

# **Sanford Health Podiatric Medicine and Surgery Residency Manual**

This manual describes the Podiatric Residency Training Program at Sanford Health. In its design, both the program and the manual fulfill the criteria and guidelines for Evaluating Podiatric Residency Program in Council on Podiatric Medical Education's CPME 320. It contains information and passages adapted from the CPME 320.

**Updated: June 16, 2025**

## **Mission Statement**

The goal of the Sanford Health Podiatric Medicine and Surgery Residency is to train podiatric residents, who, after three years of training at Sanford Medical Center, will have the skills and knowledge to treat a variety of podiatric conditions in the clinical setting as well as the surgical setting. They should exhibit integrity, sensitivity, self-motivation, and treat all patients in an ethical manner.

Sanford Health Podiatric Medicine and Surgery Residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. Sanford Health provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies that are included in this manual.

## **Faculty**

1. Timothy Uglem, DPM – Residency Director
  - a. Responsibilities include:
    - i. Oversee the day-by-day functioning of the residents
    - ii. Ensure that the residents follow the guidelines established for them within their contracts and within this manual
    - iii. Serve as an advisor to the residents
    - iv. Administration of the residency in all participating institutions.
    - v. Ensure that each resident receives equitable training experiences
    - vi. The program director shall participate at least annually in faculty development activities
    - vii. Review, evaluate, and verify resident logs on a monthly basis.
    - viii. Assess and validate, on an ongoing basis, the extent to which the resident has achieved the competencies
    - ix. Conduct a formal semi-annual meeting with the resident to review the extent to which the resident is achieving the competencies
    - x. Conduct an annual self-assessment of the program's resources and curriculum
2. JP Naughton, DPM
3. Richard Arness, DPM
4. Bradley Anderson, DPM
5. Derek McLister, DPM

## **Resident Selection Committee**

1. Timothy Uglem, DPM
2. JP Naughton, DPM
3. Richard Arness, DPM
4. Bradley Anderson, DPM
5. Derek McLister, DPM

## **Training Sites**

\*\*\* All training sites are accredited under the blanket of Sanford Health and are operated under one board of directors.

1. Sanford Medical Center Broadway  
801 Broadway N  
Fargo, ND 58102  
(701) 234-2000
2. Sanford Broadway Medical Building  
736 Broadway North  
Fargo, ND 58122  
(701) 234-2000
3. Sanford Emergency Center  
5225 23<sup>rd</sup> Ave S,  
Fargo, ND 58104  
(701) 234-2000
4. Sanford Medical Center Fargo  
5225 23<sup>rd</sup> Ave S  
Fargo, ND 58104  
(701) 417-2000
5. Sanford Orthopedics & Sports Medicine  
1720 S University Drive  
Fargo, ND 58103  
(701) 237-9712
6. Sanford Orthopedics Surgery Center  
1720 S University Drive  
Fargo, ND 58103  
(701) 271-1045
7. Sanford POWER Center  
2990 Seter Parkway  
Fargo, ND 58104  
(701) 234-8999
8. Sanford South University  
1720 S University Drive  
Fargo, ND 58103  
(701) 234-2000
9. Sanford Wound Care Center  
801 North Broadway  
Fargo, ND 58102  
(701) 234-2251

### **Training Competencies**

- 1) Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the lower extremity.
  - a) Perform and interpret the findings of a thorough history and physical exam, including neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gait analysis as indicated.
  - b) Formulate an appropriate diagnosis and/or differential diagnosis.
  - c) Understand the indication(s) for and interpret appropriate diagnostic studies, including:
    - i) Medical imaging (e.g., plain radiography, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging).
    - ii) Laboratory tests (e.g., hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis).
    - iii) Pathology (e.g., anatomic and cellular pathology).
    - iv) Other diagnostic studies (e.g., electrodiagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies).
  - d) Participate directly in the evaluation and management of patients in inpatient and outpatient settings, including the following:
    - i) Perform biomechanical examination and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
    - ii) Dermatologic conditions.
    - iii) Neurological conditions.
    - iv) Orthopedic conditions.
    - v) Arterial and venous conditions.
    - vi) Wound care.
    - vii) Congenital deformities (e.g., manipulation, casting, bracing of foot/ankle).
    - viii) Trauma.
    - ix) Office-based procedures (e.g., injections and aspirations, nail avulsion, biopsies).
    - x) Pharmacologic management.
    - xi) Lower extremity health promotion and education.
  - e) Participate directly in the evaluation and management of the surgical patient when indicated, including the following:
    - i) Evaluating, diagnosing, selecting appropriate treatment, and recognizing and managing complications.
    - ii) Progressive development of knowledge, attitudes, and skills in perioperative assessment and management in foot and ankle surgery (see Appendix A regarding the volume and diversity of cases and procedures to be performed by the resident).
  - f) Assess the treatment plan and revise it as necessary.
- 2) Assess and manage the patient's general medical and surgical status.
  - a) Perform and interpret the findings of comprehensive medical history and physical examinations through diverse podiatric and non-podiatric experiences, including (see Appendix A):
    - i) Comprehensive medical history.
    - ii) Comprehensive physical examination.
      - (1) Vital signs.
      - (2) Physical examination (e.g., head, eyes, ears, nose, and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, and neurologic examination).
  - b) Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
  - c) Understand the indication(s) for and interpret the results of diagnostic studies including (see also section A.3 for diagnostic studies not repeated in this section).
    - i) EKG.
    - ii) Medical imaging (e.g., plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound).
    - iii) Laboratory studies (e.g., hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, and urinalysis).
    - iv) Other diagnostic studies.

- d) 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.
  - e) Participate actively in medicine and medical subspecialties rotations that include medical evaluation and management of patients from diverse populations, including variations in age, gender, psychosocial status, and socioeconomic status.
  - f) Participate actively in non-podiatric surgical rotations that include surgical evaluation and management of patients including, but not limited, to:
    - i) Understanding management of preoperative and postoperative surgical patients.
    - ii) Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.
    - iii) Understanding surgical procedures and principles applicable to non-podiatric surgical specialties.
  - g) Participate actively in an anesthesiology rotation that includes pre-anesthetic and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences must include, but not be limited to:
    - i) Local anesthesia.
    - ii) General, spinal, epidural, regional, and conscious sedation anesthesia.
  - h) Participate actively in an emergency medicine rotation that includes emergent evaluation and management of podiatric and non-podiatric patients.
  - i) Participate actively in an infectious disease rotation that includes, but is not limited to, the following training experiences:
    - i) Recognizing and diagnosing common infective organisms.
    - ii) Using appropriate antimicrobial therapy.
    - iii) Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiotics monitoring.
    - iv) Managing patients with local and systemic infections.
  - j) Participate actively in a medical imaging rotation that should include musculoskeletal and non-musculoskeletal pathology and incorporates evaluating and interpreting various medical imaging modalities (e.g., plain radiography, nuclear medicine imaging, MRI, CT, and diagnostic ultrasound).
  - k) Participate actively in a behavioral medicine rotation that incorporates evaluation and management of patients with behavioral, mental, and/or psychosocial health issues (e.g., inpatient/outpatient psychiatric care, addiction medicine).
  - l) Participate actively in a vascular/endovascular surgery rotation that incorporates the evaluation and management of patients with peripheral arterial disease including, but not limited to, the following training experiences:
    - i) Evaluating and interpreting various vascular studies.
    - ii) Understanding the indications for various vascular/endovascular revascularization procedures.
- 3) Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
- a) Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
  - b) Practice and abide by the principles of informed consent.
  - c) Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
  - d) Demonstrate professional humanistic qualities.
  - e) Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of health-care costs.
- 4) Communicate effectively and function in a multi-disciplinary setting.
- a) Demonstrate effective physician-patient communication skills.
  - b) Demonstrate effective physician-provider communication skills.
  - c) Demonstrate appropriate medical record documentation.
  - d) Demonstrate appropriate consultation and/or referrals.
- 5) Manage individuals and populations in a variety of socioeconomic and health-care settings.
- a) Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.

- b) Demonstrate cultural humility and responsiveness to values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender identity, and/or sexual orientation is/are different from one's own.
- c) Demonstrate an understanding of public health concepts, health promotion, and disease prevention.
- 6) Understand podiatric practice management in a multitude of health-care delivery settings.
  - a) Demonstrate familiarity with utilization management and quality improvement.
  - b) Understand health-care coding and reimbursement.
  - c) Explain contemporary health-care delivery systems.
  - d) Understand insurance issues including professional and general liability, disability, and Workers' Compensation.
  - e) Understand medical-legal considerations involving health-care delivery.
  - f) Demonstrate understanding of common business practices.
- 7) Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and evidence-based practice.
  - a) Read, interpret, and critically analyze and present medical and scientific literature.
  - b) Demonstrate information technology skills in learning, teaching, and clinical practice.
  - c) Participate in education activities.

### **Minimum Activity Volume (MAV)**

- a. All Minimum Activity Volume will be logged in the Podiatry Residency Resource portal. Specific information, including category definitions and how to log procedures can be found in the Proper Logging Guide and CPME 320, Appendix A.
- b. Volume requirements

#### **Case Activities**

Foot and ankle surgical cases	300
Trauma cases	50
Podopediatric cases	25
Other podiatric procedures	100
Lower extremity wound care	50
Biomechanical cases	50
Comprehensive histories and physical examinations	50

#### **Procedure Activities**

First and second assistant procedures (total)	400
First assistant procedures, including:	
Digital	80
First Ray	60
Other Soft Tissue Foot Surgery	45
Other Osseous Foot Surgery	40
Reconstructive Rearfoot/ Ankle	50

## **Podiatric Medicine and Surgery Clinical and Surgery Training**

1. Sanford Foot and Ankle Clinic
  - a. Phone 701-234-8820
  - b. As a second and third year resident, you will be scheduled weekly in the resident clinic under the supervision of an attending physician.
  - c. All patients must be seen by an attending at some point during the visit and the treatment plan must be approved by the attending.
  - d. All notes must include the phrase "seen under the supervision of Dr....(attending who is supervising you).
2. Required Certifications
  - a. ACLS certification
  - b. DEA in North Dakota
  - c. North Dakota temporary license
  - d. National Practitioner Identifier
3. Rounding/Inpatient Consults
  - a. When called for a consult, add the attending physician who is on call to the treatment team and add the resident on-call to the resident treatment team.
  - b. Do not leave your rotations or cases early to round. Rounding should be done in the morning before or in the evening after you have fulfilled your responsibilities for the day.
  - c. Supply room Code on the floor at Main Campus: 1234
  - d. Supply room Code on the floor at the South Campus: 1234
  - e. All patients must be seen by an attending at least once. They may not round every day with you, but this is up to their discretion. Please ask them daily if they would like to round with you.
  - f. Call or speak with on-call attending and keep him or her updated on all inpatients daily.
    - i. Rounding during the day is not always the duty of the resident on-call.
      1. Arrangements should be made every day to make sure that in-patients are attended to.
      2. If the resident who is on call is away from the hospital, the resident who is at the hospital will cover the in-patient and ED call during the day.
      3. Keep up to date with inpatient lists. This includes discussion with all residents as well as keeping up to date with the computer chart.
        - a. A physician may ask you at any point during the day about any patient on our list, and they will expect you to know the details of this patient.
        - b. If you are unsure of the treatment plan, you can always tell that physician that you will speak with your attending and get back to them.
        - c. Send an e-mail to the Monday on-call attending and all residents on Sunday, preferably before 6 pm, to update everyone on the patients in the hospital.
      4. If a patient requires surgery or is complex, call the patient's primary attending physician and discuss treatment plan with her/him. Also call and discuss the case with any relevant consulting physicians as needed.
    - g. All notes must include the phrase "seen under the supervision of Dr... (attending who is supervising you).
  4. Emergency Department Consults
    - a. Always answer your pager immediately.
    - b. You are expected to be in the Emergency Department (ED) within 20 minutes of receiving a page.
    - c. Always call attending on these patients when you receive the page so they can meet you in the ED. If it is something that you handle over the phone, you can call the attending the next day if it is late at night and update them with your treatment plan.
    - d. Have the ED patients schedule a timely follow up in the clinic
    - e. All ED notes must include the line "seen under the supervision of Dr... (Attending on call who is with you in the ED)".

5. Admissions
  - a. All patients admitted must have a consult placed to Internal Medicine.
  - b. Post-surgical patients are admitted as outpatients.
6. Discharge
  - a. Order home meds and sign prescriptions. You can place these in chart or give to patient
  - b. Set up follow-up for the patient if one is not scheduled.
7. Add-on Cases/Emergent Cases
  - a. Call attending to see when they would like the case added on
  - b. Discuss with attending on call and the primary attending
  - c. Call OR scheduling and schedule time
  - d. Put in Podiatry Pre-op order set
8. Benefits
  - a. Annual Stipend
    - i. PGY-1 \$66,839.00
    - ii. PGY-2 \$69,430.00
    - iii. PGY-3 \$72,120.00
  - b. Time off
    - i. Sick leave
    - ii. Leave of absence
    - iii. Vacation
      1. 3 weeks available per year (15 weekdays, 6 weekend days)
      2. 3<sup>rd</sup> year resident has priority, followed by 2<sup>nd</sup>, and then 1<sup>st</sup>
      3. Clear time-off with Dr. Uglem prior to taking vacation
      4. Vacation should be avoided when on a 2-week rotation and during the TRACS rotation.
      5. See Leave Policy
  - c. Medical Insurance
  - d. Dental Insurance
  - e. Retirement
  - f. Professional Liability Insurance
  - g. Meals
    - i. Lunch is provided at South University, North Campus and SMCF in the physician's lounge.
9. Hours
  - a. Clinical and education hours are limited to no more than 80 hours per week, averaged over a 4-week period. This includes in-house clinical and educational activities and clinical work done from home.
  - b. Clinical and education hours must not exceed 24 hours of continuous in-house activity and must be followed by at least 8 hours of clinical and education work. The work period may be extended to a maximum of 28 hours but only if necessary for patient safety, effective transitions of care, and/or resident education.
10. Call
  - a. Call is taken on a rotating basis and will be taken every other week.
  - b. Call schedule is made by the person designated by the program director.
11. Other
  - a. Do not take pictures of yourself in which you are involved in patient care or of your patients (even if you do not show his or her face) to put on a social networking site or any internet. This is a serious violation of HIPPA and could result in termination.
  - b. If you are unsure about anything or a certain situation, ask your attending. You are not expected to have all the answers. It is better to ask if you are unsure.
  - c. Please remember to treat everyone, including students, with respect. They are here to learn too.
  - d. Review CPME website for all residency requirements. It is your responsibility to log appropriately.



## 12. Evaluations

- a. Each rotation will have an evaluation that will need to be filled out, signed by the appropriate people, and turned in to the Director one week following the completion of the rotation.
- b. Real time feedback will be given throughout the training program.
- c. A bi-annual review will be performed with the Director in a face to face discussion.
- d. Once a year, an annual review will be performed of the residency program. This will involve the program director, all faculty, and all residents. A written report will be filed yearly following the review.
- e. The ABPM or ABFAS in-training examination will be performed once per year for each resident. Each resident will take ABFAS ITE during PGY1 and PGY3 and the ABPM ITE during PGY2.

## **Didactic Training**

1. Sanford Hospital Podiatric Medicine and Surgery Residency Didactic Activities
  - a. Podiatry Department Morbidity and Mortality Conference/Cadaver Lab
    - i. Third Monday
    - ii. Time: 6:30am
    - iii. Location: Bio Skills Lab and Conference room
  - b. General Medical Education
    - i. One Wednesday of each month reserved for Lecture, Journal Club, Case Reviews, or Cadaver Lab.
    - ii. Wednesdays
    - iii. Time: 1pm-4:30pm
    - iv. Location: Bio Skills Lab Conference room
  - c. Research
    - i. Third Friday
    - ii. Time: 6:30-7:30am
    - iii. There will be allotted time spent monthly on research. Each resident is encouraged to have a publishable article by the completion of training.
    - iv. Time will be spent each month with an Attending to review and discuss the research being performed by the resident.
    - v. The resident will have training in research methodology. They will be required to finish the training module on research methodology available online at the Collaborative Institutional Training Initiative (<https://www.citiprogram.org/>) during the first month of training (July).
2. Required Seminars/Conferences
  - PGYI: AO Conference
  - PGYII: ACFAS  
Arthroscopy
  - PGYIII: ACFAS

## **Sanford Required Trainings**

1. As a Sanford employee, you will be required to complete online training courses within the Success Center. The following courses will be assigned to you throughout each year.
  - a. Core Elements of Care
  - b. OSHA Hazard Communication
  - c. Employee Handbook
  - d. Injury Reporting Requirements and Return-to-Work program.
  - e. Abuse and Neglect: Recognition and Reporting
  - f. Compliance Part 1 Overview
  - g. HIPAA Security
  - h. HIPAA Privacy
  - i. Weight Bias
  - j. Moving from Suffering to Safety – Supporting a Suicidal Patient
  - k. Understanding Workplace Discrimination and Harassment
  - l. Patient Rights and Responsibilities

- m. Workplace Violence Prevention
- n. Hand Hygiene
- o. Compliance Part 2 Required Concepts for Healthcare Services
- p. Workplace Safety
- q. SAFE Event Reporting
- r. Cultural Mindfulness
- s. Sanford Accountability for Excellence (SAFE) Annual Refresher

## **Rotation Schedules**

1) Rotation locations and definitions are located on the next page.

### **PGY1 Resident Block Schedule**

Katie	Orientation	1		2		3		4		5		6	
	7/1-7/14	7/14-7/27	7/28-8/10	8/11-8/24	8/25-9/7	9/8-9/21	9/22-10/5	10/6-10/19	10/20-11/2	11/3-11/16	11/17-11/30	12/1-12/14	12/15-12/28
	POD	RAD	SU	ANES	BM	ENDO	WC	ED	ED	POD	POD	IM	IM
	7	8		9		10		11		12		13	
	12/29-1/11	1/12-1/25	1/26-2/8	2/9-2/22	2/23-3/8	3/9-3/22	3/23-4/5	4/6-4/19	4/20-5/3	5/4-5/17	5/18-5/31	6/1-6/14	6/15-6/30
	ORTHO	ORTHO	TRACS	TRACS	POD	ID	VASC	BS	BS	BS	BS	POD	POD

Lamya	Orientation	1		2		3		4		5		6	
	7/1-7/14	7/14-7/27	7/28-8/10	8/11-8/24	8/25-9/7	9/8-9/21	9/22-10/5	10/6-10/19	10/20-11/2	11/3-11/16	11/17-11/30	12/1-12/14	12/15-12/28
	POD	SU	ANES	BM	RAD	ED	ED	ORTHO	ORTHO	IM	IM	POD	POD
	7	8		9		10		11		12		13	
	12/29-1/11	1/12-1/25	1/26-2/8	2/9-2/22	2/23-3/8	3/9-3/22	3/23-4/5	4/6-4/19	4/20-5/3	5/4-5/17	5/18-5/31	6/1-6/14	6/15-6/30
	TRACS	TRACS	WC	ENDO	POD	VASC	ID	BS	BS	BS	BS	POD	POD

PGY2 – Brandon Nagel and Sarah O'Brien												
1	2	3	4	5	6	7	8	9	10	11	12	13
Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry

PGY3 – Nathan Fischer and Ryan Jameson												
1	2	3	4	5	6	7	8	9	10	11	12	13
Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry	Podiatry

PGY 1: The academic year is broken into 13 blocks. As some of the rotations only last 2 weeks, we break the block in half to accommodate 2 (2 week) blocks when needed.

PGY 2 and PGY 3: Friday afternoons when not in surgery are designated for Research and/or Bio Skills work.

All Residents will attend Educational Conferences on Wednesdays from 1pm-4:30pm, third Monday of the month M & M/Cadaver Lab, and third Friday of the month Research.

## **Resident Rotation Locations**

### **ANES - Anesthesia (2 weeks)**

Sanford South University Hospital  
1720 S University Dr. Fargo, ND 58103  
(701) 234-2000

### **RAD - Radiology (2 weeks)**

Sanford South University Hospital  
1720 S University Dr. Fargo, ND 58103  
(701) 234-2000

### **IM - Internal Medicine (4 weeks)**

Sanford Medical Center Fargo  
5225 23<sup>rd</sup> Ave S Fargo, ND 58104  
(701) 234-2000

### **SU - South University Internal**

#### **Medicine (2 weeks)**

Sanford South University Hospital  
1720 S University Dr. Fargo, ND 58103  
(701) 234-2000

### **TRACS - Trauma Surgery (4 weeks)**

Sanford Medical Center Fargo  
5225 23<sup>rd</sup> Ave S Fargo, ND 58104  
(701) 234-2000

### **ID - Infectious Disease (2 weeks)**

Sanford Broadway Medical Building  
736 Broadway N. Fargo, ND 58122  
(701) 234-2000

Sanford Medical Center Fargo  
5225 23<sup>rd</sup> Ave S Fargo, ND 58104 (701)  
234-2000

### **ED - Emergency Department (4 weeks)**

Sanford Emergency Center  
5225 23<sup>rd</sup> Ave S Fargo, ND 58104 (701)  
234-2000

### **ENDO - Endocrinology (2 weeks)**

Sanford Southpointe Clinic  
2400 32<sup>nd</sup> Ave S Fargo, ND 58103  
(701) 234-2000

### **BM - Behavioral Medicine (2 weeks)**

Sanford South University Hospital  
1720 S University Dr. Fargo, ND 58103  
(701) 234-2000

### **POD - Podiatry (8 weeks)**

Sanford Medical Center Fargo  
5225 23<sup>rd</sup> Ave S Fargo, ND 58104  
(701) 234-2000

Sanford South University Hospital  
1720 S University Dr. Fargo, ND 58103  
(701) 234-2000

### **WC - Wound Clinic (2 weeks)**

Sanford Wound Care Center  
801 N. Broadway Fargo, ND 58102  
(701) 234-2251

### **VASC - Vascular Surgery (2 weeks)**

Sanford South University Hospital  
1720 S University Dr. Fargo, ND 58103  
(701) 234-2000

### **ORTHO - Orthopedic Surgery (4 weeks)**

Sanford Medical Center Fargo  
5225 23<sup>rd</sup> Ave S Fargo, ND 58104  
(701) 234-2000

Sanford POWER Center  
2990 Seter Parkway Fargo, ND 58104  
(701) 234-8999

Sanford South University Hospital  
1720 S University Dr. Fargo, ND 58103  
(701) 234-2000

### **Outside Rotations**

1. You have a set rotation schedule that has been arranged. You will be told where and when to meet the main Attending on your first day. You are expected to stay as late as they want you to, take call with them if they want you to, or participate in any other activities that they would like you to do.
  - a. You must have all evaluations filled out, signed, and returned to the director within one week of completing the rotation.
  - b. Some rotations will require that you work evenings and weekends.
  - c. Some rotations will require that you take call.
  - d. Please dress appropriately. Scrubs are acceptable if you will be in the OR, but please wear clinic attire when in clinic or rounding with the physicians on your rotations.

### **Resident Remediation Policy**

1. Whenever an evaluation reveals less than satisfactory performance, the Program Director must be notified. The Program Director, in consultation with appropriate faculty, will:
  - a. Discuss the evaluation with the resident immediately
  - b. Outline in writing and in the discussion any corrective action(s) to be taken to remedy the deficiency, and how the resident will be evaluated to determine if the problem has been corrected
  - c. The resident will be allowed to refute in writing any evaluation, which will be placed in his/her file along with the evaluation
2. Remediation
  - a. Any resident who fails to perform satisfactorily ("below average" or "unsatisfactory") in a rotation will be given the opportunity to remediate the deficiencies identified in the evaluation. Such evaluation and remediation plan will be reviewed and signed by the director
  - b. If the grade of "below average" is received, one of the following remediation methods will be used:
    - i. If the specific objectives which were graded as minimally acceptable are part of another rotation in which the resident will participate before the end of the program, the Director of the future rotation will be asked to emphasize those areas. If the resident performs satisfactorily in the areas in question the deficiency will be considered to have been satisfied.
    - ii. Extra clinical and/or didactic work in the area will be assigned. The clinical work if needed will be worked into the residents' schedule. The resident must obtain an average rating on the work assigned.
    - iii. The resident will be assigned to repeat the rotation or an equivalent rotation, as defined by the Program Director. This rotation may be added to the end of the training program and may or may not be the same length as the original rotation, as determined by the Program Director. Training beyond the end of the standard 36-month training period will be without compensation.
  - c. If the grade of "unsatisfactory" is received, the following remediation method will be used:
    - i. The resident will be assigned to repeat the rotation or an equivalent rotation, as defined by the Program Director. The rotation time will be added to the end of the training program and will be the same length as the original rotation.
    - ii. Remediation will not extend beyond three (3) months. Any resident still failing after that period will be dismissed without a certificate. A resident's contract will not be renewed when the Program Director deems that remediation attempts have failed, or when failed/incomplete rotations constitute twenty-five percent (25%) or more of the year's training, except where this percentage is exceeded because of leave under the Family Medical Leave Act. In any case, a second failure of any rotation will constitute failure of remediation. Training beyond the end of the standard 36-month training period will be without compensation.
3. Academic Probation
  - a. Any resident who receives an unsatisfactory rating on any rotation or who is otherwise not performing in a satisfactory fashion, in the opinion of the Program or as defined by the program standards of performance, should be reviewed for corrective action and/or academic probation. Corrective actions may include: repeating a rotation(s); repeating a year; a special program, which might include special supervision; or termination if previous corrective action has not been successful. The Program Director, in collaboration with the Podiatric Faculty, has the authority for

initiating corrective action. The Director of Graduate Medical Education will be notified at this time.

- i. The resident will have an opportunity to remediate unsatisfactory performance. The Program will determine the length of the probationary period, and what must be accomplished in order for the resident to be removed from probation. In general, the probationary period will not extend past the end of the current agreement year, unless the agreement year ends within three months, in which case the Program has the option of extending the probationary period into the next agreement year, but that extension shall not exceed three months. Any resident agreement which may have been issued by the Program for a subsequent year, will be considered invalid until the resident has fulfilled the probationary requirements and been removed from probation. At the time the resident is removed from probation, the Program has the option to: allow the resident to complete the remainder of the training year; offer a resident agreement for the next agreement year; not offer an agreement for the coming year.
  - ii. Resident Agreements offered for a subsequent year may contain a written clause stating conditions under which the Agreement may be terminated immediately. Usually that clause will refer to continuing problems of the kind that resulted in the first probationary period.
- b. If the resident and the Program Director cannot agree on the terms of remediation, the resident can request review of his/her case by the Podiatric Faculty and the Graduate Medical Education Director. In this circumstance, the decision of the Program not to renew an agreement shall be made by the Directory of Graduate Medical Education after consultation with the Program Director. Any decision to not renew shall be made and communicated in writing to the resident no later than four months prior to the end of the agreement year, when possible.
  - c. Virtually all actions of a resident in connection with the performance of duties related to the suitability of the resident as a medical practitioner. Therefore, issues of integrity; abusive behavior to patients, the public or other health professionals; tardiness or unexcused absences; theft or abuse of property; substance abuse; or insubordination will be considered as part of the comprehensive academic evaluation.