

Southwest General Health Center

Middleburg Heights, Ohio

Partnering with University Hospitals of Cleveland Health System

Department of Surgery

Division of Podiatric Surgery

Podiatric Medicine and Surgery Residency

with the added credential in Reconstructive Rearfoot/Ankle

Program Manual



Southwest General Health Center PMSR/RRA Program

Department of Surgery

Division of Podiatric Surgery

**Introduction**

Southwest General Health Center located in Middleburg Heights, Ohio consists of a 354-bed acute-care community hospital, partnering with University Hospitals Health System of Cleveland. In addition to acute-care hospital services; the Health Center provides a diversity of other health related and ancillary services. The Health Center also operates several local community-based facilities which further its Mission. The Joint Commission on the Accreditation of Health Care Organization accredits the Health Center. The Health Center is governed by its Board of Trustees, and is managed by the administrative officers. For more information, visit swgeneral.org on the web.

**Residency History**

In early 1998, the Health Center, and interested members of the medical staff developed a plan to begin a 2-year podiatric surgical residency training program. The start date was July 1, 1998 at which time one resident began training with a second resident the following year. During the time the PSR-24 program existed the program was highly desired with the program matching its #1 ranked candidate nearly every year. At that time, the program enjoyed tremendous support from the hospital administration, podiatric faculty, general medical staff, and was extremely helpful in providing the highest quality care to patients. The residents participated on average in 2-3 times the number of required surgical cases needed for accreditation. The program continued until 2007 at which time the program was discontinued when a significant volume of podiatric cases shifted to a newly developed private surgery center, Big Creek Surgery Center, which was not affiliated with the Health Center at that time. As a result, several of the program participants later continued teaching residents as an affiliated teaching site at both Southwest General Health Center and at Big Creek Surgery Center with the University Hospitals Richmond Medical Center PMSR/RRA program. In 2016, Big Creek Surgery Center formally affiliated with Southwest General Health Center as an out-patient hospital surgery department.

**Residency Current and Future Plans**

In 2020, many of the major participants in the earlier Southwest General Health Center residency determined that it was desirable to restart a new PMSR/RRA-36 program which began training residents on July 1, 2021. The hospital administration, medical staff leaders, key podiatric faculty, previous rotation directors, all enthusiastically supported restarting our own program as we recognized the many benefits the hospital, faculty, patients, and residents enjoyed previously. It was reaffirmed that the Health Center has all of the resources needed for the training residents in a three-year program. As the transition occurred, our program phased out participation with the UH Richmond program. At the present time the program plans to accept two new PGY-1 residents each year providing sufficient case volume is available for training and CPME approves.

Comprehensive Goals

To provide an opportunity for the podiatric medical graduate to further his/her knowledge and skills in all aspects of podiatric medicine and surgery.

To provide training in the diagnosis, treatment, and prevention of podiatric conditions, with a recognition and understanding of manifestations of systemic diseases in the lower extremity, and general medical care.

To provide optimal patient care at Southwest General Health Center.

To provide instruction and an environment to promote moral and ethical conduct.

To provide instruction in hospital protocol and medical record keeping.

To provide instruction in the medical decision making and utilization.

To encourage ongoing participation in educational activities such as seminars, conferences, lectures, Journal club, etc.

To encourage research in the field of podiatric medicine and surgery.

To develop positive professional relationships in providing patient care.

To encourage teaching in the field of podiatric medicine and surgery.

To prepare the resident for certification by the American Board of Foot and Ankle surgery.

To train a competent comprehensive medical and surgical podiatrist for independent practice in a variety of settings.

To encourage appropriate utilization of health care resources.

To encourage life-long learning and professional advancement.

List of Participating Institutions

All clinical training of the podiatric residents will be provided at the main campus of Southwest General Health Center, its affiliated facilities, or in conjunction with affiliated private practices of members of the Southwest General Health Center medical staff.

In addition to assigned didactic activities at Southwest General Health Center, the podiatric residents will be required to attend assigned local conferences, seminars, lectures, journal club, etc. which are open to the entire podiatric medical profession, and do not require a formal affiliation agreement for participation.

In addition, the residents may at the discretion of the Program Director be permitted to attend out of town didactic activities which are open to the entire podiatric medical profession, and do not require a formal affiliation agreement for participation.

The residents may be permitted to arrange for elective outside rotations of 1 month or less for specialized training only with the permission of the Program Director, and upon completion of a formal affiliation agreement between the outside institution and Southwest General Health Center.

Number of Foot and Ankle Procedures at Southwest General Health Center

Each year approximately 500-700 individual patients have 700-1000 operating room based foot and ankle procedures performed mostly by key members of the podiatric medical staff, including orthopedic surgeons who mostly perform only ankle and Achilles tendon procedures. The podiatric residents can participate in all podiatric and if desired orthopedic foot and ankle cases/procedures. In addition, residents participate in a variety of podiatric cases within the emergency department, wound care center, and offices of multiple medical staff members not included in the above numbers. The residents also participate in a wide variety non-podiatric procedures cases and procedures not listed here. Most physician offices are on the main hospital campus.

Faculty

Southwest General Health Center has more than 600 members of its medical staff who are a potential resource for training the podiatric surgical residents. This currently includes 14 members in the Division of Podiatric Surgery. Southwest General Health Center currently requires a completion of a formal specialty residency, and either Board Qualification or Board Certification to be eligible for appointment. With a large qualified and interested in medical staff the residents will be able to participate in diverse, high quality training, with excellent clinical exposure.

All rotation coordinators are qualified by education, training, experience and current clinical competence in the subject matter for which they are responsible.

Those individuals who participate in significant training of residents are willing to contribute the necessary time and effort to the program in order to achieve the stated goals and objectives.

Adequate support staff is available to provide efficient administration of the program.

Podiatric faculty ABFAS Status

James R. Holfinger, DPM Program Director Certified

Joseph R. Bartal, DPM Assistant Program Director Certified

Nathan Rossi, DPM Scientific Director Qualified

Hillary M. Greer, DPM Research Director Certified

James Hayes, DPM Curriculum Director Qualified

Frank E. Vargo, DPM Certified

Elizabeth A. Baracz, DPM Certified Rachel Robinson, DPM Certified

Michelle H. Haldeman, DPM Certified

Howard M. Kimmel, DPM Certified

Michael LeCastre, DPM Qualified

Joshua Moore, DPM Certified Bradley Weimken, DPM Qualified

Gregory L. Weimken, DPM Certified

Residency Administration

Program Director

Southwest General Health Center contracts a podiatric physician/surgeon to serve as administrator of the residency program.

The individual must possess appropriate clinical, administrative and teaching qualifications suitable for implementing and maintaining the program in achieving the stated goals and objectives.

The individual must be a Diplomate of the American Board of Foot and Ankle surgery.

The individual shall participate in accredited professional faculty development activities, including but not limited to, administrative, organizational, teaching and research for the purpose of maintaining and improving residency programs.

Southwest General Health Center shall provide proper authority to the Program Director to fulfill the responsibilities of the position.

The individual shall be responsible for the administration of the residency in all participating institutions, maintenance of records related to the educational program, communication with the Council on Podiatric Medical Education, scheduling of rotations, instruction, supervision and evaluation of the residents, evaluation of faculty, periodic review and revision of curriculum content, and program self-assessment. The individual shall be able to devote sufficient time to fulfill the responsibilities of the position. The individual is responsible to insure equity in training when multiple residents are involved.

Assistant Program Director

Southwest General Health Center contracts a podiatric physician/surgeon to assist in the administration of the residency program, and in his/her absence function as the Program Director.

The individual shall possess the necessary skills and qualifications to fulfill the responsibilities of the position.

Scientific Director

Southwest General Health Center contracts a podiatric physician/surgeon to assist in the clinical training with emphasis on the teaching the residents through journal club, reading assignments, cadaver labs, case presentations, lectures, seminars, etc.

The individual shall possess the necessary skills and qualifications to fulfill the responsibilities of the position.

Curriculum Director

Southwest General Health Center contracts a podiatric physician/surgeon to assist in development and implementation of the curriculum. This includes formulating the schedule and assigning cases.

The individual shall possess the necessary skills and qualifications to fulfill the responsibilities of the position.

Research Director

Southwest General Health Center contracts a podiatric physician/surgeon to assist in the research activities to be conducted by each resident. This would include approval of research topics, methods, goals, timetables, and provide appropriate assistance to the resident.

The individual shall possess the necessary skills and qualifications to fulfill the responsibilities of the position.

Residency Training and Selection Committee

Shall consist of the Program Director who will serve as chairperson, Assistant Program Director, Scientific Director, Curriculum Director, Research Director, and Chief of the Division of Podiatric Surgery, and other members to be appointed by the Program Director who are actively involved in the training program. This committee will assist as needed in the administration of the residency, and perform the function of recommending candidates for appointment.

James R. Holfinger, DPM, Chair, Program Director

Joseph R. Bartal, DPM, Assistant Program Director

Nathan Rossi, DPM, Scientific Director

James Hayes, DPM, Curriculum Director

Hillary M. Greer, DPM, Research Director, Chief, Division of Podiatric Surgery

Interested Active Faculty

Policies

**Application and Appointment**

To be eligible for appointment, the application must have earned the Doctor of Podiatric Medicine degree prior to July 1st of the initial training year from a college of podiatric medicine accredited by the Council on Podiatric Medical Education authorized by the American Podiatric Medical Association.

Applicants are expected to have at least a 3.00 or higher podiatric medical school GPA.

To be considered for an initial interview the applicant must follow the requirements of the Central Application Service for Podiatric Residencies (CASPR) the year prior to the start of the desired training.

Once the above items are received and reviewed, the applicant will be notified if they are eligible to participate in an initial interview.

No application fees are required.

At the appropriate time as determined by CASPR the residency training and selection committee will conduct an initial interview of selected applicant’s at the Health Center. If a second interview is needed, those candidates will be notified of the time and place of the subsequent interview. Once ranking is determined by the committee, the information will be forwarded to CASPR. If a candidate matches, Southwest General Health Center will provide a contract for formal appointment. Qualified applicants will be considered without regard to race, color, religion, sex, national origin, age, disability, or veteran status. All rules and regulations of Southwest General Health Center concerning application for appointment and due process will be followed. The committee will base recommendation upon principles that consider individual qualities and aptitudes with regard to the rights of all.

**Service Responsibilities**

The primary function of the residency program is to provide educational development of the resident. It is not intended as a method of replacing employees of the Health Center, or its medical staff.

Duties and Responsibilities

**Rotations**

The resident as expected to complete all assigned rotations and accomplish the objectives. The resident is required to receive a satisfactory or better evaluation from the rotation coordinator; otherwise remedial action will be necessary. The schedule may be modified as needed by the Program or Curriculum Director.

**Didactic activities**

The resident is expected to attend and participate in all assigned didactic activities, and demonstrate acceptable participation.

**Logs**

The resident is to keep a log of all clinical and didactic activities, and a separate surgery log The logs must be reviewed, verified, and signed by the Program Director. Residency Resource will be utilized for documentation. At the successful completion of program, CPME will be notified.

**On Call Duties**

Each resident will be required to be on call as scheduled and as practical for specific rotations. If a resident is unable to fulfill call responsibilities it is the residents obligation to exchange call with a fellow resident. This provision is not to be abused or result in unequal overall call responsibilities. Responsibilities will be divided as equally as possible in consideration of the overall program objectives.

**Podiatric Clinic Work Hours**

Podiatric clinic work hours are 8:30 AM to 5 PM, Monday through Friday. Clinic hours may only be modified by the attending faculty member to whom the resident is assigned that day and only after it has been determined that the resident’s presence is no longer needed elsewhere. Add-on cases, consultations, or emergencies occurring during regular clinic hours will be the responsibility of the resident assigned to the faculty member caring for the patient. If similar situations occur after normal clinic hours, the “on call resident” shall be responsible.

**Hospital Rounds**

Unless otherwise instructed, on weekdays, hospital rounds by the resident should occur prior to clinic. Weekend and holiday rounds should occur in the morning.

**Paid Time Off (PTO)**

Except in special situations approved by the Program Director, planned vacation (PTO) is to be taken only during podiatric rotations to afford adequate time for training in non-podiatric rotations. Although residents are hospital employees, residency training is a unique situation, and as a result, residents are afforded 15 days of PTO each training year which may differ from other employees. The resident is to ask the podiatric faculty member to whom they are assigned for permission to use any day(s) for PTO. If approved, the faculty member is to record the approved days on a common schedule which will be maintained in the office. The resident is also required to notify the Medical Staff Office of any PTO used during a pay period. The program will comply with any applicable laws, rules, and regulations regarding resident work hours.

**Time off for medical appointments**

Residents may be excused for short periods of time for medical appointments with the permission of their scheduled assigned faculty member. Since residents often work before or after “normal” hours”, PTO is not required to be used. Residents are not to abuse this provision and are expected to return to work as soon as possible.

**CPR certification**

Each resident will be required to complete basic CPR as well as advanced cardiac life support as early as practical in the initial training year but no later than 6 months if not already certified upon entering the program. Certification must be maintained during the entire training program.

Rules and Regulations

The resident shall abide by all Southwest General Health Center official associate policies, medical staff policies, resident guidelines, the following rules and regulations, and the residency manual. These policies may be amended as needed to effectively conduct the residency training program, consistent with Health Center policy and the Council on Podiatric Medical Education (CPME).

Please refer to the following link for CPME as the Program abides by CPME 320 and CPME 330 documents;

www.CPME.org

**General Conduct**

The resident shall demonstrate a high level of moral and ethical conduct, and maintain the qualities of professionalism consistent with the goals of this program, and of Southwest General Health Center.

**Attendance**

The resident will attend assigned rotations, cases, rounds, didactic activities, research activities, meetings, etc. unless properly excused by the rotation coordinator, or Director of Podiatric Medical Education.

Any unexcused absence will need to be made up before a certificate of completion can be issued.

**Attire**

The resident shall wear appropriate attire for assigned activities of the residency program. The resident will conform to acceptable grooming habits set forth by the Program Director consistent with Health Center policies.

**Legal Documentation**

The resident will not sign death certificates, birth certificates, wills, witness consent forms, or other legal documents.

**Prescriptions**

The resident may sign prescriptions consistent with Ohio licensure and laws.

**Medical Record Keeping**

The resident is expected to complete medical records in a timely manner consistent with Health Center, and medical staff policy.

**Relationship to Staff**

Residents will at all times maintain an appropriate professional relationship with the medical staff members, and Health Center Associates.

**Patient Care**

The resident should make every effort to attend rounds or patient evaluations with the attending physician when possible. The resident may give orders and be involved in patient care as set forth in the residency guidelines and under the authority of the supervising attending physician.

**Problem Management/Breach of Rules**

Conflicts, breach of rules, or other problems involving the resident in association with his/her duties shall be brought to the attention of the Program Director for appropriate resolution consistent with Health Center policies.

**Ethics**

The resident shall not engage in the practice of podiatric medicine or surgery, or any other form of outside employment as stated in the resident/Health Center contract. The resident is not to receive fees from patients or others for services rendered. The resident shall not complete or submit any third party insurance claim forms. The resident shall maintain patient confidentiality, and not provide any form of patient information to any unauthorized individual, agency, or party. All requests for this information should be directed to the appropriate individual. At no time shall the resident obtain, compile, or published patient records, documents, or any other information without proper authorization. The resident must comply with all HIPPA laws and regulations, and all other applicable laws, rules and regulations regarding protected information.

**Due Process**

Any grievance between the Health Center and the resident as to whether there has been a violation of the contract, or rules and regulations, or whether termination of the contracted by the Health Center was for just cause will follow the official policies for Associates of the Health Center. The Program Director functions as the immediate supervisor of the resident.

**Discipline and Dismissal**

The Program Director functions as immediate supervisor of the residents and is responsible for initiating appropriate disciplinary action for any infraction or failure to comply with the rules and regulations, or other agreements with the resident. All actions will be consistent with official policy of the Health Center.

Any resident accepted for training may be dismissed without certification of training for infractions or violations of the rules, policies, guidelines, agreements, or for any action which jeopardizes the safety of patients, personnel, or physical facilities. The actions of dismissal will be taken only after the execution of due process.

**Remediation**

If the resident fails to adequately meet the objectives of a specific rotation, a course of remediation will be developed by the Program Director, resident, and rotation coordinator. The possible methods for remediation are elaborated further in this manual in the “evaluation/remediation” section.

**Sexual Harassment**

Any sexual harassment involving a resident as defined by the official policy for Associates of the Health Center should be reported to the Program Director, or the Human Resources Department of the Health Center, for appropriate action in accordance with Health Center policy.

Residency Guidelines

The following is a summary of guidelines for the podiatric surgical residents Southwest General Health Center.

The residents may respond to the emergency department to perform podiatric specialty examinations, closed reduction of foot and ankle fractures or dislocations, casting, and suturing of superficial foot, ankle, and leg wounds, and other conditions as directed by the supervising medical staff member. All care of patients seen in the emergency department must be discussed with a qualified member of the medical staff of Southwest General Health Center prior to the patient being discharged with documentation of this discussion in the medical record. The podiatric resident may perform additional functions in the emergency department when on non-podiatric rotations as permitted and directed by the supervising physician.

The residents may assist the responsible emergency department physician in evaluation of foot and ankle conditions to help determine the need for specialty referral, assist in providing emergency department care, and facilitate appropriate referral and admission if needed.

The residents may initiate admission of patients to the attending physician’s service. The attending physician must be notified of the admission, and the treatment plan is to be discussed with the attending physician.

The residents may discharge patients only after discussion with the attending physician.

The residents are permitted to give verbal, electronic and phone orders to nursing personnel, which must be signed by the resident. Routine orders do not need to be signed by the attending physician. The residents are not permitted to give DNR orders. Admission history and physicals, operative notes, consultations, and discharge summaries must be cosigned by the attending physician.

The residents may see patients as a consultant for any service requesting podiatric evaluation and/or care. The residents do not have any independent privileges and must function using these guidelines under the authority of a responsible member of the medical staff of Southwest General Health Center.

If a residents conduct or judgment is questioned by other physicians, or nursing personnel, the problem should be discussed with the resident, and if not adequately resolved, brought to the attention of the responsible attending physician. Severe deviations in conduct or judgment should also be reported to the Program Director. All patients care will be discussed with the attending physician, and appropriate documentation placed in the patient’s chart. The residents may perform minor bedside procedures as directed by the attending physician. Residents may assist in the operating room but are not considered the primary surgeon. The attending physician is responsible for providing adequate supervision of the resident during any procedure. Residents may close surgical wounds as directed.

While participating in any non-podiatric rotation or case, the resident is permitted to perform any function as directed by an appropriately privileged responsible attending physician.

As directed by the residency faculty, residents may participate in patient care under the supervision an any qualified and privileged member of the medical staff of Southwest General Health Center or a provider who has an formal affiliation agreement.

Rotation Schedule

2021-2023

or

See current year speadsheet

**PGY-1**

Month Rotation Type Coordinator

July Podiatric Medicine/Surgery Case DPME

August Hospitalist Block Dr. Alers

September Podiatric Medicine/Surgery Case DPME

October 1st half, Radiology Block Dr. Haller

October 2nd half, Anesthesia Block Dr. Bologna

November Podiatric Medicine/Surgery Case DPME

December 1st half, Pathology Block Dr. Rabinowitz

December 2nd half, Research Block Dr. Greer

January Podiatric Medicine/Surgery Case DPME

February General Surgery Block Dr. Brzozowski

March Podiatric Medicine/Surgery Case DPME

April Family Medicine Block Dr. Striatus

May Podiatric Medicine/Surgery Case DPME

June Emergency Medicine Block Dr. Tout

**PGY-2**

July 1st half, Endocrinology Block Dr. Bindra

July 2nd half, Behavioral Sciences Block Dr. Luther

August Podiatric Medicine/Surgery Case DPME

September Internal Medicine Block Dr. Munjapara

October Podiatric Medicine/Surgery Case DPME

November Vascular Surgery Block Dr. Brown

December Podiatric Medicine/Surgery Case DPME

January Infectious Disease Block Dr. Blossom

February Podiatric Medicine/Surgery Case DPME

March Orthopedic Surgery Block Dr. Panigutti

April Podiatric Medicine/Surgery Case DPME

May Plastic Surgery Block Dr. Sabollas

June Podiatric Medicine/Surgery Case DPME

**PGY-3** Podiatric Medicine/Surgery Case DPME

Or Elective Rotations

Note: Podiatric Medicine/Surgery rotations include hospital, office, wound care, and surgery on a case by case basis as assigned daily by the Program administrative faculty.

Elective rotations may be in a variety of specialties based on the interest of the resident, available resources, and a coordination with the DPME.

All training is conducted at the main campus of Southwest General Health Center, the two Health Center operated surgery centers, or the private offices of the rotation coordinators. All training sites are in Middleburg Heights, Ohio within two miles of the main campus.

Didactic Activities

It is expected the residents will participate as assigned in the following activities.

**Local seminars, lectures, and meetings and conferences**

The residents are encouraged and may attend various lectures, seminars, meetings and conferences which are available locally.

**Southwest General Health Center sponsored activities**

**Friday noon lecture series**

Activity: Lectures covering general medical topics

Date: Every Friday during the academic year

Time: Noon to 1 PM

Location: Southwest General Main campus, Williams Conference Ce

**Weekly podiatric didactic lecture and case discussions**

Activity: Formal topic and case discussions, see separate schedule

Date: Every Tuesday unless cancelled in advance

Time: 6:30 am

Location: Dr. Rossi office/conference room

Coordinator: Nathan Rossi, DPM (Scientific Coordinator)

**Journal Club**

Activity: Review of recent complications

Date: First Monday of each month

Time: Noon, unless delayed by surgical cases

Location: Dr. Rossi office/conference room

**Workshops**

Activity: Workshops a cadaver surgery, power equipment, fixation, etc.

Date: As announced

Time: As announced

Location: Southwest General Health Center, unless sponsorship is obtained by an outside vendor

Coordinator: Dr. Rossi, Dr. Hayes

**Informal topic and case discussions**

Participants will including the podiatric staff and residents when available.

Sample topics;

Hospital protocol/orientation

Hospital record keeping

Podiatric history

Podiatric examination

Biomechanical examination

Use of diagnostic laboratory studies for infection

Use of diagnostic laboratory studies for connective tissue disease

Use of diagnostic imaging studies for infection

Use of diagnostic imaging studies for tendon trauma/rupture

Use of diagnostic imaging studies for bone tumors

Use of noninvasive vascular studies

Routine antibiotic prophylaxis and current concepts

Endocarditis and surgical prophylaxis

Wound closure techniques

Postoperative pain management

Review principles and use of AO fixation

Indication and use of surgical drains

Indication and use of AO fixation in osteotomies

Management of skin lacerations

Management of tendon lacerations

Ankle sprains/management and sequela

PT tendon acute rupture and management

Conservative and surgical fracture management

Peroneal tendon evaluation and treatment

Intermetatarsal neuroma conservative and surgical management

Common dermatologic lesions

Recognizing malignant dermatologic lesions

Surgical biopsy/techniques

Common skin-plasty techniques

Hammertoe repair

Pre-dislocation syndrome of lesser digits and management

Overlapping fifth digit

Surgical management of hyperkeratotic web space lesions

HAV etiology

Hallux limitus etiology and surgical management

Indications and review of Keller and McBride bunionectomy

Indications and review of Austin bunionectomy

Indications and review of closing base wedge osteotomy

Indications and review of Lapidus procedure

Surgical management of flatfoot

Bone graft indications and techniques

Ankle arthrodesis, indication and techniques

Subtalar joint arthrodesis, indication and techniques

First MPJ arthrodesis, indication techniques

Juvenile HAV etiology/conservative and surgical management

Review of rheumatoid diseases

Surgical management of rheumatoid diseases

Pantalar arthrodesis, indications and techniques

Achilles tendon rupture/surgical and conservative management

Haglund’s deformity surgical management

Achilles calcification, surgical and conservative management

Equinus and its implications

Surgical management of gastrocnemius equinus

Calcaneal fractures, principles and management

Midfoot fractures, surgical and conservative treatment

Osteochondral lesions of the talus, conservative and surgical management

Ankle arthroscopy, indications and techniques

Sinus tarsi syndrome, surgical and conservative management

Tarsal tunnel syndrome, surgical and conservative management

Surgical approaches to the rear foot

Hallux varus and surgical management

Sesamoid fractures, conservative and surgical management

Management of peripheral neuropathies

Management of diabetic ulcerations

Treatment of abscess/cellulitis

Treatment of compartment syndrome

MBA arthroereisis indications and techniques

Role of EPF and heel spur syndrome

Use and Misuse of implants

Postoperative complications and management

Evaluation/Remediation/Self Assessment/Reports

**Evaluation**

Upon completion of each rotation the individual responsible for instruction and will evaluate the resident in writing. Evaluation forms are available for this process. The evaluation will be reviewed and signed by the rotation coordinator, the resident, and the Program Director.

**Remediation**

If the resident fails to adequately need the objectives of a specific rotation, a course of remediation will be developed by the Program Director, resident, and rotation coordinator. This may include requiring the resident to repeat the rotation, spend additional time in the rotation, complete additional reading assignments, or other appropriate means to accomplish the goals and objectives. The resident will not be given a certificate of completion of the training program until all requirements have been met.

**Annual review**

The residency training program will be evaluated annually to review its goals, objectives, faculty, and curriculum for possible improvement.

Areas of review will include;

Goals

Objectives

Didactic program

Research

Resident’s evaluation of rotations

Coordinators evaluation of residents

Clinical volume, diversity of training, and resident participation

Quality of faculty

The results of the annual review will be shared with the residents, faculty, residency training and selection committee, and Health Center.

**Self Assessment for Council Review**

In preparation for Council on Podiatric Medical Education review, the Program Director will prepare a program self-assessment. The review will include the entire program, and its overall compliance with Council standards and requirements. The program will eventually measure program outcomes of the success of previous residents by measurable academic, clinical, research, certification, and teaching standards.

**Annual Council report**

These Health Center will report to the Council on Podiatric Medical Education on at least an annual basis.

This will include;

Institution of data

Residents selected and completing training

Curriculum changes

Other requested information

**Report of changes**

The Health Center will report in writing to the Council any changes in the administration or curriculum of the program within 30 days.

These will include;

Changes in sponsorship.

Change in Program Director.

Change in training sites

Change in curriculum

Adverse disciplinary actions.

Resident selection, transfer, or termination.

**SOUTHWEST GENERAL HEALTH CENTER**

**RESIDENT EMPLOYMENT AGREEMENT**

This RESIDENT EMPLOYMENT AGREEMENT (“the Agreement”) is made and entered into as of this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 202\_ (the “Effective Date”) by and between Southwest General Health Center (“Southwest”) located at 18697 Bagley Road, Middleburg Heights, Ohio and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Resident”).

WITNESSETH:

WHEREAS, Southwest operates an acute care hospital providing both inpatient and outpatient surgical services and other medical, health, and community services; and

WHEREAS, Southwest has commenced a podiatric medicine and surgery residency program (the “Program”) that has been approved by the Council on Podiatric Medical Education; and

WHEREAS, Southwest desires to employ Resident to participate within the scope of training protocols and under the guidance of the appointed Director of Podiatric Medical Education (the “Director”) with the purpose of achieving the educational goals of the Program; and

WHEREAS, Resident desires to accept such employment on the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual promises set forth below, Southwest and Resident agree as follows:

1. **EMPLOYMENT OF RESIDENT**
2. **Employment.** In accordance with the terms of this Agreement, Southwest employs Resident for the purpose of participation in the Podiatric Medicine and Surgery Residency. Resident accepts such employment and agrees to perform the services required under this Agreement on a full-time basis under the direction of the Director and in accordance with this Agreement and the applicable sections of the Podiatric Medicine and Surgery Residency Training Program Manual (the “Manual”).
3. **Term of Employment**. As of the Effective Date of this Agreement, it is anticipated that Resident’s employment with Southwest shall commence on July 1, 202\_\_ provided Resident complete certain pre-employment contingencies. The pre-employment contingencies are Resident: (i) meeting all of the qualifications contained in Article II section A, and (ii) meeting all requirements generally required of employees of Southwest, including but not limited to passing all pre-employment physicals and drug testing. If Resident has not completed all pre-employment contingencies prior to the later of the date set forth above or an extension date granted by Southwest, if any, this Agreement shall be null and void. The actual date on which the Resident begins his/her employment with Southwest shall be the Start Date, and unless earlier terminated in accordance with this Agreement, shall continue thereafter for a period of one (1) year from the Start Date (the “Initial Term”).
4. **RESIDENT’S QUALIFICATIONS AND DISCLOSURES**
5. **Professional Qualifications.** Resident represents that he or she has, or will have by the Start Date, and will maintain throughout the term of this Agreement, the following qualifications:
6. Be duly licensed to practice podiatric medicine in the State of Ohio with no restrictions, although such license may be a training license;
7. Has not ever been reprimanded, sanctioned, disciplined or excluded by any state licensing board, state, medical society or specialty board;

1. Has not ever been subject to any disciplinary order, sanction, exclusion, suspension, debarment or decree of any federal or state governmental agency having jurisdiction over the practice of medicine or any governmental health benefit program including but not limited to the Medicare or Medicaid;
2. Not ever been convicted of; (i) a felony, (ii) a misdemeanor in the scope of practice; or (iii) any misdemeanor involving moral turpitude, including but not limited to any theft, sexual crime, abuse or crime of violence.
3. **Documentation and Notification of Changes.** Upon reasonable request, Resident shall provide documentation regarding the status of the Professional Qualifications set forth above. Resident shall immediately notify Southwest if Resident ceases to meet any of the Professional Qualifications set forth above.
4. **Professional Malpractice Coverage**
5. **Southwest Professional Malpractice Coverage.** Southwest shall provide, and Resident shall participate in, Southwest’s programs for professional malpractice and other liability coverage. The ability for Resident to be insured by Western Reserve Assurance Co., LTD, SPC, or any other insurer selected by Southwest, at substantially the same cost as other Residents practicing in Resident’s specialty shall be a condition of continuation of this Agreement. Resident agrees to abide by all requirements of risk management programs in place or in the future adopted by Southwest. At the expiration or termination of this Agreement, Southwest shall purchase tail coverage, or otherwise provide professional liability coverage, for professional services provided by Resident pursuant to this Agreement.
6. **Professional Liability Coverage for Resident’s Outside Activities.** The professional liability coverage provided to Resident by Southwest shall be limited to coverage solely for services provided by Resident pursuant to this Agreement. In the event Resident provides services to any patient not covered by this Agreement, Resident shall provide professional liability coverage in such amounts as are required for Resident to maintain clinical privileges at Southwest. Resident shall provide evidence of such coverage to Southwest upon request.
7. **Duties Of Resident**
8. **Compliance with Standards**. The performance of Resident’s duties hereunder shall be in accordance with the reasonable rules and regulations and any reasonable policies and procedures of Southwest and the Manual as are currently in effect or as may be adopted or modified by Southwest or the Program from time to time. Resident agrees at all times to act in accordance with the Southwest Code of Conduct. Resident further agrees that she will participate in all compliance training required by Southwest. Southwest shall have the right and authority from time to time to develop, implement and modify reasonable rules and regulations respecting the rights, duties, and obligations of Resident in carrying out his or her responsibilities pursuant to this Agreement and any necessary or appropriate interpretations of any of the provisions hereof. Resident shall be charged with knowledge of all rules and regulations during the term of this Agreement of which he/she is given notice. Resident shall also comply with all rules and regulations of any Federal, State, or local agency governing or applicable to his or her performance of professional services pursuant to this Agreement and to the standards of any specialty board, nationally recognized credentialing board or body and the Medical Staff of Southwest.
9. **General Obligations of Resident and Professional Service Commitment**.

Resident agrees faithfully, diligently and in a professional manner to practice medicine as an employee of Southwest on a full-time basis and to devote his or her complete attention to the practice of medicine or assigned administrative duties while working for Southwest. Resident shall provide such services as are generally associated with podiatric residencies. Without limiting the generality of the foregoing, Resident agrees to:

1. Maintain a log of activities in such form as is required in the Manual, which shall be submitted for verification and approval by the Director. Such logs shall be submitted to a person designated by Southwest, which Southwest may change from time to time.
2. Promptly complete and maintain, in accordance with Southwest’s professional standards, all medical records respecting all patient care services rendered pursuant to this Agreement, and shall also complete on a daily basis all required forms and ancillary records which may be required pursuant to such professional standards;
3. Promptly complete and maintain, all medical and related billing records respecting all patient care services rendered pursuant to this Agreement, and shall also complete on a daily basis all required forms and ancillary records which may be required pursuant to Southwest’s rules and regulations, by third-party payers, or otherwise in order to facilitate the prompt billing and collection of charges for such services by or on behalf of Southwest. The records completed and maintained by Resident shall be adequate and appropriate to support the billing done for each patient encounter.
4. Utilize the Southwest’s Electronic Health Record (EHR);
5. Provide all services to patients without regard to such patient’s insurance coverage or absence thereof, race, religion, national origin, race, sex, sexual orientation, or gender identification.
6. Take all actions necessary in order to comply with the requirements of any government or third- party payer incentive programs which are required by the government or any third-party payer with which Southwest contracts, or with which Southwest voluntarily participates;
7. Cooperate and participate in quality assessment and utilization management and peer review procedures as may reasonably be adopted from time to time by Southwest;
8. Conduct him or herself at all times as respected member of the medical community and is such manner as to enhance the medical reputation of Southwest in the community and shall avoid any behavior or participation in any activity that would cause any embarrassment to or reflect negatively on the business operations of or professional or ethical reputation of Southwest. This section is not intended to prevent Resident from being involved in legal organizations or to be involved in political or advocacy activities when Resident is not providing services pursuant to this Agreement, provided Resident does not publically hold him or herself out as being a resident at Southwest;
9. Work cooperatively with professional colleagues and the staff of Southwest at all times and serve Southwest patients in such a manner that will promote superior patient satisfaction with Southwest;
10. Notify Southwest and the Director immediately if any event occurs that affects residents continued qualifications to serve as a resident in the Program.
11. **Scheduling.**  Resident’s service obligations shall be scheduled in accordance with the reasonable policies and procedures adopted by the Program from time to time. Resident shall notify the Director or his designee, of any scheduled vacation days and any unexpected absences such as illness.
12. **Good Health; Physical Examination.** Resident warrants that he or she is, to the best of his/her knowledge, in generally good physical and mental health, and is not suffering from any condition, which could, without reasonable accommodation, impair Resident’s ability to provide competent medical care to patients and to perform Residents other obligations as set forth in this Agreement. Resident agrees to submit to medical examinations as requested by Southwest during the term of this Agreement whenever Southwest has a reasonable, good faith belief that the interest of Southwest’s patients requires such an examination. Resident also agrees to direct the selected physicians and other medical providers performing such examinations to provide detailed information to Southwest concerning the results of such examinations.
13. **Term and Termination of Employment**
14. Term of the Agreement. This Agreement shall expire one (1) year after the Start Date. Thereafter this Agreement may be renewed for two additional one (1) year terms in the event that the Director, with the approval of Southwest, provides written notice of renewal at least sixty (60) days prior to the end of each of the first two terms. The parties may at any time agree to early termination of this Agreement.
15. Termination by Southwest for Cause.
16. Automatic Termination. This Agreement shall automatically terminate, and shall be considered termination for cause, in the event Resident:
    * 1. Ceases to be licensed to practice podiatry under a training license or a full license in the state of Ohio;
      2. Becomes ineligible to participate in the Federal health care programs or the Federal procurement or non-procurement programs or
      3. Dies.
17. Immediate termination upon notice to Resident. Southwest may terminate this Agreement immediately upon notice to Residents for cause in the event Resident:
18. Is convicted of any crime greater than a minor misdemeanor or traffic offense;
19. Engagement by Resident of any course of conduct in Resident’s practice of medicine which is materially and demonstrably detrimental the best interest of Southwest, including but not limited to breach of confidentiality, competition with Southwest, engaging in inappropriate relationships with patients or other actions which could result in action by the Ohio Medical Board;
20. Resident’s license or training license to practice podiatry in the state of Ohio becomes subject to any suspension, or any limitations, other than limitations generally imposed on those holding training licenses;
21. Resident’s clinical privileges at Southwest or any other medical facility at which Resident has privileges are suspended, revoked, or becomes subject to any restrictions of any kind due to Resident’s actions or inactions regarding the quality of Resident’s services or Resident’s behavior at such facility;
22. Resident is the subject of any investigation which could lead to Resident becoming ineligible to participate in the Federal health care programs or the Federal procurement or non-procurement programs;
23. Cancellation or denial of insurance coverage for Resident under the program of insurance or self-insurance covering all Southwest’s employed Residents or an increase in insurance premium for reasons of clinical competency to an amount equal to or greater than the average of the premium charged for residents in Resident’s Specialty;
24. Resident’s alcohol, substance or drug abuse; and
25. Southwest determines in good faith that Resident did not properly disclose any information required to be disclosed by Resident pursuant to this Agreement.
26. Other Termination by Southwest. Resident may be terminated by Southwest for cause upon written notice to Resident for breach of any provision of this Agreement, which shall be considered termination for cause. In cases where Southwest reasonably determines that Resident may not continue to render services without risk to the interests of Southwest and the welfare of its patients, the termination effected pursuant to this section shall be effective immediately upon the giving of such notice. In the event that Southwest determines that Resident may continue to render services without risk to the interests of Southwest and the welfare of its patients, Resident shall have the right to cure such breach within thirty (30) days; provided, however, that if Resident cures such breach and then subsequently breaches this Agreement involving the same or similar matter Resident shall be deemed to have waived the right to subsequent notice and cure period and Southwest may terminate this Agreement immediately.
27. Termination Due to Change in Law. The parties recognize that this Agreement is subject to applicable Federal, state, and local law now or hereafter in effect, and shall be subject to amendments of such laws and regulations and to new legislation (collectively, “Law”). In the event that the Law is amended or changed or existing or amended Law is interpreted by judicial decision, announcement, no action letter, safe harbor provision, order or decision of a regulatory agency, or is read to provide, that the structure or substance of the transactions(s) contemplated hereby are (a) in violation of the Law and (b) subject a party hereto, or any affiliate thereof, or an employee, agent or director or trustee of any party hereto or of any affiliate thereof to a significant and substantial risk of financial loss or penalty or criminal prosecution, then the Law shall be deemed to have superseded the terms of this Agreement, and the parties shall negotiate in good faith to amend this Agreement to comply with such Law and negotiate in good faith with any applicable third party to preserve the benefits of this agreement for the parties insofar as reasonably possible, in compliance with Law. To the greatest extent possible, any such amendment shall preserve the terms and intent of this Agreement, consistent with the requirements of applicable law. If the parties cannot agree upon mutually acceptable terms, either party may terminate this Agreement upon ten (10) days written notice to the other party.
28. Termination for Disability. This Agreement shall terminate upon the inability of Resident to perform his or her duties hereunder, whether by reason of injury or illness (physical, mental or otherwise) which, in the reasonable medical judgment of a qualified medical professional is expected to incapacitate Resident for a continuous period exceeding one hundred eighty (180) days, commencing back from the date on which such inability to perform began. If either Resident or Southwest believes that any such condition exists, Southwest may, or Southwest shall at the request of Resident, select any licensed medical doctor to examine Resident with regard to any such disability, and Resident waives any privilege with such licensed medical doctor to permit the disclosure of the results of the examination to Southwest. If the designated licensed medical doctor determines that Resident is, or is expected to be unable to perform her duties for one hundred eighty (180) continuous days, then such determination shall be final and binding upon the parties. Resident shall not be entitled to compensation when Resident is not working and shall be eligible to receive paid time off as is provided to Southwest employees.
29. Termination by Resident. Resident may terminate this Agreement at any time.
30. Termination Procedures. Upon any termination of this Agreement, Resident shall immediately vacate Southwest’s premises on the effective date of such termination and shall return to Southwest at such time any and all property of Southwest including, but not limited to, any keys, card keys, identification badges, or other security devices used by Residents. Upon termination of this Agreement Resident’s clinical privileges shall immediately terminate.
31. **COMPENSATION AND BENEFITS: ADDITIONAL PAYMENTS**

Southwest agrees to pay to Resident, and Resident hereby agrees to accept as full compensation for the performance of his or her services rendered on behalf of Southwest payment at the rate of Sixty Thousand ($60,000.00) the first year, with a $2000 annual increase each renewal. There shall be deducted from every payment made to Resident, applicable income tax withholding, FICA, any and all other employee- related taxes or contributions required to be made by Southwest with respect to the compensation paid to Resident, and any employee contributions or deductibles relating to health insurance or other benefits. Resident agrees not to seek remuneration from any person or entity for the services provided pursuant to this Agreement except as is provided for in this Agreement.

Resident shall be eligible to participate in all benefit plans offered to full-time Southwest employees, and if an employee contribution is necessary, Resident’s contribution shall be that of other full-time employees. Resident is afforded up to 15 days of paid time off (PTO) each training year which may not match benefits provided to other hospital employees.

1. **MISCELLANEOUS**
2. Non-Waiver Breach. A party’s waiver or failure to enforce any of the terms and conditions hereof in a particular circumstance shall not be construed as a general waiver or continuing waiver thereof by the party, and each party shall be free to reinstate such term or condition with or without notice to the other, unless and except to the extent that such waiver is provided in writing, in which case each party’s rights shall be determined in accordance with such writing.
3. Severability.In the event that any clause or provision of this Agreement or the application of any such clause or provision in a particular context or to a particular situation, circumstance or person, should be held unenforceable, invalid, or in violation of law then the application of such clause or provision in other contexts or to its circumstances, or persons other than in or to which it was held unenforceable, invalid, or in violation of law shall not be affected thereby, and the remaining clauses and provisions hereof shall remain in full force and effect.
4. Entire Agreement; Amendment or Modification. Except as otherwise specifically provided for herein, this Agreement, including the Exhibits referenced herein, constitutes the full and complete understanding between the parties with respect to the matters addressed herein and supersedes any and all similar written or oral agreements heretofore executed. Except for those matters committed to Southwest’s discretion pursuant to this Agreement, no amendments or additions to this Agreement shall be effective unless in writing and signed by both parties.
5. Agreement to Perform Necessary Act.Each party agrees to perform any further acts and to execute and deliver any further documents as may be reasonably necessary to effectuate fully the provisions of this Agreement.
6. Assignment.Neither party shall have the power to assign or otherwise transfer this Agreement, or any of his/her/its rights, duties or interests herein, and any such purported or attempted assignment shall be null, void, and of no force or effect whatsoever, except Southwest shall have the right to assign, with or without Resident’s consent, any of its rights, duties or obligations under this Agreement to a corporation which is a corporation owned by Southwest or Southwest Community Health System or any subsidiary of such corporations or to any successor entity to Southwest.
7. Binding Effect.This Agreement shall be binding upon the parties and their respective heirs, legal representatives, successors, and permitted assigns, of the parties, whether in the event of a merger, sale, or affiliation involving Southwest, or otherwise.
8. Governing Law and Jurisdiction.This Agreement is executed and is intended to be performed solely in the State of Ohio. All rights and obligations of the parties shall be governed by and construed under the laws of the State of Ohio. The parties hereto submit exclusively to the jurisdiction of the state and federal courts in the County of Cuyahoga, Ohio in connection with any dispute arising under this Agreement or from the rights and obligation of the parties, and waive any right to challenge the jurisdiction of such courts or to change the venue of any action brought therein.
9. Notices. Any notice, request, demand, or other communication from one party to the other party hereto required or permitted to be given hereunder shall be delivered in person or deposited in the regular mail delivery system used for distribution of mail and other information;

If to Southwest

18697 Bagley Road

Middleburg Heights, Ohio 44130

Attention:

If to Resident

(Resident home address required)

1. Access to Books and Records. Until four (4) years following completion of this Agreement, Resident shall make available to the Secretary of Health and Human Services, the Inspector General or their designees, any and all such books and records as are necessary to substantiate the services provided under this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement, effective as of the Effective Date.

**Southwest General Health Center**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resident**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_\_\_\_**\_\_\_\_\_\_\_\_\_



**Sample only, see the current year policy information on file in Risk Management office.**

Residency Policies Acknowledgment

The resident acknowledges receipt of the following prior to the beginning of training.

Resident/Health Center contract

A copy of the professional liability insurance coverage face sheet.

Residency training manual which includes, but not limited to the following;

(May be modified as necessary consistent with Health Center policy)

Comprehensive goals

Residency rules and regulations/due process

Policies

Duties and responsibilities

Resident guidelines

Official associate policy manual

Schedule of rotations

Schedule of didactic activities

Evaluation/remediation/self-assessment/reports

Residency Administration

I certify that I have received the above documents prior to the beginning of training and will abide by all agreements, residency and Health Center official policies.

Resident signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Competencies Required for all Rotations**

Patient Care

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

Interpersonal and Communication Skills

* + Communicate effectively in a multi-disciplinary setting
  + Demonstrate accurate charting, dictation and record keeping Medical Knowledge
  + Demonstrate continued self-study & regular literature review
  + Demonstrate knowledge of anatomy, physiology, pathology in each core curricular area
  + Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric

Professionalism

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

Practice Based Learning

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

Systems Based Practice

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

**Rotation: Podiatric Medicine and Surgery, Office**

Competencies Specific for Rotation:

Patient Care

* Perform and interpret the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal examination.
* Order and interpret appropriate laboratory studies, including but not limited to: i.e. hematology, blood chemistries, drug screens, bacteriologic and fungal cultures, urinalysis, serology/immunology, toxicology, coagulation studies, blood gases, synovial fluid analysis.
* Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan utilizing appropriate consultations and/or referral; and assess treatment plan and revise as necessary.
* Pharmacological management utilizing medications commonly prescribed in podiatric medicine, including proper ordering of, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. (These medications include NSAIDS, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic, uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, and anti-rheumatic agents).
* Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including, but not limited to, electro diagnostic studies, noninvasive vascular studies, bone densitometry studies, compartment pressure studies.
* Provide appropriate lower extremity health promotion and education
* Perform manipulation/mobilization of the foot/ankle joint to increase/reduce associated pain and/or deformity.
* Perform biomechanical evaluations and managing patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devises and footwear
* Fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthotist.
* Provide appropriate podiatric surgical management when indicated
* Recognize and manage post-operative complications i.e. infections, DVT’s, hematomas, cellulitis, etc.
* Demonstrate appropriate use of local anesthetic agents.
* Perform, where indicated, palliation of keratotic lesions and toenails.
* Manage closed fractures and dislocations including pedal fractures/dislocations, and ankle fracture/dislocation including the use of cast management and tape immobilization as indicated.
* Perform appropriate injections and or aspirations, with knowledge of pharmacology, indications, dosages, potential interactions, & side effects.
* Demonstrate appropriate referral for physical therapy for patients, and ability to monitor and modify the treatment plan as needed.
* Perform biomechanical evaluations and manage patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devices and footwear.

Medical Knowledge

* Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management; (See appendix in CPME 320 for list of procedures).
* Demonstrate knowledge of pharmacology, indications, dosages, potential interactions, & side effects of anesthetics, oral and injectable medications.
* Demonstrate capacity to interpret relevant imaging studies including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging.

Practice Based Learning and Systems Based Practice

* Demonstrate understanding of healthcare reimbursement.
* Demonstrate understanding of common business practices.
* Understand insurance issues including professional and general liability, disability, workers’ compensation, and the medical-legal considerations involving healthcare delivery.

**Rotation: Podiatric Medicine and Surgery, Hospital/Surgery Center**

Competencies Specific for Rotation:

Patient Care

* + Perform and interpret the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal examination.
  + Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.
  + Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications relating to procedure.
  + Demonstrates progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases.
  + Demonstrates progressive development of knowledge, attitude and skills in performance of podiatric procedures by performing as per CPME 320 requirements an appropriate volume and diversity of cases and procedures in the categories of digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, and reconstructive rearfoot/ankle surgery.

Medical Knowledge

* + Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol.

Practice Based Learning/Systems Based Practice

* + Understands and utilizes appropriate hospital protocol including appropriate admission and discharge procedures, maintenance of medical records, and adherence to hospital safety measures.

1. By end of first year the resident is expected to demonstrate basic proficiency in the performance of forefoot surgery and minor procedures of the rearfoot, i.e.:
   1. Soft tissue and nail procedures
   2. Toe surgery
   3. First Ray procedures
   4. Metatarsal procedures
   5. Basic non-reconstructive midfoot-rearfoot procedures
   6. A.O. fixation of the forefoot
   7. Laser surgery
   8. Debridement – wounds & soft-tissue
2. By the end of the second year, the resident is are expected to demonstrate increased proficiency in the first year procedures and demonstrate basic proficiency in the performance of more advanced procedures of the rearfoot and ankle including but limited to:
   1. Arthrodesis
   2. Nerve decompressions
   3. Tendon transfer and repair procedures
   4. Osteotomies
   5. Debridement – bone & soft- tissue
   6. Flat foot surgery
   7. Pes cavus surgery
   8. Fracture repair - forefoot
   9. A-0 fixation - rearfoot
3. By the end of the third year, the resident is expected to demonstrate increased proficiency in the performance of first and second year procedures and demonstrate proficiency in the performance of more advanced procedures of the rearfoot and ankle including but not limited to:
   1. Arthrodesis – ankle
   2. Midfoot and rearfoot fracture repair
   3. Ankle fracture repair
   4. Ankle arthroscopy
   5. Diabetic foot reconstruction
   6. Flat foot and cavus foot reconstruction
   7. External fixation

**Rotation: Wound Care**

Competencies Specific for Rotation:

Patient Care

* Perform a formal wound care assessment including focused history and physical examination.

Medical Knowledge

* Understand the principles of wound healing and management of wounds including diabetic wound and post-traumatic wound.
* Understand the role of non-invasive testing in the cost-efficient assessment of the patient with lower extremity wound.
* Understand the role of hyperbaric oxygen in wound healing.
* Understand the indications and pharmacology of various wound care products.

Practice Based Learning and Systems Based Care

Appreciate the collaborative role of the podiatrist and wound care specialist in the patient with refractory lower extremity ulcerations.

**Rotation: Hospitalist**

Competencies Specific for Rotation:

Patient Care

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

Medical Knowledge

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

Interpersonal and Communication Skills

* Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

* Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team

**Rotation: Radiology**

Provide podiatry residents with a basic level of competence in the identification of key radiographic findings, in areas relevant to their roles within the residency and for their future careers. Residents will also develop an appreciation of the place for more advanced modalities in patient care. Residents should demonstrate an organized, evidence based approach to the choice of radiographic techniques and approach to interpreting radiographs.

Competencies Specific for Rotation:

Patient Care

* Understand the utilization of appropriate radiologic tests based on indications, contraindications, cost effectiveness and risk vs. benefit, with particular emphasis on lower extremity pathology.
* Establish a standard pattern and interpretation of radiographs, with particular emphasis on the lower extremity.

Medical Knowledge

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

Practice Based Learning and Systems Based Care

* Gain appreciation for the cost/benefit of various radiographic procedures utilized in the assessment of lower extremity disorders.

**Rotation: Anesthesiology**

Competencies Specific for Rotation:

Patient Care

* Demonstrate competence in pre-operative medical risk assessment.
* Demonstrate understanding of the components of peri-operative management.
* Demonstrate knowledge of intubation techniques and maintenance of airway.
* Demonstrate knowledge of the techniques and appropriate management of general, spinal, epidural, regional and conscious sedation anesthesia.
* Demonstrate proficiency in the performance of local anesthetic blocks of the lower extremity.

Medical Knowledge

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

**Rotation: Pathology**

The pathology experience will consist of spending 2 weeks in the Department of Pathology. It will involve observation and/or participation in the activities of the department including but not limited to the performance of microscopic analysis of pathological specimens, bacteriological studies and clinical laboratory studies.

Competencies Specific for Rotation:

Medical Knowledge

* Understand the principles & procedures involved in obtaining (i.e. intra-op frozen sections) and preparing specimens for interpretation.
* Obtain knowledge and appreciation of the interpretation of anatomic pathology, with emphasis on the lower extremity.
* Obtain knowledge and appreciation of the interpretation of cellular pathology, with emphasis on the lower extremity.

**Rotation: Research**

Competencies Specific for Rotation

Resident will develop an independent research project. In the context of this project the resident will develop the following skills listed below:

Medical Knowledge

* Demonstrate ability to:
  1. Select an appropriate topic for study.
  2. Review pertinent literature.
  3. Develop appropriate research questions.
  4. Generate an appropriate hypothesis.
  5. Select an appropriate research methodology.
  6. Develop appropriate proposal for data analysis.
  7. Conduct the research project.
  8. Successfully complete the project.
  9. Prepare a quality paper for potential publication in a peer-reviewed journal or lecture to a professional audience.

**Rotation: General Surgery**

Competencies Specific for Rotation:

Patient Care

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

Medical Knowledge

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

Interpersonal and Communication Skills

* Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

* Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.
* Demonstrate understanding of the role of protocols and care maps in the efficient care of the surgical patient.

**Rotation: Family Medicine**

Competencies Specific for Rotation:

Patient Care

* Perform and interpret the findings of a comprehensive medical history and physical examination, including:
  + Comprehensive medical history, including chief complaint, history of present illness, social and family history, review of systems.
  + Comprehensive physical examination, including vital signs HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.
* Order and interpret appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings.
* Pharmacologic management of patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
* Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies and laboratory studies.
* Understand the care of patients of all ages in a typical family practice.
* Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan

Medical Knowledge

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

Interpersonal and Communication Skills

* Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

* Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team

**Rotation: Emergency Medicine**

Competencies Specific for Rotation:

Patient Care

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

Medical Knowledge

* Demonstrates knowledge of the pathophysiology and clinical epidemiology of disorders commonly presenting to the emergency care unit.

Practice Based Learning and Systems Based Practice

* Understands and appreciates the principles of general emergency medicine and emergency care unit protocols.

**Rotation: Endocrinology**

Competencies Specific for Rotation:

* Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with diabetes and other common endocrine disorders.
* Demonstrate the ability to differentiate type 1 from type 2 diabetes.
* Order and interpret appropriate laboratory tests for the patient with diabetes and thyroid disease.
* Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan of patients with diabetes and hypothyroidism.
* Demonstrate appropriate pharmacologic management of patients with diabetes and hypothyroidism, including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.

Medical Knowledge

* Demonstrate knowledge of the pathophysiology and clinical epidemiology of common diabetes and other common endocrine conditions that impact the care of the podiatric patient.

Interpersonal and Communication Skills

* Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

Demonstrate an understanding of the collaborative role of the podiatrist and endocrinologist

**Rotation: Behavioral Medicine**

Competencies specific for rotation:

Patient Care

* Understand the impact of mood and personality disorders on the pain experience and functional capacity. --Demonstrate understanding of the various modalities (pharmacologic and non-pharmacologic) to address such disorders.

Medical knowledge

* Demonstrate knowledge of the pharmacology of common psychotropic medications, including indications, dosages, potential interactions and side effects

Practice Based Learning and Systems Based Practice

* Demonstrate appreciation of the value of a team approach in the care of patients with pain disorders

**Rotation: Internal Medicine**

Competencies Specific for Rotation:

Patient Care

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

Medical Knowledge

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

Interpersonal and Communication Skills

* Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

* Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team

**Rotation: Vascular Surgery**

Competencies Specific for Rotation:

Patient Care

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

Medical Knowledge

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

Interpersonal and Communication Skills

* Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

* Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.

**Rotation: Infectious Disease**

Competencies Specific for Rotation:

Patient Care

* Perform and interpret the findings of a thorough problem-focused history and physical exam on a patient being evaluated for infectious disease, including problem focused history, and where appropriate vascular, neurologic, musculoskeletal and dermatologic examination.
* Order and interpret appropriate laboratory studies, ie hematology, blood chemistries, cultures, urinalysis, serology/immunology.
* Order and interpret appropriate diagnostic modalities, ie. Nuclear medicine imaging, MRT, CT, vascular imaging.

Medical Knowledge

* Demonstrate interpret culture and sensitivity results, as well as properly collecting culture specimens.
* Demonstrate knowledge of the performance of bacteriologic testing procedures (

i.e. gram stains, cultures), in the bacteriology laboratory.

* Demonstrates knowledge of appropriate choice of antibiotic therapy, both oral and parental, in both the normal and compromised patient, including drug pharmacology, potential interactions with other medications, side effects, and cost factors.

Practice Based Learning and Systems Based Practice

* Demonstrates understanding of the collaborative role of the podiatrist along with the infectious disease specialist and other care providers in the optimal management of diabetic and ischemic foot ulcers.

**Orthopedics**

Competencies specific to the Rotation:

* Prevent, diagnose, and manage 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:
* Interpret appropriate medical imaging:
  + Plain radiography
  + Radiographic contrast studies
  + Stress radiography
  + Nuclear medicine imaging
  + MRI
  + CT
* Interpret appropriate laboratory tests.
* Interpret appropriate other diagnostic studies:
  + Electro diagnostic studies
  + Non-invasive vascular studies
* Formulate an appropriate diagnosis and/or differential diagnosis.
* Formulate and implement an appropriate plan of management:
  + Cast management
  + Physical therapy
* Perform appropriate pharmacologic management when indicated, including:
  + NSAIDs
  + Antibiotics
  + Narcotic analgesics
  + Corticosteroids

Participate in, and understand the peri-operative and surgical care of the orthopedic patient.

**Rotation: Plastic Surgery**

Competencies Specific for Rotation:

Patient Care

* Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:
  + Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
  + Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
* Perform and interpret the findings of a thorough problem-focused history and physical exam on plastic surgical patients including problem focused history, and where appropriate vascular, neurologic musculoskeletal and dermatologic examination.
* Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.
* Demonstrate appropriate pharmacologic management of plastic surgery patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
* Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to plastic surgery.
* Develop and learn proper techniques in handling skin in retraction and closure.

Medical Knowledge

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

Interpersonal and Communication Skills

* Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

* Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.
* Demonstrate understanding of the role of protocols in the efficient care of the plastic surgery patient.

**Rotation: Research/Scientific Learning**

Competencies specific for rotation:

Medical knowledge

* Demonstrate knowledge of the importance of research in the practice of podiatric medicine/surgery.
* Demonstrate knowledge of research methodology.
* Understanding the importance of lifelong learning.
* Be able to communicate effectively
* Be professionally inquisitive in clinical practice reading, interpreting, examines, and presents medical and scientific literature.

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Podiatric Medicine and Surgery, Office**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

|  |  |  |  |  |  |  |
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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal  examination. |  |  |  |  |  |  |
| Order and interpret appropriate laboratory studies, including but not limited to: ie hematology, blood chemistries, drug screens, bacteriologic and fungal cultures, urinalysis, serology/immunology, toxicology, coagulation studies, blood gases,  synovial fluid analysis. |  |  |  |  |  |  |
| Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan utilizing appropriate consultations and/or referral; and assess treatment plan and revise  as necessary. |  |  |  |  |  |  |
| Pharmacological management utilizing medications commonly prescribed in podiatric medicine, including proper ordering of, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. (These medications include NSAIDS, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic, uricosuric agents, tetanus  toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, and anti-rheumatic agents). |  |  |  |  |  |  |
| Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including, but not limited to, electro diagnostic studies, noninvasive vascular studies, bone densitometry studies, compartment  pressure studies. |  |  |  |  |  |  |
| Provide appropriate lower extremity health promotion and education |  |  |  |  |  |  |
| Perform manipulation/mobilization of the foot/ankle joint to increase/reduce  associated pain and/or deformity. |  |  |  |  |  |  |
| Perform biomechanical evaluations and managing patients with lower extremity  disorders utilizing appropriate prosthetics, orthotic devises and footwear |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Fabricate appropriate casts for these devises, or write appropriate referrals to the  prosthetist/orthotist. |  |  |  |  |  |  |
| Provide appropriate podiatric surgical management when indicated |  |  |  |  |  |  |
| Recognize and manage post-operative complications i.e. infections, DVT’s,  hematomas, cellulitis, etc. |  |  |  |  |  |  |
| Demonstrate appropriate use of local anesthetic agents. |  |  |  |  |  |  |
| Perform, where indicated, palliation of keratotic lesions and toenails. |  |  |  |  |  |  |
| Manage closed fractures and dislocations including pedal fractures/dislocations, and ankle fracture/dislocation including the use of cast management and tape  immobilization as indicated. |  |  |  |  |  |  |
| Perform appropriate injections and or aspirations, with knowledge of  pharmacology, indications, dosages, potential interactions, & side effects. |  |  |  |  |  |  |
| Demonstrate appropriate referral for physical therapy for patients, and ability to  monitor and modify the treatment plan as needed. |  |  |  |  |  |  |
| Perform biomechanical evaluations and manage patients with lower extremity  disorders utilizing appropriate prosthetics, orthotic devices and footwear. |  |  |  |  |  |  |
| Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management; (See appendix in CPME  320 for list of procedures). |  |  |  |  |  |  |
| Demonstrate knowledge of pharmacology, indications, dosages, potential  interactions, & side effects of anesthetics, oral and injectable medications. |  |  |  |  |  |  |
| Demonstrate capacity to interpret relevant imaging studies including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy,  nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging. |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Demonstrate understanding of healthcare reimbursement and understanding of  common business practices. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical  practice. Reads, interprets, critically examines, and presents medical and scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

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Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General PMSR/RRA Program Resident Evaluation Form

**Rotation: Podiatric Medicine and Surgery, Hospital**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Performs and interprets the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal examination. |  |  |  |  |  |  |
| Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and  radiologic studies, and performs a biomechanical examination where indicated. |  |  |  |  |  |  |
| Assessment of appropriateness of a surgical procedure, including assessment of  efficacy and potential complications relating to procedure. |  |  |  |  |  |  |
| Demonstrates progressive competency in preoperative, intraoperative, and  postoperative assessment and management of podiatric surgical cases. |  |  |  |  |  |  |
| Demonstrates progressive development of knowledge, attitude and skills in performance of podiatric procedures by performing as per CPME 320 requirements an appropriate volume and diversity of cases and procedures in the  categories of digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, and reconstructive rearfoot/ ankle surgery |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

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Resident

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Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Wound Care**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform a formal wound care assessment including focused history and physical  examination. |  |  |  |  |  |  |
| Understand the principles of wound healing and management of wounds  including diabetic wound and post-traumatic wound. |  |  |  |  |  |  |
| Understand the role of non-invasive testing in the cost-efficient assessment of the  patient with lower extremity wound. |  |  |  |  |  |  |
| Understand the role of hyperbaric oxygen in wound healing. |  |  |  |  |  |  |
| Understand the indications and pharmacology of various wound care products. |  |  |  |  |  |  |
| Appreciate the collaborative role of the podiatrist and wound care specialist in the  patient with refractory lower extremity ulcerations. |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

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Rotation Faculty/Coordinator

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Resident

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Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Hospitalist**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a comprehensive medical history and  physical examination in the hospitalized patient with a variety of common medical conditions. |  |  |  |  |  |  |
| Demonstrate an understanding of factors leading to the need for admission to the hospital for the care of common medical conditions and determine the appropriate level of care. |  |  |  |  |  |  |
| Order and interpret appropriate laboratory tests for the hospitalized patient. |  |  |  |  |  |  |
| Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan. |  |  |  |  |  |  |
| Demonstrate appropriate pharmacologic management of patients with renal impairment including the proper ordering of medications, being fully cognitive of  indications, dosages, interactions, side effects and anticipated results. |  |  |  |  |  |  |
| Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the podiatric patient. |  |  |  |  |  |  |
| Demonstrate the capacity to efficiently communicate key medical information to  colleagues. |  |  |  |  |  |  |
| Demonstrate an understanding of the collaborative role of the hospitalist and  podiatrist. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

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Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General PMSR/RRA Program Resident Evaluation Form

**Rotation: Radiology**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Understand the utilization of appropriate radiologic tests based on indications, contraindications, cost effectiveness and risk vs. benefit, with particular emphasis  on lower extremity pathology. |  |  |  |  |  |  |
| Establish a standard pattern and interpretation of radiographs, with particular  emphasis on the lower extremity. |  |  |  |  |  |  |
| Learn the properties of imaging modalities and diagnosis and intervention. |  |  |  |  |  |  |
| Understand the side effects and complications of contrast media. |  |  |  |  |  |  |
| Gain appreciation for the cost/benefit of various radiographic procedures utilized  in the assessment of lower extremity disorders. |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical  practice. Reads, interprets, critically examines, and presents medical and scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

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Resident

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Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General PMSR/RRA Program Resident Evaluation Form

**Rotation: Anesthesiology**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Demonstrate competence in pre-operative medical risk assessment. |  |  |  |  |  |  |
| Demonstrate understanding of the components of peri-operative management. |  |  |  |  |  |  |
| Demonstrate, via hands-on direct participation, knowledge of intubation  techniques and maintenance of airway. |  |  |  |  |  |  |
| Demonstrate knowledge, via hands-on direct participation, of the techniques and appropriate management of general, spinal, epidural, regional and conscious  sedation anesthesia. |  |  |  |  |  |  |
| Demonstrate proficiency in the performance of local anesthetic blocks of the  lower extremity. |  |  |  |  |  |  |
| Demonstrate knowledge of the pharmacology of common anesthetic agents, both regional & local, including indications, dosages, potential interactions, and side  effects. |  |  |  |  |  |  |
| Demonstrate knowledge of the current protocol for pain management, including  where indicated use of blocks and therapeutic medication(s). |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical  practice. Reads, interprets, critically examines, and presents medical and scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Pathology**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Understand the principles & procedures involved in obtaining (i.e. intra-op frozen  sections) and preparing specimens for interpretation. |  |  |  |  |  |  |
| Appreciation for the interpretation of anatomic pathology, with emphasis on the  lower extremity |  |  |  |  |  |  |
| Appreciation the interpretation of cellular pathology, with emphasis on the lower  extremity. |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical  practice. Reads, interprets, critically examines, and presents medical and scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General PMSR/RRA Program Resident Evaluation Form

**Rotation: General Surgery**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:   * Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. * Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination. |  |  |  |  |  |  |
| Perform and interpret the findings of a thorough problem-focused history and  physical exam on general surgical patients including problem focused history. |  |  |  |  |  |  |
| Recognize the need for, and the appropriate ordering and interpretation of  additional diagnostic studies, including EKGs, medical imaging, and laboratory studies. |  |  |  |  |  |  |
| Demonstrate appropriate pharmacologic management of surgical patients  including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. |  |  |  |  |  |  |
| Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general  surgery. |  |  |  |  |  |  |
| Demonstrate understanding of perioperative management including fluid and  electrolyte balance, pain management and blood and/or component therapy. |  |  |  |  |  |  |
| Demonstrate knowledge of the indications and contraindications for common  general surgical procedure. |  |  |  |  |  |  |
| Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders. |  |  |  |  |  |  |

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Family Medicine**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a comprehensive medical history and physical examination, including:   * Comprehensive medical history, including chief complaint, history of present illness, social and family history, review of systems. * Comprehensive physical examination, including vital signs HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination. |  |  |  |  |  |  |
| Order and interpret appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings. |  |  |  |  |  |  |
| Pharmacologic management of patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. |  |  |  |  |  |  |
| Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies and laboratory studies. |  |  |  |  |  |  |
| Understand care of the care of patients of all ages in Family Practice. |  |  |  |  |  |  |
| Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to  arrive at an appropriate differential diagnosis and treatment plan |  |  |  |  |  |  |
| Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the podiatric patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders,  gastrointestinal disorders, neurologic disorders. |  |  |  |  |  |  |

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Demonstrate the capacity to efficiently communicate key medical information to colleagues.  Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Emergency Medicine**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Recognize and be able to assist in the care of acute systemic emergencies (ie cardiac arrest, diabetic coma, insulin reactions, etc.). |  |  |  |  |  |  |
| Demonstrate capacity to perform and interpret the findings of a comprehensive medical history and physical examination of the emergency room patient, including:   * Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. * Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination. |  |  |  |  |  |  |
| Demonstrate capacity to evaluate common emergencies with emphasis on the  lower extremity,(ie ankle sprains, dirty and infected wounds, burns, lacerations, fractures, etc.). |  |  |  |  |  |  |
| Demonstrate capacity to evaluate orthopedic emergencies with emphasis on the lower extremity. |  |  |  |  |  |  |
| Demonstrates knowledge of the pathophysiology and clinical epidemiology of  disorders commonly presenting to the emergency care unit. |  |  |  |  |  |  |
| Understands and appreciates the principles of general emergency medicine and emergency care unit protocols. |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical  practice. Reads, interprets, critically examines, and presents medical and scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Endocrinology**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with diabetes and other common endocrine  disorders. |  |  |  |  |  |  |
| Demonstrate the ability to differentiate type 1 from type 2 diabetes. |  |  |  |  |  |  |
| Order and interpret appropriate laboratory tests for the patient with diabetes and  thyroid disease. |  |  |  |  |  |  |
| Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan of patients with diabetes and hypothyroidism. |  |  |  |  |  |  |
| Demonstrate appropriate pharmacologic management of patients with diabetes and hypothyroidism, including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. |  |  |  |  |  |  |
| Demonstrate knowledge of the pathophysiology and clinical epidemiology of common diabetes and other common endocrine conditions that impact the care  of the podiatric patient. |  |  |  |  |  |  |
| Demonstrate the capacity to efficiently communicate key medical information to  colleagues. |  |  |  |  |  |  |
| Demonstrate an understanding of the collaborative role of the podiatrist and  endocrinologist. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General PMSR/RRA Program Resident Evaluation Form

**Rotation: Behavioral Medicine**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Understand the impact of mood and personality disorders on the pain experience and functional capacity. --Demonstrate understanding of the various modalities  (pharmacologic and non-pharmacologic) to address such disorders. |  |  |  |  |  |  |
| Demonstrate knowledge of the pharmacology of common psychotropic  medications, including indications, dosages, potential interactions and side effects |  |  |  |  |  |  |
| Demonstrate appreciation of the value of a team approach in the care of patients  with pain disorders |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

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Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Internal Medicine**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a comprehensive medical history and physical examination, including:   * Comprehensive medical history, including chief complaint, history of present illness, social and family history, review of systems. * Comprehensive physical examination, including vital signs HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination. |  |  |  |  |  |  |
| Order and interpret appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings. |  |  |  |  |  |  |
| Pharmacologic management of patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. |  |  |  |  |  |  |
| Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies and laboratory studies. |  |  |  |  |  |  |
| Interpret and evaluate EKGs. |  |  |  |  |  |  |
| Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to  arrive at an appropriate differential diagnosis and treatment plan |  |  |  |  |  |  |
| Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the podiatric patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders,  gastrointestinal disorders, neurologic disorders. |  |  |  |  |  |  |

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|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Demonstrate the capacity to efficiently communicate key medical information to colleagues.  Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Vascular Surgery**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:   * Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. * Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination. |  |  |  |  |  |  |
| Perform and interpret the findings of a thorough problem-focused history and physical exam on vascular surgical patients including problem focused history,  and where appropriate vascular, neurologic and musculoskeletal examination. |  |  |  |  |  |  |
| Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory  studies. |  |  |  |  |  |  |
| Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications,  dosages, interactions, side effects and anticipated results. |  |  |  |  |  |  |
| Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general surgery and vascular surgery. |  |  |  |  |  |  |
| Demonstrate capacity to evaluate noninvasive and invasive vascular studies, with  emphasis on the lower extremities. |  |  |  |  |  |  |
| Demonstrate knowledge of the indications and contraindications for various  approaches to the ischemic limb. |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders. |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Infectious Disease**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a thorough problem-focused history and physical exam on a patient being evaluated for infectious disease, including problem focused history, and where appropriate vascular, neurologic,  musculoskeletal and dermatologic examination. |  |  |  |  |  |  |
| Order and interpret appropriate laboratory studies, ie hematology, blood  chemistries, cultures, urinalysis, serology/immunology. |  |  |  |  |  |  |
| Order and interpret appropriate diagnostic modalities, ie. nuclear medicine  imaging, MRT, CT, vascular images. |  |  |  |  |  |  |
| Demonstrate interpret culture and sensitivity results, as well as properly collecting  culture specimens. |  |  |  |  |  |  |
| Demonstrate knowledge of the performance of bacteriologic testing procedures (  i.e. gram stains, cultures), in the bacteriology laboratory. |  |  |  |  |  |  |
| Demonstrates knowledge of appropriate choice of antibiotic therapy, both oral and parental, in both the normal and compromised patient, including drug pharmacology, potential interactions with other medications, side effects, and  cost factors. |  |  |  |  |  |  |
| Practice with professionalism, compassion, and concern |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Maintains appropriate medical records and understands medical-legal  considerations involving health care delivery. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Orthopedics**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

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| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Prevent, diagnose, and manage 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: |  |  |  |  |  |  |
| Interpret appropriate medical imaging: |  |  |  |  |  |  |
| plain radiography |  |  |  |  |  |  |
| radiographic contrast studies |  |  |  |  |  |  |
| stress radiography |  |  |  |  |  |  |
| nuclear medicine imaging |  |  |  |  |  |  |
| MRI |  |  |  |  |  |  |
| CT |  |  |  |  |  |  |
| Interpret appropriate laboratory tests. |  |  |  |  |  |  |
| Interpret appropriate other diagnostic studies: |  |  |  |  |  |  |
| electro diagnostic studies |  |  |  |  |  |  |
| non-invasive vascular studies |  |  |  |  |  |  |
| Formulate an appropriate diagnosis and/or differential diagnosis. |  |  |  |  |  |  |
| Formulate and implement an appropriate plan of management: |  |  |  |  |  |  |
| cast management |  |  |  |  |  |  |
| physical therapy |  |  |  |  |  |  |
| Perform appropriate pharmacologic management when indicated, including: |  |  |  |  |  |  |
| NSAIDs |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| antibiotics |  |  |  |  |  |  |
| narcotic analgesics |  |  |  |  |  |  |
| corticosteroids |  |  |  |  |  |  |

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**Signatures:**

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Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Plastic Surgery**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:   * Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. * Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination. |  |  |  |  |  |  |
| Perform and interpret the findings of a thorough problem-focused history and physical exam on plastic surgical patients including problem focused history, and where appropriate vascular, neurologic musculoskeletal and dermatologic  examination |  |  |  |  |  |  |
| Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory  studies. |  |  |  |  |  |  |
| Demonstrate appropriate pharmacologic management of plastic surgery patients including the proper ordering of medications, being fully cognitive of indications,  dosages, interactions, side effects and anticipated results. |  |  |  |  |  |  |
| Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to plastic  surgery. |  |  |  |  |  |  |
| Develop and learn proper techniques in handling skin in retraction and closure. |  |  |  |  |  |  |
| Demonstrate a knowledge of rotation and advancement flaps. |  |  |  |  |  |  |
| Demonstrate a knowledge full and split thickness skin grafts. |  |  |  |  |  |  |
| Demonstrate a knowledge of tissue expanders. |  |  |  |  |  |  |
| Recognize and appreciate the principles of wound healing. |  |  |  |  |  |  |
| Demonstrate knowledge of the pathophysiology and clinical epidemiology of |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** | ***0*** |
| *common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic*  *vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.* |  |  |  |  |  |  |
| *Practice with professionalism, compassion, and concern* |  |  |  |  |  |  |
| *Demonstrate the ability to communicate effectively in oral and written form.* |  |  |  |  |  |  |
| *Maintains appropriate medical records and understands medical-legal*  *considerations involving health care delivery.* |  |  |  |  |  |  |
| *Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and*  *scientific literature.* |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**

Southwest General Health Center PMSR/RRA Program Resident Evaluation Form

**Rotation: Research/Scientific Learning**

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident (please print name):

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

**5-**Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Resident has completed assigned reading and/or web-based learning regarding the importance of research in the practice of podiatric medicine/surgery. |  |  |  |  |  |  |
| Resident understands and demonstrates knowledge of research methodology. |  |  |  |  |  |  |
| Resident understands and demonstrates knowledge of the importance of lifelong learning in the best practice of podiatric medicine/surgery. |  |  |  |  |  |  |
| Resident demonstrates knowledge of the critical analysis of scientific research and literature. |  |  |  |  |  |  |
| Demonstrate the ability to communicate effectively in oral and written form. |  |  |  |  |  |  |
| Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and  scientific literature. |  |  |  |  |  |  |

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation Faculty/Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residency Program Director

**Rotation Faculty or Coordinator Additional Comments (if any):**