | |
|--|--|
| <i>Date Created: 9/1/2021</i> | <i>Date(s) Reviewed and/or Revised:</i> |
| <i>DIO: Jeffrey R. Boscamp, MD</i> | <i>Date DIO Approved: 10/18/2021</i> |
| <i>Date Presented to GMEC: 10/21/2021</i> | <i>Date Approved by GMEC: 10/21/2021</i> |

SCOPE

This policy applies to all Hackensack University Medical Center (HUMC) sponsored residency and fellowship training programs, both accredited and non-accredited. The term “resident” refers to all graduate trainees (intern, resident, fellow) enrolled in a postgraduate training program sponsored by HUMC.

PURPOSE

To assure consistent standards and processes for promotion, non-promotion and dismissal of a Resident’s appointment

POLICY

Each program that promotes and/or reappoints Residents must have a written description that outlines necessary criteria regarding the promotion of Residents to a higher level of training. Residents must meet the academic standards and curricular requirements of the program in order to be reappointed and promoted.

Each training program shall have a comprehensive Resident evaluation system in place (See *Evaluation of Resident/Fellow Physician, Faculty and Program Policy*). This evaluation system shall provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. For Accreditation Council for Graduate Medical Education (ACGME) accredited programs, the assessment of Milestones every six months by the Clinical Competency Committee (CCC) of the program is required. A component of this evaluation system will be criteria that document progressive resident performance improvement appropriate for each resident’s level of training.

Programs must communicate to Residents expectations of performance/achievement required for advancement. This can be done through appropriate program and/or rotation specific written curricula (paper or electronic) which are reviewed with Residents at the beginning of their training and/or in each individual year and/or at the start of each rotation or major assignment. In addition, the Resident must have access to each program’s evaluation, promotion criteria and policies.

Promotion

The Program Director, in collaboration with the CCC and/or Medical Education Committee, will make

decisions regarding each Resident's promotion to the next year of training. Those decisions will be based upon the evaluation criteria developed by the program. While it is expected that Residents will be promoted to the next level of responsibility on an annual basis, Residents that fail to meet the program's criteria for promotion will not be advanced solely on the basis of time served.

In addition to the fulfilling the requirements of satisfactory academic progress, medical Residents must satisfy the following requirements:

1. To be eligible for consideration of promotion to PGY-2 and above, the Resident must qualify for a permit issued by the NJBME as defined in NJBME regulations 13:35-1.5(c) and 12:35-1.5(I).
2. For promotion to PGY-3, the Resident must have passed USMLE Step 3 or COMLEX Level III; a Resident who has not passed USMLE Step 3 or COMLEX Level III shall automatically be terminated at the conclusion of PGY-2.
3. For promotion to any postgraduate year after the Resident has used up their five years of eligibility for registration/permit in the State of New Jersey, the Resident must have a New Jersey medical license. All Residents at the PGY-6 level or above are required to obtain a NJ State medical license.

Failure to Promote

A decision by the program to not promote a Resident to the next level of training will necessarily be accompanied by one of two recommendations:

1. retain the Resident at the current level of training for a specified period of time prior to re-evaluation and/or until competency level is achieved, or
2. dismiss the Resident from the training program (non-renewal).

In either instance, the Resident has the right to appeal this decision, as outlined in the *Grievance Policy*.

Non-Renewal

In situations where a Resident is not making adequate progress towards advancement to the next level of training, the program may decide against renewal of the Resident's agreement. In this situation, the program must provide the Resident with written notice of intent no less than one hundred twenty (120) days prior to the expiration of the Resident's current agreement.

If the primary reason(s) for the non-renewal or non-promotion occur(s) within the four months prior to the end of the agreement, the program must provide the Resident with as much written notice as circumstances will reasonably allow, prior to the end of the agreement.

Non-Renewal by Resident

If the Resident intends not to seek continued appointment, the Resident shall provide the Program Director with written notice; not less than 90 days prior to the agreement term date.

Contract Renewal

Prior to issuing a contract for the next period of training, the Designated Institutional Official and/or designee must receive written confirmation from the program director and/or designee to proceed with the contracting process for each Resident.

Termination of Employment (i.e. Dismissal)

The Program Director shall notify the Resident in writing of the termination. Copies of this notice shall be provided to the Designated Institutional Official and/or designee. Termination shall ordinarily become effective not less than two weeks after receipt of the written notice. The Program Director may remove the Resident from clinical duties during this period if, in the judgment of the Program Director, continuance of the Resident in the program during the notice period poses risk of danger to patients, or risk of harm or damage either to the program itself or to other employee personnel. The notification shall include the following:

- a) Reason(s) for dismissal
- b) Effective date of dismissal
- c) Enclosure of a copy of the *Grievance Policy*

Any questions regarding this policy and procedure may be referred to the Resident's Designated Institutional Official and/or designee.



| | |
|--|--|
| TITLE: Graduate Medical Education: Wellness | |
| <i>Date Created: 7/1/2018</i> | <i>Date(s) Reviewed and/or Revised: 10/22/2018</i> |
| <i>DIO: Jeffrey R. Boscamp, MD</i> | <i>Date DIO Approved: 10/23/2018</i> |
| <i>Date Presented to GMEC: 10/25/2018</i> | <i>Date Approved by GMEC: 10/25/2018</i> |

SCOPE

This policy applies to all Hackensack University Medical Center (HUMC) sponsored residency and fellowship training programs, both accredited and non-accredited. The term “resident” refers to all graduate trainees (intern, resident, fellow) enrolled in a postgraduate training program sponsored by HUMC.

NOTE: In addition to being subject to specific policies and procedures required by ACGME, residents are also subject to employee policies and procedures applicable to the resident’s institution/medical center of hire and are eligible for benefits of employment applicable to employees of comparable classification.

Each institution/medical center under HUMC sponsorship has adopted institution/medical center policy to guide all employees, including residents, to work in a drug/alcohol-free workplace. If there is an individual in which reasonable suspicion of abuse is suspected, institution/medical center abuse policy/protocol ought to be followed. In addition, promotion of wellness is distinct from illness. Therefore, each institution/medical center under HUMC sponsorship has adopted institution/medical center policy to guide all employees, including residents, regarding illness, leave, vacation, etc. This policy is intended to augment each institution’s/medical center’s policies.

PURPOSE

To promote resident work-life balance.

POLICY

Fatigue and burnout are known to impair resident performance leading to medical errors and compromised well-being. To foster a culture of safety, residency programs should promote the following for trainees:

- Safety and quality of patient care
- Fitness for duty
- Recognizing the signs of fatigue, burnout and sleep deprivation in themselves and others
- Sleep hygiene
- Use of feasible, evidenced-based techniques, such as mindfulness, to promote and enhance resilience

Program Responsibilities

Programs must educate faculty and residents regarding the negative effects of fatigue and burnout on patient care and personal wellness. As such, programs should offer resources and processes for residents to manage alertness and mitigate fatigue. Examples include:

- Education on recognizing the signs of fatigue and sleep deprivation; sleep hygiene
- Education with evidenced-based tools for enhancing resilience such as mindfulness;
- Education on nutrition and healthy living;
- Compliance with ACGME clinical experience and education standards;
- Ensure continuity of patient care in the event a resident may be unable to perform his/her patient care duties;
- Provision of adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home;
- Access to resources, and interventions to prevent and manage distress and mental health problems experienced during residency

It is the responsibility of each program director and all faculty members to be aware of resident behavior and conduct.

If a program director or faculty member observes physical, mental, or emotional problems affecting the performance of a resident, including impairment due to excessive fatigue, the member must take steps to verify the impairment and take appropriate actions. The program director must immediately notify the Department Chairperson, DIO and/or his designee.

Each program must have a written wellness policy consistent with ACGME and RRC requirements as well as the Institutional policy.

Program Directors are responsible for distributing such policies to residents and faculty annually

Resident Responsibilities

Residents are essential partners in creating an environment that promotes wellness, resilience and effectively prevents or manages burnout. The major factors associated with resident well-being are autonomy, building of competence, strong social relatedness, sleep, and time away from work. A resident should alert their program leadership if he/she is unable to provide clinical care. Residents should be aware of the resources available to manage fatigue or burnout.

Residents are responsible for reporting to their institution/medical center fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from the adverse effects of physical, mental, emotional and personal problems including impairment due to fatigue.

Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.

Residents are responsible for assessing and recognizing impairment, including illness and fatigue, in themselves and in their peers. If a resident is experiencing problems, he/she is encouraged to

voluntarily seek assistance before clinical, educational and professional performance as well as interpersonal relationships or behaviors are adversely affected. Residents who voluntarily seek assistance for physical, mental, emotional and/or personal problems, including drug and alcohol dependency, before their performance is adversely affected, will not jeopardize their employment status as a resident by seeking this assistance.

Institutional Support

The Department of Academic Affairs will maintain an up-to-date list of Institutional wellness related resources available to all residents via New Innovation's Notices section.

In addition, to allow residents to attend to their personal health and wellness, including medical, dental, and mental health appointments, residents will be provided annually (academic year) with four (4) wellness days in addition to other leave time (including sick and vacation leave). Partial days may be taken on a case-by-case basis at the discretion of the individual program director. This is to ensure continuity of patient care and resident education, while allowing residents the means to manage wellness.

Programs should make every effort to accommodate residents' use of a wellness day and are asked to establish policies and procedures for usage of this time:

Departments will be asked to track this leave time separate from sick and vacation time, but may not require that residents provide documentation of appointments.

Prior to using a wellness day (or portion of a day), advance notice of at least 7 days wherever practicable should be provided to the resident's Program Director or designee to ensure adequate coverage. Residents and programs are encouraged to ensure that the supervising faculty or service attending is made aware as well.

Programs are encouraged to implement a system of coverage to ensure that use of wellness days minimizes disruptions to patient care and resident learning and does not produce an undue burden on other residents and faculty.

Residents are encouraged wherever possible to schedule appointments when not assigned to clinical duties, but should not be penalized by programs for use of a wellness day.

Residents may be asked to provide alternate days/times for use of wellness days where appropriate, to accommodate the needs of the program.

Unlike sick leave, wellness days are earned quarterly (one wellness day per quarter) and may not be accrued (must be used in the quarter in which they are earned) or carried over to subsequent training years. They may not be used to extend any other type of leave (vacation; sick or FMLA; conference/educational).

When using wellness days residents should be aware of the attendance requirements for eligibility for Specialty Board examinations with reference to the minimum, contiguous time that must be spent in a training program.

References

ACGME Institutional Requirements Section III

ACGME Common Program Requirements Section VI

Timothy J. Daskivich, Dinchen A. Jardine, Jennifer Tseng, Ricardo Correa, Brian C. Stagg, Kristin M. Jacob, and Jared L. Harwood (2015) Promotion of Wellness and Mental Health Awareness Among Physicians in Training: Perspective of a National, Multispecialty Panel of Residents and Fellows. Journal of Graduate Medical Education: March 2015, Vol. 7, No. 1, pp. 143-147.

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