



Highlands-Presbyterian/St. Luke's Podiatric Surgical Residency Program Manual

2025-2026

Brett D. Sachs, DPM, FACFAS
Program Director

Shani Maguire
Program Administrator

Updated June, 2025

Welcome Letter

First Year Residents

Welcome to our program and Colorado! We are excited for you to join our team.

Our residency will be celebrating 50 years in 2026. Our long historic legacy began under the leadership of John Buckholz, one of the founders of modern Podiatric medicine and surgery, as the “Highlands Hospital” program.

As one of the strongest podiatry programs in the country, our residency delivers a training experience at the highest level. And we expect our residents to meet the high bar that is set.

My pledge to you as your PD is to provide:

- Diverse, informative hands-on opportunities to develop surgical skills and clinical practice management
- Exposure to a large panel of expert attending physicians in a variety of medical rotations
- Intensive academic, lab, workshop & conference schedules to develop informed research, lecturing & teaching skills
- A lot of fun along the way

I look forward to our journey together.

Best regards,



Brett D. Sachs, DPM, FACFAS
Program Director, Highlands-Presbyterian/St.
Luke's Podiatry Residency

Vision

Produce the most highly trained foot & ankle surgeon in podiatric medicine

Mission

Provide a comprehensive educational process to achieve extraordinary competency in the practice of podiatric medicine & surgery

Goals

Provide opportunity for superior surgical, medical and ethical training and improve foot & ankle care in the Denver metro area.

Past Directors

- John Buckholz
- Ronald Edelman
- Jack McGarry
- Matt Paden
- Paul Stone

Names of Program

- Highlands
- Doctors Hospital
- Vencor
- Colorado Health
- HealthONE Alliance
- Highlands-P/SL

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Residency Expectations

Your three-years of training should see a progression of skills and understanding.

1st year – Build the foundation of your podiatry knowledge. Participate in off-service/clinic rotations to begin to understand podiatry and medical specialty interconnections.

2nd year – Deeper dive into surgical medical specialty training. Become proficient in forefoot surgery; gain exposure to rearfoot, ankle & trauma surgery and ability to diagnose difficult-to-treat wounds. Start understanding what goes into practice management.

3rd year – Perfect focused surgical skills in podiatric trauma, ankle and complex reconstructive foot and ankle procedures. Take on greater responsibilities in managing a team and become proficient in practice management.

Expectations	PGY1	PGY2	PGY3
Come prepared, ask good questions, communicate often, be a team player	X	X	X
Attend all rotations with the utmost professionalism & positive energy	X	X	X
Apply rigorous research methodologies for required case studies/papers	X	X	X
Provide a positive and welcoming externs experience	X	X	X
Continually log cases in PRR and meet MAV quotas	X	X	X
Log work hours weekly in New Innovations	X	X	X
Actively participate in Podiatric Surgery, Off-service and Clinical rotations	X	X	X
When not in cases, participate in Limb Salvage on Thursday mornings	X	X	X
Actively attend all Didactic activities	X	X	X
Prepare your surgical/medical presentations on 2nd Thurs each month	X	X	X
Continually work on your research proposal for 3rd year submission	X	X	X
Take the American Board of Foot and Ankle Surgery (ABFAS) exam (ITE)	X	X	X
Take the American Board of Podiatric Med ABPM ITE in Jan/Feb	X		
Perform key clerical duties as required for didactics	X		
Manage the weekly surgery schedule with the chief resident	X		
Submit a ready-for-publication case study	X	X	
Shadow and train the 1st year residents in the 1st few months		X	
Complete ACFAS Arthroscopy course in Chicago		X	
Present at the Colorado Foot and Ankle Society Conference		X	
Attend 2-week clinic with Dr. Sachs at Rocky Mountain Foot & Ankle Clinic		X	X
Attend the Bi-annual Highlands Conference at a nearby ski resort		X	X
Attend the ACFAS annual conference			X
First priority in selecting and assigning out key surgery cases.			X
Complete final ready-for-publication research year-end research project			X
Pass the final ITE exam			X
Complete all MAV quotas to graduate			X
Serve time as chief resident providing key leadership and support			X

Residency Faculty

Podiatry Attending Faculty

There are 35+ podiatry attendings who open up opportunities to scrub in on their cases. These people volunteer their time and support to provide exceptional hands-on training in their surgeries. See the Podiatry Faculty Directory for contact details.

Residency Key Roles

Core Faculty:

Brett Sachs, DPM	Program Director
Kevin Blue, DPM	Asst Program Director; Extern Director
Tom Savage, DPM	Clinic Supervisor, HPC; Residency Fair Coordinator
Cade Christensen, DPM	Clinic Supervisor, Salud Clinic/Wound Care

Key Roles:

Shani Maguire	Program Administrator
Lauren Molchan, DPM	Journal Club Director
Alan Ng, DPM	Fellowship Director
Phillip Savage, DPM	Cadaver Dissection Coordinator/ Journal Club Director
Ronnie Weber, DPM	Research Director/Attending Panel Coordinator

Residency Competency Committee

18 of our attendings also serve on the Residency Competency Committee. This group meets two times a year in March and October with the following goals:

- Review resident performance
- Discuss program status/improvements
- Ensure CPME 320 standards are being followed

Program Administrator

Your Program Administrator works closely with the Program Director and is a key point of contact for day-to-day administration of throughout your residency education training.

Shani Maguire is based at Presbyterian/St. Luke's Medical Center, Professional Plaza West 1719 E 19th Avenue, Suite 5300, Denver, CO 80218 - Mobile: 720.916.9580

Off-Service Rotations

See the Off-Service Faculty Directory for a list of contact details.

1st Year Residents

Rotation	Duration	Rotation Chief
Anesthesia.....	2-weeks.....	Dr. Strouse
Psychiatry.....	2-weeks.....	Dr. Miranda Gilberto
General Surgery.....	2-weeks.....	Dr. Eric Liu
Infectious Disease.....	2-weeks.....	Dr. Matthew Terra Dr. Wendy Gill
Internal Medicine.....	4-weeks.....	Dr. Holli Barber
Pathology.....	2-weeks.....	Dr. Kathy Sotelo
Radiology.....	2-weeks.....	Dr. Gregory Broering

2nd Year Clinic

Rotation	Duration	Rotation Chief
Emergency Medicine.....	4-weeks.....	Dr. Grace Lambert
Orthopedic Surgery.....	4-weeks.....	Dr. Scott Resig
Rheumatology.....	2-weeks.....	Dr. David Korman Dr. Katy Srock
Vascular Surgery.....	4-weeks.....	Dr. Omar Mubarak

3rd Year Clinic

Rotation	Duration	Rotation Chief
Pediatric		
Orthopedic Surgery.....	4-weeks.....	Dr. Jue Cao

Clinic Overview

Clinics

Wound Care/Commerce City (Salud)	PGY 1
Highlands Foot and Ankle Clinic	PGY 2
Burlington Kit Memorial Hospital Clinic	PGY 2
Rocky Mountain Foot & Ankle Clinic	PGY 2s & 3s
Concentra Urgent Care	PGY 3
Private Practice Clinics	All

1st Year Clinic

Denver Wound Care

Dr. Morgan - Mon 1:00-5:00 pm
Dr. Christensen - Thurs 8:00-12 pm

Commerce City (Salud)

Dr. Christensen-Thurs 1:00-5:00 pm
PGY1 Responsibility (PGY2 Back up)

2nd Year Clinic

Highlands Foot and Ankle Clinic

Dr. Tom Savage - Mon 8:00-12 pm

Kit County Memorial (Burlington)

Dr. Kevin Blue – One Friday per month

2nd & 3rd Year Clinic

Rocky Mountain Foot and Ankle Clinic

Drs. Sachs – two weeks per year

3rd Year Clinic

Concentra Urgent Care

Dr. Mike Zyzda- Wed 1:00-5:00 pm

Private Practice Clinics

Advanced Orthopedics & Sports Med

Dr. Ng and Blue

Foot Specialist Associates

Dr. Molchan

Castle Rock Foot and Ankle

Dr. Pollard, Herzog & Cramer

Conferences and Examinations

Conferences/Courses

Multiple opportunities may arise for conferences depending on finances, time, etc. However, here are a few common conferences attended during your training:

ACFAS Annual Conference

All 3rd year residents expected to attend and present a poster

Note: Posters must comply with HCA Research rules for reimbursement

Highlands Conference

This conference takes place every other year at a Colorado ski town. 3rd and 2nd year residents may have an opportunity to attend and present a case report.

Colorado Foot & Ankle Society

2nd years may be asked to make a presentation

MILES Conference

3rd years may attend this annual HCA Podiatric Medicine & Surgery Residency Summit in December which provides “Best Case Presentation Competition”

ACFAS Arthroscopy Course

2nd year residents are required to attend and complete this training and exam

Mission Trip to Peru

One-two 3rd year residents may be selected to attend a week-long mission trip to Peru with Essential Strides who provides foot care to its underserved communities

In-Training Examinations

CPME requires all residents must take one in-training exam from a SBRC-recognized specialty board per academic year. Our program pays for the ABFAS ITE exam each year.

CPME also requires residents take one exam from a JCRSB recognized specialty board at least once during their time in residency training. Our program pays for the American Board of Podiatric Medicine (ABPM) In-training examination (ITE) to be taken in the 1st year.

Your Program Administrator will arrange registration and payment for the above in-training examinations (ITE). It is [your responsibility to schedule and complete these exams.](#)

HCA reimburses 3rd year residents for their AMPLE III exam. You must first take the exam and show a passing score before HCA will reimburse.

Journal Club

Journal Club (JC)

When: **Every Monday @ 6:00 pm**
Where: PSL Prof Plaza West 3rd fl conf room or Sky Ridge Med Ctr auditorium
What: We usually read an entire journal each week.

Overview

The goals of our academic curriculum are to provide extensive academic reviews of pertinent topics and offer a platform to learn to think critically, respond quickly and perfect concise, engaging lecturing skills.

Journal Club Protocol

All residents must attend Journal Club even if on off-service rotations. The only exceptions are: Internal Medicine, Vascular Surgery, General Surgery, Emergency Medicine, Orthopedic Surgery*, Pediatric Orthopedic Surgery* (* these rotations may still have time to attend JC).

Shani will send out the monthly calendar to all on the 1st of the month. 1st years responsible for copying/dispensing the journals to all residents, students and necessary attendings.

The schedule should be emailed to all JC attendings. The attending who is running journal club must be contacted at LEAST 1 month in advance with a 1-week reminder email. Arrangements must be made to get the attending the journal if needed.

- Contacting the attending early will give ample time to get them the journal
- Sunday night – Email articles, confirmation to attending, 3-month schedule

Journal Club Cards

We read a lot of materials! It is important to present in an organized, consistent and quick manner. Please make a 3x5 note card for each article with the pertinent info for presenting it, using one of the formats below.

Case studies & Review articles (ie. Clinics in Podiatric Medicine and Surgery)

Title:	How will this change your clinical
Author:	management or surgical technique?
Design/Level:	
5 Important points:	
Take home:	

Didactic Activities

X-Ray Conference (XRC)

- When: **1st Tuesday of every month @ 6:00 pm**
- Where: PSL Colorado Room North, Sky Ridge Med Ctr auditorium or Dr. Ng's office
- What: On-service residents (all years) present a case they have been a part of.
Attendings ask questions about the workup, surgical planning, outcomes, etc.
This format mimics what was formerly oral boards and allows residents the opportunity to practice public speaking and defending a case.
Be prepared!

Podiatric Lecture Series (PLS)

- When: **6:00 pm** – (See excel Block Schedule for presentation dates assigned)
2nd Thursday of every month – Resident Lectures
3rd Thursday of every month – Extern Presentations
- Where: PSL Colorado Room North and Sky Ridge Medical Center

Attending Panel Discussions/Special Guest Lectures

- When: Ongoing throughout year/often 4th Thursday of the month
- Who: Attending Panel Director: Dr. Ronnie Weber
- What: Various topics discussed

Cadaver Workshop

- When: Ongoing throughout year/often 4th Thursday of the month
- Who: Cadaver Director: Dr. Phillip Savage

Wound Care and Limb Salvage

- When: Every Thursday AM
- Who: Limb Salvage Supervisor: Dr. Cade Christensen. Dr. Ng is on the board of Institute of Limb Preservation that presents every Thursday.
- What: All residents not on outside rotations or covering cases must attend.

Research

Research Methodology

All residents receive two research methodology trainings during each of their training years from the HCA GME Research staff. They will review research fundamentals, methodology approaches, resources availability and scholarly activity funds among other things.

HCA has funding available for scholarly activities related items such as conference or publication fees. For more details, you can reach out to the HCA Research Staff listed below. The approval form for reimbursement is found on the New Innovations home page.

HCA Research Staff

Dr. Kristen Marshall
Research Director HCA
Kristen.Marshall@hcahealthcare.com
312-888-1494

Matthew Rhodes
Research Assistant
Matthew.Rhodes@hcahealthcare.com
M: 605-695-2531

HCA Healthcare Library
The HCA Healthcare Library includes e-journals, e-books, and clinical resources

HCA Graduate Medical Education site
Need to be on HCA network to access

DATACLEAR form (for data requests from HCA corporate database)

Requirements

Residents are required to submit research each year of training as shown below. The final research project should be worked on continuously throughout your three-year training.

1st Year	Required to submit a ready-for-publication case study by May 30th
2nd Year	Required to submit a ready-for-publication case study by May 30th
3rd Year	Required to submit a ready-for-publication research project by April 30th Required to submit an abstract to ACFAS to be presented at the conference

The following faculty meets with residents quarterly to assist and mentor their scholarly research selections

- Dr. Ronnie Pollard, DPM, FACFAS, Research Director
- Brett D. Sachs, DPM, FACFAS, Program Director

Case Logging

Overview

All logs are due at the first of the month. As required by CPME, the logs must be recorded within the PRR (Podiatry Residency Resource) system.

Your Program Administrator will register you with the PRR systems. You will be contacted by PRR with your username and password.

Logging Protocol

- Dr. Sachs regularly checks and verifies all monthly logs.
- Complete logs soon after your case - It is very difficult to catch up on back-logs
- Safeguard case information – If you take a screenshot of case info for logging into PRR later, delete photo after its been logged. Try to cover the name of the patient in your photo. *Do not record case information in any manual log books.*
- 1st years – Meet your lower extremity wound care quota by the end of your 1st year! You will never have a better opportunity than when you have 1st year clinic.
- Meet your H&P's and biomechanical case log quotas – you should have 1/3 logged at the end of each year and progress will be reviewed during your assessments.

CPME Requirements (* indicates these are newer requirements)

Case Activities

PMSR/RRA Podiatric surgical cases	300
Trauma cases	50
Podopediatric cases	25
* Other podiatric procedures	100
* Lower extremity wound care	50
Biomechanical cases	50
Comprehensive History & Physical examinations	50

Procedure Activities

1 st and 2 nd assistant procedures	400
First assistant procedures, including:	
Digital (Cat 1)	80
First Ray (Cat 2)	60
Other Soft Tissue Foot Surgery (3)	45
Other Osseous Foot Surgery (4)	40
Reconstructive Rearfoot/Ankle (5)	50

Work Hours Logging

Work Hours Logging

Clinical and education work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities and clinical work done from home.

You must log work hours on a weekly basis as follows:

Steps Logging Work Hours

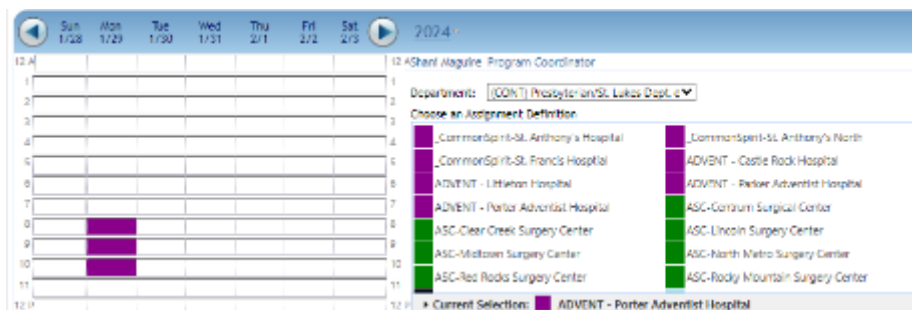
In New Innovations – Go to Work Hours – Log Hours



Select an Assignment Definitions. All podiatry surgery facilities, Clinics, Vacation time appears assignment definition list.

Drag the mouse down the date column and times row.

Don't forget to click "SAVE".

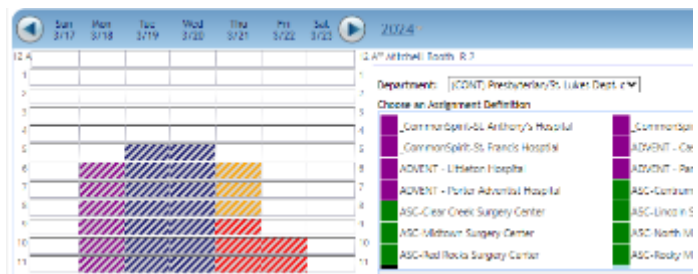


Work Hour Reminders:

Do not have gaps – travel time should be counted. If doing research or between cases, you are still working and should list this time between appointments as at PSL location

Do not record over 80 hours for the week.

Your schedule should look like a big block like the image above.



Evaluations

Overview

All podiatry surgery and clinic attendings are asked to provide quarterly written evaluations which are done automatically via the New Innovations software.

All off-service attendings are asked to complete an evaluation once the rotation is complete.

These evaluations require a sign-off from both the resident and your Program Director.

Rotation Evaluations

Evaluations go out to all off-service rotation attendings upon completion and quarterly to all podiatry attendings via New Innovations. These evaluations can be viewed in NI. **All residents must sign their evaluations.**

Semi-Annual Meeting with Program Director

The Residency Committee members meet twice a year to discuss resident feedback. Following these meetings is a one-on-one discussion with Dr. Sachs to discuss:

- Qualitative and quantitative feedback from attendings
- Strengths and/or concerns unique to each resident per feedback from attendings, off-service rotations, and other residents
- Review ITE exam scores
- Review Minimum Activity Volume (MAV), Work Hours, HealthStream requirements
- Discuss any personal issues which involve residency

Resident Year-End Program Survey

Residents are asked to complete a year-end program survey to understand:

- Resident recommendations for improvements
- Resident evaluation of rotations and attendings

Personal Time Off

PTO Protocol

You are allotted 5 day 1st year, 10 days 2nd year and 15 days 3rd year of vacation including weekends. OPEN COMMUNICATION is the key! The following are the guidelines:

- All vacation must be approved by Dr. Sachs
- Vacation should be requested at LEAST 30 Days in advance
- Senior residents have their choice of holidays for vacation if they are not taking vacation at the holidays, then 2nd years have the option, finally 1st years
- Only 1 resident at a time may be on vacation
- You should not take vacation if you are scheduled to be on-call
- Once Dr. Sachs has approved the time, the vacation requests need to be entered into New Innovations using the steps below
- In your 3rd year, you are expected to work up until the end of your residency, June 30th. Do not plan to leave early or take unused PTO. If there is an issue, please discuss with Dr. Sachs.

New Innovations Vacation Requests

Log into NI.

Go to Schedules > Assignment Schedules > Make a Request

Enter the start and end dates for the request

- Choose Type of Request
Example: You're going on vacation. You'd select "ON: Request to be on a type of Assignment"
- Click Continue

Scroll down to "PTO" section and pick the one that is applicable. ie. PTO-Vacation-Paid

- Click Continue
- Select your Program Administrator and enter additional comments if necessary
- Click Continue



Holiday Time

The following are required holidays to be taken. Your PA will mark these days as PTO days in your schedule. On-call 1st year residents scheduled to work during the holidays listed below will not be docked PTO.

4th of July
Labor Day
Thanksgiving (both Thursday & Friday)

Christmas Day (December 25)
New Year's Day (January 1st)
Memorial Day

Housekeeping

Communication

Good communication is the KEY to making this program run smoothly and efficiently!!!!

- We are very independent since we are spread throughout the city
- If there are questions, call a senior resident
- Residency is extremely demanding and if you need any help, just ask!
- We must work as a TEAM
- The easier logistical items move along, the more time you can concentrate on learning and progressing as a doctor/surgeon

Resident Lounge

You have access to a dedicated resident lounge space at PSL in the Prof Plaza West building, Suite 5300. The code to access the suite is 4769. There are drinks and snacks provided in the room. Please clean up after yourself as this is communal space.

Well Being

Please refer to the HCA GME Residency Manual for more details.

HCA Healthcare employees have access to Optum Well Being Support. Optum Well Being Support is accessible 24 hours a day, seven days a week. Call toll-free at 1-877-950-5075.

Travel and Reimbursement

HCA uses Concur to book travel and submit expense receipts. Your PA will walk you through the process for getting travel authorization. You can designate Shani as your “Delegate” in Concur to help assist and edit submissions if you are having issues.

The HCA Travel policy of what is/is not reimbursed (ie. alcohol) is listed in the HCA GME Resident manual and posted on New Innovations home page.

Externs/Students

- Get names/emails of the students for the month from Shani Maguire
- Email students with externship manual by the 15th of the month
- Provide students with copy of journal & surgery schedule before arrival
- Email surgery schedule to students each week with their Monday assignments

Key Resource Links

You should bookmark the following on-line training resources:

AACPM

American Assoc Colleges of Pod Med

A national association providing direct access to academic institutions and helping guide your career development.

ABFAS

American Board of Foot & Ankle Surgery

Recognized as the certifying board for the specialty area of podiatric surgery.

ABPM

American Board of Podiatric Medicine

For board certification process in podiatric medicine and orthopedics

ACFAS

American College of F&A Surgeons

Membership organization which seeks to promote the art and science of foot, ankle and related lower extremity surgery

APMA

American Podiatric Medical Assoc

A leading resource for foot and ankle health information

CASPR

Centralized App Service Pod Residency

An online repository for Podiatric Residency Programs

CPME

Council Podiatric Medical Education

The accrediting agency for podiatric medical education

COTH

Council of Teaching Hospitals

COTH focuses on how changes in the nation's health care system and health care policy uniquely impact teaching hospitals and health systems

PRR

Podiatric Residency Resource

The residency management system where logging of cases takes place

REDRC

Residency Education Resource Ctr

Lecture topics are based on competencies identified by the CPME/

Colorado Training License

Link to Board Rule 135:

<http://www.dora.state.co.us/podiatrists/rules/135.pdf>

Link to Board website:

<http://www.dora.state.co.us/podiatrists/index.htm>

Key Resources

New Innovations

All residents have access to New Innovation which is our internal platform used for storing key documents throughout your training. All testing scores, block schedules, evaluations, clinic schedule assignments, PTO etc. will be kept as part of your training record.

You will be able to log into the New Innovations System by using your 3-4 ID and this link: <https://www.new-innov.com/login/sso/hca>

Policy Manuals

All incoming residents receive a hard copy of the following key manuals. They are updated annually. An electronic copy is posted on New Innovations. Residents will sign an attestation each year confirming receipt and review of the following:

HCA GME Residency Manual

This manual provides clarity around policies related to the support of your training. It will cover topics like Salary & Benefits, Leave Policy, Expense Reimbursement, Work Hours Policy, Grievance/Dismissal/Remediation processes, Vendor policy etc.

Highlands-P/SL Podiatric Surgical Residency Program Manual

This manual is specific to the podiatry residency program and provides goals, expectations and policies related to your podiatric training.

CPME Key Documents

- The CPME posts key residency documents to their website [here](#).
- The [CPME 320](#) document will give you the MAV requirements needed to graduate
- There is also a [Logging Guidance](#) section providing clarity around logging wound care and other cases, procedure notes, work hours FAQ and suggested biomechanical exam form.

Surgery Policies

Surgery Schedule Process

This is one of the most important responsibilities of 1st years!

- Email all attendings' offices/surgery schedulers on Monday 8am. Follow-up emails, call, and/or texts should be sent out no later than Thursday
- Arrange/share surgery schedule with Dr. Sachs and Shani by NOON SUNDAY.
- Call all attendings' offices with missing schedules before Friday 5pm
- For attendings with Monday cases (ie. Dr. Ng), their schedules should be obtained by Friday night in order to contact them by Sunday by 5pm regarding their coverage
- All attendings **who will not be covered MUST be notified by Sunday at 5pm** if possible or at least 24 hours prior to an add-on
- Students must contact residents by 8pm the night before to discuss next day case
- It is the chief resident's responsibility to ensure age-appropriate coverage of surgical cases. Dr. Sachs has final say on coverage.

Surgery Protocol

Clinic & didactics take precedence over surgery. Only Dr. Sachs can excuse you from didactics to cover cases. For surgery cases make sure to:

- Arrive at least 30-45 minutes early
- Come prepared to help ie. room set-up (gloves, local, tourniquet, special equipment), pre-op notes, H&P, Post-Op Note/Orders, discharge instructions
- All attendings are different so ASK if you are unsure; and take note of how each attending likes things done so you can best assist
- You may be asked to dictate post-op notes for some attendings
- Double coverage is encouraged if available
- Note holidays most offices close early around this time, so call early!

Surgery Priorities/Assignments

- 3rd year residents assign surgeries according to case, attending, time, priority;
- 3rd years must be notified if there are to be any changes in surgery schedule
- For the 1st month (July): I&D add-on's will be handled by 1st and 2nd call resident, 1st years double upper year residents

On-Call Policies

PSL On-Call Pager: 303-203-2367

The following guidelines must be enforced:

- PGY 1: Each 1st year spends 4 months on-call. On-call shifts are 2 weeks long. Each 1st year resident may be required to have 1 month-long call shift depending on their off-service rotation schedule.
- PGY 2: A 2nd year back-up (or buddy call) resident will be assigned to each 1st year for their entire year. This is the on-call residents' main point-of-contact for questions while they are on-call.
- PGY 3: A 3rd year must be available for back up call at all times

No resident is allowed to work greater than 80 hrs. per week. If the on-call resident is approaching this limit, they must be replaced by another resident as determined by the chief resident and the Program Director.

On-Call Protocol

1st years are responsible for the on-call pager, unless on approved vacation. The pager may be paged by attendings and hospital staff for changes of schedule, admissions, add-on cases, or general questions.

Pages must be returned within 20 minutes, regardless of what you are doing. If you are scrubbed in OR, have OR staff or student clerk return the page

Please note that 3rd year residents do not carry the on-call pager, so you must arrange well ahead of time for the other 1st year or a 2nd year on service to take call

Any questions regarding the page, contact your 2nd year back-up or the chief resident.

When on call, you must stay within the Denver vicinity; You must be within 30 minutes of PSL which should make you able to reach any other hospital in a reasonable time as well

Switching Call (Hand-off)

The on-call pager will be passed off to the next on-call resident on the night before their call starts. A list of in-house patients should be given to the new call resident with a summary of their treatment course. This handoff process will be monitored by the 2nd year back-up residents during the first on-call shift of each 1st year.

Rounding Policies

Rounding Expectations

Inpatient rounds at PSL must be completed before 9am or prior to surgery start times. If the resident did a case with an attending at an outside facility, the attending may ask the resident to round or discharge that patient prior to AM surgical cases including weekends. The chief resident and Program Director have final judgement on this. The attending physician is always responsible to make rounds and sign all orders and notes written by the resident and to supervise all resident activities.

Rounding Protocol

- This MUST be completed & appropriate attendings MUST be called by 9:00 AM
- Schedules are erratic; you may need to round very early to make your cases/ clinics
- We are primarily responsible for rounding on inpatients at P/SL; however, attendings may admit patients at other hospitals and you may be asked to round. The chief resident and Program Director have final judgement on this.
- Post-op admitted patients will be rounded on by resident who participated in surgery

Exceptions

PSL in-house patients (usually I&D's, amps, etc.) will be the 1st year's responsibility

You may be asked by senior residents to round during the week depending on locations, schedules, etc. The chief resident and Program Director have final judgement on this.

Operative Notes

See Operative Notes Template

- Every In-House note must contain assessment and plan.
- Discuss with attending prior to writing note if you are unsure of plan.
- It is often resident's job to help arrange extended care plan with case manager, attending doc, and consulting services. Discharge summary's must be dictated if we are primary team. Ask if you are unsure.
- Orders & Notes must be co-signed by attending within 24 hours from written note
- Notify attending if you have left a note for a patient so they can sign it
- TIME & DATE all notes (this will avoid unnecessary pages)

Transition of Care Policies

Dressing Changes

Residents are required to perform at least one daily dressing change. Orders can be left for nursing staff to perform others if they are necessary

Diagnostic Tests

Be prepared to act upon results of diagnostic tests and leave your pager number with all orders and notes.

Admitting & Discharging

You must write admit orders. If you ask for consults, call the office of the consulting service as good practice as well as expediting service

ALL admitted/consulted patients must have a dictated Admit/Consult H&P within 24 hours and D/C summaries must be dictated within 24 hours of D/C

If a patient has been D/C'd without a D/C summary, you can get the chart from Medical Records on the 2nd floor (or HCare Portal)

Consults

We are often contacted by the attending directly to see a patient who has been admitted. These range from nail debridements to infections to trauma. Address the nature of the consult at the time of the page to determine the urgency of getting to see the patient

Perform consults ASAP; Consults must be dictated within 24 hours; Also include brief note in chart giving assessment, plan, and order

Unless patient has a previous podiatrist (which we are associated with), contact the appropriate On-Call attending for the consult

Med Teaching Consults

Consults from med teaching (internal medicine/transitional medicine residency teams) are treated differently. We don't typically write orders but rather make recommendations to suggest orders which are to be written by the med teaching staff

Page the necessary intern/resident if an order is urgent, sometimes they will just have you write the order after notifying them

They often round only in the morning and will not see recommendations if they are written in the afternoon, so page them to get an order written

PGY 1s – 1st Month Checklist

Access & Review

The following should be reviewed on the Friday before July 1st

3rd Years Should Give 1st Years Access to:

- | | |
|---|---------------------------------|
| 1. Apple Notes
On-Call To-Do
PSL+ Login Info/Codes | 3. PSLResident
gdrive |
| 2. Attending Contacts | 4. PSLSurgery
gdrive |

Residency Manual

Meet with Dr. Sachs and 3rd years to review residency manual

Meditect Basics → add to favorites

- Orders
 - Advance diet as tolerated
 - Do not change dressing
 - Dressing reinforce
 - Elevate extremity
 - Ice: apply
 - Weight Bearing status
- Document
 - Brief op/Intrv note
 - Podiatry consult note
 - Podiatry progress note
 - XR FT complete PORT left
 - XR FT complete PORT right
 - XR Ankle complete PORT left
 - XR Ankle complete PORT right
 - Discharge order
 - PACU transfer when criteria met

ADVENT Epic Basics

- SmartPhrases
 - Search User
 - MLPREOPHP
 - MLPROGRESSNOTE
 - POINSTRUCTIONSPODIATRY
- Add attendings
- To ask for during Epic training w/ Advent:
 - Order Set: Podiatry Surgery Postprocedure

COMMON SPIRIT Epic Basics

- SmartPhrases
 - Search User
 - MLHP
 - PODPROG
 - POINSTRUCTIONS
 - TWOPNOTE
- Add attendings

PGY 1s – 1st Month Checklist

On-Call Duties – *Call Buddy to go over 1-2 days BEFORE call*

PSLSurgery email

- **ALL emails must be responded to by end of day**
- Scheduling emails
- Academic reminder emails
- JC club emails

PSLSurgery gdrive

- 1st Year Resources
- Surgery Schedule folder
 - Creating new / editing schedule
 - Organize old schedules into appropriate folders
 - Add current attendings list
- Externs folder
 - Extern Contact/Ranking/ PPT
- JC folder
 - JC summaries
 - Formatting & Expectations
 - JC master schedule
 - Identify JC articles for appropriate week
- Misc folder
 - Attending preferences
 - Off service information
 - Admin tips

PSLResident gdrive

- XRC folder
- Resident presentations folder
- Student presentations folder

Meditech notes (*refer to Podiatry Note Guide*)

- Podiatry consult note
- Podiatry progress note
- Podiatry brief op note

ADVENT Epic Note

- Progress note

Common Spirit Epic Note

- Progress note

PGY 1s – 1st Month Checklist

Expectations – *Call Buddy to go over*

Journal Club

- Email Sunday
- Email attendings

Academics

- Academics Email 1 mo before (except for Dr. Sachs)
- Reminder Email 1 week before (except for Dr. Sachs)
- Contact to confirm day of (except for Dr. Sachs)

Externs

- Welcome email 15th of the month
- Contact 1 wk before about onboarding
- Point of contact for all questions
- Presentation topic pick/distribution (coordinate with Dr. Blue)
- Mock interview
- Student pictures
- Visiting students
 - Date of visit
 - Let residents, Shani and Dr. Blue know
 - If previous extern, have them bring old badge
 - If new visiting student, let Shani know (for credentialing)

Schedule

- Create weekly schedule
- Email attendings
- Reminder emails
- Call on Friday
- Confirm schedule is ready by Friday 5PM
- Share with Students, Shani, Sachs x2, and fellow on Saturday

WC

- Debride wounds
- Write NP notes
- Access Wound Expert

Salud

- Flow
- See pts
- Present to Dr. Christensen
- Scan orthotics
- Injections/nail procedures
- Write notes

PGY 1s – 1st Month Checklist

1st Surgery

HCA HealthOne

Outpatient procedure

- Brief op note
- Post-op orders
- Discharge order
- Med rec (under discharge tab)

Inpatient procedure

- Brief op note
- Post-op orders
- Transfer from PACU if criteria met

ADVENT

Outpatient procedure

→ *ensure you're under "Discharge" tab*

- Brief op note
- Discharge orders
 - Med rec
 - Podiatry Surgery
- Postprocedure Order Set
- Instructions
- Check After Visit Summary to ensure all is done

Inpatient procedure

→ *ensure you're under "Floor" tab*

- Brief op note
- Post proc orders

COMMON SPIRIT

Outpatient procedure

→ *ensure you're under "Discharge" tab*

- Brief op note
- Follow up Provider
- Discharge orders
 - "Postop foot ankle outpatient"
- Discharge instructions
- Check After Visit Summary to ensure all is done

Inpatient procedure

→ *ensure you're under "Admit" or "Return to same level of care" tab*

- Brief op note
- Orders
 - "Postop foot ankle inpatient"

Podiatry Faculty Directory

Brett D. Sachs, DPM

**Program Director
Residency Committee Member**



Rocky Mountain Foot & Ankle Ctr
7615 W 38th Ave Unit B101
Wheat Ridge, CO 80033

303.525.3515
bdsachs@hotmail.com

(In alphabetical order)

Andrea Batra, DPM

Attending



Platte Valley Medical Center
1610 Prairie Center Pkwy, Ste 2200
Brighton, CO 80601

303.854.8694
andreabatra@gmail.com

Jordan Bean, DPM

Attending



Rocky Canyon Foot & Ankle Clinic, LLC
3740 Dacoro Ln Ste 105
Castle Rock, CO 80109

623-512-1327
jordansbean@gmail.com

Mark Birmingham, DPM

Attending



Boulder Medical Center
2750 Broadway Street
Boulder, CO 80304

303.440.3036
birmingham.mark@gmail.com

Podiatry Faculty Directory

Kevin Blue, DPM

**Assoc Program Director/
Externship Director/
Residency Committee Member**



Orthopedic Centers of Colorado
8101 E. Lowry Blvd, Suite 230
Denver, CO 80230

720.999.0548
twobluefeet@gmail.com

Varun Chopra, DPM

**Attending/
Residency Committee Member**



9005 Grant St Ste 200
Thornton, CO 80229

720.394.4170
vchopra23@gmail.com

Cade Christensen, DPM

**Core Faculty/
Residency Committee Member**



Rocky Canyon Foot & Ankle Clinic, LLC
3740 Dacoro Ln Ste 105
Castle Rock, CO 80109

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J_cadechristiansen@hotmail.com

Candice Cooper, DPM

Attending



McVay Foot & Ankle
8580 Scarborough Dr Ste 120,
Colorado Springs, CO 80920

719.266.5000; 509-832-0803
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Podiatry Faculty Directory

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**Attending/
Residency Committee Member**



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2352 Meadows Blvd, Ste 270
Castle Rock, CO 80109

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Kevin Derickson, DPM

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Cherry Creek Foot & Ankle Clinic
2121 S Oneida St Ste 270
Denver, CO 80224

850-545-4437

Thomas Ehlers, DPM

Attending



Red Rocks Foot & Ankle
11 W Dry Creek Cir Ste 110
Littleton, CO 80120

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1610 Prairie Center Pkwy Ste 2200
Brighton, CO 80601

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Jessica Herzog, DPM

Attending



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jessherzogdpm@gmail.com

Matt Hinderland, DPM

Attending



Foot & Ankle Institute of CO
1465 Kelly Johnson Blvd Ste 100
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mhinderland@gmail.com

Podiatry Faculty Directory

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Attending



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5420 S Quebec Street
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Dustin Kruse, DPM

**Attending/
Residency Committee Member**



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Podiatry Faculty Directory

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Jeremy McVay, DPM

Attending



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Colorado Springs, CO 80920

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Lauren Molchan, DPM

**Attending/
Journal Club Director/
Residency Committee Member**



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724.984.7525
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Ken Morgan, DPM

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knaftulin@hotmail.com

Alan Ng, DPM

**Attending/
Fellowship Director
Residency Committee Member/**



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Phillip Savage, DPM

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Residency Committee Member**



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Aurora, CO 80012

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Thomas Savage, DPM

**Core Faculty/
Residency Fairs
Residency Committee Member**



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Karolina Varnay, DPM

Attending



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Podiatry Faculty Directory

Ronnie Pollard, DPM

**Attending/
Research Supervisor/Attending Panels Coordinator
Residency Committee Member**



Castle Rock Foot & Ankle Care
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Trevor Whiting, DPM

Attending



Foot & Ankle Institute of CO
1465 Kelly Johnson Blvd Ste 100
Colorado Springs, Co 80920

509-570-6972
twhitingdpm@gmail.com

Mike Zyzda, DPM

**Attending/
Residency Committee Member**



Podiatry Associates, PC
2727 Bryant St Ste 400
Denver, CO 80211

303.909.4006
drmikezyzda@footdoctorscolorado.com

Off-Service Faculty Directory

1st Year Resident Off-Service Rotations

Dr. Chris Strouse
Rotation Chief

Anesthesia



2-week rotation – PGY 1

Rotation Contact:
Dr. Strouse, Rotation Chief
303-336-8326
cstrousemd@yahoo.com

Location:

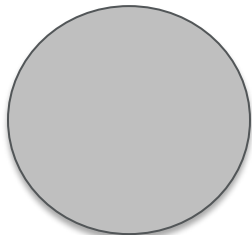
Varies, based on schedule

Responsibilities:

Resident observes and participates in all aspects of anesthesia, i.e. management of general anesthesia, intravenous conscious sedation, regional & peripheral anesthetic blocks.

Various
Rotation Attendings

Psychiatry



2-week rotation – PGY 1

Rotation Contact:
Jennifer Knotwell, Program Administrator
303-360-3562
Jennifer.Knotwell@hcahealthcare.com

Location:

HCA Facility - The Medical Center of Aurora, Behavioral Health & Wellness Ctr
700 Potomac St, Aurora, CO 80011

Responsibilities:

This rotation introduces residents to behavioral science and allows the resident to understand how to evaluate and treat basic psychological problems and deliver treatment.

Off-Service Faculty Directory

Dr. Eric Liu
Rotation Chief

General Surgery



2-week rotation – PGY 1

Rotation Contacts:

Amy Kemp, PA Support
720-754-7886

Amy.Kemp@HCAHealthone.com

Jessica Burns, NP Support
Jessica.Burns@HCAHealthone.com

Location:

Presbyterian/St. Luke's Medical Center - 1719 E19th Avenue, Denver, CO 80218

Responsibilities:

Introduce basic surgical principles and prepare you for more advanced surgical rotations.

Dr. Matthew Terra & Dr. Wendy Gill
Rotation Chiefs

Infectious Disease



4-week rotation – PGY 1

Rotation Contact:

Dr. Matthew Terra
mattyterra@hotmail.com

Dr. Wendy Gill
WGill@idcdenver.com



Location:

Infectious Disease Consultants located at PSL Medical Office
1601 E. 19th Avenue, #3700, Denver, CO 80218

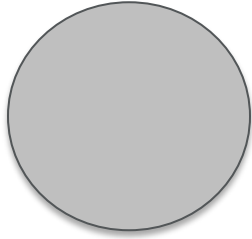
Responsibilities:

Introduce basic surgical principles and prepare you for more advanced surgical rotations.

Off-Service Faculty Directory

Various Rotation Attendings

Internal Medicine



4-week rotation – PGY 1

Rotation Contact:

Holli Barber
970-466-0382 Mobile
hbarber@carepointhc.com
Dr. Barber will send out your schedule prior to the rotation.

Location:

Located at PSL Medical Center, 1719 E 19th Ave, Denver, CO 80218

Responsibilities:

As a functioning part of IM team, you will admit, work-up, order diagnostic studies, diagnose/plan treatment of complex cases with multiple system complications.

Dr. Kathy Sotelo Rotation Chief

Pathology



2-week rotation – PGY 1

Rotation Contact:

Dr. Sotelo
Kathy.Sotelo@healthONEcare
720-754-6851

Location:

Located at PSL Medical Center, 1719 E. 19th Avenue, 6C Pathology, Denver, CO 80218

Responsibilities:

The resident will understand the role of the pathologist and the various aspects of pathology including diagnosing pathology, and preparing specimens.

Off-Service Faculty Directory

Dr. Gregory Broering
Rotation Chief

Radiology



2-week rotation – PGY 1

Rotation Contact:

Dr. Gregory Broering
303.914.8800 T
225.931.4433 M
gbroering@divrad.com

Location:

Diversified Radiology
1746 Cole Boulevard, Suite 150 Lakewood, CO 80401

Responsibilities:

Responsibilities: The resident spends time with a foot and ankle fellowship trained radiologist and will gain exposure in a variety of imaging techniques and in interpretation.

Dr. Grace Lambert
Rotation Chief

Emergency Medicine



4-week rotation – PGY 2

Grace.Lambert@denverem.org

Rotation Contact:

Mario Rivera – EM Educ
Mario.Rivera@dhha.org
(303) 602-5185

Location:

Denver Health Medical Hospital
777 Bannock Street, Pavilion A, Denver, CO 80204

Responsibilities:

This is a comprehensive experience at Denver Health Hospital which is the major level 1 trauma center for the Denver metro area. The resident serves as part of the medical team for all emergency encounters.

Off-Service Faculty Directory

Dr. Scott Resig
Rotation Chief

Orthopedic Surgery



4-week rotation – PGY 2

Rotation Contact:

Dr. Resig
scottresig@hotmail.com
720-219-0955

Location:

Orthopedic Centers of Colorado - Denver/Lowry
8101 E. Lowry Blvd, Suite 230, Denver, CO 80230

Responsibilities:

This rotation allows training with a foot and ankle orthopedic surgeon. It provides opportunities to evaluate, diagnose and treat pathology from an orthopedic point of view.

Dr. Korman & Dr. Katy Srock
Rotation Chiefs

Infectious Disease



4-week rotation – PGY 2

Rotation Contact:

Dr. David Korman
303-861-2190
dkorman@mntnrheumatology.com

Dr. Katy Srock
720-206-8903
katysrock@hotmail.com

Practice Manager: Brittany Starrett
Manager@mntnrheumatology.com



Location:

At Rose Medical Center: Mountain Rheumatology
4500 E. 9th Ave, Suite 500, Denver, CO 80220

Responsibilities:

This rotation will teach the resident the evaluation and management of rheumatologic diseases.

Off-Service Faculty Directory

Dr. Omar Mubarak
Rotation Chief

Vascular Surgery



4-week rotation – PGY 2

mubarak@vascularinstitute.com
303-882-0093

Rotation Contact:

Practice Manager - Sara Montanez
303-539-0736

Location:

Vascular Institute of the Rockies
4105 E Florida Avenue, Suite 200, Denver, CO 80222

Responsibilities:

The experience includes evaluation, utilization of diagnostic modalities and surgical treatment of the vascular compromised patient.

Dr. Jue Cao
Rotation Chief

Vascular Surgery



4-week rotation – PGY 3

Jue.Cao@HCAHealthone.com

Rotation Contact:

Practice Manager – Maddie McCauley
Madison.McCauley@HCAHealthone.com
513-253-3145 (mobile)

Location:

HCA HealthONE Rocky Mountain Pediatric Orthopedics
2055 N. High Street, Suite 130, Denver, CO 80205

Responsibilities:

This rotation allows training of foot and ankle orthopedic surgeon on pediatrics. It provides opportunities to evaluate, diagnose and treat pathology from an orthopedic point of view.

Affiliated Sites

We are only allowed to go to the following sites where we have an affiliation agreement:

AdventHealth Avista (Avista)**Advent Health**

100 Health Park Drive, Louisville, CO 80027
Sponsoring Physician: Varun Chopra, DPM

Audubon Surgery Center (AUD)**USPI**

3030 N Circle Dr, Ste 101, Colorado Springs, CO 80909
Sponsoring Physician: Dr. Matt Hinderland

Castle Rock Hospital (CRM)**Advent Health**

2350 Meadows Blvd, Castle Rock, CO 80109, (720) 455-5000
Main OR is on the 2nd floor
Sponsoring Physician: Jessica Herzog, DPM

Castle Rock Outpatient Surgery Center (CRM-OSC)**SCA**

2350 Meadows Blvd, Castle Rock, CO 80109
Same campus as main hospital but in the building to the left of the main hospital entrance
Sponsoring Physician: Jessica Herzog, DPM

Castle Rock SurgiCenter (CRSC)**SCA**

4700 Castleton Way, Suite 101 Castle Rock, CO 80109, (720) 519-1418
Don't confuse this with CRM-OSC. This location is right off the highway. Easy parking.
Check in with front desk and they will give you paperwork for a nurse to sign off on.
Sponsoring Physician: Jessica Herzog, DPM

Centrum Surgical Center (CENT)**ASC/HCA**

8200 E Bellevue Ave, Suite 300 E, Greenwood Village, CO 80111, (303) 290-0600
East building, far left, 3rd floor
Sponsoring Physician: Tom Savage, DPM

Clear Creek Surgery Center (CC)**ASC/HCA**

7809 W 38th Ave Wheat Ridge, CO 80033, (303) 422-5555
Sponsoring Physician: Matt Paden, DPM

Affiliated Sites

Crown Point Surgery Center (CP)

USPI

9395 Crown Crest Blvd Parker, CO 80138, (720) 974-6499

The Crown Point Surgery Center is actually in Parker Hospital. Upon entering the hospital's main entrance, the surgery center is on the left-hand side, 1st floor.

Sponsoring Physician: Alan Ng, DPM

Denver Health (DH)

Denver Health

777 Bannock St, Denver, CO 80204, (303) 436-6000

Pavilion A (777 Bannock St.) -- Pavilion M (723 Delaware St.)

Parking Garage (660 Delaware St.)

Highlands Podiatry Clinic (HPC) / Denver Wound Healing Center (DWHC)

HCA

1719 E. 19th Ave Denver, CO 80218 - (303) 839-6000

Entering through the main lobby, go up the stairs next to the coffee stand. At the end of the hall, make a left then a quick right. Both clinics are located in the same place down the hall on the right. If you walk past it, you will end up in the Rocky Mountain Children's Hospital.

Lincoln Surgery Center (LINC)

ASC/HCA

11960 Lioness Way, Suite 120 Parker, CO 80134, 720-542-6700

Easy parking. Check in with the front desk. Ask for the observer form (each patient needs to sign this) and make copies of your driver's license.

Sponsoring Physician: Cade Christensen, DPM

Littleton Hospital (LTN)

Advent Health

7700 S Broadway Littleton, CO 80122, (303) 730-8900

The OR is on the 2nd floor.

Sponsoring Physician: Mike Zyzda, DPM

Lutheran Medical Center (LUTH)

SCL Health

12911 W. 40th Avenue, Wheat Ridge, CO 80401, (303) 425-4500

Sponsoring Physician: Brett D. Sachs, DPM

(Surgery Center at) Lutheran (SCL)

SCA

****Recently Changed Locations****

12905 W 40th Ave, (303) 301-7700

Sponsoring Physician: Brett D. Sachs, DPM

Affiliated Sites

Midtown Surgery Center (MID)

ASC/SCA

1919 E 18th Ave Denver, CO 80206, (303) 322-3993
Sponsoring Physician: Florin Costache, DPM

Mile High Surgery Center (MH)

SCA

5351 S. Roslyn St. Greenwood Village, CO 80111, (303) 221-9500
3rd Floor. Check in at the front office which is to the left as you exit the elevator.
Sponsoring Physician: Alan Ng, DPM and Lauren Molchan, DPM

Mountain Ridge Medical Center (formerly North Suburban Medical Center (NS))

HCA

9191 Grant St Thornton, CO 80229, (303) 450-4477
Enter main entrance, turn right, go past the coffee cart, turn left, the OR will be on your left.
Sponsoring Physician: Brett D. Sachs, DPM

North Metro Surgery Center (NMSC)

ASC/HCA

9005 Grant St Suite 300, Thornton, CO 80229, (303) 288-4694
Sponsoring Physician: Varun Chopra, DPM

North Springs Surgery Center (NoSS)

ASC/HCA

6071 E Woodmen Rd Ste 340, Colorado Springs, CO 80923
Sponsoring Physician: Matt Hinderland, DPM

OCC Surgery Center (OCC)

SCA

135 Inverness Dr E, Englewood, CO 80112, (303) 220-0810
Easy parking right outside. Check in at the front desk.
Sponsoring Physician: Alan Ng, DPM and Lauren Molchan, DPM

Parker Adventist Hospital (PARK)

Advent Health

9395 Crown Crest Blvd Parker, CO 80138, (720) 974-6499
Main OR is on the 2nd floor (to the left of the stairs)
Sponsoring Physician: Kevin Blue, DPM

Penrose-St. Francis Health Services

Common Spirit

2222 N. Nevada Avenue, Colorado Springs, CO 80907
Sponsoring Physician: Matt Hinderland, DPM

Affiliated Sites

Porter Adventist Hospital (PORT)

Advent Health

2525 S. Downing St Denver, CO 80210, (303) 778-1955

Main OR is on the 2nd floor.

Sponsoring Physician: Lauren Molchan, DPM

Presbyterian-St. Luke's Medical Center (PSL)

HCA

1719 E. 19th Ave Denver, CO 80218, (303) 839-6000

Main OR is located on the 2nd floor, tower A.

Day surgery is located on the south side of the campus on the 1st floor.

Sponsoring Physician: Brett D. Sachs, DPM

Rocky Mountain Surgery Center (RMSC)

ASC/HCA

401 W. Hampden Pl Englewood, CO 80110, (303) 789-4000

Sponsoring Physician: Keith Naftulin, DPM

Rose Medical (Rose)

HCA

4567 E 9th Ave, Denver, CO 80220, (303) 320-7127

Sponsoring Physician: Emily Opp, DPM

Red Rocks Surgery Center (RRSC)

ASC/HCA

400 Indiana St Suite 100, Golden, CO 80401, (720) 420-3000

Easy parking right outside. Check in at the front desk.

Sponsoring Physician: Dustin Kruse, DPM

Rocky Mountain Children's Hospital (RMCH)

HCA

1719 E. 19th Ave Denver, CO 80218

Same building as PSL

Salud Clinic / Salud Family Health Center / Commerce City Clinic

Salud

6255 North Quebec St Commerce City, CO 80022, (303) 286-8900

Located in the Salud Family Health Center; Someone will have to let you in the back.

Affiliated Sites

Sky Ridge Medical Center (SRM) / Sky Ridge Surgery Center (SRSC)	HCA
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10101 Ridgeway Pkwy Lone Tree, CO 80124
 SR-M: (720) 225-1000, SRSC: (720) 225-5000

- *Main OR is on the 1st floor, enter the main entrance, go straight and then take a left just before (or after) the elevators.*
- *Ortho & Spine is on the bottom floor, take main entrance, take spiral staircase to the right, follow signs.*
- *To get to the Surgery Center, continue driving through a roundabout. SRSC is located a few entrances to the left of the ER.*

Sponsoring Physician: Alan Ng, DPM

St. Anthony's Central (STA)	Common Spirit
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****NOT St. Anthony's North****
 11600 W 2nd Pl Lakewood, CO 80228, (720) 321-0000
 Sponsoring Physician: Dr. Kruse or Sachs, DPM

St. Anthony's North (STA-N)	Common Spirit
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14300 Orchard Pkwy Broomfield, CO 80023, (720) 627-0000
 Sponsoring Physician: Katherine Parodi, DPM

St. Anthony's Surgery Center (StASC)	Common Spirit
---	----------------------

11600 W 2nd Pl Lakewood, CO 80228, (720) 321-0000
In St. Anthony's Hospital downstairs in the Ortho of Colorado side of the building

St. Joseph's Hospital (SJO)	SCL Health
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1375 E 19th Ave Denver, CO 80218, (303) 812-2000
 Sponsoring Physician: Dr. Brett D. Sachs, DPM

Summit View Surgery Center (SVSC)	USPI
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7730 S. Broadway Littleton, CO 80122, (303) 730-2376
The surgery center is located on the NW side (in front & left if looking from Broadway) of the campus of Littleton Hospital in a separate building.
 Sponsoring Physician: Mike Zyzda, DPM

Swedish Medical Center (SW-M) / Swedish Ambulatory Surgery Center (SASC)	HCA
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501 E. Hampden Ave Englewood, CO 80113
 SW-M: (303) 788-5000, SASC: (303) 788-6886
 Sponsoring Physician: Ken Morgan, DPM

Affiliated Sites

The Medical Center of Aurora (TMCA)

HCA

1501 S. Potomac St Aurora, CO 80012, (303) 695-2600

Enter through the main entrance, walk straight past the front desk, coffee stand, turn right down a hall just past elevators. Pre-op will be a door on the right and the OR a door on the left of this hallway.

Sponsoring Physician: Tom Savage, DPM

Operative Note Template

Operative Notes

Pre-Operative Note

Chief Complaint

HPI

PMH

Medications

Allergies

Patient confirms NPO

Consent signed and in chart

H&P by Dr. ____ , no contra-indications

Laboratory Data:

CBC

SMA

EKG

Lower Extremity Physical Exam--be sure to address deformity being corrected

Dermatologic Neurologic

Vascular

Musculoskeletal

Impression

Plan: Surgical correction by Dr. ____ _

Post-Operative Note

Surgeon

Assistant

Pre-Operative Diagnosis

Post-Operative Diagnosis

Procedure

Anesthesia

Hemostasis

Estimated Blood Loss

Materials (sutures, screws, drains, etc.)

Injectables

Pathology Specimens

Patient tolerated procedure and anesthesia without complications. Left OR for PACU with vital signs stable and vascular status intact to L/R foot.

Operative Note Template

Post-Operative Orders

Vitals per routine
Ice and Elevate foot on 2 pillows
X-rays: AP, Lat, and Oblique foot
Dispense surgical shoe/boot
WB status
D/C IV when tolerating po fluids
Diet: advance as tolerated
Pain medication
Nausea medication
Discharge to home when stable.

Admission Orders

Admit to floor per Dr. _____

Diagnosis

Condition

Allergies

Vitals Q 15 min x 1 hour, then per routine

Activity

- BRP with assist
- Weight-bearing status
- PT to crutch train

Nursing

- Ice and Elevate L/R foot on 2 pillows
- Dressing changes
- Change drain when 1/2 full or Q4H, and record volume

Diet: Advance as tolerated (specify type: ADA, Low Sodium, Regular)

IV: HepLock or Buff cap when tolerating po fluids

Laboratory Tests

- X-rays
- CBC, SMA
- FSBS QAC and QHS

Medications

- Pain medication (po/IV)
- Nausea medication
- Ambien 10 mg po QHS pm insomnia
- Antacid/Laxative of choice prn
- Antibiotics
- Patient's regular medications

Operative Note Template

Podiatric History and Physical Examination

Chief Complaint

- Nature
- Location
- Duration
- Onset
- Contributory and Alleviating factors
- Prior treatments (if helpful or unhelpful)
- Any associated trauma

Past Medical History

- Cardiovascular system
- Pulmonary system
- Gastrointestinal system
- Renal system
- Endocrine

Past Surgical History

Medications

Allergies

Social History

- Marital status
- Children
- Employer, type of work performed
- Tobacco, Alcohol, and Illicit drug usage

Family History

- Diabetes
- Cancer
- Heart disease

Review of Systems

Operative Note Template

Lower Extremity Physical Examination

General: Patient is a WD/WN _____ year old male/female, who is in NAD and alert/orientated.

Vital Signs

Dermatologic

- Color
- Texture
- Hydration
- Nail appearance
- Lesions/Scars
- Ulcerations
- Erythema (specifically describing the extent)

Vascular

- Pulses
- CFT
- Hair distribution
- Edema
- Varicosities
- Elevational pallor/Dependent rubor

Neurologic

- Vibration
- Sharp/Dull
- DTR
- Pathologic reflexes (Babinski, Clonus)
- Protective threshold with 5.07 monofilament (describe extent of sensation loss)

Musculoskeletal

- Grade muscle strength
- ROM of ankle joint, STJ, MTJ, and 1st MPJ (note any pain, crepitus)
- Deformities
- Areas tender to palpation
- Forefoot to Rearfoot relationship

Stance

- Changes from NWB examination
- Arch height
- Assess STJ (NCSP and RCSP)
- Tibial varum/valgum

Impression

Plan

Sample Resident Evaluation Form

The following is a sample evaluation template. Each off-serviced rotation has its own template but follow a similar format.

Podiatric Medicine & Surgery - Evaluation of Resident Rotation

Instructions:

Please use the following scale to rate the resident's performance during your rotation:

1=Demonstrates inadequate knowledge of the task 2=Demonstrates knowledge but is unable to perform 3=Performs only with constant direction 4=Performs with minimal direction 5=Performs the entire task independently N/A=not applicable

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

1 Performs problem-focused medical history, physical exam & interprets findings.

- ☐ 1 - Demonstrates inadequate knowledge of the task
- ☐ 2 - Demonstrates knowledge, but unable to perform
- ☐ 3 - Performs only with constant direction
- ☐ 4 - Performs with minimal direction
- ☐ 5 - Performs the entire task independently
- ☐ N/A

Comment

2 Recognizes the need for additional diagnostic studies, including plain radiography, fluoroscopy, MRI & CT.

- ☐ 1 - Demonstrates inadequate knowledge of the task
- ☐ 2 - Demonstrates knowledge, but unable to perform
- ☐ 3 - Performs only with constant direction
- ☐ 4 - Performs with minimal direction
- ☐ 5 - Performs the entire task independently
- ☐ N/A

Comment

3 Orders & interprets appropriate diagnostic studies including hematology, blood chemistries, coagulation studies, urinalysis, EKG & CXR, pathology, microbiology, non-invasive vascular studies & compartment pressures.

- ☐ 1 - Demonstrates inadequate knowledge of the task
- ☐ 2 - Demonstrates knowledge, but unable to perform
- ☐ 3 - Performs only with constant direction
- ☐ 4 - Performs with minimal direction
- ☐ 5 - Performs the entire task independently
- ☐ N/A

Comment

Sample Faculty/Attending Evaluation Form

All residents are encouraged to provide feedback on their attending and rotation. The following is a sample form

Highlands-P/SL PM&S 36 Resident Evaluation of Attending Form

Attending Name					
Rotation					

Please use the following scale to rate the attending's performance during your rotation:

	1=Poor	2=Fair	3=Good	4=Excellent	N/O=Not observed
Area of Evaluation					
Surgery					
Soft tissue dissection					
Suturing					
Digital procedures					
First Ray procedures					
Trauma					
Reconstructive Rearfoot and Ankle					
Diabetic Foot procedures					
Ethics					
Clinic					
Utilization of Tests (MRI, Hematology, etc.)					
Appropriate Diagnosis					
Appropriate Treatment Plan					
Patient Communication Skills					
Ethics					
Academics					
Knowledge of current literature					
Lecturing ability					
Participation in Journal Club					
Participation in PLS					
Teaching Skills					
Ability to teach in surgery					
Ability to teach in clinic					
Ability to teach in academic arena					
Willingness to teach					
Personality					
Ability to communicate to resident					
Fairness in criticism of resident					
General treatment of resident					
Comments					

Sample Block Schedule

person	July (07/01/2023 - 07/31/2023)	August (08/01/2023 - 08/31/2023)	September (09/01/2023 - 09/30/2023)	October (10/01/2023 - 10/31/2023)	November (11/01/2023 - 11/30/2023)	December (12/01/2023 - 12/31/2023)	January (01/01/2024 - 01/31/2024)	February (02/01/2024 - 02/29/2024)	March (03/01/2024 - 03/31/2024)	April (04/01/2024 - 04/30/2024)	May (05/01/2024 - 05/31/2024)	June (06/01/2024 - 06/30/2024)
R 1 (Presbyterian/St. Luke's - Podiatry)												
Savage, John	PSL-POD-PODIATRY SURGERY MULTI (7/1 - 7/15)	PSL-POD-PODIATRY SURGERY MULTI (8/1 - 8/15)	PSL-X-GENERAL SURGERY PSL (9/1 - 9/15)	PSL-POD-PODIATRY SURGERY MULTI (10/1 - 10/15)	PSL-POD-PODIATRY SURGERY MULTI (11/1 - 11/15)	PSL-X-INTERNAL MEDICINE PSL (12/1 - 12/15)	PSL-X-INTERNAL MEDICINE PSL (1/1 - 1/15)	PSL-POD-PODIATRY SURGERY MULTI (2/1 - 2/15)	PSL-X-INFECTIOUS DISEASE INFECTION DISEASE (3/1 - 3/15)	PSL-X-PATHOLOGY PSL (4/1 - 4/15)	PSL-X-ANESTHESIOLOGY PSL (5/1 - 5/15)	PSL-X-RADIOLOGY DIVERSIFIED RADIOLOGY (6/1 - 6/15)
	PSL-POD-PODIATRY SURGERY MULTI (7/16 - 7/31)	TMCA/PSYCH-GERIATRIC PSYCHIATRY-TMCA DPU (MIRANDA) (8/16 - 8/31)	PSL-POD-PODIATRY SURGERY MULTI (9/16 - 9/30)	PSL-POD-PODIATRY SURGERY MULTI (10/16 - 10/31)	PSL-POD-PODIATRY SURGERY MULTI (11/16 - 11/30)	PSL-X-INTERNAL MEDICINE PSL (12/16 - 12/31)	PSL-POD-PODIATRY SURGERY MULTI (1/16 - 1/31)	PSL-POD-PODIATRY SURGERY MULTI (2/16 - 2/29)	PSL-X-INFECTIOUS DISEASE INFECTION DISEASE CONSULTANTS (3/16 - 3/31)	PSL-POD-PODIATRY SURGERY MULTI (4/16 - 4/30)	PSL-POD-PODIATRY SURGERY MULTI (5/16 - 5/31)	PSL-POD-PODIATRY SURGERY MULTI (6/16 - 6/30)
Shano, Morgan	PSL-POD-PODIATRY SURGERY MULTI (7/1 - 7/15)	PSL-X-RADIOLOGY DIVERSIFIED RADIOLOGY (8/1 - 8/15)	PSL-POD-PODIATRY SURGERY MULTI (9/1 - 9/15)	PSL-POD-PODIATRY SURGERY MULTI (10/1 - 10/15)	PSL-X-INTERNAL MEDICINE PSL (11/1 - 11/15)	PSL-POD-PODIATRY SURGERY MULTI (12/1 - 12/15)	PSL-POD-PODIATRY SURGERY MULTI (1/1 - 1/15)	PSL-X-PATHOLOGY PSL (2/1 - 2/15)	PSL-X-ANESTHESIOLOGY PSL (3/1 - 3/15)	PSL-POD-PODIATRY SURGERY MULTI (4/1 - 4/15)	PSL-X-INFECTIOUS DISEASE INFECTION DISEASE CONSULTANTS (5/1 - 5/15)	PSL-POD-PODIATRY SURGERY MULTI (6/1 - 6/15)
	PSL-POD-PODIATRY SURGERY MULTI (7/16 - 7/31)	PSL-POD-PODIATRY SURGERY MULTI (8/16 - 8/31)	PSL-X-GENERAL SURGERY PSL (9/16 - 9/30)	PSL-X-INTERNAL MEDICINE PSL (10/16 - 10/31)	PSL-X-INTERNAL MEDICINE PSL (11/16 - 11/30)	PSL-POD-PODIATRY SURGERY MULTI (12/16 - 12/31)	PSL-POD-PODIATRY SURGERY MULTI (1/16 - 1/31)	PSL-POD-PODIATRY SURGERY MULTI (2/16 - 2/29)	TMCA/PSYCH-PSYCHIATRY INPATIENT DELEON (3/16 - 3/31)	PSL-POD-PODIATRY SURGERY MULTI (4/16 - 4/30)	PSL-X-INFECTIOUS DISEASE INFECTION DISEASE CONSULTANTS (5/16 - 5/31)	PSL-POD-PODIATRY SURGERY MULTI (6/16 - 6/30)
R 2 (Presbyterian/St. Luke's - Podiatry)												
Booth, Mitchell	PSL-POD-PODIATRY SURGERY MULTI	PSL-POD-PODIATRY SURGERY MULTI (8/1 - 8/15)	PSL-X-VASCULAR SURGERY VASCULAR INSTITUTE OF THE ROCKIES (9/1 - 9/15)	PSL-POD-PODIATRY SURGERY MULTI (10/1 - 10/15)	PSL-POD-PODIATRY SURGERY MULTI (11/1 - 11/15)	PSL-POD-PODIATRY SURGERY MULTI (12/1 - 12/15)	PSL-POD-PODIATRY SURGERY MULTI (1/1 - 1/15)	PSL-X-EMERGENCY MEDICINE DENVER HEALTH AND HOSPITAL AUTHORITY	PSL-X-RHEUMATOLOGY ROSE RHEUMATOLOGY (3/1 - 3/15)	PSL-POD-PODIATRY SURGERY MULTI (4/1 - 4/15)	PSL-X-ORTHOPAEDIC SURGERY ORTHOPAEDIC CENTERS OF	PSL-POD-PODIATRY SURGERY MULTI (6/1 - 6/15)
		PSL-X-VASCULAR SURGERY MULTI (8/16 - 8/31)	PSL-POD-PODIATRY SURGERY VASCULAR INSTITUTE OF THE ROCKIES (9/16 - 9/30)	PSL-X-PLASTIC SURGERY PSL (10/16 - 10/31)	PSL-POD-PODIATRY SURGERY MULTI (11/16 - 11/30)	PSL-POD-PODIATRY SURGERY MULTI (12/16 - 12/31)	PSL-POD-PODIATRY SURGERY MULTI (1/16 - 1/31)	PSL-X-EMERGENCY MEDICINE DENVER HEALTH AND HOSPITAL AUTHORITY	PSL-POD-PODIATRY SURGERY MULTI (3/16 - 3/31)	PSL-POD-PODIATRY SURGERY MULTI (4/16 - 4/30)	PSL-X-ORTHOPAEDIC SURGERY ORTHOPAEDIC CENTERS OF	PSL-POD-PODIATRY SURGERY MULTI (6/16 - 6/30)
Lanoue, Mary	PSL-POD-PODIATRY SURGERY MULTI (7/1 - 7/15)	PSL-POD-PODIATRY SURGERY MULTI (8/1 - 8/15)	PSL-POD-PODIATRY SURGERY MULTI (9/1 - 9/15)	PSL-POD-PODIATRY SURGERY MULTI (10/1 - 10/15)	PSL-POD-PODIATRY SURGERY MULTI (11/1 - 11/15)	PSL-POD-PODIATRY SURGERY MULTI (12/1 - 12/15)	PSL-X-EMERGENCY MEDICINE DENVER HEALTH AND HOSPITAL AUTHORITY	PSL-POD-PODIATRY SURGERY MULTI (2/1 - 2/15)	PSL-X-ORTHOPAEDIC SURGERY ORTHOPAEDIC CENTERS OF	PSL-X-VASCULAR SURGERY VASCULAR INSTITUTE OF THE ROCKIES (4/1 - 4/15)	PSL-POD-PODIATRY SURGERY MULTI (5/1 - 5/15)	PSL-POD-PODIATRY SURGERY MULTI (6/1 - 6/15)
	PSL-POD-PODIATRY SURGERY MULTI (7/16 - 7/31)	PSL-POD-PODIATRY SURGERY MULTI (8/16 - 8/31)	PSL-X-PLASTIC SURGERY PSL (9/16 - 9/30)	PSL-POD-PODIATRY SURGERY MULTI (10/16 - 10/31)	PSL-X-RHEUMATOLOGY ROSE RHEUMATOLOGY (11/16 - 11/30)	PSL-POD-PODIATRY SURGERY MULTI (12/16 - 12/31)	PSL-X-EMERGENCY MEDICINE DENVER HEALTH AND HOSPITAL AUTHORITY	PSL-POD-PODIATRY SURGERY MULTI (2/16 - 2/29)	PSL-X-ORTHOPAEDIC SURGERY ORTHOPAEDIC CENTERS OF	PSL-X-VASCULAR SURGERY VASCULAR INSTITUTE OF THE ROCKIES (4/16 - 4/30)	PSL-POD-PODIATRY SURGERY MULTI (5/16 - 5/31)	PSL-POD-PODIATRY SURGERY MULTI (6/16 - 6/30)
Shulmister, Jacob	PSL-POD-PODIATRY SURGERY MULTI (7/1 - 7/15)	PSL-X-VASCULAR SURGERY VASCULAR INSTITUTE OF THE ROCKIES (8/1 - 8/15)	PSL-POD-PODIATRY SURGERY MULTI (9/1 - 9/15)	PSL-X-PLASTIC SURGERY PSL (10/1 - 10/15)	PSL-X-EMERGENCY MEDICINE DENVER HEALTH AND HOSPITAL AUTHORITY	PSL-POD-PODIATRY SURGERY MULTI (12/1 - 12/15)	PSL-POD-PODIATRY SURGERY MULTI (1/1 - 1/15)	PSL-POD-PODIATRY SURGERY MULTI (2/1 - 2/15)	PSL-POD-PODIATRY SURGERY MULTI (3/1 - 3/15)	PSL-X-ORTHOPAEDIC SURGERY ORTHOPAEDIC CENTERS OF	PSL-X-RHEUMATOLOGY ROSE RHEUMATOLOGY (5/1 - 5/15)	PSL-POD-PODIATRY SURGERY MULTI (6/1 - 6/15)
	PSL-POD-PODIATRY SURGERY MULTI (7/16 - 7/31)	PSL-X-VASCULAR SURGERY VASCULAR INSTITUTE OF THE ROCKIES (8/16 - 8/31)	PSL-POD-PODIATRY SURGERY MULTI (9/16 - 9/30)	PSL-POD-PODIATRY SURGERY MULTI (10/16 - 10/31)	PSL-X-EMERGENCY MEDICINE DENVER HEALTH AND HOSPITAL AUTHORITY	PSL-POD-PODIATRY SURGERY MULTI (12/16 - 12/31)	PSL-POD-PODIATRY SURGERY MULTI (1/16 - 1/31)	PSL-POD-PODIATRY SURGERY MULTI (2/16 - 2/29)	PSL-POD-PODIATRY SURGERY MULTI (3/16 - 3/31)	PSL-X-ORTHOPAEDIC SURGERY ORTHOPAEDIC CENTERS OF	PSL-POD-PODIATRY SURGERY MULTI (5/16 - 5/31)	PSL-POD-PODIATRY SURGERY MULTI (6/16 - 6/30)
R 3 (Presbyterian/St. Luke's - Podiatry)												
Cramer, Kira	PSL-POD-PODIATRY SURGERY MULTI (7/1 - 7/15)	PSL-POD-PODIATRY SURGERY MULTI (8/1 - 8/15)	PSL-POD-PODIATRY SURGERY MULTI (9/1 - 9/15)	PSL-POD-PODIATRY SURGERY MULTI (10/1 - 10/15)	PSL-POD-PODIATRY SURGERY MULTI (11/1 - 11/15)	PSL-POD-PODIATRY SURGERY MULTI (12/1 - 12/15)	PSL-POD-PODIATRY SURGERY MULTI (1/1 - 1/15)	PSL-POD-PODIATRY SURGERY MULTI (2/1 - 2/15)	PSL-POD-PODIATRY SURGERY MULTI (3/1 - 3/15)	PSL-POD-PODIATRY SURGERY MULTI (4/1 - 4/15)	PSL-POD-PODIATRY SURGERY MULTI (5/1 - 5/15)	PSL-POD-PODIATRY SURGERY MULTI (6/1 - 6/15)

Competencies

Competencies are those elements and sub-elements of practice that define the full scope of podiatric training. The CPME has identified competencies that must be achieved by the resident upon completion of the podiatric medicine and surgery residency. These are included in the manual.

You can also find the competencies for all rotations on the home page of your New Innovations and also listed in this manual.

New Innovations Survey

Please give us your feedback

Favorites

Block Schedule

Assignment Schedule

Create an Evaluation Session

Create a Block Schedule

Create an Assignment Schedule

Manage Conferences

Take Conference Attendance

Conference Attendance Report

Add New Person

Personnel Data

Work Hours Dashboard

Announcements

Add Ann

Forms

Travel Request Form Residents.xls

Schedules

23-24 Block Schedule - updated Mar 27, ...

Policies

_2023 P/SL Podiatry Program Manual

2023-2024 GME Resident & Fellow Man...

CPME 320 Requirements

Travel and Expense Reimbursement Policy

Curriculum

April 2024 Academic Calendar

Residency Competencies All Rotations

Competencies

Podiatric Medicine & Surgery

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination.
2. Perform (and/or order) and interpret appropriate diagnostic studies, Including:
 - a. Medical imaging, ie. plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, ultrasound
 - b. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.
 - c. Pathology, including anatomic and cellular pathology.
 - d. Other diagnostic studies, ie. electro diagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.
3. Formulate an appropriate diagnosis and/or differential diagnosis.
4. Formulate and implement an appropriate plan of management, including:
 - a. palliation of keratotic lesions and toenails.
 - b. manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity.
 - c. management of closed fractures and dislocations including pedal fractures and dislocations and ankle fracture/dislocation.
 - d. cast management; tape immobilization.
 - e. orthotic, brace, prosthetic, and custom shoe management; footwear/padding
 - f. injections and aspirations.
 - g. physical therapy.
 - h. pharmacologic management, including the use of NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants,
 - i. antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, anti-rheumatic medications.
 - j. Appropriate surgical management, including Digital Surgery, First Ray Surgery, Other Soft Tissue Foot Surgery, Other Osseous Surgery, RRA.
 - k. Appropriate anesthesia management when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.
 - l. Appropriate consultation and/or referrals.
 - m. Appropriate lower extremity health promotion and education.
5. Assess the treatment plan and revise it as necessary.
6. Work as a multidisciplinary team in management and treatment of chronic wounds.
7. Ability to devise a differential diagnosis of the different wounds and appropriately utilize the diagnostic modalities to identify the causative agent.
8. Ability to utilize new techniques and materials to aid the patient in a more rapid recovery of their chronic wound.

Competencies

Anesthesia

PMSR/RRA Experience Based Competencies

1. To know, understand and recognize the indications of local anesthetics, their pharmacology side effects and complications.
2. To be able to manage the untoward effects of local anesthetics including anesthetic emergencies.
3. To demonstrate and competently carry out local anesthesia of the regional lower extremity by the appropriate knowledge of anatomy and anesthetic dosage for tibial nerve block, peroneal nerve block, ankle block, digital block, regional infiltration and regional block of the foot.
4. To know the indication and demonstrate regional profusion of the foot.
5. To know and understand indications of spinal anesthesia including its complications.
6. To know and understand physiological basis of general anesthesia, indications of general anesthesia and the complications of general anesthesia.
7. To know and understand the pharmacology of general anesthetics, their complications and the drugs employed commonly to complement their purposeful effect.
8. To know and understand the proper performance of the gas anesthetic machine.
9. To know and understand the indications and complications of intravenous general anesthesia.

Competencies

General Surgery

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination.
2. Perform (and/or order) and interpret appropriate diagnostic studies, Including:
 - a. Medical imaging, including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound
 - b. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.
 - c. Pathology, including anatomic and cellular pathology.
 - d. Other diagnostic studies, including electro diagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.
3. Formulate an appropriate diagnosis and/or differential diagnosis.
4. Formulate and implement an appropriate plan of management, including:
 - a. Appropriate management when indicated, including
 - b. Preoperative assessment of the surgical patient.
 - c. Interpretive management of the patient including emergency literature.
 - d. Post-operative management of the patient.
 - e. Appropriate consultation and/or referrals.
 - f. Appropriate lower extremity health promotion and education.
5. Assess the treatment plan and revise it as necessary.
6. Become familiar basic surgical principles utilized by general surgeons in both evaluation and management of the patient including dissection techniques, instrumentation use and utilization of diagnostic studies.

Competencies

Pathology

PMSR/RRA Experience Based Competencies

1. Order and interpret appropriate diagnostic studies in anatomic and cellular pathology.
2. Recognize the need for additional diagnostic studies when indicated.
3. Read and interpret, critically examine and present scientific literature.
4. Be able to identify common pathologic conditions on micrograph including osteomyelitis and soft tissue and bony tumorous conditions.
5. Understand role of pathologist in clinical and surgical arena.
6. Recognize basic cellular components included with common pathologies i.e. osteomyelitis, giant cell tumors, spindle cells.
7. Understand how different tissues are prepared and stained.

Competencies

Plastic Surgery

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination.
2. Perform (and/or order) and interpret appropriate diagnostic studies, Including:
 - a. Medical imaging, including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound
 - b. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.
 - c. Pathology, including anatomic and cellular pathology.
 - d. Other diagnostic studies, including electro diagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.
3. Formulate an appropriate diagnosis and/or differential diagnosis.
4. Formulate and implement an appropriate plan of management, including:
5. Assess the treatment plan and revise it as necessary.
6. Become aware of the differences in technique that plastic surgeons utilize in tissue handling and closure.
7. Become familiar with techniques for wound closure including rotation flaps, advancement flaps and microvascular free flaps.
8. Understand the importance of reconstructive plastic surgery and its uses in traumatic reconstructive procedures.
9. Become familiar when it is appropriate to refer foot and ankle patients to plastic surgery to gain aid in patient care.
10. Understand role of plastic surgeon in trauma and reconstructive procedures.

Competencies

Radiology

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a comprehensive medical history and physical examination including pre-operative history and physical examination Including:
 - a. The ability to obtain vital signs
 - b. physical examination including head, eyes, ears, nose and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.
2. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
3. Recognize the need for additional diagnostic studies, when indicated, Including:
 - a. EKG
 - b. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
 - c. Laboratory studies including hematology, serology/immunology blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
 - d. Other diagnostic studies.
4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
5. Assess the treatment plan and revise it as necessary.
6. Order and interpret appropriate diagnostic studies including plain radiograph, MRI, CT scans, Nuclear Medicine as well as stress radiography and use of radiographic contrast.
7. Be able to interpret appropriate diagnostic studies including diagnostic ultrasound, vascular imaging studies, bone mineral densitometry, plain radiograph, nuclear imaging, MRI, CT scan.
8. Become familiar with common pathologies that are best identified in given mediums such as ultrasound, MRI, or CT scan.
9. Review multiple pathologic images so that the resident becomes familiar with the different presentations through the various mediums.
10. Order and interpret chest radiographs.
11. Be able to interpret CT images of Les Fracs fx, calcaneal fracture, ankle fractures and osteochondral lesions.
12. Be able to interpret MRI images of soft tissue/bone infection, soft tissue one tumor, osteochondral lesions and fractures.

Competencies

Vascular Surgery

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination.
2. Perform (and/or order) and interpret appropriate diagnostic studies, Including:
 - a. Medical imaging, including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound
 - b. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.
 - c. Pathology, including anatomic and cellular pathology.
 - d. Other diagnostic studies, including electro diagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.
 - e. Invasive vascular studies
3. Formulate an appropriate diagnosis and/or differential diagnosis.
4. Formulate and implement an appropriate plan of management, including:
 - a. Assess the treatment plan and revise it as necessary.
 - b. Gain thorough understanding of various surgical procedures needed to treat vascular conditions both arterial and venous.
 - c. Gain skills in repairing vascular lesions.
 - d. Become familiar with non-invasive vascular studies as well as invasive vascular studies for identification and diagnosis of patients' pathologic condition.

Competencies

Rheumatology

PMSR/RRA Experience Based Competencies

The resident will actively participate in daily rheumatology clinics each week.

1. Learn and perform thorough History & Physical and successfully
2. Demonstrate the ability to complete MSK exam
3. Demonstrate the ability to perform a complete musculoskeletal joint examination
4. Demonstrate understanding of extra-articular manifestations of rheumatologic disease
5. Develop an understanding of clinical laboratory studies and medical imaging studies used to diagnose rheumatologic conditions
6. Gain an understanding of the pharmacologic agents utilized in the management of rheumatologic disease

Competencies

Internal Medicine

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a comprehensive medical history and physical examination including pre-operative history and physical examination which include:
 - a. The ability to obtain vital signs
 - b. physical examination including head, eyes, ears, nose and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.
2. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
3. Recognize the need for additional diagnostic studies, when indicated, including:
 - a. EKG
 - b. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
 - c. Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
 - d. Other diagnostic studies.
4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.

Competencies

Infectious Disease

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a comprehensive medical history and physical examination including pre-operative history and physical examination which include:
 - a. The ability to obtain vital signs
 - b. Physical examination including head, eyes, ears, nose and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.
2. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
3. Recognize the need for additional diagnostic studies, when indicated, including:
 - a. EKG
 - b. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
 - c. Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
 - d. Other diagnostic studies.
4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
6. Become familiar with appropriate antibiotics for certain or various clinical situations.
7. Understand the uses and limitations of antibiotics and how it affects both surgical and non-surgical patients.
8. Have a full understanding of when it is important to utilize the infectious disease service for our own foot and ankle patients.
9. Understand proper antibiotic selection, administration and complications.

Competencies

Orthopedic Surgery

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination.
2. Perform (and/or order) and interpret appropriate diagnostic studies including:
 - a. Medical imaging, including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound
 - b. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.
 - c. Pathology, including anatomic and cellular pathology.
 - d. Other diagnostic studies, including electro diagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.
3. Formulate an appropriate diagnosis and/or differential diagnosis.
4. Formulate and implement an appropriate plan of management, Including:
 - a. Assess the treatment plan and revise it as necessary.
 - b. Obtain understanding of orthopedic viewpoint for treatment of foot and ankle pathology.
 - c. Understand principles of trauma workup and treatment.
 - d. Obtain skills in a variety of orthopedic procedures not directly related to the foot and ankle.

Competencies

Behavioral Science

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a comprehensive medical history and physical examination including pre-operative history and physical examination which include:
 - a. The ability to obtain vital signs
 - b. physical examination including head, eyes, ears, nose and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.
2. Formulate an appropriate differential diagnosis of patient's medical problem(s).
3. Recognize the need for additional diagnostic studies, when indicated, including:
 - a. EKG
 - b. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
 - c. Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
 - d. Other diagnostic studies.
4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
5. Assess the treatment plan and revise it as necessary.
6. Perform comprehensive medical history and interpret findings.
7. Must utilize effective methods to modify behavior and enhance compliance.
8. Know how to proceed when a patient refuses recommended intervention or requests ineffective or harmful treatment.
9. Demonstrates the ability to formulate a methodical and comprehensive treatment plan with an appreciation of healthcare costs.
10. Will be able to recognize dependency issues and aid in directing treatment for cessation of such issues.
11. Understand when a patient underlying medical condition can adversely affect their ability to follow a set treatment plan.

Competencies

Emergency Medicine

PMSR/RRA Experience Based Competencies

1. Perform and interpret the findings of a comprehensive medical history and physical examination including pre-operative history and physical examination which include:
 - a. The ability to obtain vital signs
 - b. physical examination including head, eyes, ears, nose and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.
2. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
3. Recognize the need for additional diagnostic studies, when indicated, including:
 - a. EKG
 - b. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
 - c. Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
 - d. Other diagnostic studies.
4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
5. Understand the techniques for triage of emergency medical care.
6. Become familiar with protocols directly related to advanced emergency medicine.
7. Understand the utilization of other specialties for the treatment of the patients underlying pathologic condition

Non-Cognitive Competencies

Practice professionalism, compassion, and concern in a legal, ethical & moral fashion.

1. Abide by state & federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing practice of podiatric medicine & surgery.
2. Practice and abide by the principles of informed consent.
3. Understand and respect the ethical boundaries of interactions with patients, colleagues and employees.
4. Demonstrate professional humanistic qualities.
5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.

Communicate effectively and function in a multi-disciplinary setting.

1. Communicate in oral and written form with patients, colleagues, payors & the public.
2. Maintain appropriate medical records.

Manage individuals/populations in a variety of socioeconomic and healthcare settings.

1. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.
2. 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.
3. Demonstrate an understanding of public health concepts, health promotion and disease prevention.

Understand podiatric practice management in a multitude of healthcare delivery settings.

1. Demonstrate familiarity with utilization management and quality improvement.
2. Understand healthcare reimbursement.
3. Understand insurance issues including professional and general liability, disability and Workers' Compensation.
4. Understand medical-legal considerations involving healthcare delivery.
5. Demonstrate understanding of common business practices.

Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity and information technologies to enhance knowledge & clinical practice.

1. Read, interpret and critically examine and present medical and scientific literature.
2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
3. Demonstrate information technology skills in learning, teaching and clinical practice.
4. Participate in continuing education activities.