Bethesda North
TriHealth Hospital

TriHealth – Bethesda North Hospital Podiatry Medicine & Surgery with Reconstructive Rearfoot/Ankle Surgery Residency Program
PMSR/RRA

Manual
2025-2026

Bethesda North Hospital
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Cincinnati, OH 45242
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TriHealth-Bethesda North Hospital Podiatry Medicine & Surgery with Reconstructive Rearfoot/Ankle Surgery Residency Program

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Table of Contents

I. CURRENT PODIATRIC RESIDENTS

2025-2026 Residents

Logan Birch, DPM	PGY-3
James Misocky, DPM	PGY-3
Blaine Behymer, DPM	PGY-2
Alec Dickerson, DPM	PGY-2
Monique Duffus, DPM	PGY-1
Charles Morrison, DPM	PGY-1

II. FACULTY MEMBERS

2025-2026 Faculty/Staff

Todd Adams, DPM
Nathan Blanton, DPM
Haim Cohen, DPM
Matthew Hamilton, DPM
Tatyana Hamilton, DPM
Rodney Roof, DPM
Dominic Rizzo, DPM
Nicholas Woebkenberg, DPM
Lorraine Stephens, MD-Vice President Academic Affairs/DIO
Becky Fleig, MEd-Administrative Director of Medical Education
Christina Feldhaus-Program Coordinator

III. CONDUCT OF THE RESIDENTS

i. Orientation

Prior to the beginning of clinical duty, typically two weeks prior to July 1, a period of orientation is provided. Additional, education sessions are provided in the two months after starting and are designed to cover additional orientation topics. The information provided includes:

- TriHealth New Team Member Orientation
- Salary and benefits
- Epic Training & Other Technology Applications
- Policies & Procedures Manual
- Team Member Well-Being
- House Staff Association
- Communication Skills
- Research 101
- Billing and Coding Techniques
- Patient Safety and Quality Improvement
- Podiatry Residency Resource proper logging techniques

ii. Dress Code

Each resident must dress in a way that conveys a professional image to patients, visitors, and other staff members. Each resident must maintain high standards of personal appearance and hygiene regardless of where or when he/she works. The Hospital makes no distinction between appropriate appearances for day, evening, night or weekends. One's appearance plays an important role in gaining the confidence of the patient.

Males should wear dress pants and shirt. Females should wear dresses or dress pants/skirts and blouses/sweaters. In addition, residents are provided with white lab coats. These lab coats should be worn while on duty. Wearing scrubs, in the hospital, is acceptable as long as it is a full set (top and bottom). Residents should arrive to work in regular clothes and change into scrubs at the beginning of the shift and then change back into regular clothes at the end of the shift. Scrubs must not be worn home due to contaminates that could be transmitted from the hospital to home. Doing so violates TriHealth's Infection Control policy. Footwear will be clean, safe, and appropriate for the work assignment. Operating room shoe and head covers or other protective clothing or gear should not be worn outside of the area requiring such items. Hair should be controlled and securely fastened when working with patients. Facial hair must be neatly groomed. Nails should be kept clean and trimmed. Scents should be applied at a minimum due to possible allergic reactions by patients.

iii. Resident Code of Conduct

RESIDENTS WILL:

- Arrive on time
- Develop a personal program of study
- Actively participate in conferences and teaching rounds
- Put patient welfare ahead of their own self-interests
- Complete evaluations of rotations, faculty, peers, the program, etc., in a timely manner
- Collaborate respectfully, professionally, and courteously with patients and their families TriHealth staff and physicians, and their colleagues/peers
- Comply with duty hour and other ACGME/CPME requirements
- Effectively manage transitions of care
- Act compassionately and courteously toward colleagues, hospital staff, patients, and families
- Remain dependable
- Follow infection control measures and safety standards
- Wear ID badge appropriately and as required, per TriHealth policy

RESIDENTS WILL REFRAIN FROM:

- Use threatening, profane, offensive, or abusive language directed at others;
- Make degrading or demeaning comments about their colleagues, other TriHealth personnel, patients and their families, and/or hospital guests;
- Criticize others in such a way as to intimidate or belittle them or imply incompetence;
- Speak or act in ways that could create a hostile work environment;
- Engage in hostile, threatening, disruptive, intimidating, or inappropriate physical conduct;
- Make public comments of a derogatory nature about the quality of care being provided by other TriHealth practitioners;
- Demand performance of other TriHealth personnel that is inconsistent with established TriHealth practices;
- Complete inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual;
- Engage in the unauthorized use or possession of alcohol or other controlled substances on TriHealth premises;
- Demonstrate behavior that constitutes harassment, discrimination, or retaliation in violation of TriHealth's Employee Relations policy #ER 23.00;
- Take credit for some else's work or plagiarize
- Behave dishonestly or inappropriately while participating in or conducting quality assurance projects or scientific research;
- Falsify any documentation;
- Fail to report a safety event or fail to do so truthfully; and/or
- Demonstrate any other disruptive, abusive, or unprofessional behavior

iv. Podiatric Residents' Duties

See attached.

a. Residents' Responsibilities

TriHealth
Graduate Medical Education

Title: Residents' Responsibilities	**Policy # 5097-1014**
Issue date: February 20, 2012	**Approved by:** **Graduate Medical Education Committee**
Revision dates: May 2013; June 2014; July 2019	

PURPOSE

The purpose of this policy is to provide guidelines to residents and fellows (collectively, "residents") regarding their general responsibilities as post-graduate trainees.

POLICY

Residents are expected to:

1. Avail himself or herself of the educational opportunities offered within the institution;
2. Provide medical treatment to the hospital's patients in a competent and caring manner;
3. Conduct himself or herself in a moral, ethical, and professional manner at all times;
4. Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect GME; and
5. Learn how to apply cost containment measures in the provision of patient care.

PROCEDURE

To meet these responsibilities, the residents are expected to:

1. Develop a personal program of self-study and professional growth with guidance from the faculty in order to acquire and maintain throughout his or her professional career the knowledge, clinical skills, attitudes, and behaviors required to fulfill the objectives of the educational program and to achieve the competencies deemed appropriate for his or her chosen discipline;
2. Attend and actively participate in all conferences and teaching rounds within the residency program;
3. Ensure the patient's welfare is the first priority by participating in safe, effective and compassionate patient care under the direct and indirect supervision of the faculty (see GME Resident Supervision Policy 5097-1007);
4. Attend and participate in outpatient clinics and rotations as assigned;
5. Complete evaluations required by the program, i.e., evaluations for teaching faculty, peers, medical students, and rotations;

6. Participate in the annual program evaluation for the purposes of maintaining the quality of education provided by the program;
7. As appropriate, assume responsibility for teaching, evaluating, and supervising other residents and medical students and provide constructive feedback on their performance to encourage quality improvement;
8. Participate in research projects and quality improvement initiatives of the Hospital;
9. Participate in institutional committees and councils, especially those that relate to patient care, quality, and safety;
10. Complete ACGME required documentation and surveys;
11. Document care and complete/sign patient medical records in a timely manner;
12. Volunteer to serve as a member of various staff and hospital committees;
13. Be on-time and present for all assignments;
14. Maintain compliance with 80-hour work week;
15. Complete patient care transitions per GME Transition of Care Policy #5097-1008;
16. Report to the Program Director any event that may expose you and/or the Hospital to liability;
17. Participate in institutional programs and activities involving the medical staff;
18. Adhere to established practices, procedures and policies of the GME Program and of all affiliated hospitals, including the timely completion of medical records;
19. Embrace the professional values of honesty, compassion, integrity, and dependability;
20. Adhere to the highest standards of the medical profession and pledge to conduct himself or herself accordingly in all interactions;
21. Demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation; and
22. Abide by all TriHealth policies, procedures, rules, and regulations.

REFERENCES

GME Organizational Structure and Policy Definitions 5097-1001
GME Resident Supervision policy 5097-1007
GME Transition of Care 5097-1008

v. Adverse Action and Grievance Policies

See attached.

a. Academic and Administrative Adverse Actions
b. Due Process and Appeal/Grievance

TriHealth
Graduate Medical Education

Title: Academic and Administrative Adverse Actions	**Policy # 5097-1012**
Approval date: July 2019	**Approved by: Graduate Medical Education Committee**
Revision dates:	

PURPOSE

The purpose of this policy is to explain the GME procedure for academic and administrative adverse actions in alignment with the GME Due Process and Appeal/Grievance policy ("GME Due Process policy"). In this policy, the term "resident" refers to all residents and fellows in GME programs.

POLICY

1. Program Directors have the primary responsibility to monitor resident progress and to take appropriate academic and administrative adverse actions based on the resident's performance and conduct.

2. Program Directors have a responsibility to remove from clinical responsibilities any resident whose actions may place patients, peers, or others at risk.

3. Concerns regarding a resident's performance or conduct that may lead to an adverse action may be raised by a peer, any faculty member, any Program Director or department chair, another member of the hospital staff, an administrator, a patient, risk management, or any other person familiar with the resident's performance and activities.

4. Residents may be subject to adverse actions for failure to fulfill general academic, clinical, ethical, or administrative requirements and expectations of the program or institution as outlined in various program policies, institutional policies, hospital Medical Staff Bylaws and Rules and Regulations, TriHealth policies, or the Resident Employment Agreement.

5. The Program Director, after consultation with the DIO, may proceed under this policy to address deficiencies in resident performance or conduct.

6. Prior to implementing an adverse action, the Program Director may develop an "Educational Development Plan" to formally notify the resident of minor deficiencies in the expected core competencies and provide an opportunity for the resident to remedy those deficiencies.

    a. If the deficiencies are not satisfactorily corrected, additional action may follow.

b. The resident's schedule and activities may be modified during the Educational Development Plan period in order to allow the resident an opportunity to remedy the deficiencies and/or to ensure that the resident is fully prepared to move forward to the next stage of training.

c. Time spent on the Educational Development Plan will count for credit toward completing the training program and will not extend training time.

d. An Educational Development Plan is a formative, internal process that is not reported externally as part of training verification documentation.

e. The Educational Development Plan should be documented and signed by both parties so that there is clarity for the program and the resident about expectations. Such documentation should be shared with the GME office.

7. Examples of adverse actions include the following: (described more fully below)

   a. Review with extension of training (repeat program year (PGY) or extend training for current PGY a certain number of months)

   b. Probation

   c. Suspension

   d. Non-promotion

   e. Non-renewal

   f. Termination

8. Specific adverse actions should be determined on a case-by-case basis taking into account all relevant factors, which may include (as appropriate), but are not limited to, the following:

   a. the specific facts of the case

   b. the quantity and quality of the documentation (e.g., evaluations, event reports, outcomes data, or other information) related to the deficiencies leading to the adverse action

   c. any past interventions or adverse actions taken against the resident

   d. the resident's overall performance in the program up to that point

   e. the improvement of the resident's performance after previous feedback related to these or other similar deficiencies

   f. the ability of the resident to remedy the specific deficiencies found in a reasonable

timeframe

g. reasonable assessment of the resident's ability or likelihood to successfully complete the training program and to practice competently and independently in their chosen specialty given the deficiencies noted

9. Program Directors are not required to use a stepwise approach for determining specific actions. For example, a Program Director is not required to place a resident on an Educational Development Plan prior to probation or probation prior to suspension.

10. With regard to non-promotion, residents will be notified of intent not to promote them to a subsequent PGY-level no later than four (4) months prior to the end of the resident's current PGY- level. This date would typically be March 1st of any academic year for appointments beginning July 1st. If the primary reason(s) for non-promotion occur(s) within the four months prior to the end of the PGY-year, the Program Director must provide the resident with written notice of intent not to promote the resident in as timely a manner as the circumstances will reasonably allow.

11. With regard to non-renewal, residents will be notified of intent not to renew their appointment no later than four (4) months prior to the end of the resident's current term of appointment. This date would typically be March 1st of any academic year for appointments beginning July 1st. If the primary reason(s) for non-renewal occur(s) within the four months prior to the end of the term of appointment, the Program Director must provide the resident with written notice of intent not to renew in as timely a manner as the circumstances will reasonably allow, prior to the end of the term of appointment.

PROCEDURE

1. The Program Director must consult with the DIO prior to taking adverse actions against a resident. The Program Director should present the following information:

   a. The specific adverse action that is proposed.

   b. The specific deficiencies in knowledge, performance, or conduct leading to the adverse action.

   c. The documentation that describes or records the deficiencies (e.g., performance evaluations, patient complaints, medical student or resident complaints, prior interventions).

2. The Program Director, after consultation with the DIO, will make the decision on what if any adverse action should be taken against a resident.

3. When taking an adverse action, the Program Director must notify, in writing, the resident, and provide a copy of the notice to the DIO.

4. In the written notification, the Program Director will document the following items:

a. The specific adverse action being taken (see item 7 above under Policy section).

b. An outline of the deficiencies leading to the adverse action.

c. When applicable, a review of any previous formal communication or meetings with the resident regarding the deficiencies.

d. If applicable, an outline of the steps the resident can take to remedy the deficiencies.

e. When appropriate, the conduct or performance expectations after the deficiencies are remedied.

f. The time period during which the adverse action will be effective and the time at which there will be a reconsideration of the resident's performance in relation to the deficiencies.

g. When appropriate, a faculty mentor with whom the resident can work to remedy the deficiencies. This may be the resident's advisor and typically should not be the Program Director or the Department Chairperson.

h. When appropriate a statement regarding potential future adverse actions that may be taken if the deficiencies are not remedied under this adverse action.

i. A statement outlining the appeal and due process rights for the resident as outlined in the GME Due Process policy and/or a copy of the policy.

j. With the exception of review that does not extend the length of the training program, all other adverse actions under this policy are eligible for appeal.

5. TriHealth's DIO and Legal Services are available for consultation regarding the content of the written notification of the adverse action. The final adverse action will be implemented only after all rights to appeal have been exhausted and the decision becomes final.

Definitions for Administrative and Academic Disciplinary Actions:

1. **Extension of Training:**

   a. Review with Extension of Training is an adverse action to address moderate to severe education deficits that will require additional training time to remediate.

2. **Probation:**

   a. Probation is used when ongoing and/or significant deficiencies in a resident's performance or conduct are noted.

   b. Probation allows the resident to continue active participation in the program while addressing the concerns and deficiencies identified in the written notice of

probation.

c. Time spent on probation may or may not be used for credit toward the completion of the training program at the Program Director's discretion. The decision to grant credit for the time on probation may be made at the end of the probationary period based on the resident's performance while on probation. The resident's schedule and activities may be modified during the period of probation in order to allow the resident an opportunity to remedy the deficiencies or to ensure that the resident is fully prepared to move forward to the next stage of training.

d. If the deficiencies are not satisfactorily corrected during the probationary period, further disciplinary action will follow.

3. **Suspension:**

a. Suspension involves the removal of a resident from training activities for a specified period of time. Although some of the reasons for probation and suspension are the same, the severity of the resident's deficiencies and any potential direct or indirect threat to patients, colleagues or other staff may determine which adverse action should be taken.

b. Any hospital official of the Medical Staff, the Chief Executive Officer, Department Chair, the DIO, director of the applicable department, the Program Director, or their designees each shall is permitted to make a recommendation to the Program Director or DIO to summarily suspend, without prior notice, all or any portion of the resident's appointment and/or privileges granted by the Program, whenever it is in good faith determined that the continued appointment of the resident places the safety or health of hospital patients or personnel in jeopardy or to prevent imminent or further disruption of the Hospital operations.

c. Suspension may be with or without pay as appropriate depending upon the circumstances and at the discretion of the Program Director.

d. When returning from suspension, the resident may be placed on probation for a specified period of time in order to determine whether the specific deficiencies that caused the suspension have been adequately addressed.

4. **Non-promotion:**

a. Non-promotion means that the resident will not be promoted to the subsequent PGY-year at the completion of their current year of training. Non-promotion should be used when a resident has not been able to clearly demonstrate the knowledge, skills, or conduct required to advance to the next level of training and responsibility.

b. Non-promotion is appropriate when the Program Director believes that the resident will be able to successfully complete the PGY and eventually the training program after the period of additional training.

c. The notification timeline regarding non-promotion is noted in item 10 in the "Policy" section above.

d. When non-promotion is decided upon, the resident has the option of resigning from the program at the completion of the academic year in lieu of not being promoted.

e. When non-promotion is decided upon and the resident chooses to transfer to another institution in the same or in a different specialty, the resident will not receive credit for successfully completing the current year of training.

5. **Non-renewal:**

a. Non-renewal means that the resident will be terminated as a resident within the training program at the end of their current appointment.

b. The resident will receive credit for successfully completing training up to the end of the current contract year.

c. The notification timeline regarding non-renewal are noted in item 11 in the "Policy" section above.

6. **Termination:**

a. Termination involves the immediate and permanent removal of a resident from the training program and is the most serious of all adverse actions. Termination should be used only in the case of a resident with serious deficiencies in knowledge, performance, or conduct or as otherwise set forth in the Resident Employment Agreement.

b. As stated in the Resident Employment Agreement, and applicable policies, termination from the training program will also result in immediate termination of the resident's stipend and benefits, access to medical records, and clinical credentials as a member of the resident house staff.

c. Termination is typically preceded by sufficient notice to the resident that there are significant deficiencies in the knowledge, performance, or conduct and potentially by previous adverse actions. However, there is no requirement that there be any preceding adverse action prior to a resident being terminated.

REFERENCES

GME Organizational Structure and Policy Definitions 5097-1001
GME Due Process and Appeal/Grievance 5097-1015

TriHealth
Graduate Medical Education

Title: **Due Process and Appeal/Grievance**	**Policy # 5097-1015**
Approval date: April 16, 2012	**Approved by:** **Graduate Medical Education Committee**
Revision dates: May 2013, February 2015, April 2018, July 2019, November 2022	

PURPOSE

The purpose of this policy is to describe the Graduate Medical Education ("GME") due process and to establish appeal/grievance procedures consistent with the principles of due process related to both evaluations and academic/administrative adverse actions. In this policy, the term "resident" includes all residents and fellows in GME training programs.

PROCEDURE

These procedures provide guidance for the resolution of disputes regarding the resident's performance and conduct.

1. General Guidelines:

a. Promotion and reappointment of a resident as well as completion of a training program is contingent upon the resident's satisfactory performance in meeting knowledge, performance and behavior standards and expectations as set by TriHealth and the program within various program and TriHealth policies, and the annual Resident Employment Agreement.

b. If a resident does not satisfactorily meet the standards and expectations, the resident may be subject to a variety of adverse actions as outlined in the policy entitled "Academic and Administrative Adverse Actions."

2. Challenging a Performance Evaluation:

a. The resident has the right to challenge the accuracy of a written or electronic evaluation of their performance within 30 calendar days of the performance evaluation being posted on MedHub.

b. As a first step, the resident should meet with the Program Director to discuss the evaluation. The resident should present their concerns with the evaluation in as objective a manner as possible. For example, a concern may be that the faculty member did not have sufficient exposure to the resident during the evaluation period to form an objective opinion or complete an evaluation.

c. As a result of that conversation, the Program Director may decide:

i. to uphold the evaluation and include it in the resident's record;
ii. to modify the evaluation and include it in the resident's record;
iii. to not act on the evaluation at that time but to keep it in the resident's record for future reference (with or without modification); or
iv. to purge it from the resident's record.

d. The Program Director must document the date of the meeting, the stated reasons that the resident is challenging the evaluation (or require the resident to provide same), and the Program Director's final decision regarding the disposition of the complaint in a memo in the resident's file for future reference. The document must be signed and dated by the resident and program director. If the resident refuses to sign, then the program director shall note that in the document.

e. If the resident's concerns about the evaluation are not satisfactorily resolved after talking with the Program Director, the resident may, within ten business days (Monday-Friday) of the conversation, request a meeting with the Clinical Competency Committee to present rebuttal evidence.

i. The Clinical Competency Committee shall hear the resident's concerns and make a recommendation (in writing) to the Program Director regarding the disposition of the evaluation.

ii. After receiving the input of the committee, the Program Director, in consultation with the DIO and Administrative Director, will make a final decision on the disposition of the evaluation.

iii. This decision must be documented in the resident's file.

3. Appealing an Adverse Action

a. The appeals process for adverse academic and administrative actions taken under the policy entitled "Academic and Administrative Adverse Actions" are dealt with in this policy.

b. Academic adverse actions are defined in the "Academic and Administrative Adverse Actions" policy to include the following:

i. Review that does not extend the length of the training. This action is not eligible for appeal under any circumstances.

ii. Review that does extend the length of training in the current academic year.

iii. Probation

iv. Suspension

v. Non-promotion

vi. Non-renewal

vii. Termination

c. An appeal of an adverse action must be made in writing by the Resident to the Program Director within seven calendar days after receipt of the written notice of the adverse action. The written appeal must state the basis for the resident's appeal, as set forth below. If the Resident does not make a timely appeal, the decision of the Program Director regarding the adverse action is final and the adverse action will be implemented.

d. The Vice President, Academic Affairs/DIO is expected to oversee the process unless there are extenuating circumstances such as illness or travel inside/outside the country that would preclude meeting the deadlines stipulated in the policy.

e. If a timely appeal is made, an appeal committee (the "Appeal Committee) will be appointed by the Vice President, Academic Affairs/DIO or Administrative Director. The Vice President, Academic Affairs/DIO or Administrative Director shall also oversee the appeal process and ensure it is fair to both the resident and the Program. The composition of the appeal committee will be as follows:

i. Three physician faculty members not from the clinical department of the program in question (members of the GME Committee).

ii. The Appeal Committee will select one member to function as the chair of the appeal committee.

iii. Individuals selected to be on the Appeal Committee should not have first-hand knowledge of the resident's performance (e.g., Appeal Committee members should not have directly supervised or been supervised by the resident in the past).

f. Appeal Committee review process:

i. The Appeal Committee will meet within **ten business days (Monday-Friday)** of the receipt of the written appeal.

ii. The Appeal Committee meeting will be scheduled to provide sufficient time for the committee members to receive the information necessary to make a final decision regarding the appeal. If a majority of committee members feel that additional time is necessary to either gather additional information or to deliberate, an additional meeting will be scheduled by the chair. The resident Program Director & Vice President, Academic Affairs/DIO or Administrative Director will be notified in writing of the committee's need for additional time.

iii. A complete copy of the resident's evaluation file and the written notification of the adverse action should be supplied to the Appeal Committee by the Program Director in advance of the committee meeting.

iv. If the appeal relates to a challenged performance evaluation, the recommendation of the Clinical Competency Committee to the Program Director regarding the original adverse action shall be supplied to the Appeal Committee by the Program Director in advance of the committee meeting.

v. The Program Director may submit written evidence no later than 5 business days prior to the scheduled hearing, that may be presented at the hearing, a list of individuals with substantive knowledge of the case who they may call to present evidence at the hearing, and/or a written summary of the Program Director's position, to the Appeal Committee in advance of the committee meeting. Any such submission shall also be provided to the Resident.

vi. The Resident may submit written evidence no later than 5 business days prior to the scheduled hearing that may be presented at the hearing, a list of individuals with substantive knowledge of the case who they may call to present evidence at the hearing, a written summary of the resident's position, to the Appeal Committee in advance of the committee meeting. Any such submission shall also be provided to the Program Director.

vii. The Vice President, Academic Affairs/DIO or Administrative Director after consultation with TriHealth's legal counsel may allow legal counsel to be present during the hearing. Examples of when this might occur include but, are not limited to, employment laws and Human Resources issues. If this is allowed, then all parties are permitted to bring legal counsel who will not participate in the hearing except for advising their respective party. The hearing is not controlled by legal rules of evidence nor procedure. No formal transcript of Appeal Committee meeting is required.

viii. Subject to the oversight of the Vice President, Academic Affairs/DIO or Administrative Director**,** the chair of the hearing panel shall moderate the order of presentations and other discussion during the hearing within their reasonable discretion. The Appeal Committee may ask both the Resident and the Program Director for clarification of any facts.

ix. At the conclusion of the presentations by the Resident and the Program Director, the members of the Appeal Committee will deliberate on the disposition of the appeal with neither the Resident nor the Program Director in the room.

x. At the conclusion of the appeal committee's deliberations, the committee chair will call for a vote to recommend to the GME Committee (GMEC) to uphold, modify or reverse the original adverse action.

xi. If additional meetings are required after the initial committee meeting, a final

recommendation by the Appeal Committee must be made within **ten business days (Monday – Friday)** of the first hearing committee meeting. The hearing panel will issue its written recommendation to the GMEC through the Vice President, Academic Affairs/DIO or Administrative Director, together with any supporting documentation submitted by any party to the hearing panel, the minutes of the hearing (if one was made) and a copy of the original decision of the Program Director.

xii. A meeting will be scheduled with the majority of GMEC members, excluding the Program Director and, including, at minimum, one (1) resident who is a member. The GMEC shall review such documentation and thereafter shall issue its written decision to the resident and the Program Director within thirty (30) calendar days of the GMEC meeting.

xiii. The decision of GMEC is final and binding and may not be further appealed.

xiv. The Vice President, Academic Affairs/DIO or Administrative Director will notify both the Resident and the Program Director in writing regarding GMEC's decision within **seven business days** of the decision.

xv. The Vice President, Academic Affairs/DIO or Administrative Director shall be responsible for documenting the final decision in the resident's file.

4. Extensions/Modifications

Reasonable extension of a time frame set forth in this policy, or other modification of these procedures, may be granted by the Vice President, Academic Affairs/DIO or Administrative Director only in exceptional circumstances upon a showing of good cause.

5. Exclusive Process

Because the program is academic in nature, the provisions for resolution of disputes set forth in this policy and the GME Academic and Administrative Adverse Actions policy are the exclusive method for resolving disputes between the program and its residents. Resident acknowledges (a) that resident is not a member of the Medical Staff with respect to non-reappointment, remediation, or termination of privileges and the Medical Staff grievance and appeal process do not apply, and (b) that resident is not subject to the human resource policy regarding grievances or appealing disciplinary action and/or termination by which other hospital employees are bound. Residents shall not have recourse to any of the hospital's grievance procedures, except as set forth in this policy.

IV. SUPERVISION/EVALUATION

See attached.

a. Supervision/Evaluation
   i. Institutional Supervision Policy

TriHealth
Podiatry Residency Program

Title: Resident Supervision Policy	**Supports TriHealth GME Policy # 5097-1007**
Approval date: **July 11, 2013**	**Approved by:** **Dr. Todd Adams – Program Director** **Dr. Steven Johnson – VP, Academic Affairs** **Becky Fleig – Administrative Director, Medical Education**
Revision dates: May 1, 2023; March 13, 2024	

PURPOSE

The resident supervision policy of the residency-training program in Podiatry at TriHealth is structured to provide progressively increasing responsibility commensurate with the level of education, experience, and milestone attainment for each individual resident. Specific activities and responsibilities are delineated for each rotation and post-graduate year of training. These expectations are competency-based and include the attainment of appropriate medical knowledge, performance of surgical procedures, demonstration of professional behavior, supervision and teaching of junior residents and medical students.

BACKGROUND

Definitions

Direct supervision – the supervising physician is physically present with the resident and patient

Indirect supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

Indirect supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

POLICY

1. Both Good Samaritan Hospital and Bethesda North Hospital always have an appropriately qualified and credentialed attending physician in the hospital and immediately available for the care of Podiatry patients.
2. The appropriate supervising faculty member must provide **INDIRECT SUPERVISION WITH DIRECT SUPERVISION AVAILABLE** for each of the following routine encounters:
    a. Any patient seen in the outpatient office (Good Samaritan Resident Clinic)
    b. Any patient seen in the Emergency Department
    c. Procedures performed on the hospital units that include wound debridement, joint aspirations, use of local anesthetic, nail avulsions, superficial incision and drainage, toenail debridement
    d. Any Patient undergoing a Podiatry consultation in the hospital
    e. Any Patient admitted to the hospital
    f. Any patient that has a decline in status determined by the resident or nursing staff requests that the supervising physician evaluate the patient

3. The appropriate supervising faculty member will provide **DIRECT SUPERVISION** for each of the following routine encounters:
    a. Patients being seen in the hospital/outpatient office/resident clinic when the resident is within the first three months of their PGY1 year
    b. Patients undergoing a Podiatry operative procedure performed in an operating suite
    c. Anytime a situation develops that a member of the care team, including the resident/fellow requests that the supervising physician evaluate the patient

4. Proper documentation by the supervising resident and/or faculty member is expected for all patient encounters on the Podiatry resident service.
    a. All patient encounters by the resident in which the supervising faculty member is providing indirect supervision with direct supervision available will have documentation by the resident that the patient encounter was presented to the supervising faculty member and the plan of care was agreed upon.
    b. All patient encounters by the resident in which the supervising faculty member is providing direct supervision will have documentation by the supervising faculty member of his/her involvement

5. Residents and fellows can report inadequate supervision and accountability in a manner that is free from reprisal.

In the event that the on-call faculty cannot be reached:

If three attempts have been made to contact the on-call attending (including the use of both pager and direct telephone contact) and contact is not possible or the attending physician has failed to respond to the on-call trainee, the Program Director should be contacted. If the Program Director cannot be contacted, the DIO should be contacted.

V. RESIDENT LOGS

The resident is required to maintain logs documenting all relevant podiatric medical and surgical, biomechanical activities and all other medical and surgical subspecialty rotations. Logs shall be maintained by utilizing Podiatry Residency Resource (PRR). Logs shall be kept current and must be up to date monthly for review by the residency director. Once a month, the residency director will ask for copies of the operative notes, bio-mechanicals, H&Ps or any other form of pertinent documentation substantiating the resident involvement in the activity that has been logged.

Surgery and Activity Didactic logs must be kept on the PRR. It is highly recommended that at least one-third of the required biomechanical examinations be completed per year. Once you have reached your minimum activity volume (MAV) you should continue logging every encounter on every rotation. This includes didactics, H&Ps, clinic patients, hospital rounding, medical and surgical subspecialty rotations and surgical procedures.

VI. TEACHING CONFERENCES/ACADEMIC SESSIONS/SEMINARS

Attendance is mandatory by all residents and students. Exceptions will occur when the resident is needed to cover an operation either in the hospital or at a surgery center. Attendance will be taken and submitted to the program coordinator who will keep these records. Excessive absences will result in disciplinary action to be determined by the program director and assistant director.

1. Resident didactic meeting every Thursday morning. The curriculum is prepared by the program director and led by a member of the teaching staff. Weekly topic discussion per academic schedule.

2. Business meeting held with Residency Coordinator quarterly (overall group meeting to discuss administrative concerns, event planning, research, timelines, etc.)

3. Academic journal club, monthly review of Academic Journal articles pertinent to Podiatric Surgery. Topics to be approved by the Residency Director or appointed member of the teaching staff overseeing journal club.

4. Lectures on Practice management to be given by members of the teaching staff on a quarterly basis.

5. Personal and Leadership Young Professional Development meeting are available through Graduate Medical Education and will be scheduled on the academic calendar.

6. Research Methodology will be presented by the Research Chair for the program on an annual basis. Follow up presentations of statistical analysis and research protocols will be performed by the head of Hatton Research with TriHealth.

Residents will lead a weekly educational meeting with the students focusing on the four following topics as a curriculum for each week:

1. AO principles.

2. Flat foot evaluation and procedures.

3. Cavus foot deformity and procedures.

4. Student presentation (last week of rotation, topic assigned by program director).

See Academic Schedule/Calendar.

Other meetings such as cadaver labs and lectures will be arranged and organized throughout the year with other local podiatrists or other surgeons. These activities will be scheduled on the shared Podiatry Program Google Calendar. The resident is encouraged to attend as many lectures locally throughout the year.

The residents shall also participate in the teaching conferences and rounds provided by the non-podiatry services on which they rotate.

SEMINARS

- Residents are required to attend AO Basic in the PGY-1 year, ACFAS Ankle Arthroscopy Course in the PGY-2 year, and AO Advanced in the PGY-3 year.

- Residents are strongly encouraged to attend LEEF as PGY-1, OHFAMA state conference, CLESS and ACFAS on a yearly basis as available, and Board Review Course at Midwest Podiatry Conference in the PGY-2 year.

- Additional programs are also options but must be approved by the residency director.

VII. ACADEMIC REQUIREMENTS FOR RESIDENTS, CURRICULUM AND COMPETENCIES FOR ALL ROTATIONS

a. The following will be a minimum requirement of all residents in order to complete residency training:

- Produce one paper on a podiatry related subject of a quality consistent for publication. Outline with bibliography due by July 1 of their PGY-2 year; rough draft completed by July 1 of their PGY-3 year; Completed article ready for submission due by June 1 of their PGY-3 year.

- Curriculum will be established and reviewed between the director and resident and will be approved by the director. The schedule will be determined at the beginning of training year.

b. A suggested schedule of curriculum is as follows:

PGY-1
ANESTHESIA - 2 WEEKS
EMERGENCY MEDICINE - 4 WEEKS
FAMILY MEDICINE - 2 WEEKS
GENERAL SURGERY - 2 WEEKS
INTERNAL MEDICINE - 4 WEEKS
VASCULAR SURGERY - 4 WEEKS
PODIATRY MEDICINE & SURGERY - 7.5 MONTHS

PGY-2
INFECTIOUS DISEASE - 2 WEEKS
MEDICAL IMAGING - 2 WEEKS
ORTHOPEDICS - 2 WEEKS
PLASTICS- 2 WEEKS
WOUND CARE - 2 WEEKS
PODIATRY MEDICINE & SURGERY - 9.5 MONTHS

PGY-3
BEHAVIORAL HEALTH - 1 WEEK
DERMATOLOGY - 2 WEEKS
PODIATRY MEDICINE & SURGERY - 11.25 MONTHS

TriHealth- Bethesda North Hospital Podiatry Medicine & Surgery w/Reconstructive Rearfoot/Ankle Surgery Residency Program

Competencies Required for all Rotations

Medical Knowledge

- Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.
- Demonstrate continued self-study & regular literature review.
- Demonstrate knowledge of anatomy, physiology, pathology in each core curricular area.

Patient Care

- Practice and abide by the principles of informed consent.
- Assess and manage the patient's general medical status.
- Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
- Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.

Interpersonal and Communication Skills

- Communicate effectively in a multi-disciplinary setting.
- Demonstrate accurate charting, dictation and record keeping.

Professionalism

- Demonstrate professional appearance.
- Demonstrate pattern of punctuality and reliability in performance of his/her duties.
- Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
- Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA) governing the practice of podiatric medicine and surgery.
- Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender and/or sexual orientation is/are different from one's own.
- Accept criticism constructively.
- Demonstrate professional humanistic qualities.

Practice Based Learning

- Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
- Demonstrate an understanding of public health concepts, health promotion, and disease prevention

Systems Based Practice

- Manage individuals and populations in a variety of socioeconomic and healthcare settings.
- Understand podiatric practice management in a multitude of healthcare delivery settings.

Specific Rotation Competencies

Podiatric Medicine & Surgery Specific Rotation Competencies:

Medical Knowledge

- Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol.
- Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management; (See appendix in CPME 320 for list of procedures).
- Demonstrate knowledge of pharmacology, indications, dosages, potential interactions, & side effects of anesthetics, oral and injectable medications.
- Demonstrate capacity to interpret relevant imaging studies including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging.
- Understands and utilizes appropriate hospital protocol including appropriate admission and discharge procedures, maintenance of medical records, and adherence to hospital safety measures.
- Demonstrate understanding of healthcare reimbursement.
- Demonstrate understanding of common business practices.
- Understand insurance issues including professional and general liability, disability, workers' compensation, and the medical-legal considerations involving healthcare delivery.

Patient Care

- Perform and interpret the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal examination.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan utilizing appropriate consultations and/or referral; and assess treatment plan and revise as necessary.
- Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.
- Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications relating to procedure.
- Demonstrates progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases.
- Demonstrates progressive development of knowledge, attitude and skills in performance of podiatric procedures by performing as per CPME 320 requirements an appropriate volume and

diversity of cases and procedures in the categories of digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, and reconstructive rearfoot/ ankle surgery.

- Order and interpret appropriate laboratory studies, including but not limited to: ie hematology, blood chemistries, drug screens, bacteriologic and fungal cultures, urinalysis, serology/immunology, toxicology, coagulation studies, blood gases, synovial fluid analysis.
- Pharmacological management utilizing medications commonly prescribed in podiatric medicine, including proper ordering of, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. (These medications include NSAIDS, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic, uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, and anti-rheumatic agents).
- Provide appropriate lower extremity health promotion and education
- Perform manipulation/mobilization of the foot/ankle joint to increase/reduce associated pain and/or deformity.
- Perform biomechanical evaluations and managing patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devises and footwear
- Fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthotist.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including, but not limited to, electrodiagnostic studies, noninvasive vascular studies, bone densitometry studies, compartment pressure studies.
- Recognize and manage post-operative complications i.e. infections, DVT's, hematomas, cellulitis, etc.

<u>Skills</u>

- Office based skills
    - Demonstrate appropriate use of local anesthetic agents.
    - Palliative care including debridement of nails, corns and calluses.
    - Manage closed fractures and dislocations including pedal fractures/dislocations, and ankle fracture/dislocation including the use of cast management and tape immobilization as indicated.
    - Perform appropriate injections and or aspirations, with knowledge of pharmacology, indications, dosages, potential interactions, & side effects.
    - Perform biomechanical evaluations and manage patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devices and footwear.
    -
- By end of first year the resident is expected to demonstrate basic proficiency in the performance of forefoot surgery and minor procedures of the rearfoot, i.e.:
    - Soft tissue and nail procedures
    - Toe surgery
    - First Ray procedures
    - Metatarsal procedures
    - Basic non-reconstructive midfoot-rearfoot procedures
    - A.O. fixation of the forefoot

    - Laser surgery
    - Debridement – wounds & soft-tissue
- By the end of the second year, the resident is are expected to demonstrate increased proficiency in the first year procedures and demonstrate basic proficiency in the performance of more advanced procedures of the rearfoot and ankle including but limited to:
    - Arthrodesis
    - Nerve decompressions
    - Tendon transfer and repair procedures
    - Osteotomies
    - Debridement – bone & soft- tissue
    - Flat foot surgery
    - Pes cavus surgery
    - Fracture repair – forefoot
    - A-0 fixation – rearfoot
- By the end of the third year, the resident is expected to demonstrate increased proficiency in the performance of first and second year procedures and demonstrate proficiency in the performance of more advanced procedures of the rearfoot and ankle including but not limited to:
    - Arthrodesis – ankle
    - Midfoot and rearfoot fracture repair
    - Ankle fracture repair
    - Ankle arthroscopy
    - Diabetic foot reconstruction
    - Flat foot and cavus foot reconstruction
    - External fixation

Internal Medicine Specific Rotation Competencies:

Medical Knowledge

- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the podiatric patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Patient Care

- Perform and interpret the findings of a comprehensive medical history and physical examination, including: Comprehensive medical history, including chief complaint, history of present illness, social and family history, review of systems.
- Comprehensive physical examination, including vital signs HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.
- Order and interpret appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan
- Pharmacologic management of patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies and laboratory studies.
- Interpret and evaluate EKGs.
- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team.

Infectious Disease Specific Rotation Competencies:

Medical Knowledge

- Demonstrate ability to interpret culture and sensitivity results, as well as properly collecting culture specimens.
- Demonstrate knowledge of the performance of bacteriologic testing procedures (i.e. gram stains, cultures), in the bacteriology laboratory.
- Demonstrates knowledge of appropriate choice of antibiotic therapy, both oral and parental, in both the normal and compromised patient, including drug pharmacology, potential interactions with other medications, side effects, and cost factors.

Patient Care

- Perform and interpret the findings of a thorough problem-focused history and physical exam on a patient being evaluated for infectious disease, including problem focused history, and where appropriate vascular, neurologic, musculoskeletal and dermatologic examination.
- Order and interpret appropriate laboratory studies, ie hematology, blood chemistries, cultures, urinalysis, serology/immunology.
- Order and interpret appropriate diagnostic modalities, ie. nuclear medicine imaging, MRT, CT, vascular imaging.
- Demonstrates understanding of the collaborative role of the podiatrist along with the infectious disease specialist and other care providers in the optimal management of diabetic and ischemic foot ulcers.

Medical Imaging Rotation Specific Competencies:

Medical Knowledge

- Learn the properties of imaging modalities and diagnosis and intervention.
- Understand the side effects and complications of contrast media.

Patient Care

- Understand the utilization of appropriate radiologic tests based on indications, contraindications, cost effectiveness and risk vs. benefit, with particular emphasis on lower extremity pathology.
- Establish a standard pattern and interpretation of radiographs, with particular emphasis on the lower extremity.
- Gain appreciation for the cost/benefit of various radiographic procedures utilized in the assessment of lower extremity disorders.

General Surgery Rotation Specific Competencies:

Medical Knowledge

- Demonstrate knowledge of the indications and contraindications for common general surgical procedure.
- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
- Perform and interpret the findings of a thorough problem-focused history and physical exam on general surgical patients including problem focused history.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.
- Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general surgery.
- Demonstrate understanding of perioperative management including fluid and electrolyte balance, pain management and blood and/or component therapy.
- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.

Anesthesiology Specific Competencies:

Medical Knowledge

- Demonstrate knowledge of the pharmacology of common anesthetic agents, both regional & local, including indications, dosages, potential interactions, and side effects.
- Demonstrate knowledge of the current protocol for pain management, including where indicated use of blocks and therapeutic medication(s).

Patient Care

- Demonstrate competence in pre-operative medical risk assessment and ability to utilize the Physical Status Classification of the American Society of Anesthesiologists.
- Demonstrate understanding of the components of peri-operative management.
- Demonstrate, via hands-on direct participation, knowledge of intubation techniques and maintenance of airway.
- Demonstrate knowledge, via hands-on direct participation, of the techniques and appropriate management of general, spinal, epidural, regional and conscious sedation anesthesia.
- Demonstrate proficiency in the performance of local anesthetic blocks of the lower extremity.

Emergency Medicine Rotation Specific Competencies:

Medical Knowledge

- Demonstrates knowledge of the pathophysiology and clinical epidemiology of disorders commonly presenting to the emergency care unit.
- Understands and appreciates the principles of general emergency medicine and emergency care unit protocols.

Patient Care

- Recognize and be able to assist in the care of acute systemic emergencies (ie cardiac arrest, diabetic coma, insulin reactions, etc.).
- Demonstrate capacity to perform and interpret the findings of a comprehensive medical history and physical examination of the emergency room patient, including:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.
- Demonstrate capacity to evaluate common emergencies with emphasis on the lower extremity,(ie ankle sprains, dirty and infected wounds, burns, lacerations, fractures, compartment syndrome, etc.).
- Demonstrate capacity to evaluate orthopedic emergencies with emphasis on the lower extremity.

Vascular Surgery Rotation Specific Competencies:

Medical Knowledge

- Demonstrate knowledge of the indications and contraindications for various approaches to the ischemic limb.
- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
- Perform and interpret the findings of a thorough problem-focused history and physical exam on vascular surgical patients including problem focused history, and where appropriate vascular, neurologic and musculoskeletal examination.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.
- Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general surgery and vascular surgery.
- Demonstrate capacity to evaluate noninvasive and invasive vascular studies, with emphasis on the lower extremities.
- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.

Wound Care Rotation Specific Competencies:

Medical Knowledge

- Understand the principles of wound healing and management of wounds including diabetic, vasculitic, ischemic, venous insufficiency and post-traumatic wounds.
- Understand the role of non-invasive testing in the cost-efficient assessment of the patient with lower extremity wound.
- Understand the role of advanced wound healing modalities in wound healing (ie. Hyperbaric oxygen, biological skin substitutes, total contact casting, etc)
- Understand the indications and pharmacology of various wound care products.
- Appreciate the collaborative role of the podiatrist and wound care specialist in the patient with refractory lower extremity ulcerations.

Patient Care

- Perform a formal wound care assessment including focused history and physical examination.
- Perform appropriate wound care debridement.
- Be able to educated patient on wound care principles to improve compliance with care.

Orthopedic Surgery Rotation Specific Competencies:

Medical Knowledge

- Demonstrate knowledge of the indications and contraindications for various orthopedic surgical procedures.
- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the orthopedic surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
- Perform and interpret the findings of a thorough problem-focused history and physical exam on orthopedic surgical patients including problem focused history, and where appropriate vascular, neurologic and musculoskeletal examination.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.
- Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Demonstrate proficiency in principles of orthopedic surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to orthopedic surgery.
- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.

Family Medicine Specific Rotation Competencies:

Medical Knowledge

- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions and how they impact the care of the podiatric patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Patient Care

- Perform and interpret the findings of a comprehensive medical history and physical examination, including: Comprehensive medical history, including chief complaint, history of present illness, social and family history, review of systems.
- Comprehensive physical examination, including vital signs HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.
- Order and interpret appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan
- Pharmacologic management of patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies and laboratory studies.
- Interpret and evaluate EKGs.
- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the outpatient medical team.

Behavioral Medicine Rotation Specific Competencies:

Medical knowledge

- Demonstrate knowledge of common psychiatric conditions.
- Demonstrate knowledge of the pharmacology of common psychotropic medications, including indications, dosages, potential interactions and side effects.

Patient Care

- Work in conjunction with the behavioral science team in an in/outpatient setting.
- Develop a differential diagnosis and treatment plan for the treatment of mental illness.
- Understand the impact of mood and personality disorders on the pain experience and functional capacity. Demonstrate understanding of the various modalities (pharmacologic and non-pharmacologic) to address such disorders.
- Demonstrate appreciation of the value of a team approach in the care of patients with mental illness and pain disorders.

Dermatology Rotation Specific Competencies:

Medical Knowledge

- Understands the general technical aspects of performing a complete skin exam especially element of the lower body
- Understands normal and abnormal findings that may present on skin pathology.
- Understands the knowledge of basic principles of risk management in regards to dermatology

Patient Care

- Perform and interpret a complete skin exam especially elements of the lower body
- Perform and understand appropriate elements for consultation referral to the dermatology medical team
- Perform and understand elements of interpretation and/or with appropriate diagnostic studies as associated with Dermatology
- Exhibit necessary interpersonal & written skills to function within an interdisciplinary team within a dermatology environment
- Understand the knowledge of the basic principles of risk management in regards to dermatology
- Recognize normal/abnormal skin pathology and surgical/non surgical treatment of cancerous skin lesions

Plastic Surgery Rotation Specific Competencies:

Medical Knowledge

- Demonstrates the knowledge of rotation and advancement flaps.
- Demonstrates the knowledge of full and split thickness skin grafts.
- Understands knowledge of tissue expanders.
- Recognizes and appreciates the principles of wound healing.
- Demonstrates knowledge of pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, and neurological disorders.

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including:
- Chief complaint
- Review of systems, history of present illness, social and family history
- HEENT, neck
- Chest/breast, heart, lungs, and abdomen
- Genitourinary, rectal, and extremities
- Neurological examination

VIII. LINKS TO CPME 320 AND 330

CPME 320 and 330 can be accessed by using the following link:

https://www.cpme.org/residencies/residency-documents-and-forms/

IX. BLOCK SCHEDULE FOR 2025-2026-see last page

X. SAMPLE RESIDENT EVALUATION

a. MedHub Evaluation Sample

b. Resident Reviews (see attached on next page)

Resident Review

Resident
Name:_____

PGY -1 PGY-2 PGY-3

Didactics:

In Training exam pass: Yes No

Quality of presentations/lectures: inadequate adequate superior

Strengths:

Opportunities for Improvement:

Faculty Comments:

Resident Signature Date

Director Signature Date

TriHealth Baldwin
625 Eden Park Drive
Cincinnati, OH 45202

Year Ending Resident Review
PGY-1

Resident Name:_____

Didactics:

In Training exam pass: Yes No

Quality of presentations/lectures: inadequate adequate superior

MAV Status/PRR Log Status:

Competency Achievement Status:

By end of first year the resident is expected to demonstrate basic proficiency in the performance of forefoot surgery and minor procedures of the rearfoot, i.e.:

a. **Soft tissue and nail procedures**
b. **Toe surgery**
c. **First Ray procedures**
d. **Metatarsal procedures**
e. **Basic non-reconstructive midfoot-rearfoot procedures**
f. **A.O. fixation of the forefoot**
g. **Laser surgery**
h. **Debridement – wounds & soft-tissue :**

Opportunities for Improvement:

Resident Signature Date

Director Signature Date

TriHealth Baldwin
625 Eden Park Drive
Cincinnati, OH 45202

Year Ending Resident Review
PGY-2

Resident Name:_____

Didactics:

In Training exam pass: Yes No
Quality of presentations/lectures: inadequate adequate superior

MAV Status/PRR Log Status:

Competency Achievement Status:

- By the end of the second year, the resident is are expected to demonstrate increased proficiency in the first year procedures and demonstrate basic proficiency in the performance of more advanced procedures of the rearfoot and ankle including but not limited to:
    - Arthrodesis
    - Nerve decompressions
    - Tendon transfer and repair procedures
    - Osteotomies
    - Debridement – bone & soft- tissue
    - Flat foot surgery
    - Pes cavus surgery
    - Fracture repair – forefoot
    - A-0 fixation – rearfoot

Opportunities for Improvement:

Resident Signature Date

Director Signature Date

TriHealth Baldwin
625 Eden Park Drive
Cincinnati, OH 45202

Year Ending Resident Review
PGY-3

Resident Name:_____

Didactics:

In Training exam pass: Yes No
Quality of presentations/lectures: inadequate adequate superior

MAV Status/PRR Log Status:

Competency Achievement Status:

- By the end of the third year, the resident is expected to demonstrate increased proficiency in the performance of first and second year procedures and demonstrate proficiency in the performance of more advanced procedures of the rearfoot and ankle including but not limited to:
    - Arthrodesis – ankle
    - Midfoot and rearfoot fracture repair
    - Ankle fracture repair
    - Ankle arthroscopy
    - Diabetic foot reconstruction
    - Flat foot and cavus foot reconstruction
    - External fixation

Opportunities for Improvement:

Resident Signature Date

Director Signature Date

TriHealth Baldwin
625 Eden Park Drive
Cincinnati, OH 45202

XI. VERIFICATION FORM FOR RECEIPT AND REVIEW OF PODIATRY RESIDENCY MANUAL

I have received and have electronic access to the TriHealth Podiatry Residency Program manual. I understand that the manual is subject to change given reasonable notice and I agree to abide by the policies and procedures delineated in the manual. A copy of this document will be kept in my resident training file.

I am aware that TriHealth Institutional Administrative Policies may change throughout the year. The most recent policies are to be followed by all TriHealth team members. All revised TriHealth policies can be found on TriHealth Bridge.

Podiatric Resident Signature

Podiatric Resident Printed Name

Date

TRIHEALTH-BETHESDA NORTH HOSPITAL PODIATRY MEDICINE AND SURGERY RESIDENCY PROGRAM *With added credential in* RECONSTRUCTIVE REARFOOT/ANKLE SURGERY (PMSR/RRA) 2025-2026

Resident	July	August	September	October	November	December	January	February	March	April	May	June
PGY-1												
Monique Duffus	**POD SURG/MED-BNH** **POD CLIN-GSH** 7/9, 7/23 **POD CLIN-BFP** 7/15,7/29	**POD SURG/MED-BNH** **POD CLIN-GSH**-8/6, **POD CLIN BFP**-8/12,8/26	**POD SURG/MED-BNH** 9/27-9/30 **IM BNH** 9/1-9/26 **POD CLIN GSH** 9/17 **POD CLIN BFP** 9/2, 9/9, 9/23	**POD SURG/MED-BNH** **POD CLIN- GSH** 10/15, 10/29 **POD CLIN-BFP** 10/21	**POD SURG/MED-BNH** 11/1-11/2 & 11/29-11/30 **EM-BNH** 11/3-11/28 **POD CLIN- GSH** 11/19,11/26 **POD CLIN BFP** 11/4	**POD SURG/MED-BNH** **POD CLIN-GSH** 12/17,12/24 **POD CLIN-BFP** 12/30	**GEN SURG-BNH**-1/5-1/16 **POD SURG/MED-BNH**-1/1-1/4 & 1/17-1/31 **POD CLIN-GSH** 1/14,1/21 **POD CLIN-BFP** 1/6	**VASC SURGERY-BNH** 2/2-2/27 **POD CLIN-GSH** 2/18 **POD CLIN-BFP** 2/3,2/10	**POD SURG/MED-BNH**-3/1-3/15 & 3/28-3/31 **FAMILY MEDICINE-BFP** 3/16-3/27 **POD CLIN-BFP** 3/17,3/24	**POD SURG/MED-BNH** **POD CLIN-GSH** 4/15,4/29	**POD SURG/MED-BNH**-5/1-5/3 & 5/16-5/31 **Anesthesia-BNH**-5/4-5/15 **POD CLIN-GSH** 5/13,5/20 **POD CLIN-BFP** 5/5	**POD SURG/MED-BNH** **POD CLIN- GSH** 6/17 **POD CLIN-BFP** 6/9
Charles Morrison	**POD SURG/MED-BNH** **POD CLIN-BFP** 7/8 **POD CLIN-GSH** 7/2,7/16,7/30	**POD SURG/MED-BNH** **POD CLIN-BFP** 8/5,8/19	**POD SURG/MED-BNH** **POD CLIN-GSH** 9/3 **POD CLIN-BFP** 9/16	**IM-BNH** 10/6-10/31 **POD SURG/MED-BNH** 10/1-10/5 **POD CLIN-GSH** 10/15,10/22 **POD CLIN-BFP** 10/7,10/28	**POD SURG/MED-BNH** **POD CLIN- GSH** 11/5,11/12,11/26 **POD CLIN-BFP** 11/18	**EM-BNH 12/1-12/26** **POD SURG/MED-BNH** 12/27-12/31 **POD CLIN GSH** 12/10 **POD CLIN BFP** 12/2,12/16,12/23	**POD SURG/MED-BNH**-1/1-1/18 **GEN SURG-BNH** 1/19-1/30 **POD CLIN-GSH** 1/28 **POD CLIN BFP**-1/13, 1/20	**POD SURG/MED-BNH** **POD CLIN-GSH** 2/4,2/18,2/25	**VASC SURGERY BNH** 3/2-3/27 **POD SURG/MED-BNH** 3/28-3/29 **POD CLIN- GSH** 3/18,3/25 **POD CLIN BFP**-3/3, 3/10,3/31	**FAMILY MEDICINE-BFP 3/30-4/10** **POD SURG/MED-BNH**-4/11-4/30 **POD CLIN-GSH** 4/22,4/29 **POD CLIN-BFP** 4/7	**POD SURG/MED-BNH** 5/1-5/17,5/30-5/31 **Anesthesia-**5/18-5/29 **POD CLIN-GSH** 5/13,5/20 **POD CLIN-BFP** 5/26	**POD SURG/MED-BNH** **POD CLIN- GSH-**6/3 **POD CLIN- BFP-**6/23, 6/30
PGY-2												
Blaine Behymer	**POD SURG/MED-BNH** **POD CLIN-GSH** 7/9, 7/30 **POD CLIN-BFP** 7/1,7/15, 7/22	**POD SURG/MED-BNH** **POD CLIN-GSH** 8/6, 8/20,8/27 **POD CLIN-BFP** 8/12	**POD SURG/MED-BNH** 9/1-9/14 & 9/27 - 9/30 **ID-BNH** 9/15-9/26 **POD CLIN-GSH** 9/17, 9/24 **POD CLIN-BFP** 9/9	**SURG/MED-BNH** 10/1-10/13, 10/26-10/31 **Ortho-BNH** - 9/29-10/10 **POD CLIN- GSH** 10/1,10/15 **POD CLIN-BFP** 10/7, 10/28	**POD SURG/MED-BNH** **POD CLIN- GSH** 11/12 **POD CLIN-BFP** 11/4, 11/25	**POD SURG/MED-BNH** **POD CLIN- GSH** 12/3,12/24 **POD CLIN-BFP** 12/16,12/30	**POD SURG/MED-BNH**-1/1-1/4 &1/17-1/31 **IMAGING-BNH**-1/5-1/16 **POD CLIN- GSH** 1/7 **POD CLIN-BFP** 1/13,1/27	**POD SURG/MED-BNH**-2/1,2/14-2/28 **WoundCare** BNH-2/2-2/13 **POD CLIN-GSH** 2/11 **POD CLIN-BFP** 2/3,2/24	**POD SURG/MED-BNH** **POD CLIN- GSH** 3/11 **POD CLIN-BFP** 3/3	**Plastics-BNH**-4/6-4/17 **POD SURG/MED-BNH**-4/1-4/5 & 4/18-4/30 **POD CLIN-GSH** 4/1,4/8 **POD CLIN-BFP** 4/14, 4/21	**POD SURG/MED-BNH** **POD CLIN-GSH** 5/6,5/27 **POD CLIN-BFP** 5/12	**POD SURG/MED-BNH** **POD CLIN- GSH** 6/3 **POD CLIN-BFP** 6/9,6/16,6/23, 6/30
Alec Dickerson	**POD SURG/MED-BNH** **POD CLIN-GSH** 7/23 **POD CLIN-BFP** 7/8, 7/15,7/29	**POD SURG/MED-BNH** **POD CLIN-GSH** 8/13 **POD CLIN-BFP** 8/5, 8/19, 8/26	**POD SURG/MED-BNH** 9/13-9/30 **ID-BNH** 9/1-9/12 **POD CLIN-GSH** 9/10 **POD CLIN-BFP** 9/2,9/23	**POD SURG/MED-BNH** 10/1-10/19 **Ortho-BNH-** 10/20-10/31 **POD CLIN-BFP** 10/7,10/21	**POD SURG/MED-BNH** **POD CLIN-GSH** 11/19 **POD CLIN- BFP** 11/11	**POD SURG/MED-BNH** **POD CLIN- GSH** 12/3, 12/31 **POD CLIN-BFP 12/9**	**POD SURG/MED-BNH**-1/1-1/18, 1/31 **IMAGING-BNH**-1/19-1/30 **POD CLIN-GSH** 1/21,1/28 **POD CLIN- BFP** 1/6,1/13	**POD SURG/Med** 2/1-2/15 **WoundCare BNH**-2/16-2/27 **POD CLIN-GSH** 2/25	**POD SURG/MED-BNH** **POD CLIN- GSH** 3/4,3/25 **POD CLIN-BFP** 3/17	**POD SURG/MED-BNH**-4/1-4/19 **Plastics-BNH 4/20-5/1** **POD CLIN-GSH** 4/1, 4/15,4/29 **POD CLIN-BFP** 4/7,4/21	**POD SURG/MED-BNH** **POD CLIN-GSH** 5/27 **POD CLIN-BFP** 5/5,5/19	**POD SURG/MED-BNH** **POD CLIN- GSH** 6/17,6/24 **POD CLIN-BFP** 6/2,6/9,6/30

TRIHEALTH-BETHESDA NORTH HOSPITAL PODIATRY MEDICINE AND SURGERY RESIDENCY PROGRAM *With added credential in* RECONSTRUCTIVE REARFOOT/ANKLE SURGERY (PMSR/RRA) 2025-2026

								POD CLIN-BFP 2/10, 2/17				
PGY-3												
Logan Birch	**POD SURG/MED-BNH** **POD CLIN-GSH** 7/23, **POD CLIN-BFP** 7/1	**POD SURG/MED-BNH** **POD CLIN-GSH** 8/20 **POD CLIN-BFP** 8/12, 8/26	**POD SURG/MED-BNH** **POD CLIN-GSH** 9/3, 9/17 **POD CLIN-BFP** 9/9,9/23	**POD SURG/MED-BNH** **POD CLIN GSH-** 10/9,10/23 **POD CLIN BFP-** 10/1,10/15,10/29	**POD SURG/MED-BNH** **POD CLIN- GSH** 11/6, 11/20 **POD CLIN-BFP** 11/12	**POD SURG/MED-BNH** **POD CLIN- GSH** 12/10, 12/24, 12/31 **POD CLIN-BFP** 12/2,12/16	**POD SURG/MED-BNH** **POD CLIN- GSH** 1/7,1/28 **POD CLIN-BFP** 1/20	**POD SURG/MED-BNH** **POD CLIN-GSH** 2/11, 2/25 **POD CLIN-BFP** 2/3,2/17	**POD SURG/MED-BNH** 3/14-3/31 **DERM-Group Health GSH** 3/2-3/13 **POD CLIN- GSH** 3/11 **POD CLIN-BFP** 3/3,3/17,3/24	**POD SURG/MED-BNH** 4/1-4/5 **BEH HEALTH - BNH** 4/6-4/17 **POD CLIN-GSH** 4/1,4/15,4/22 **POD CLIN-BFP** 4/17,4/28	**POD SURG/MED-BNH** **POD CLIN-GSH** 5/13,5/27 **POD CLIN-BFP** 5/5, 5/19	**POD SURG/MED-BNH** **POD CLIN- GSH** 6/10, 6/17 **POD CLIN-BFP** 6/2,6/23
James Misocky	**POD SURG/MED-BNH** **POD CLIN-GSH** 7/16, 7/30 **POD CLIN-BFP** 7/8, 7/22	**POD SURG/MED-BNH** **POD CLIN-GSH** 8/13, 8/27 **POD CLIN-BFP** 8/5, 8,19	**POD SURG/MED-BNH** **POD CLIN-GSH** 9/10, 9/24 **POD CLIN-BFP** 9/2, 9/16,9/30	**POD SURG/MED-BNH** **POD CLIN- GSH** 10/2,10/16, 10/30 **POD CLIN-BFP** 10/8	**POD SURG/MED-BNH** **POD CLIN- GSH** 11/13 **POD CLIN-BFP** 11/5, 11/19	**POD SURG/MED BNH** **POD CLIN- GSH** 12/17,12/31 **POD CLIN-BFP** 12/2,12/9,12/23	**POD SURG/MED-BNH** **POD CLIN- GSH** 1/14 **POD CLIN-BFP** 1/6,1/20,1/27	**POD SURG/MED-BNH** **POD CLIN-GSH** 2/4,2/18 **POD CLIN BFP** 2/10, 2/24	**POD SURG/MED-BNH** 3/1-3/15 & 3/28-3/31 **DERM-Group Health GSH** **3/16-3/27** **POD CLIN- GSH** 3/4,3/18 **POD CLIN-BFP** 3/10,3/24,3/31	**BEH HEALTH BNH** 4/20-5/1 **POD SURG/MED-BNH-**4/1-4/19 **POD CLIN-GSH** 4/8,4/22 **POD CLIN-BFP** 4/14,4/28	**POD SURG/MED-POD CLIN-GSH** 5/6, 5/20 **BNH** **POD CLIN-GSH** 5/12, 5/26	**POD SURG/MED-BNH** **POD CLIN- GSH** 6/3, 6/10,6/24 **POD CLIN-BNH** 6/16

KEY: BFP- Bethesda Family Practice/Norwood **BNH-**Bethesda North Hospital **DERM**-Dermatology **EM**-Emergency Medicine **GSH**-Good Samaritan Hospital **ID**-Infectious Disease **IM**-Internal Medicine

**When no dates are listed next to a given rotation the resident is on that service for the entire month*

****POD CLIN-GSH and POD CLIN-BFP schedule will be updated by 11/1/2025 for coverage after 1/1/2026-6/30/2026***