



OAKLAND

RESIDENCY HANDBOOK

**PODIATRIC MEDICINE AND SURGERY
RESIDENCY PROGRAM**

**WITH ADDED CREDENTIAL IN RECONSTRUCTIVE
REARFOOT/ANKLE SURGERY**

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I. GENERAL PROGRAM INFORMATION

A. History

After listening to the podiatrists on the medical staff at Pontiac Osteopathic Hospital (POH) express their desires and the need for the establishment of a quality podiatric medical and surgical residency, approval was granted to plan and implement such a program. During the winter 2000, the podiatry staff, with the approval of the Graduate Medical Education, instituted the process that led to the matriculation of six residents, in April, 2000, from North Detroit General Hospital, which had recently closed, leaving their podiatry residents without an opportunity to complete their training. It was important to note that podiatric residency programs, due to their demonstrated national need, are considered outside “the cap” and do not detract from any hospitals ability to carry on the existing limitation on the number of medical residents enrolled in accredited educational programs.

Following approximately six months of preparation, planning and development, and nine months into the first academic year, the new podiatric residency program was evaluated by the Council on Podiatric Medical Education (CPME), the profession’s accrediting agency, seeking approval and recognition of the program. In the spring of 2001, full approval was granted for a two-year program. The first year in the category of a Primary Podiatric Medical Residency (PPMR) and the second year as a Podiatric Surgical Residency of twelve months duration (PSR-12).

During this period of time, the podiatric profession and the accrediting agency, were in the process of changing the various program designations, nationally, in podiatric residency training to more accurately reflect the level of training that was being carried out in hospitals throughout the nation. Board certification in two areas of podiatric medicine had been expanding for many years. Residency programs had been designed to lead toward such certification by the American Board of Foot and Ankle Surgery (ABFAS) or the American Board of Podiatric Medicine (ABPM). It was becoming apparent that the curriculum of residency programs had to more clearly reflect an educational experience that would appropriately lead toward examination of candidates for certification in either, or both, of the boards, toward improving recognition of the certification process and better protect the public in the ever changing and increasingly interdisciplinary health care environment of the nation.

Revised CPME documents, which resulted from this analysis, were finally approved by the community of interest and implemented in March of 2003. Two types of residency programs became subject to accreditation, and all previously recognized programs of various designations and length were now required to reinvent themselves to be in compliance with the new requirements or be subject to loss of accreditation. The podiatric medical and surgical program of 24-months duration (PMS-24) would permit graduates to sit for board certification in general podiatric/medical practice in ABPM and ABFAS.

McLaren Health Care Corporation purchased POH and the facility was renamed McLaren Oakland Hospital (MOH). At the same time, the podiatric residency program was redesigned, including changes in the medical rotations, surgical rotations, and the academic lecture series, in order to comply with these new requirements, and was evaluated by the CPME in April, 2004. Following that on-site visit, the hospital was

granted approval to enroll two new PMS-24 residents each year. CPME transitioned all podiatry programs into a three-year curriculum prior to 2015 as part of the Vision 2015 initiative to standardize all podiatric residency programs nationally. The MOH podiatric residency program obtained PMSR with added rearfoot reconstruction/ankle credential (RRA).

The PMSR/RRA program is fully integrated into the nationally known and highly respected medical education program at MOH. The training program covers a broad range of general medical and surgical rotations. The program also includes comprehensive podiatric clinical and surgical experiences at MOH as well as additional facilities. In addition, the resident is scheduled for participation in the ongoing educational curriculum through weekly academic meetings and quarterly morbidity and mortality conferences for quality control. Annually, residents are expected to attend educational conferences and participate in scholarly activities including research and/or case study presentations. Residents will take the ABFAS in-training examination in preparation for board certification.

B. Mission

The Mission of the McLaren Oakland Hospital podiatric surgical residency program is to provide the trainee with the knowledge and clinical experience in foot and ankle surgery to become competent and well qualified to practice as a podiatric physician and surgeon. This will be accomplished by combining an academic environment with training in podiatric surgery including forefoot surgery and reconstructive rearfoot and ankle surgery, to provide the trainee with the experience of in-patient and out-patient protocol and the services offered by the various departments of the hospital so that he/she may function as a well-qualified member of the medical staff, to provide the trainee an awareness that many foot and ankle pathologies are not limited in nature, but may be of a systemic origin and require a solid foundation in the basics of internal medicine. Furthermore, the program will provide the resident with appropriate education, training, and experiences to become a well-rounded podiatric physician/surgeon.

The goals of the program are to stimulate the residents desire to contribute to podiatric literature and research, to apply the residents knowledge of podiatric medicine and surgery in the clinical setting to provide complete patient care management capability, to provide the resident with the opportunity to obtain skills in both clinical and administrative responsibilities, to stimulate a desire on the part of the resident to advance the podiatric medical profession, and to assure that the resident portrays the highest moral and ethical standards in the delivery of health care services.

C. Sponsorship

This program is sponsored by the McLaren Oakland Hospital through an institutional affiliation agreement.

D. Facilities

1. McLaren Oakland Hospital (Sponsoring Institution)

McLaren Health Care Corporation's (MHCC) mission is to be the best value in health care as defined by quality outcomes and cost. Medical education programs are an integral component of this mission.

McLaren is committed to providing a premier learning environment for all students, residents, and fellows that train in our affiliate hospitals. Consistent with the Institutional and Program requirements of the Accreditation Council for Graduate Medical Education (ACGME) and Council on Podiatric Medical Education (CPME), McLaren pledges to dedicate the financial support necessary to provide administrative oversight, program personnel, educational resources, and all required clinical experiences. McLaren GME programs will be expected to appoint the most qualified applicants, recruit and retain outstanding faculty, and support the professional development and personnel growth of each trainee. This is accomplished by offering comprehensive educational programs while maintaining a balance between training, service and research.

To achieve the above objectives, McLaren will:

- a. Support a corporate level Graduate Medical Education Committee (GMEC) that has policy and oversight responsibilities for all GME programs, with representative subcommittees at each teaching hospital within the corporation.
- b. Fund a central administrative Office of Graduate Medical Education to support all GME programs, GMEC, and GMEC Subcommittees.
- c. Provide sufficient educational, financial and human resources to ensure the effective implementation and support of all programs in compliance with all accreditation requirements.
- d. Offer educational resources (library, teaching space and equipment, information systems) and curricula common to all GME programs.
- e. Provide a comprehensive learning environment that emphasizes and provides opportunities to participate in patient safety and quality improvement activities.
- f. Ensure that all residents and fellows have the opportunity to learn and provide supervised safe patient care.
- g. Ensure that all residents and fellows are treated fairly and have support and safe processes for communicating any concerns, including errors and near-misses.
- h. Facilitate affiliations with other teaching institutions and medical schools for the advancement of educational opportunities.
- i. Provide professional, informational and support services that are adequate to meet the educational goals of each program.
- j. Provide adequate on-call rooms, food services, security and other services beneficial to the well-being of all trainees.
- k. Provide a competency-based education with routine evaluation of programs, faculty, and trainees using outcome assessments.

McLaren stands committed to providing the learning resources necessary to support the training of highly competent physicians. McLaren Health Care Corporation (MHCC) signed the above commitment statement on January 8, 2016 to ensure this institutional support for graduate medical education.

The podiatric medicine and surgery section is a part of the Surgery Department at MOH. The service provides for the podiatric care for outpatient and in-patient populations. MHCC has achieved accreditation and licensure both nationally and statewide, including accreditation by ACGME. Hospital licensure is from the Michigan Department of Public Health and the Michigan Department of Mental Health. Memberships include the American Hospital Association, American Osteopathic Hospital Association, Michigan State University College of Osteopathic Medicine Statewide Campus System, Michigan Hospital Association, and Voluntary Hospitals of America.

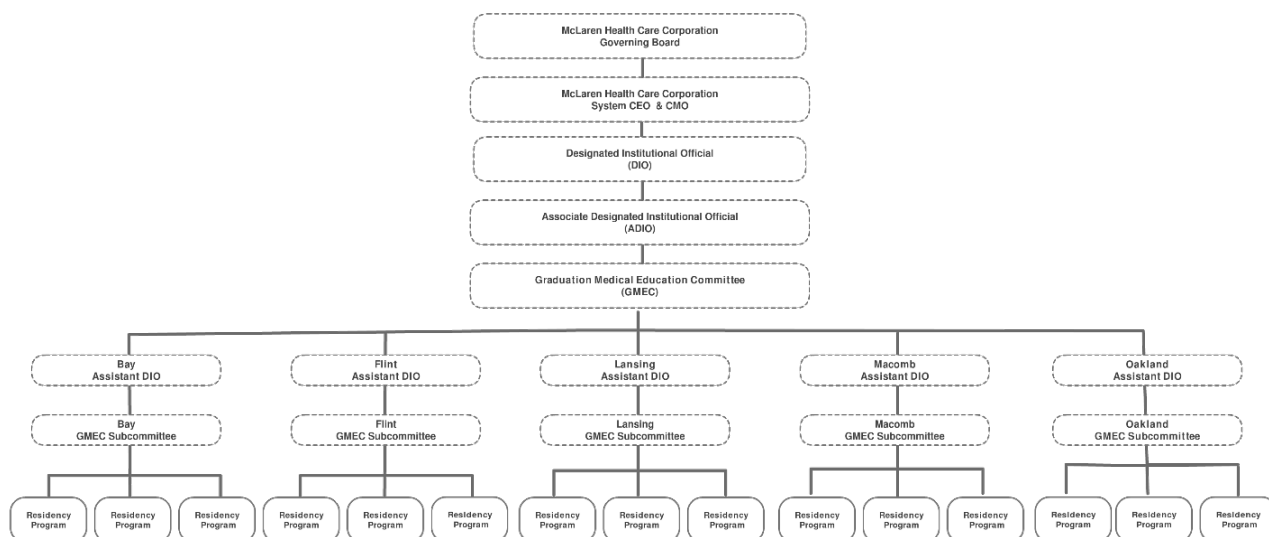
2. Adjunctive facilities

Program Letter of Agreements will be maintained with all facilities in which the residents will obtain medical and surgical training. The agreements will include the terms, identify person(s) responsible for education and supervision, define the educational goals and objectives, and define the consideration and professional liability insurance.

- a. Henry Ford Rochester Hospital
- b. Clarkston Surgical Center
- c. Grand River Surgical Center
- d. McLaren Bay Region Hospital
- e. McLaren Flint Hospital
- f. McLaren Greater Lansing Hospital
- g. Trinity Health Oakland Hospital
- h. MyMichigan Medical Center Sault
- i. Waterford Surgical Center
- j. Private offices (Drs. Ambroziak, Friedman, Haase, Husain, Sehgal, Turner, and Wilusz)

3. Corporate GME structure for GME oversight

The compilation and reporting structure for MHCC GME is shown in Table 1. The McLaren Corporate GME office includes the Chief Academic Officer/Designated Institutional Official (DIO), the associate DIO (ADIO), and the Executive Assistant to GME. These individuals together will monitor and provide oversight support to the GMEC. The DIO will directly report to the Executive Vice President/Chief Medical Officer for the corporation. The GMEC will provide oversight as defined in Section 1.06 (see GME Manual). At each teaching site, there will be subsidiary specific GMEC (sub-GMEC). Each site will appoint a chairperson for the sub-GMEC which may or may not be the Director of Medical Education. The site's Director of Medical Education (DME/Assistant DIO) will function as a liaison to the Corporate GMEC and will be the DIO's designee for site specific oversight of all GME and medical student programs.



4. Library and computer resources

MOH offers library facilities with on-line research resources which utilizes the Michigan State University College of Osteopathic Medicine library system to access medical journals. Internet access is provided to the trainees.

E. Recruitment and selection

Resident applications will be accepted from individuals who have successfully completed a Doctor of Podiatric Medicine degree from a CPME accredited college of podiatric medicine. Residency applicants must use the national matching service (CASPR) and interviews will be conducted through the Central Residency Interview Process (CRIP) in compliance with CPME and COTH standards.

A selection committee will be selected annually by the program director to make selections after reviewing all candidates. The selection committee individuals shall be actively involved with the training program. It is the stated policy of the institution that no person shall be discriminated against based on age, gender, religion, or national origin.

F. Program director- Zeeshan S. Husain, DPM FACFAS FASPS

The program director is responsible and authorized for the day-to-day operation and administration of the program. This includes curriculum, faculty, and selection issues including, but not limited to, scheduling educational activities, communication with rotation directors, faculty and institutions, preparing reports for the CPME, and maintenance of all applicable records and documents pertaining to the resident and the residency program.

G. Program faculty

1. Podiatric faculty

Michael Ambroziak, DPM†
David Basch, DPM
Joshua Carroll, DPM†
Victoria Carroll, DPM

Certification

ABFAS
ABFAS
ABFAS
ABFAS

Paul Constantino, DPM	ABPM
Jeffrey Danto, DPM*	ABPM
Marie Delewsy, DPM	ABFAS
Ahmad El-Haouli, DPM†	ABPM
Syed Ghani, DPM	ABPM
Kris Haase, DPM	ABFAS
Zeeshan Husain, DPM†	ABFAS
Suha Kassab, DPM*	ABFAS
Harold Koehler, DPM	ABFAS
Victor Putz, DPM	ABFAS
Rajeev Sehgal, DPM†	ABFAS
Jennifer Somers, DPM	ABFAS
Milana Turner, DPM†	ABPM, ABFAS
Allen Wang, DPM	ABPM
Peter Wilusz, DPM†	ABFAS

*- affiliated with other CPME-accredited residency programs

†- core faculty

2. Medical Faculty

Kevin Carter, DO	Rotation Radiology
Robert Dekker, MD	Orthopedic Surgery
Scott Friedman, DO	Dermatology
Tressa Gardner, DO	Emergency Medicine
Ashraf Khan, DO	Pain Management
Nadir Khan, DO	Radiology
Jeremy Kramer, DO	Anesthesiology
Yilan Li, MD	Pathology
Jeffrey Mason, DO	Internal Medicine
David Minter, DO	Internal Medicine
Nicolas Mouawad, MD	Vascular Surgery
Shivajee Nallamothu, DO	Orthopedic Surgery
Carlos Rios-Bedoya, PhD	Research
Frank Rosenblat, DO	Infectious Disease
Theodore Ruza, DO	Behavioral Medicine
Olga Santiago, PhD	Research
Harrison Tong, DO	Emergency Medicine
Brian Tweddle, DO	Emergency Medicine
Andrew Zazaian, DO	Internal Medicine
John Zazaian, DO	Internal Medicine

H. Training program

1. Podiatric medicine and surgery residency (PMSR/RRA)

The Podiatric Medicine and Surgery Residency program, with added credential in reconstructive rearfoot and ankle surgery (PMSR/RRA), is designed to take the graduating student from a college of podiatric medicine and provide the knowledge, skills, and attitudes necessary to train the resident to practice the highest quality podiatric medicine and surgery. To accomplish this task, the program seeks to

provide an environment conducive to the accomplishment of the competencies identified in this manual.

- a. Develop and enhance diagnostic and management competencies in podiatric medicine and surgery
- b. Develop progressive levels of surgical skills in the management of foot and ankle conditions
- c. Develop the attitudes necessary to practice ethically
- d. Develop life-long learning skills
- e. Understand the factors involved in various practice models
- f. Understand the differences in the in-patient and out-patient medical models and methods for assuring quality of care and risk management in both settings
- g. Understand how systems of care are employed in the care of complex patient problems
- h. Develop competency in research methodology and engage in scholarly activities

2. Training Experiences

<u>PGY-1</u>	<u>Weeks</u>
Anesthesia	2
Dermatology	2
Emergency Medicine	4
Infectious Disease	4
Internal Medicine	4
Pathology	2
Podiatric Surgery/Clinic	32
Radiology	2
<u>PGY-2</u>	<u>Weeks</u>
Behavioral Medicine	2
Orthopedic Surgery	4
Pain Management	2
Podiatric Surgery/Clinic	40
Vascular Surgery	4
<u>PGY-3</u>	<u>Weeks</u>
Podiatric Surgery/Clinic	52

II. POLICY AND PROCEDURE MANUALS (links provided)

A. McLaren GME (<https://sites.google.com/mclarenmeded.org/medicaleducationpolicies/home>)

1. Graduate Medical Education Committee
2. Equal employment opportunity
 3. Social media and email
 4. Annual program evaluation
 5. New program development
 6. Harassment and discrimination
 7. Program closure or reduction
 8. Disaster situations
 9. Special reviews
 10. Annual institutional reviews
 11. Accommodations and disabilities
 12. Policy development
 13. Vendor policy
 14. Academic performance improvement
 15. Professionalism
 16. Misconduct
 17. Eligibility and selection
 18. Promotion and graduation
 19. Evaluations
 20. Moonlighting
 21. Supervision
 22. Non-competition
 23. Academic due process
 24. Clinical and educational work hours
 25. Stipends and benefits
 26. Paid time off
 27. Record retention
 28. Resident/Fellow transfers
 29. Leaves of absence
 30. Professional liability insurance
 31. Impairment
 32. Wellbeing
 33. Faculty learning relationships
 - 34.. G-suite provisions
 35. Observerships and shadowing
 36. Honest Broker

B. CPME documents

1. Document 320 (www.cpme.org/cpme320)
2. Document 330 (www.cpme.org/cpme330)

III. PROGRAM REQUIREMENTS

A. Scholarly activities

1. Research

All trainees are required to be actively involved in scholarly activities during their training. This may be a clinical/surgical retrospective/prospective study, quality improvement project, or contribution to publication (journal/textbook). Case reports will not count towards the scholarly activity requirement. All research projects must be approved by the program director, research coordinator, and the Institutional Review Board (if appropriate). Residents will be provided with a schedule for completing the proposal. The resident may select any active member of the podiatry faculty as their research mentor. Scholarly activities including case reports may be presented at the annual Michigan Podiatric Medical Association Great Lakes Conference and the annual American College of Foot and Ankle Surgery conferences.

2. Lectures and workshops

a. Academic lectures

These lectures are designed to augment the clinical content of the program with respect to the goals and objectives of the program. The purpose of these lectures is to develop a deeper understanding of the topic and being able to provide content to teach students, residents, and faculty.

b. Surgical workshops

Surgical workshops will be scheduled throughout the year as scheduling permits. The opportunities will allow the resident to have hands-on experiences to hone their skills. Residents will also have a surgical skills evaluation with selected faculty annually for constructive criticism.

c. Journal club

Residents will receive instruction on how to review articles prior to participation in journal club. Residents will then be able to provide a comprehensive review and critique of journal articles to the students, residents, and faculty.

d. Morbidity and mortality conferences

The morbidity and mortality conference will be performed quarterly at the podiatry section meetings. These conferences are part of the quality control of the medical and surgical management of foot and ankle cases to help improve quality of care and outcomes. Criteria for identifying these cases have been outlined.

B. Evaluation strategy- Competencies and milestones

Residents will be evaluated quarterly based on clinical and surgical reviews by the program faculty. The evaluations are based on achieving competencies and milestones have been created to outline the anticipated timeframe on those competencies. Residents will be evaluated on knowledge, skills, motivation, and attitude. Unsatisfactory rotation evaluations will follow the remediation plan.

C. Rotation evaluations

Residents will be evaluated at the conclusion of their designated rotations. Unsatisfactory rotation evaluations will follow the remediation plan.

D. Faculty evaluations

Residents will evaluate podiatry and medical faculty involved in their training on an annual basis.

E. Program evaluation

A comprehensive evaluation of the program will be completed at the conclusion of the academic year and will take into accounts all evaluations, didactic educational activities, and research outcomes. The evaluations will include feedback from visiting students, residents, faculty, and GME. Program curriculum will be modified based on the recommendations to enhance rotations and experiences.

F. Logging clinical and surgical experiences

CPME publication 320, Standards, Requirements, and Guidelines for Approval of Residencies in Podiatric Medicine, require residents in all accredited residency programs document participation in all relevant podiatric medical and podiatric surgical activities. Logs must be maintained in formats approved by the Joint Residency Review Committee (JRRC). Logs must be submitted at least weekly and the program director will review and verify them at least bimonthly. The program will provide Podiatry Residency Resource (PRR) to maintain all clinical and didactic logs. Residents must also log non-podiatry experiences. The American Board of Foot and Ankle Surgery (ABFAS) and American Board of Podiatric Medicine (ABPM) require logging of all medical and surgical experiences into PRR.

Only one resident may take credit for a first assistant on any one procedure. More than one resident may take credit for second assistant on any one procedure. Fragmentation of procedures into component parts is not acceptable (*ie*- triple arthrodesis is one procedure, not three). First assistant is defined as the resident participates actively in the procedure under direct supervision of the attending. Second assistant is defined as the resident participates in the procedure by retracting and assisting or performing limited portions of the procedure under direct supervision of the attending.

Surgical experiences are delineated into five categories and designated subcategories that require minimum activity volumes (MAV). MAV are patient care activity requirements that assure the resident has been exposed to adequate diversity and volume of patient care. MAV is not used as a minimum repetition to achieve competency. For some residents, the minimum repetition may be higher or lower than the MAV. It is incumbent upon the program director and the faculty to assure the resident has achieved competency, regardless of the number of repetitions.

To ensure residents are on target to meet the required biomechanical evaluations, PGY1 residents are expected to have completed half of the MAVs needed for graduation and PGY2 residents are expected to have completed all of the MAVs needed for graduation. PGY3 residents are expected to continue to gather biomechanical evaluations during

their final year of training as they will be more involved in reconstructive cases in addition to continued clinic coverage.

<u>Activities</u>	<u>MAV</u>
Podiatric clinic/office encounters	1000
Podiatric surgical cases	300
Trauma cases	50
Podopediatric cases	25
Biomechanical cases	75
Comprehensive history and physical	50

<u>Surgical categories</u>	<u>MAV</u>
1. Digital surgery	80
2. First ray surgery	60
3. Other soft tissue foot surgery	45
4. Other osseous foot surgery	40
5. Reconstructive rearfoot and ankle surgery	50

G. Exit interview

Each resident will have an exit interview with the program director just prior to graduating from the program. This interview will address the resident's overall evaluation of the program and the program's administration to provide an opportunity to suggest improvements. In addition, incomplete research papers and projects need to be handed down to a junior resident to allow for completion. Authorship and credit for research work not completed will be up to the program director's discretion if submitted for publication after graduation.

H. Standards and procedures

It is the intent of this document to comply with the standards and procedures outlined in documents CPME 320 and CPME 330. The standards and procedures as stated in these documents will supersede any contrary notations in this manual and the manual will be considered to be updated by any policy changes made by CPME. Please refer to these documents for any clarifications, updates, or interpretations.

IV. PODIATRIC EXPERIENCES (PGY1-PGY3)

A. Podiatric clinic

This is an on-going rotation involving out-patient podiatry clinics, hospital-based and private offices, under direct supervision by podiatric faculty that have affiliation agreements with McLaren. Residents will be expected to take an active role in the work-up, diagnosis, and treatment care of patients. The clinical faculty will assist in the development of these skills and discuss various differential diagnoses and treatment options. Residents are expected to be in the clinic office on time and stay until the last patient is discharged and all administrative work is completed. Residents will be assisting the clinical faculty in the training of students and will be expected to participate in any educational activity organized by the attending physician, or program director.

B. Podiatric surgery

This rotation will involve the pre-operative, peri-operative, and post-operative care of patients in the in-patient and out-patient settings through MOH as well as the designated adjunctive facilities with affiliation agreements through McLaren. Residents are expected to be certified in ACLS. Biannual evaluations will be performed to ensure continued development, growth, and graduating levels of independence. Competencies have been structured into milestones to guide development expectations.

The resident should become proficient in the evaluation of foot deformities including the indications and contraindications for surgical intervention. Proper evaluation will include biomechanical evaluations to rationalize surgical treatment plan. The resident should be able to articulate appropriate peri-operative management plans and develops skills in the performance of surgical procedures. Furthermore, the resident will be expected to demonstrate the ability to independently evaluate and diagnose patients and make appropriate recommendations for both surgical and non-surgical treatments.

V. PODIATRIC EXPERIENCES (PGY-1)

A. Anesthesia

This two-week rotation is under the direction of Dr. Jeremy Kramer and the Anesthesia Department at McLaren Oakland Hospital. Residents will participate in the pre-operative evaluation of the surgical patient about to undergo procedures requiring anesthesia, participate in the administration of the various regional anesthetic modalities, and observe the various multi-disciplinary pain management modalities. Upon completion of this experience, the resident will be expected to have developed an understanding of how the various types of anesthesia are used in the management of medical and surgical conditions when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.

B. Dermatology

This two-week rotation will provide the resident with knowledge and experience in the specialty of dermatology under the direct supervision of Dr. Scott Friedman. The rotation will include clinical and in-office procedure experiences to teach the diagnosis and management of dermatologic principles.

C. Emergency Medicine

This four-week experience will be completed at McLaren Oakland Hospital under the supervision of Dr. David Minter and the Emergency Department. This experience will involve the observation and management of general medical conditions and coordination with other specialists. The resident will be assigned to different shifts/call throughout the rotation as determined by the chief resident or coordinator.

Upon completion of this experience, the resident will be able to function in the care of the acute patient presenting to the Emergency Department.

D. Infectious Disease

This four-week rotation is under the direction of Dr. Franklin Rosenblat at McLaren Oakland Hospital. During this rotation, the resident will learn to work-up, diagnose, and formulate treatment plans for infectious conditions.

Upon completion of this experience, the resident will be familiar with the specialty of infectious disease and the diagnosis and treatment of bacterial, fungal, and viral infections.

E. Internal Medicine

The resident will rotate through the Department of Internal Medicine for four weeks at McLaren Oakland Hospital. During this rotation the resident will be involved in the medical management of admitted patients. The resident will be expected to perform a complete history and physical examination.

The resident will be expected to function as a member of the medical team and participate in rounds and educational meetings.

F. Pathology

This two-week rotation will be supervised by Dr. Yilan Li and the Pathology Department at McLaren Oakland Hospital. The resident will be involved in observing and participating in analysis of pathological specimens, bacteriological studies, and clinical laboratory studies. Upon completion of this experience the resident will be expected to be able to describe, order, and interpret the results of diagnostic laboratory tests and examinations.

G. Radiology

This two-week rotation will be supervised by Dr. Nadir Khan and the Radiology Department at McLaren Oakland Hospital. The medical imaging component will include training modules to include plain films, MRI, CT, bone scan, chest x-rays, and vascular imaging studies. In addition, rotating residents will attend and participate in all radiology conferences scheduled. Upon completion of this experience, the resident will be expected to have developed an understanding of how the various medical imaging modalities are used and interpreted in the diagnosis and ongoing management of medical conditions.

VI. NON-PODIATRIC EXPERIENCES (PGY-2)

A. Behavioral Medicine

This two-week rotation will be supervised by Dr. Theodore Ruza and is designed to expand the experiences into Behavioral Medicine. Upon completion of this experience, the resident will be expected to be able to accurately work-up, recognize, and diagnose general behavioral patterns and psychological issues.

B. Orthopedic Surgery

This four-week rotation will be supervised by Dr. Shivajee Nallamotheu and is designed to expand the experiences into Orthopedic Surgery. Upon completion of this experience, the resident will be expected to be able accurately work-up and diagnosis surgical disorders, develop an appropriate management plan, and perform as a surgical assistant in the subspecialty of Orthopedic Surgery.

C. Pain Management

This two-week rotation will be supervised by Dr. Ashraf Khan. Experiences will include principles of in-patient and out-patient pain management. Upon completion of this rotation, the resident is expected to be able to manage acute and chronic pain.

D. Vascular Surgery

This four-week rotation will be supervised by Dr. Nicolas Mouawad. Experiences will include making daily rounds and covering the vascular clinic and wound center with the vascular team, evaluating patients pre-operatively and post-operatively, and participating in surgical procedures in the subspecialty of Vascular Surgery.