



**Gundersen Medical Foundation  
& Emplify Health by Gundersen**

# **Podiatric Medicine and Surgery Residency Training Manual**

**2025-2026**

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## Mission

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**We seek to train podiatric surgeons who are outstanding clinicians. Our graduates will have an intense commitment to patient care and lifelong learning. We will assist the development of this expertise by providing our trainees with strong foundations of academic excellence, sound technical skills, clinical research, and an understanding of contemporary issues in podiatric medical and surgical practice.**

	Program Specific	Medical Education	Gundersen Medical Foundation	Emplify Health
Mission	We seek to train podiatric surgeons who are outstanding clinicians. Our graduates will have an intense commitment to patient care and lifelong learning. We will assist the development of this expertise by providing our trainees with strong foundations of academic excellence, sound technical skills, clinical research, and an understanding of contemporary issues in podiatric medical and surgical practice.	We are dedicated to exceptional education in a collaborative culture that fosters life-long learning and the development of compassionate healthcare professionals devoted to the communities they serve	Be an integrated and trusted partner to improve health and care in our community through exceptional medical education, research, and philanthropic support of the Gundersen Health System.	Together, we inspire your best life by relentlessly caring, learning and innovating.

**EMPLIFY HEALTH BY GUNDERSEN MEDICAL CENTER  
DEPARTMENT OF PODIATRIC MEDICINE AND SURGERY**

**Goals and Objectives:**

The **goals** of the residency program are as follows:

<b>Clinician</b>	to develop competence in the clinical science and art of podiatric medicine and surgery, including evaluation, consultation, communication, and treatment.
<b>Surgeon</b>	to develop the ability and confidence to competently execute the techniques and skills necessary to perform foot and ankle surgery.
<b>Researcher</b>	to produce an individual capable of analyzing and utilizing medical literature and current research techniques to contribute to the existing podiatric medical literature.
<b>Educator</b>	to provide the resident with the knowledge and communication skills which will enable him/her to share concepts, techniques, and experience through the literature and practical demonstration.
<b>Practitioner</b>	to provide the resident with exposure and experience in patient relationships and management in the outpatient and inpatient settings.
<b>Humanitarian</b>	to instill in the resident the necessary qualities of leadership, compassion, humility and dedication necessary for the well being of the individual, the patient and the profession.

The **objectives** of the residency program are designed to develop comprehensive knowledge and skills of the following tasks:

1. diagnosis, evaluation and treatment of diseases and conditions of the foot and ankle;
2. a sound, working knowledge of general medical principles necessary for competent patient care by any medical specialty;
3. understanding of hospital protocol and procedure;
4. competence of medical records, including diagnosis, charting, admission records, history and physical examination, consultation reports, operative reports and discharge;
5. a complete general history and physical examination, including knowledge and facility of a meaningful history and skill of physical examination;
6. specialty history and examination of the podiatric patient relative to the lower extremity, including dermatologic, neurologic, vascular, musculoskeletal, and biomechanical systems;
7. a functional knowledge of various medical disciplines, including internal medicine, dermatology, neurology, radiology, orthopaedics (general, pediatric, sports medicine, and trauma), emergency

medicine, surgery (general, vascular, and plastic), behavioral medicine, endocrinology, pathology, and other medical and surgical specialties;

8. the ability to recognize the need for specialty consultation relative to general patient care;
9. an in-depth knowledge and facility of patient management, including preoperative evaluation and preparation, peri- and intra-operative considerations, and post-operative management;
10. a thorough and in-depth knowledge and skill in reconstructive surgery of the foot and ankle;
11. a comprehensive knowledge and experience in management of lower extremity trauma;
12. an appreciation and facility in the management of emergency situations and complications;
13. a functional skill in techniques, basic research, and the ability to produce meaningful literature;
14. the skill of teaching, topic preparation and presentation;
15. the skills of clinical practice.

**EMPLIFY HEALTH BY GUNDERSEN MEDICAL CENTER  
DEPARTMENT OF PODIATRIC MEDICINE AND SURGERY**

**PODIATRIC MEDICINE AND SURGERY SERVICE:**

Our Podiatry service is comprised of seven podiatrists based out of the La Crosse campus, as well as five regional podiatrists. Podiatry residents, internal & family medicine residents, podiatric student externs, and high school mentorship students rotate through the department of Podiatric Medicine & Surgery on a yearly basis.

**The attending podiatric physicians and residents are:**

**Attending Staff:**

Devin C. Simonson, DPM – *Director of Podiatric Medicine & Surgery Residency*  
David M. Dawson, DPM – *Associate Director of Podiatric Medicine & Surgery Residency*  
Brad P. Abicht, DPM – *Section Chair, Department of Podiatric Medicine & Surgery*  
Scott C. Carrington, DPM  
Andrew D. Elliott, DPM, JD – *Podiatric Medicine & Surgery Residency Director of Research*  
Magali Fournier, DPM  
Fatemah S. Jannati, DPM

**Regional Attending Staff:**

Peter J. Hordyk, DPM – Tomah, WI  
Heather L. Chestelson, DPM – Viroqua, WI  
Craig P. Sullivan, DPM – Decorah, IA  
Brooke A. Tappe, DPM – Decorah, IA  
Greg J. Valkosky, DPM – Decorah, IA

**Residents:**

Hughes Ackom – PGY 3  
Levi Smith – PGY 3  
Cameron Chung – PGY 2  
Cameron Dewey – PGY 2  
Elizabeth “Lizzie” Garrett-Currie – PGY1  
Jordan Johnson – PGY1

# **Podiatric Medicine and Surgery Residency**

## **2025-2026 RESIDENT SERVICE CHANGE DATES**

Services will change every fourth Monday as follows, with the first day of each rotation being:

Block 1 - June 30

Block 2 – July 28

Block 3 – August 25

Block 4 – September 22

Block 5 – October 20

Block 6 – November 17

Block 7 – December 15

Block 8 – January 12

Block 9 – February 9

Block 10 – March 9

Block 11 – April 6

Block 12 – May 4

Block 13 – June 1

**\*\*Please remember that it is common courtesy to notify the patients in your care of the date you will be rotating off of that particular service.\*\***

## PODIATRIC MEDICINE AND SURGERY RESIDENCY DUTIES AND RESPONSIBILITIES

### **REQUIRED READING:**

1. Comprehensive Textbook of Foot Surgery, McGlamry.
2. Foot and Ankle Trauma, Scurran.
3. The Diabetic Foot, Levin and O'Neil
4. Manual of Internal Fixation, Muller
5. Surgery of the Foot and Ankle, Mann & Coughlin
6. Reconstructive Foot and Ankle Surgery, Myerson

### **RECOMMENDED READING:**

1. The Child's Foot, Tachdjian
2. Clinical Biomechanics of the Lower Extremity, Valmassy
3. Infectious Diseases of the Lower Extremity, Abramson

It will be expected that all of the above textbooks will be read in three years. The majority of these textbooks are available in the Podiatry and Emplify Health by Gundersen libraries. If not available in the library, it is the resident's responsibility for acquiring the textbooks (CME funds may be applied).

### **RESIDENT IN-TRAINING EXAMINATION:**

All podiatric medicine and surgery residents will take this examination each year in-training. Improvement or maintenance of score is expected. Advancement to the next year of training will not be based on the resident's In-Training Examination alone, but it will be a factor in determining advancement. A minimum score of 50th percentile is expected, and less than this will be looked upon with disfavor.

### **RESEARCH:**

Each resident must write two research papers suitable for publication in a peer-reviewed journal. The podiatric resident is also recommended to present at least one paper at a regional or national podiatric meeting. The two publications and recommended presentation will be completed over the three years of residency. This shall be the minimum requirement. The podiatric medicine and surgery resident will have staff assistance in preparing these papers and presentations. Secretarial and statistical services are also available through Medical Education. If, at the end of three years, this requirement has not been met, the Director of Podiatric Medical Education has the discretion to not allow graduation from the residency program until this requirement has been met.

**All scholarly activity is expected to be entered into MedHub, at minimum annually\*\***



## **ADVANCED CARDIAC LIFE SUPPORT (ACLS):**

This course is offered throughout the year. All podiatric residents are required to successfully complete this course during the first year of training and maintain a valid certificate through the three-year residency.

## **CLINIC RESPONSIBILITY:**

It is required that each podiatric medicine and surgery resident report to the Podiatry Clinic in a timely manner following their surgical and/or hospital responsibilities for the day. **Exceptions include unavoidable patient responsibility, personal illness, required lectures, or scheduled surgical or anatomic dissection in the surgical skills laboratory.** Additional exceptions may be made at the discretion of the Director or Associate Director of Podiatric Medicine & Surgery Residency. The resident will interview, examine, and evaluate outpatients prior to discussing their care and establishing a plan with the attending podiatrist. Examination of both new and established patients including postoperative patients is expected. This activity is required by the Council on Podiatric Medical Education.

## **PREOPERATIVE NOTES:**

Each resident is required to see scheduled patients prior to surgery. A preoperative history and physical note should be completed in surgical patients' chart including documentation of the intended procedure, risks, benefits and alternatives. **This is essential.** There will be times when you are involved in off-service cases (i.e. cases of interest that will help round out your operative experience as well as fulfill the requirements of the Council on Podiatric Medical Education). Please approach these cases as you would one on your own service. After discussing with the off-service attending/surgeon, you should meet the patient preoperatively, review their chart, sign a brief summary note or formal H&P indicating your knowledge of the patient's cares and indications for surgery (clear this with the patient's surgeon/off-service staff before writing a note), and participate in the postoperative care. In addition, if this interferes with your on-service responsibilities, please inform your staff. It is common courtesy to clear this activity with your own Podiatry staff and the chief resident(s) prior to scrubbing on off-service cases.

## **OPERATIVE NOTES:**

Operative notes are an essential piece of patient documentation. Depending on the staff surgeon, residents may be asked to compose and sign the operative note. You must communicate with your attending staff to determine who will be writing the note. When it is your responsibility, you must write the operative note(s) as soon as possible following the procedure(s). Ideally, this should be completed immediately following surgery, but must be completed at the very least by the end of that day. **Do not go home prior to signing your operative notes from that day.** A sample operative note can be found in the attachments of this material for your reference. Use your senior residents and attending staff as resources to provide further guidance on the composition of operative notes. Following each operative procedure, a Brief Operative note must be signed in EPIC **prior to the patient leaving the operating room.** This brief operative note should contain pertinent information regarding the operation performed, and there is a standard Emplify Health by Gundersen Health System Template within EPIC for the sake of continuity. Always confirm with your attending staff about further pertinent information to be included, but remember, this is a *Brief* Operative note, and need not include all the details which will be found in the formal operative note.

### **DISCHARGE SUMMARY:**

A discharge summary must be completed the day of discharge from the hospital, and is the responsibility of the primary care team. If you are part of a consulting service for a patient that requires ongoing cares or follow-up regarding their foot and ankle care, it is your responsibility to communicate these orders and/or recommendations with the primary team prior to discharge, so these may be included in the discharge summary. As with other standardized notes, there is an EPIC template for these notes. Be sure that discharge activity restrictions, dressing/wound care orders, and all changes in medications are updated accurately in the patient's chart and correctly reflected in the discharge summary. Of note, if the patient is to be discharged from the hospital directly to a skilled nursing facility (SNF), a diagnosis must be linked with each medication on the patient's medication list. Furthermore, prior to discharge to the SNF, the discharge summary must be co-signed by your attending staff, thus, it is your responsibility to have the discharge summary signed as soon as possible on the day of discharge so that your attending staff may have adequate time to review, correct (if needed) and authorize signature of the documentation.

### **MEDICAL RECORDS:**

Medical record completion including timely dictations and signatures are a required part of every physician's employment. Repeated failure to perform this duty will result in disciplinary action. You will be notified when you have a chart that needs completion. Please complete notes on a daily basis to avoid becoming delinquent on a patient note (clinic or hospital). Operating room privileges for the resident will be suspended if charts are not completed.

### **CASE DOCUMENTATION:**

Keep a list of all cases with the appropriate log designation (1<sup>st</sup> assistant or 2<sup>nd</sup> assistant) as discussed with each attending podiatrist at the completion of the case. The podiatry residents are to log these in Residency Resource on a **weekly** basis. It is imperative that you keep up to date with your logs. The case statistics are used several times throughout the year to ensure that you will fulfill the case requirements that are mandated by the Council on Podiatric Medical Education. A log of clinical cases is also required and is to be logged on a weekly basis in Residency Resource.

### **DRESS AND UNIFORMS:**

Our patients have the right to expect competent professional care. We believe that a professional appearance through appropriate dress, good grooming and proper identification enhances the confidence placed in us by our patients. Therefore, it is the policy of Emplify Health by Gundersen to expect employees to present a professional image by dressing in a manner appropriate for their respective position and to be neat, clean and well groomed when reporting for work.

(See Dress Code Policy HR-210 for further details).

### **TIME OFF:**

Since vacation time, long weekends, and "call" are somewhat intertwined, it is important that the house staff understand these guidelines. A house staff absence needs to be requested at least **four weeks** in advance and may be done through the program administrator's office.

1. ***Vacation days*** - number 15 per year.

2. No vacation days can be scheduled during the last week of the academic year thru the first week of July.

3. **Weekends** - The privilege of two weekends off per month (Friday at 5 pm until Monday morning) is allowed if sign-out to another resident can be arranged. Covering residents must be prepared to care for patients as needed and make rounds with the attending podiatrist if needed. The staff must agree to the absence, and it must be approved by the chief resident. The staff and residents must not be gone on the same weekend. Every effort should be made for residents on the same service to stagger their time off.

4. **Job Hunting**- Any time spent job hunting by the senior resident will be considered as vacation time.

5. **Roll Over**- Roll over time is not allowed. Each resident should take his/her vacation time. Hard work is expected, but vacation time in this high-pressure job is essential.

6. **Meeting Time**- One meeting per year will be allowed [up to five days], unless special request is submitted and approved by the Program Director or Associate Director. A total of five days absence for any meeting will be allowed (including travel days). If the meeting lasts but two days, no further meeting time is allowed. Time to present an oral manuscript paper at a meeting does not count as meeting or vacation time. The resident is allowed one day on each side of the day of presentation for this activity. The residency administrator needs to be informed of this activity as well.

7. **Education Days**- On occasion, business days are allowed for obligatory tests and license examinations. These must receive prior approval from the Program Director or Associate Director.

8. **Time Away**- Plan ahead and plan now. No more than two residents can be gone at any time. The resident must clear his/her time away with the staff person with whom he/she is working, the senior resident who prepares the call schedule, and the medical education residency office (Allison Gegzna). .

### **CONFERENCE ATTENDANCE:**

There are many conferences in the hospital each week, at which all are welcome. Conferences are planned and produced primarily for the benefit of the house staff. There are several podiatry conferences which residents and externs serving on the podiatry service must attend. This includes scrubbing out of cases to attend. The only valid excuse for nonattendance is unavoidable patient responsibility or illness.

## **EMPLIFY HEALTH BY GUNDERSEN PODIATRIC MEDICINE AND SURGERY RESIDENCY DIDACTIC TRAINING PROGRAM** (see attachment C)

- **WEEKLY MONDAY MORNING INDICATIONS AND COMPLICATIONS**

### **CONFERENCE:**

Each Monday from 8:00 am to 9:00 am in the Podiatry conference room, the pre-operative and post-operative cases will be reviewed and discussed with all podiatric residents, externs, and attending staff. The attending will discuss the rationale for the planned surgery, lessons learned, and thought process for future similar cases. A quarterly journal article review will be presented by each of the podiatric residents. Residents on rotations outside of Podiatry are expected to be present unless patient responsibilities on their rotation conflict.

- **PODIATRY JOURNAL CLUB:**

A monthly Journal Club, typically on the third Thursday of the month, is required to be attended by the resident and strongly suggested of the attending staff. This responsibility will be rotated among the staff podiatrists and also listed on the monthly calendar of events. The journal club topic and articles will be selected by an attending of Podiatric Medical Education and appropriate journal articles pertinent to the topic will be distributed.

- **CADAVER SURGICAL DISSECTION / ANATOMIC DISSECTION “WET” LABORATORY:**

On a monthly basis as designated on the monthly calendar, the anatomic and surgical dissection lab will be arranged for the residents. This will generally occur on a Monday morning after conference and will be held in the surgical skills lab (ICE House). It is the responsibility of the resident team to maintain the surgical skills lab surgical instruments in an orderly fashion.

- **“BREAKFAST WITH McGLAMRY” CHAPTER REVIEWS:**

The podiatric residents and externs will be expected to be in attendance for a discussion and quiz related to the assigned chapters for the month from the McGlamry textbook. The only exception for absence from the session is illness or patient responsibilities in outside rotations. If unable to attend the session, completion of the quiz is expected prior to the next month’s session.

- **SURGICAL SKILLS LABORATORIES:**

Additional surgical skills workshop will be scheduled at the discretion of the attending staff and may involve either the utilization of new surgical equipment or techniques in either a cadaver or saw bones model. All of the podiatry residents and externs are required to attend these sessions.

- **CONSULTANTS:**

Occasionally, we invite a prominent podiatric surgeon from somewhere in the United States to come to La Crosse as a visiting consultant.

THE PODIATRIC RESIDENTS MUST BE IN ATTENDANCE DURING A CONSULTANT VISIT, unless there is expressed permission from the PD.

- **ADDITIONAL MONTHLY DIDACTIC ACTIVITIES:**

- Ethics
- Case Studies
- Mock Board Examinations (annual subscription provided)
- Visiting Attending Lecture

## **PODIATRIC MEDICINE AND SURGERY RESIDENCY PROGRAM GOALS AND OBJECTIVES BY LEVEL OF TRAINING GUIDING PRINCIPLES:**

- 1) Podiatric Medicine and Surgery Residency Mission Statement
- 2) Equivalent educational opportunity for every resident at each level of training.
- 3) Operative experience will be comparable for all residents in the program.
- 4) Progressively more independent decision making will be fostered in an environment where supervision is ensured by the attending podiatrists.
- 5) Teaching conferences, labs, and lectures are mandatory for all levels of training.

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### **PGY1 GOALS and OBJECTIVES**

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#### **1) Academic Endeavors**

- A) First year residents will be expected to begin systematic reading in a textbook of podiatric surgery.
- B) A research proposal is required during the first year of residency.

#### **2) Surgical Skills**

Basic general surgical skills are expected to be mastered during the first year. This includes handling of instruments, suturing, and basic tissue handling techniques.

#### **3) Operative Technique**

- A) First year residents will have an opportunity to surgically perform some of the following techniques: minor and major forefoot and basic rearfoot procedures commensurate with demonstrated ability.
- B) First year residents will assist on more advanced cases throughout the year.

#### **4) Patient Care**

First year residents will concentrate on the preoperative and postoperative evaluation and management of patients with common podiatric pathology.

#### **5) Specific Objectives**

The educational process of the first year is designed to develop comprehensive knowledge and skills of the following areas:

- A meaningful and complete general history and physical examination, with special attention to the pre-operative evaluation.

- An understanding of hospital protocol and procedures with emphasis on interdepartmental functions.
- Competence of medical records, including diagnosis, charting, admission records, order, history and physicals, operative reports, and discharge summaries.
- An in-depth knowledge of patient management with special attention to pre and post-operative care.
- A functional knowledge of medical specialty areas for their pertinence of management of the podiatric patient to include but not limited to:
  - Internal Medicine
  - Behavioral Medicine / Neurology
  - Radiology
  - Orthopaedics
  - Anesthesia
- Endocrinology / Rheumatology
  - A sound knowledge and manual skill of basic surgical principles including:
    - manual skills
    - instrumentation
    - hand / tie techniques
    - suturing
    - incisions
    - dissection techniques
    - hemostasis
    - wound closure
    - bandages, splinting and casting
  - Surgical competence in basic forefoot procedures, including:
    - digital surgery
    - basic soft tissue surgery
    - basic hallux valgus procedures
    - basic lesser metatarsal procedures
  - Basic understanding and management techniques in trauma of the lower extremity, including:
    - wound debridement
    - simple wound repair
    - management of common fractures and dislocations
    - techniques of splinting and casting
  - An appreciation in the management of emergency situations with special attention to:
    - basic CPR
    - Advanced Cardiac Life Support (ACLS)
  - A fundamental skill in basic research and preparation of basic medical literature.
  - An introduction to teaching skills with preparation and presentation of basic fundamental topics.

## PGY2 GOALS and OBJECTIVES

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### 1) **Academic Endeavors**

- A) Second year residents should have completed a systematic textbook reading program by the end of the year.
- B) Second year podiatric residents should subscribe to and review one of the major podiatric or orthopaedic journals per month.
- C) Second year residents should initiate an original research project. Additionally, a small clinical series or case report is ideal for this level of training. Ideally, the 2<sup>nd</sup> year resident should have a paper ready for presentation at a regional or national podiatric meeting

### 2) **Surgical Skills**

Second year residents should have mastered many of the basic surgical skills and begin to practice more advanced skills in the laboratory.

### 3) **Operative Technique**

Second year residents will function more as “1<sup>st</sup> assistant” in cases involving the forefoot, midfoot, and rearfoot. The 2<sup>nd</sup> year resident is expected to become involved in podiatric and orthopaedic trauma cases of the foot and ankle. Majority of cases should be “1<sup>st</sup> assistant” level cases in both forefoot and rearfoot cases.

### 4) **Patient Care**

Second year residents should develop a comfort level with patients with more significant podiatric pathology

### 5) **Specific Objectives**

The education process is designed to introduce and develop more advanced skills and knowledge to the second-year resident in the following areas:

- Skills of detailed lower extremity evaluation and work-up are emphasized during the second year.
- Outside medical rotations may include additional exposure to the following areas:
  - Orthopaedics (pediatric)
  - Surgery (vascular)
  - Infectious Disease
  - Dermatology
  - Emergency Medicine
- Emphasis on peri and intra-operative skills and considerations.
- Training in the specific areas of surgical management.

- Greater responsibility for management of the operating room.
- Competence and experience in all areas of reconstructive surgery of the forefoot.
- Additional exposure is provided with the introduction to the skills and techniques of:
  - internal fixation
  - rearfoot surgery
  - major arthrodesis
  - tendon surgery
- Experience and knowledge in management of lower extremity trauma, including:
  - extensive soft tissue injury
  - complicated fractures
  - dislocations
- Skills of basic research are enhanced with initiation of research projects which involve individual patient evaluation and assimilation of data concerning results of specific procedures.
- Skills of teaching are further emphasized with an increased responsibility for teaching externs and first year residents.



### 1) **Academic Endeavors**

- A) Third year residents should broaden their exposure to both podiatric and orthopaedic literature. Continued journal and textbook review is expected.
- B) At least one research project should be well underway during the 3rd year. The third-year resident should have a paper ready for publication and presentation prior to the end of the year.

### 2) **Surgical Skills**

The 3rd year resident should be mastering all of the skills involved in the management of advanced forefoot, midfoot, rearfoot, and ankle reconstructive and trauma procedures. The 3<sup>rd</sup> year resident should be serving in a teaching role to the 1<sup>st</sup> and 2<sup>nd</sup> year residents in the surgical skills lab and operating room setting.

### 3) **Operative Technique**

The 3rd year resident should be mastering all advanced forefoot, midfoot, rearfoot, and ankle reconstructive and trauma procedures. The 3rd year resident should be prepared to act as surgeon in more advanced reconstructive rearfoot and ankle cases and should be expected to be performing the majority of these cases as “1<sup>st</sup> assistant” level cases.

### 4) **Patient Care**

The 3rd year resident should be capable of providing excellent preoperative, postoperative and post-discharge care of all patients on the podiatric in-patient and out-patient services. The 3<sup>rd</sup> year resident should be developing more independence in the outpatient clinic setting.

### 5) **Specific Objectives**

Detailed evaluation and management of complex podiatric pathology is emphasized, with additional emphasis on interdisciplinary cooperation for management of complex podiatric patients:

- Surgical skills are fine-tuned, with in-depth exposure to all areas of reconstructive surgery of the foot and ankle:
  - complex soft tissue injuries
  - complex fracture / dislocations
  - complex fixation techniques
- Outside medical rotations may include additional exposure to the following areas:
  - Orthopaedics (trauma / sports medicine)
  - Surgery (plastic) / Pathology
  - Elective
- Advanced research techniques are emphasized, with original research projects in areas of podiatric medicine and surgery.
- Advanced teaching skills are emphasized, with considerable responsibility in the residency training program.

**PODIATRIC MEDICINE AND SURGERY RESIDENCY**  
**ROTATION SCHEDULE**  
2025-2026

	<b>FIRST YEAR Elizabeth Garrett-Currie</b>	<b>FIRST YEAR Jordan Johnson</b>	<b>SECOND YEAR Cameron Chung</b>	<b>SECOND YEAR Cameron Dewey</b>	<b>THIRD YEAR Hughes Ackom</b>	<b>THIRD YEAR Levi Smith</b>
<b>BLOCK 1</b> 6/30/25-7/27/25	Pod (ADE)	Pod (DCS)	ED - A	Pod (SCC)	Pod (BPA)	Pod (DMD)
<b>BLOCK 2</b> 7/28/25-8/24/25	Pod (DCS)	Pod (ADE)	Pod (MF)	ED - C	Pod (SCC)	Pod (BPA)
<b>BLOCK 3</b> 8/25/25-9/21/25	Pod (DMD)	Pod (SCC)	Tomah (Hordyk) /Derm	Pod (BPA)	Ortho Trauma	Pod (DCS)
<b>BLOCK 4</b> 9/22/25-10/19/25	GM	Pod (DMD)	Pod (SCC)	Derm/Tomah (Hordyk)	Pod (MF)	Pod (ADE)
<b>BLOCK 5</b> 10/20/25-11/16/25	Pod (MF)	GM	Peds Ortho	Pod (DMD)	Pod (SCC)	Ortho Trauma
<b>BLOCK 6</b> 11/17/25-12/14/25	Anesthesia	Pod (BPA)	Pod (DCS)	Sp Med/Path	Pod (DCS)	Pod (DMD)
<b>BLOCK 7</b> 12/15/25-1/11/26	Pod (BPA)	Anesthesia	Sp Med/Path	Pod (DCS)	Pod (DCS)	Pod (DMD)
<b>BLOCK 8</b> 1/12/26-2/8/26	Hand Ortho	Pod (MF)	Pod (ADE)	Pod (MF)	Plastic/Pod	Pod (ADE)/Plastic
<b>BLOCK 9</b> 2/9/26-3/8/26	Pod (SCC)	Hand Ortho	Pod (DMD)	ID	Pod (SCC) /Elective	Pod (ADE)
<b>BLOCK 10</b> 3/9/26-4/5/26	Pod(BPA)/Endo	Endo/Pod(DCS)	ID	Pod (ADE)	Pod (SCC)	Elective
<b>BLOCK 11</b> 4/6/26-5/3/26	Pod (DMD)/Pain- PMR	Pain-PMR/Pod (ADE)	Vasc Surgery	Pod (BPA)	Elective/Pod (BPA)	Pod (MF)
<b>BLOCK 12</b> 5/4/26-5/31/26	Radiol/Beh Med	Pod (MF)	Pod (DMD)	Vasc Surgery	Pod (DCS)	Pod (BPA)
<b>BLOCK 13</b> 6/1/26-6/28/26	Pod (DMD)	Radiol/Beh Med	Pod (SCC)	Peds Ortho	Pod (ADE)	Pod (DCS)

## GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY CALL SCHEDULE POLICY

### **CALL SCHEDULE:**

The call schedule for the residents will be determined and divided appropriately by the chief podiatric resident(s) and the program director. It is imperative that cooperation among the podiatric residents be utilized to ensure that a podiatric resident is always available for call coverage. The only exception to this rule is coverage by a staff podiatrist for the resident graduation and resident Christmas parties or for other rare instances that are agreed upon by the staff podiatrist and podiatric resident. All podiatric trauma or infection cases in the ED (day or night) will be seen by a podiatry resident. If you are not on call and the on-call resident is in the operating room, you may be asked to see a patient in the ED. This is for your education regarding care of the podiatric trauma or infected patient. From 5 p.m. until 8 a.m. the following day, the podiatry resident on call will see all podiatry consults in the ED. The ED provider will notify you of these patients. You will see them, work them up, make a plan and then contact the staff podiatrist on call to discuss the patient and recommended cares. The staff podiatrist will come into the ED to help care for patients when needed, depending on the treatment to be rendered and the abilities of the resident on call. No patient should be admitted from the ED to the hospital without notification of/direction from the staff podiatrist on call.

### **FLOOR CALL:**

The resident on podiatry service will be called first by the hospital floor nurses in the event of a problem, make the necessary decision and then use his/her judgment whether or not to notify the patient's staff physician. Members of this department expect to be kept informed of all major changes in the course of their patients. In some instances, the staff doctor will want to be informed of minor changes and problems as well – communication is vitally important.

Clear up your confusion now as it relates to call issues to avoid misunderstandings later.

## **GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY OPERATIVE CASE ASSIGNMENT POLICY**

The first priority for all residents is to scrub on operative cases performed by the assigned attending staff for the current rotation. Case assignments are made by the senior resident and approved by the Residency Director. The principle of assigning each resident to the case most appropriate for their level of training will be used in making these assignments. Assignments will also be made so that operative experience will be comparable for all residents in the program.

In order to take advantage of complex or unusual podiatric or orthopaedic cases that appear on the surgical schedule, the chief resident will review the list of scheduled cases on the evening prior to surgery. The chief resident will make an effort to see that a podiatric resident of appropriate level of training is assigned to these cases whenever possible. These assignments will not disrupt the mandatory lecture and conference schedule or outpatient clinic assignments for any residents. A resident assigned to do one of these unusual or complex cases must first clear his or her plan with their attending podiatric physician and/or director or associate director of podiatric medical education.

The program director will review the operative case logs for all residents in the program on a *weekly* basis. When needed, the program director may supersede the above policy in order to match a senior level resident with an unusual or complex case in which that senior resident needs additional experience.

## **GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY POLICY ON SUPERVISION OF PODIATRIC RESIDENTS**

The Department of Podiatric Medicine and Surgery at Emplify Health by Gundersen Medical Center has a clearly defined “chain of command” as it relates to the supervision of residents in their evaluation and treatment of patients. Attending podiatrists / program director are available at all times to answer questions and guide residents in the appropriate treatment of podiatric patients.

Efforts are made to have three podiatric residents on the podiatry service at all times. The on-call / clinic-based resident is responsible for the preliminary evaluation and work-up of non-urgent consultations in the hospital and trauma and emergency room setting. The on-call / clinic based resident is then expected in a timely manner to notify the more senior resident on podiatric service of the patient’s differential diagnosis and proposed treatment plan. During the first six months of training for the first-year resident (PGY-1), attempts will be made to have the more senior resident accompany the junior resident during the initial patient evaluation.

Either the junior or senior resident will then notify the attending podiatrist regarding the status of the patient, results of preliminary tests, working diagnoses, and management plan. No patient is to be admitted without direct notification of the attending podiatrist. At times, medically complex patients will be admitted to general medicine and we will then serve as a consulting service. The attending podiatrist will see all hospitalized patients within 24 hours of admission or consultation. Patient rounds will be made on a daily basis by the attending podiatrist or on-call podiatric physician. Residents are expected to notify the attending physician of any marked changes in the patient’s status.

Should a resident be on the service as a single resident without a more senior resident, then the chain of command would go directly from this resident to the attending physician. Should the resident be unable to contact the attending physician, the resident should contact the podiatric physician on-call and discuss the case with that individual. Should the resident be unable to reach either the attending physician or the on-call podiatric physician, then they should contact the Program Director or Associate Director. If the Program Director/Associate Director is unavailable, then they should contact the Chairman of the Department of Podiatric Medicine and Surgery. If none of these individuals is available, then the resident should call the Emplify Health by Gundersen operator and ask to be connected with any staff member of the Department of Podiatric Medicine and Surgery.

No patient will be taken to the operating room without the permission of the attending podiatric surgeon. No operation will be performed without an attending podiatric surgeon present in the operating room or readily available in the operating suite.

Junior residents are directly supervised in the outpatient clinics by the attending podiatric physician to whom they have been assigned. Residents may be allowed to evaluate and treat patients in the outpatient setting as long as a supervising podiatric physician is available and not presently treating patients of his/her own.

On elective and outside rotations, the podiatric residents are responsible to the attending staff physician in charge of that rotation. At the beginning of that rotation, each resident will meet with a member of that department who will define the resident’s role and the supervision policy for that rotation. If at any time the supervision policy of a rotation is unclear, the Chairman of that department for that rotation or the Program director should be contacted.

Any questions regarding the “chain of command” or issues regarding policies on the supervision of podiatric residents at Emplify Health by Gundersen should be addressed immediately to the Program Director.

## **GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY POLICY ON TRANSITION OF CARE**

The Podiatric Medicine and Surgery residents will checkout their patients at the end of every call period to the next resident coming on call. This includes standard call changes on Mondays and Fridays, as well as any additional planned or unplanned/sudden needs to transition hospital call. Residents take call from home on all patients on their service. All call-related patient concerns after hours will be communicated with the after hours on-call attending as needed, but as stated in the Supervision of Resident Policy, no patient will be admitted or brought to the operating room without direct notification of the attending podiatrist. Patient related concerns during the hours of 8am until 4pm, Monday through Friday (except holidays) will be directed to the hospital Limb Preservation Service (LPS) attending.

The call checkout process between residents must occur via any of the following formats: 1) verbally review the checkout report in person; 2) verbally review the checkout report via phone; 3) written checkout report delivered via secure, confidential email. All points of clarification must be discussed verbally to ensure all team members have a clear understanding of the patient list. The checkout report must include each patient's status at present, all pertinent active issues, relevant past medical history, anticipated problems and accompanying recommendations including any orders that need entering.

## **GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY POLICY ON CONFERENCE ATTENDANCE**

Attendance at these conferences is mandatory. This includes scrubbing out of cases to attend. The only valid excuse for nonattendance is unavoidable patient responsibility or illness.

As a podiatric surgery resident, you are required to participate fully in the educational activities of the program, which includes attendance at all required teaching conferences. The required conferences of the Gundersen Medical Foundation Podiatric Medicine and Surgery Residency Program are defined as Indications and Complications Conference, Podiatric Attending Lectures, Podiatric Ethics / Research, Podiatric Case Study / Surgery Conference, Resident and Extern Lectures, Workshops, Journal Clubs, Consultant's Lectures, and Surgical Skills Labs.

## **GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY POLICY ON EVALUATION OF THE PODIATRY RESIDENT**

Evaluations of the residents are completed at the conclusion of each rotation by the attending podiatrist to whom the resident has been assigned. Evaluation will be made of the resident's development of the six general competencies endorsed by the Accreditation Council for Graduate Medical Education which include: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The attendings are encouraged to communicate the results of these evaluations directly to the residents at the conclusion of the rotation. An additional evaluation form more specific to the required competencies is also administered at the completion of the resident's monthly rotation. All of the evaluations are formally communicated to the residents by the program director at least quarterly. At this formal meeting, the program director reads every evaluation to the resident and the resident is able to examine the evaluation form and sign it. In addition, the program director reviews every evaluation form as soon as they are completed and communicates any problem areas to the resident immediately.

The director of medical education reviews all evaluation forms soon after completion and formally meets with each resident to discuss evaluations every 12 months. The director of medical education also will meet with residents to discuss problem areas on an as needed basis.

These evaluations are utilized in order to help assess the following three areas:

- 1) Interpersonal and communication skills
- 2) Professionalism
- 3) Systems-based practice

Annual mock oral board examinations will be administered to assess medical knowledge, professionalism, practice-based learning, and communication skills. Periodic written examinations and in-training examinations will be administered to evaluate patient care, medical knowledge, and practice-based learning.

### **GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY POLICY ON EVALUATION OF FACULTY & ROTATIONS**

At the conclusion of each rotation, every resident is asked to complete an anonymous evaluation of the rotation just completed and is asked to comment on a variety of characteristics of the teaching experience provided by each faculty member. These evaluations of the faculty and rotations are reviewed by both the program director and the director of medical education. These evaluations are essential as the content and length of several rotations have been changed based upon recommendations and comments from the residents. Any faculty problems raised by the residents are taken directly to the faculty member so that they may improve their teaching skills. These evaluation forms are available for review in an anonymous fashion by each of the faculty.

At each formal resident evaluation session, the program director will elicit feedback regarding the program, rotations, and faculty to determine whether the goals are being met. This information is then shared with the faculty to address any concerns.

A formal exit interview is conducted with the graduating chief residents. This is an ideal opportunity to elicit feedback about the program, specific rotations and attributes of faculty members. This information is also shared with the faculty and director of medical education to improve the learning experience.

### **GUNDERSEN MEDICAL FOUNDATION PODIATRIC MEDICINE AND SURGERY POLICY ON RESIDENCY SELECTION COMMITTEE**

Our program participates in the Central Application Service for Podiatric Residencies (CASPR). We rely on both a Residency Interview Committee (RIC) and a Residency Selection Committee (RSC) every year to ensure the interview and selection processes are conducted in a fair, equitable and ethical manner. The RIC is comprised of the Program Director and Associate Program Director, who will travel to and participate in the annual Centralized Residency Interview Process (CRIP). Ranking of prospective match candidates is influenced by the RSC, which is comprised of the program director, associate program director, all podiatry attending staff and the current podiatry resident staff. While the program director will have the authority and responsibility to submit the final rankings each year, they will do so only with guidance and consideration of the rankings as agreed upon by the RSC. The RSC will meet every year at the end of the clerkship cycle prior to the ranking submission deadline to review all prospective candidates. The RSC will consider all information gathered from completed clerkships/rotations, candidate applications including attached curriculum vitae, and feedback from the RIC following CRIP. As part of the RSC, all podiatry residents are expected to actively participate in the selection process and any absence from RSC meetings must be granted special approval from the program director. This interview and selection process will be made available to all prospective resident candidates prior to CRIP.

**GUNDERSEN MEDICAL FOUNDATION**  
**PODIATRIC MEDICINE / SURGERY COMPETENCIES:**

Podiatric medicine: This training resource shall include direct participation of the resident in the evaluation and management of patients in a clinic/office setting. Training experiences shall include, but not be limited to, the following areas: Prevention, diagnosis, and management of diseases, disorders, and injuries of the pediatric and adult lower extremity.

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.

Perform (and/or order) and interpret appropriate diagnostic studies, including medical imaging, plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, vascular imaging.

Ordering and interpreting laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.

Pathology, including anatomic and cellular pathology.

Other diagnostic studies, including electrodiagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.

Formulate an appropriate diagnosis and/or differential diagnosis.

Formulate and implement an appropriate plan of management, including:

- palliation of keratotic lesions and toenails.
- manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity.
- management of closed fractures and dislocations including pedal fractures and dislocations and ankle fracture/dislocation.
- cast management.
- tape immobilization.
- orthotic, brace, prosthetic, and custom shoe management.
- footwear and padding.
- injections and aspirations.
- physical therapy.



- pharmacologic management, including the use of the following medications:  
NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, anti-rheumatic medications.
- Performing biomechanical evaluations and managing patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
- Assessing treatment plans and revising them as necessary.
- Providing podiatric services in community and/or other healthcare settings.

Podiatric surgery: This training resource shall include direct participation of the resident in the treatment of lower extremity pathology. Training experiences that emphasize evaluation, diagnosis, selection of appropriate treatment, and avoidance of complications shall be structured to achieve the competencies identified by the Council. This training resource shall provide an acceptable volume and diversity of operative cases, techniques, and procedures, and include direct participation of the resident as the surgeon or primary assistant under faculty instruction and guidance. The resident shall demonstrate a progressive development of knowledge, attitudes, and skills leading to competency in preoperative, intraoperative, and postoperative assessment and management in surgical areas including, but not limited to, the following (see Appendix):

Appropriate surgical management when indicated, including:

Digital Surgery

First Ray Surgery

Other Soft Tissue Foot Surgery

Other Osseous Foot Surgery

Reconstructive Rearfoot and Ankle Surgery

Other Procedures

Appropriate anesthesia management when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.

Appropriate consultation and/or referrals.

Appropriate lower extremity health promotion and education.

Assess the treatment plan and revise it as necessary.

### **GENERAL MEDICINE COMPETENCIES:**

Assess and manage the patient's general medical status.

Perform and interpret the findings of a comprehensive medical history and physical examination (including pre-operative history and physical examination), including:

Comprehensive medical history.

Comprehensive physical examination and vital signs including head, eyes, ears, nose, and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.

Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

Recognize the need for (and/or order) additional diagnostic studies, when indicated, including:

EKG.

Medical imaging including:

plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.

Laboratory studies including:

Hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis, Other diagnostic studies.

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.

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

Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.

Practice and abide by the principles of informed consent.

Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.

Demonstrate professional humanistic qualities.

Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.

Communicate effectively and function in a multi-disciplinary setting.

Communicate in oral and written form with patients, colleagues, payors, and the public.

Maintain appropriate medical records.

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

Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.

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.

Demonstrate an understanding of public health concepts, health promotion, and disease prevention.

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

Demonstrate familiarity with utilization management and quality improvement.

Understand healthcare reimbursement.

Understand insurance issues including professional and general liability, disability, and Workers' Compensation.

Understand medical-legal considerations involving healthcare delivery.

Demonstrate understanding of common business practices.

### **RESEARCH ROTATION COMPETENCIES:**

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

Read, interpret, and critically examine and present medical and scientific literature.

Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.

Demonstrate information technology skills in learning, teaching, and clinical practice.

Participate in continuing education activities.

### **RADIOLOGY ROTATION COMPETENCIES:**

Diagnostic modalities: This training resource shall include direct participation of the resident in ordering or performing (where applicable) and interpreting a variety of pertinent medical/surgical diagnostic modalities. Training experiences shall include, but not be limited to, the following areas:

Medical imaging, including:

plain radiography, Fluoroscopy, nuclear medicine imaging, MRI, CT, ultrasonography, vascular imaging

### **GENERAL MEDICINE AND MEDICAL SUBSPECIALTY COMPETENCIES:**

Medicine and medical subspecialties: This training resource shall include direct participation of the resident in the medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status. Training experiences in medicine and medical subspecialties shall include, but not be limited to, the following areas:

Performing comprehensive medical histories and physical examinations.

Formulating appropriate differential diagnoses.

Ordering and interpreting diagnostic studies, including EKGs, chest radiographs, and laboratory studies.

Formulating and implementing appropriate plans of management.

### **GENERAL AND SURGICAL SUBSPECIALTY COMPETENCIES:**

General surgery and surgical subspecialties: This training resource shall include direct participation of the resident in surgical evaluation and management of non-podiatric patients. Training experiences in general surgery and surgical subspecialties shall include, but not be limited to, the following areas:

Understanding management of preoperative and postoperative surgical patients with emphasis on complications.

Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.

Understanding surgical procedures and principles applicable to non-podiatric surgical specialties.

## **ANESTHESIOLOGY ROTATION COMPETENCIES:**

Anesthesiology: This training resource shall include direct participation of the resident in 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 shall include, but not be limited to:

Local anesthesia, General, Spinal, Epidural, Regional, conscious sedation anesthesia.

## **EMERGENCY MEDICINE ROTATION COMPETENCIES:**

Emergency medicine: This training resource shall include the direct participation of the resident in urgent and/or emergent evaluation and management of podiatric and non-podiatric patients.

## **Gundersen Medical Foundation Podiatric Medicine and Surgery Residency Didactic Training**

### Resident Independent Education with Guidance

- 1) Resident Journal Presentations (Weekly during Grand Rounds)
- 2) Self-directed textbook review – See Required Reading List
- 3) Nursing Home routine foot care services – opportunity for patient care without immediate attending oversight
- 4) Weekly case review
- 5) Workshops during conferences
- 6) Research with opportunity for Poster & Oral Manuscript Presentation
- 7) Board Prep Tools & Online Course
- 8) 24/7 Access to ICE House Lab

### Attending Directed Education

- 1) Monday Morning Didactic Sessions (Every other week, from 9am-12pm)
- 2) Surgical Dissection / Anatomic Labs (Every other week, from 9am-12pm)
- 3) Hands-on education during rounds, surgery and clinic
- 4) Monthly Journal Club
- 5) Annual Symposium (Western Wisconsin Foot and Ankle)
- 6) Monthly Journal Review Podcast (Gate Keepers w/Dr. Abicht)

### Departmental Education

- 1) Monday Morning Grand Rounds
- 2) Journal Club (Monthly)
- 3) State/Regional/National APMA / ACFAS Conference
- 4) Annual Symposium (Western Wisconsin Foot and Ankle)
- 5) Mandatory Conferences including AO Basic, AO Advanced, ACFAS Arthroscopy

## Operating Procedure (SOP) for ICE (Integrated Center for Education) House Utilization

### Scheduling of ICE house events:

All scheduled utilization of the ICE house must be initiated by the Chief-Resident in Podiatry and routed through the Program Administrator of Podiatry Residency (Allison Gegzna). The Program Administrator will contact the Simulation Lab Coordinator (Kortney Haines) for all ICE House reservations.

### Request for Surgical Equipment / Cadavers / Bone Models:

All requests for surgical equipment, human and non-human specimens (eg: cadavers), and synthetic bone models must be submitted in writing by the Chief Resident in Podiatry to the Simulation Lab Coordinator at least two weeks prior to the planned event.

Please include the following information in your request:

- **Lab Date/Time**
- **Lab Type**  
*e.g., Dissection Lab*
- **Specimens Required**  
*Type, quantity, and specific specimen IDs (if applicable)*  
*(The ICE House Specimen Tracking Log spreadsheet will be provided by the Simulation Lab Coordinator for selection as requested)*
- **Number of Surgical Stations**
- **ICE House Instruments/Equipment**  
*e.g., "2x Typical podiatry setups," TPS power, mini c-arm, etc.*
- **OR Equipment (if needed)**  
*Includes any special equipment to be procured from Central Services (not including consumables or non-reusable/charged items, SEE BELOW).*
- **Vendor (if applicable)**

*See vendor coordination below*

### Important Notes:

- **All OR equipment** will be obtained by the ICE House. Do not request these directly from the OR or Central Services.
- **Consumables and non-reusable/charged surgical items** (e.g., screws, anchors, plates) must not be taken from the OR to the ICE House. These items must be provided by surgical vendors and coordinated as part of the scheduled event.

### Vendor Coordination:

- Include **vendor contact information** including email address and phone.
- If items are being shipped to the ICE House, provide shipping details including tracking number.
- Vendors are responsible for:
  - **Delivery/transport** of their items to the ICE House.
  - **Cleaning/sterilization** of any outside items brought in.
  - **Coordinating pick-up** of their items post-event.*Items must never be left at the ICE House before or after a lab without clear prior arrangements.*

### Invitation of Outside Vendors for Lab Events

All scheduled lab events must be presented by the Chief Podiatry Resident and approved by the Residency Committee prior to inviting any outside vendors. Once approved, coordination must be handled through the

Podiatry Residency Program Coordinator (Allison Gegzna) who will arrange the event with the Simulation Lab Coordinator (Kortney Haines).

#### Specimen Delivery Requirements:

- Any specimens supplied by vendors must be delivered to the ICE House at least two days prior to the event in accordance with standard protocol.
- Vendors must contact the ICE House directly with the shipment tracking number.
- Vendors must notify ICE House staff whether the specimen(s) will be frozen or thawed upon delivery, as arranged with the Simulation Lab Coordinator.

Vendors may bring their surgical equipment on the day of the event or coordinate with the Simulation Lab Coordinator for prior delivery.

#### **ICE House Clean-Up and Post-Event Paperwork:**

Podiatry residents are responsible for ensuring that the ICE House is returned to its original state of cleanliness following any scheduled event. Additionally, there is some light paperwork that will be collected after the lab session:

1. **Event roster** - Everyone attending the lab must enter their name in an attendance roster which helps the ICE House track facility utilization.
2. **Specimen tracking log** – Each specimen has a tracking log to keep record of its use. This form must be filled out with the procedures practiced on its respective specimen at the end of each lab.
3. **Post-event survey** - The ICE House asks that we provide our valuable feedback in the form of this digital survey. You can access the survey via the QR code on the event roster or from any of several other locations throughout the ICE House.

#### **Miscellaneous Guidelines**

##### Scrub Policy:

Blue OR scrubs are **not permitted** in the ICE House. Jade scrubs are provided in the ICE House linen closet for your convenience and there are lockers in the Lower Level.

##### Weekend Use:

Weekend access to the ICE House must be scheduled in advance through the Simulation Lab Coordinator (Kortney Hanes).

##### Time Management:

Residents must arrive at the scheduled time and leave on or before the scheduled end time.

##### Surgical Blades and Other Sharps Disposal:

Please take care not to leave surgical blades attached to scalpel handles after a lab. Any disposable sharps (such as suture needles) should be secured in a suture book and/or deposited in a large red sharps container after use. If the sharps container is full, please alert ICE House staff.

##### ICE House Policy Review

The official ICE House guidelines should be reviewed by each Podiatry resident.

- [Integrated Center for Education Policy, ICE-8000](#)

##### Contacts:

Allison Gegzna – Program Administrator, Podiatry Residency  
Email: [Allison.gegzna@gundersenhealth.org](mailto:Allison.gegzna@gundersenhealth.org)  
Phone: 52961  
Mailstop: C03-006A

Carley Buisman-     Manager, Integrated Center for Education  
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Debra Kramer -       Senior Office Assistant, Integrated Center for Education  
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Phone: 50951  
Mailstop: ICE04-001



### **CPME 320 and CPME 330 Documents:**

- The newly approved documents have an implementation date of July 1, 2023. See links below.

#### **CPME 320 document link:**

<https://www.cpme.org/wp-content/uploads/2023/12/320-Council-Approved-October-2022-April-2023-edits.pdf>

#### **CPME 330 document link:**

[CPME 330, Procedures for Approval of Podiatric Medicine and Surgery Residencies 2023-7](#)

## WELLNESS RESOURCES AND GUIDES FOR RESIDENTS

Many wellness resources are available and can be found by going to:  
(Gladiator-Medical Education-Residents and Fellow- Resident and Fellow Well Being Initiative)

### Wellness Resource Guide for Residents & Fellows

#### Crisis Resources

**Great Rivers 211 dial 2-1-1 or (800) 362-8255**

✓ Local, free, 24/7, confidential crisis line & community resources

**National Suicide Prevention Lifeline**

✓ Call 1-800-273-TALK (8225) or Text HELP to 741-741

#### Employee Assistance Program(EAP)

**1-800-327-9991 or 608-775-4780 eap@gundersenhealth.org**

**<https://www.gundersenhealth.org/services/business-health/employee-assistance-program-eap/>**

- ✓ Available to all employees and their immediate family members
- ✓ 24/7, confidential assistance to provide skills needed to understand and cope with problems or situations before they develop into more serious concerns

#### GME Wellness Program

**[gme@gundersenhealth.org](mailto:gme@gundersenhealth.org) or (608) 775-2081**

- ✓ GME sponsored events, Financial Friday's, wellness activities to help prevent burnout and increase resiliency
- ✓ Resident/Fellow Wellness Touchstone Group meets quarterly for camaraderie and to discuss well-being topics
- ✓ Residency/Fellowship specific activities/events and wellness days

#### Office of Population Health

**[wellness@gundersenhealth.org](mailto:wellness@gundersenhealth.org) or (608) 775-5887**

- ✓ GHS health and wellness resources
- ✓ MyHealth Room, fitness center discounts, exercise classes
- ✓ Wellness activities and challenges

#### P.E.E.R. Coaching for Physicians

**[peercoachingDrs@gundersenhealth.org](mailto:peercoachingDrs@gundersenhealth.org)**

**[http://connect.gundluth.org/hr\\_gundu/gundu/peercoaching](http://connect.gundluth.org/hr_gundu/gundu/peercoaching)**

Experiencing any of the following?

- ✓ Challenges of balancing work and home life
- ✓ Workload stress
- ✓ Being new to the organization
- ✓ A desire to explore your purpose
- ✓ Transitioning roles

If so, working with a coach can be beneficial!

- ✓ Short-term coaching, comprehensive coaching, and group coaching available
- ✓ Coaching inspires people to explore their potential, live their values, and achieve goals

P.E.E.R. Coaching is a free, confidential service

#### Professionalism , Supervision or Duty Hour Violation Concern

**<http://connect.gundluth.org/Medical-Education-Incident>**

- ✓ Contact GME about mistreatment, abuse, coercion, or other unprofessional behavior by supervisor, staff or colleague
- ✓ Contact Renee Fraser or Rick Klein, HR, neutral party (608) 775-3938

## ADDITIONAL RESIDENT POLICIES

The following policies can be found in the general Graduate Medical Education Handbook that is made available to all residents on our Medical Education internal website.

To find the link to this handbook, you can go to:

***Gladiator – Medical Education – Residents and Fellows – Podiatric Medicine and Surgery.***

You then click on the link on the right hand side bottom page that says ” [2025-2026 GME Manual](#)”. The policies can be found on the following pages:

<a href="#"><u>Viewing Adjudication of Resident</u></a> .....	pages 22–25
<a href="#"><u>Viewing Clinical Experience and Education</u></a> .....	pages 45-48
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