

**Resident Manual**

**Podiatry Medicine & Surgery Residency**

**Carilion Clinic**

**Roanoke, VA**

**Revised: 6/2017; 12/2018; 4/2019, 1/2020, 1/2021, 7/2022, 6/2023, 6/2024, 6/2025**

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# Introduction

Welcome to the Podiatric Medicine & Surgery Residency program. This manual provides a general overview of the expectations and requirements of the podiatry program and organization, program content, responsibilities, and procedures will be defined. Specific questions regarding matters addressed herein should be directed to Dr. J. Randy Clements, Director of Podiatric Education.

This manual is not intended to state and does not state or reflect the standard of care with respect to any specific patient or category of patients. The Podiatry Residents render patient care, regardless of point of service (ER, OR, inpatient, outpatient, clinic), under the supervision of the Attending. The Attending Surgeon is directly responsible for care of all patients.

A complete listing of GME policies and procedures may be found online at [Policies & Forms | Graduate Medical Education | Carilion Clinic & VTC](https://gme.carilionclinic.org/graduate-medical-education/policies-forms).

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# Block Curriculum Individual resident rotation schedules are available in MedHub.

**PGY1 ROTATIONS**

|  |  |  |
| --- | --- | --- |
| Podiatry | 4.5 blocks | 20 weeks |
| Emergency Medicine | 2 blocks | 8 weeks |
| Internal Medicine | 2 blocks | 8 weeks |
| General Surgery | 1 block | 4 weeks |
| Infectious Disease | 1 block | 4 weeks |
| Anesthesia | .5 block  | 2 weeks |
| Ortho Peds Clinic | .5 block | 2 weeks |
| Psychiatry | .5 block | 2 weeks |
| Radiology | .5 block | 2 weeks |

**PGY2 ROTATIONS**

|  |  |  |
| --- | --- | --- |
| Podiatry | 8 blocks | 32 weeks |
| Orthopaedics | 4 blocks | 16 weeks |
| Vascular Surgery | 1 block | 4 weeks |

**PGY3 ROTATIONS**

|  |  |  |
| --- | --- | --- |
| Podiatry | 11 blocks | 48 weeks |
| Ortho Peds Surgery | 1 block | 4 weeks |

# Competencies

Note: The full version of CPME 320 Standards and Requirements and 330 Procedures for Approval of Podiatric Residencies may be obtained on the Council’s website at [www.cpme.org](http://www.cpme.org/)

## CPME Competency requirements (CPME 320, July 2023, section 6.1)

## **The curriculum shall be clearly defined and oriented to assure that the resident achieves the competencies identified by the Council.**

At the beginning of the training year, all site coordinators or rotation directors must be provided with the training schedule, competencies, and assessment documents for their respective rotation(s).

The curriculum must provide the resident with a sufficient volume and diversity of experiences in the supervised diagnosis and management of patients with a variety of diseases, disorders, and injuries through achievement of the competencies listed below.

1. **Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the lower extremity.**
	1. Perform and interpret the findings of a thorough history and physical exam, including neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gait analysis as indicated.
	2. Formulate an appropriate diagnosis and/or differential diagnosis.
	3. Understand the indication(s) for and interpret appropriate diagnostic studies, including:
		* Medical imaging (e.g., plain radiography, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging).
		* Laboratory tests (e.g., hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis).
		* Pathology (e.g., anatomic and cellular pathology).
		* Other diagnostic studies (e.g., electrodiagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies).
	4. Participate directly in the evaluation and management of patients in inpatient and outpatient settings, including the following:
		* Perform biomechanical examination and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
		* Dermatologic conditions.
		* Neurological conditions.
		* Orthopedic conditions.
		* Arterial and venous conditions.
		* Wound care.
		* Congenital deformities (e.g., manipulation, casting, bracing of foot/ankle).
		* Trauma.
		* Office-based procedures (e.g., injections and aspirations, nail avulsion, biopsies).
		* Pharmacologic management.
		* Lower extremity health promotion and education.
	5. Participate directly in the evaluation and management of the surgical patient when indicated, including the following:
		* Evaluating, diagnosing, selecting appropriate treatment, and recognizing and managing complications.
		* Progressive development of knowledge, attitudes, and skills in perioperative assessment and management in foot and ankle surgery (see Appendix A regarding the volume and diversity of cases and procedures to be performed by the resident).
	6. Assess the treatment plan and revise it as necessary.
2. **Assess and manage the patient’s general medical and surgical status.**
	1. Perform and interpret the findings of comprehensive medical history and physical examinations through diverse podiatric and non-podiatric experiences, including (see Appendix A):

* + - Comprehensive medical history.
		- Comprehensive physical examination.
			* Vital signs.
			* Physical examination (e.g., head, eyes, ears, nose, and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, and neurologic examination).
	1. Formulate an appropriate differential diagnosis of the patient’s general medical problem(s).
	2. Understand the indication(s) for and interpret the results of diagnostic studies including (see also section A.3 for diagnostic studies not repeated in this section).
		+ EKG
		+ Medical imaging (e.g., plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound).
		+ Laboratory studies (e.g., hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, and urinalysis).
		+ Other diagnostic studies.
	3. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
	4. Participate actively in medicine and medical subspecialties rotations that include medical evaluation and management of patients from diverse populations, including variations in age, gender, psychosocial status, and socioeconomic status.
	5. Participate actively in non-podiatric surgical rotations that include surgical evaluation and management of patients including, but not limited, to:
		+ Understanding management of preoperative and postoperative surgical patients.
		+ Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.
		+ Understanding surgical procedures and principles applicable to non-podiatric surgical specialties.
	6. Participate actively in an anesthesiology rotation that includes pre-anesthetic and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences must include, but not be limited to:
		+ Local anesthesia.
		+ General, spinal, epidural, regional, and conscious sedation anesthesia.
	7. Participate actively in an emergency medicine rotation that includes emergent evaluation and management of podiatric and non-podiatric patients.
	8. Participate actively in an infectious disease rotation that includes, but is not limited to, the following training experiences:
		+ Recognizing and diagnosing common infective organisms.
		+ Using appropriate antimicrobial therapy.
		+ Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiosis monitoring.
		+ Managing patients with local and systemic infections.
	9. Participate actively in a medical imaging rotation that should include musculoskeletal and non-musculoskeletal pathology and incorporates evaluating and interpreting various medical imaging modalities (e.g., plain radiography, nuclear medicine imaging, MRI, CT, and diagnostic ultrasound).
	10. Participate actively in a behavioral medicine rotation that incorporates evaluation and management of patients with behavioral, mental, and/or psychosocial health issues (e.g., inpatient/outpatient psychiatric care, addiction medicine).
	11. Participate actively in a vascular/endovascular surgery rotation that incorporates the evaluation and management of patients with peripheral arterial disease including, but not limited to, the following training experiences:
		+ Evaluating and interpreting various vascular studies.
		+ Understanding the indications for various vascular/endovascular revascularization procedures.
1. **Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.**
	1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
	2. Practice and abide by the principles of informed consent.
	3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
	4. Demonstrate professional humanistic qualities.
	5. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of health-care costs.
2. **Communicate effectively and function in a multi-disciplinary setting.**
	1. Demonstrate effective physician-patient communication skills.
	2. Demonstrate effective physician-provider communication skills.
	3. Demonstrate appropriate medical record documentation.
	4. Demonstrate appropriate consultation and/or referrals.
3. **Manage individuals and populations in a variety of socioeconomic and health-care settings.**
	1. Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.
	2. Demonstrate cultural humility and responsiveness to values, behaviors, and preferences of one’s patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender identity, and/or sexual orientation is/are different from one’s own.
	3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.
4. **Understand podiatric practice management in a multitude of health-care delivery settings.**
	1. Demonstrate familiarity with utilization management and quality improvement.
	2. Understand health-care coding and reimbursement.
	3. Explain contemporary health-care delivery systems.
	4. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation.
	5. Understand medical-legal considerations involving health-care delivery.
	6. Demonstrate understanding of common business practices.
5. **Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and evidence-based practice.**
	1. Read, interpret, and critically analyze and present medical and scientific literature.
	2. Demonstrate information technology skills in learning, teaching, and clinical practice.
	3. Participate in educational activities.

## **Competencies - Our Program**

**Podiatry Program General Competencies**

The following are competencies identified by the Council on Podiatric Medical Education (CPME) in document 320, 6.1 for clinical and didactic experiences within the curriculum developed by the Residency Director of Podiatry at Carilion Clinic. This curriculum is designed to provide the resident with appropriate training experiences in the management of patients with a variety of diseases, disorders, and injuries through achievements of various competencies.

The overall Goals and Objectives of this program are directly linked to help facilitate the resident’s sequential and progressive achievement of specific competencies. The following general competencies are to be evaluated for each resident while on clinical rotations or in didactic course work. Each rotation and educational experience for the residents has more specific competencies to be achieved:

The following represent required competencies:

* Prevent, diagnose, and manage diseases, disorders, and injuries of the lower extremities in both pediatric and adult patients
* Assess and manage the patient’s general medical status
* Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion
* Communicate and function in a multi-disciplinary setting
* Practice and abide by the principles of informed consent
* Practice and abide by state and the local laws including Health Insurance Portability & Accountability Act (HIPAA) as it pertains to the practice of podiatric medicine and surgery
* Provide sensitive and responsive care to all patient's
* Provide superior care to all patients despite cultural values, patient behavior, race, ethnicity, patient origin, religion, gender and /or sexual orientation.
* Demonstrate familiarity with utilization management and quality improvement
* Manage individuals and populations in a variety of socioeconomic and healthcare settings
* Understand podiatric practice management in a multitude of healthcare delivery settings
* Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice
* Communicate in oral and written form with all patients, colleagues, payors, families and public.
* Demonstrate interpersonal skills of superior professionalism and communication
* Accept criticism constructively and make appropriate changes based on attending and colleagues’ recommendation
* Maintain medical records
* Demonstrate an understanding of the psychosocial and healthcare needs of all patient's and all lives stages: Pediatric to death

## **Competencies – Rotation Specific Goals & Objectives**

**Podiatric Medicine and Surgery**

**Carilion Roanoke Memorial Hospital**

The following represents clinical competencies for Podiatric Medicine and Surgery rotations:

* The resident should understand and utilize appropriate hospital protocols including appropriate admission and discharge procedures.
* The resident should maintain appropriate medical records and documentation in both inpatient and outpatient settings.
* Perform and interpret the findings of a thorough problem focused physical ex for all podiatric patients that include vascular, dermatologic, musculoskeletal examination.
* The resident must demonstrate competency and perioperative assessment in management of podiatric surgical cases. The resident must demonstrate basic principles of podiatric surgery to include suturing techniques aseptic technique universal precautions fixation techniques basic instrumentation nomenclature proper tissue handling hemostasis and appropriate operating room behavior.
* The resident must also identify and diagnose diseases, disorders, and injuries of the pediatric and adult foot and ankle by nonsurgical and surgical means.
* The resident should understand appropriate consultation protocols to either hospital specialties
* The resident should understand professionalism and demonstrate the ability to communicate effectively and function and a multidisciplinary academic setting
* Perform and interpret findings of a comprehensive medical examination to include vital signs head, chest and thorax, heart, lung, abdomen, neurologic and a problem focused lower extremity ex.
* Residents should demonstrate competency in interpretation of appropriate diagnostic medical imaging studies to include nuclear medicine scans MRI, plain film radiography, bone scintigraphy and CT scans.
* The resident should understand and interpret noninvasive arterial studies
* The resident should perform an adequate lower extremity mechanical ex
* The resident should safely provide palliative care to include nail and callus debridement.
* The resident should understand basic shoe gear management, orthosis and foot and ankle specific bracing techniques
* Demonstrate appropriate management of local anesthetics for podiatric specific office and hospital-based procedures
* Should demonstrate appropriate closed management of foot fractures and dislocations
* Should demonstrate adequate knowledge in open and closed management of all foot and ankle fractures and dislocations
* Should understand
	+ digital surgical techniques,
	+ first ray surgery
	+ soft tissue surgery
	+ tarsometatarsal surgery and foot surgery
	+ tendon surgery
	+ major rearfoot reconstructive and ankle surgery
	+ simple laceration repair
	+ foreign body retrieval.
* Call
	+ The Chief resident will be responsible for making resident call assignments. This assignment should be made with sufficient notice to allow each resident to plan for personal events and needs
	+ Night Float Duties Include:
* inpatient consents for next day
* NPO status for inpatients
* Organizing next day inpatient surgical schedule (looking at nivs, path, acuity)
* Ensuring next day surgical patients know the surgical plan
* The resident on night float may be required to serve in a backup role to the orthopedic trauma service on a case-by-case basis

**Podiatric Medicine and Surgery**

**NRV Ambulatory**

The following represents clinical competencies for Podiatric Medicine and Surgery rotations:

* The resident should understand and utilize appropriate hospital protocols including appropriate admission and discharge procedures.
* The resident should maintain appropriate medical records and documentation in both inpatient and outpatient settings.
* Perform and interpret the findings of a thorough problem focused physical ex for all podiatric patients that include vascular, dermatologic, musculoskeletal examination.
* The resident must demonstrate competency and perioperative assessment in management of podiatric surgical cases. The resident must demonstrate basic principles of podiatric surgery to include suturing techniques aseptic technique universal precautions fixation techniques basic instrumentation nomenclature proper tissue handling hemostasis and appropriate operating room behavior.
* The resident must also identify and diagnose diseases, disorders, and injuries of the pediatric and adult foot and ankle by nonsurgical and surgical means.
* The resident should understand appropriate consultation protocols to either hospital specialties
* The resident should understand professionalism and demonstrate the ability to communicate effectively and function and a multidisciplinary academic setting
* Perform and interpret findings of a comprehensive medical examination to include vital signs head, chest and thorax, heart, lung, abdomen, neurologic and a problem focused lower extremity ex.
* Resident should demonstrate competency in interpretation of appropriate diagnostic medical imaging studies to include nuclear medicine scans MRI, plain film radiography, bone scintigraphy and CT scan.
* The resident should understand and interpret noninvasive arterial studies
* The resident should perform an adequate lower extremity mechanical ex
* The resident should safely provide palliative care to include nail and callus debridement.
* The resident should understand basic shoe gear management, orthosis and foot and ankle specific bracing techniques.
* Demonstrate appropriate management of local anesthetics for podiatric specific office and hospital-based procedures
* Should demonstrate appropriate closed management of foot fractures and dislocations
* Should demonstrate adequate knowledge in open and closed management of all foot and ankle fractures and dislocations
* Should understand
	+ digital surgical techniques,
	+ first ray surgery
	+ soft tissue surgery
	+ tarsometatarsal surgery and foot surgery
	+ tendon surgery
	+ major rearfoot reconstructive and ankle surgery
	+ simple laceration repair
	+ foreign body retrieval.

**Vascular Surgery**

**Carilion Roanoke Memorial Hospital**

During the vascular surgery rotation, the resident should be competent in the following:

* Perform and interpret basic vascular studies
* Understand and interpret noninvasive vascular studies
* Understand and interpret angiography as it pertains to the lower extremity
* Understand and formulate revascularization plans based on noninvasive and invasive arterial testing
* Recognized and managed superficial and deep vein thromboses
* Practice in an ethical, legal and moral fashion, understand indications and functional differences and various putation levels
* Understand management of dialysis access grafts
* Understand various options for indwelling catheter access

**Radiology**

**Carilion Roanoke Memorial Hospital**

During the radiology rotation, the resident should demonstrate the following core competencies:

* Correctly identify osseous anatomy on plain radiography
* Understand basic chest x-ray findings and demonstrate ability to recognize basic anatomic landmarks on chest radiography
* Understand need and value of contrasted imaging studies versus non contrasted studies
* Understand foot and ankle MRI and should be competent in identifying common soft tissue and osseous pathology (i.e.; tendonitis, tendon and ligament injury, osteomyelitis, stress fracture)
* Understand diagnostic ultrasound
* Recognize and become familiar with various bone and soft tissue tumors in masses
* Recognize the need for additional diagnostic studies when necessary

**Emergency Medicine**

**Carilion Roanoke Memorial Hospital**

The following core competencies should be met resident during the emergency medicine rotation.

The resident should:

* Understand and appreciate the principles of emergency medicine and emergency room protocol
* Recognize and assist in acute systemic emergencies
* Handle common emergencies with lower extremity emphasis
* Handle noticed orthopedic emergency with emphasis in lower extremity
* Perform and interpret appropriate diagnostic laboratory tests to include hematology toxicology microbiology and serology
* Formulate inappropriate differential diagnosis and definitive diagnosis prior to discharge from the emergency department
* Formulate an implement an appropriate discharge management planned to include appropriate disposition
* Formulate appropriate inpatient management plan and appropriate consultation to the admitting physician
* Recognized the need for diagnostic modalities
* Understand appropriate fluid and electrolyte management
* Maintain appropriate medical records
* Effectively communicate with consultants
* Understand and respect apical boundaries and interactions with patient's, colleagues and employees.
* Assess and manage the patient's general medical status an implement an appropriate plan of management
* Ability to interpret a chief complaint and appropriately performed a history and physical ex directed towards the patient's chief complaint. This workup should include appropriate diagnostic, imaging, laboratory studies to arrive a provisional diagnosis.

**Internal Medicine**

**Carilion Roanoke Memorial Hospital**

During the internal medicine rotation, the resident should demonstrate the following competencies:

* The resident should perform and interpret a comprehensive medical history and physical exam to include chief complaint review of systems history of present illness social history family history. The physical exam should include vital signs HEENT, neck, chest, lung, heart, abdomen, genitourinary, rectal, extremity, neurological.
* The resident should motor and interpret appropriate laboratory tests based on the chief complaint and medical history
* Pharmacologic management of patients including the proper ordering of medications dosages interactions and side effects
* Interpret and evaluate EKGs
* Understand fluid management and blood transfusion management
* Understand perioperative surgical optimization
* Formulate appropriate differential diagnoses and patients with general medical problems
* Formulate an admission diagnosis and inpatient treatment protocol and appropriate discharge planning
* Demonstrate the ability to communicate effectively and function and a multidisciplinary setting.
* Recognized the need for diagnostic studies and have basic understanding and relevant findings on EKG, chest x-ray, nuclear scans, plain radiography.
* Understand pharmacologic management to include nonsteroidal anti-inflammatories, antibiotics, analgesics, muscle relaxers, peripheral vascular agents, anticoagulants, medication, tetanus toxoid, cardiovascular disease medications, laxatives, steroids.
* Understand and demonstrate compassion towards family and patient during end-of-life situations.

**General Surgery**

**Carilion Roanoke Memorial Hospital**

During the General Surgery rotation, the resident should meet the following competencies:

* Understand perioperative management of fluid and electrolytes.
* Understand perioperative management of blood products
* Understand operative room protocol and appropriate surgical and sterile technique
* Understand surgical emergencies
* Understand and successfully performed a primary and secondary survey on a trauma patient
* Understand indications and contraindications and functional discrepancies and various putation levels
* Understand and respect the apical boundaries and interaction with patient's, colleagues, and employees
* Interpret necessary imaging and at laboratory data pertaining to general surgical conditions
* Admit, formulate an inpatient treatment plan, and appropriate discharge planning for a general surgical
* Understand medical legal considerations when delivering healthcare
* The compassion and towards patient's and patient family's bearing end of life situations

**Infectious Disease**

**Carilion Roanoke Memorial Hospital**

During the Infectious Disease rotation, the resident should be competent in the following:

* Perform and interpret basic culture and sensitivity results
* Understands appropriate antibiotic selection based on culture results and MIC
* Understands the process and procedure for appropriate tissue biopsy
* Understands appropriate antibiotic therapy and duration for bone and skin infections
* Understands postmortem management and autopsy process.
* Understands bacteriological testing, (i.e. gram stains, cultures), in the bacteriology laboratory
* Understand drug pharmacology, potential interactions with other medications, side effects, and cost factors

**Psychiatry**

**Carilion Roanoke Memorial Hospital**

During the behavioral health rotation, the resident should demonstrate the following core competencies:

* In understanding of psychiatric management of any patient's care
* Demonstrate familiarity with psychiatric conditions and established a differential diagnosis and the treatment of patient's mental illness
* Demonstrate familiarity with various medications used in the treatment of patients with mental illness and potential interactions and side effects
* Assess and manage the patient's general medical status.
* Perform effective communication in an interdisciplinary setting
* Communicate and oral and written form with patient's colleagues and family's regarding the patient's condition
* Understand informed consent protocols based on state statutes it in patients who are mentally impaired
* Understand substance abuse and drug abuse tendencies with particular focus in narcotics and alcohol
* Understand the process of temporary detention order (TDO)

**Orthopaedic Surgery**

**Carilion Roanoke Memorial Hospital**

During the orthopedic surgery and trauma rotation the resident should demonstrate the following competencies:

* Understand management of poly-traumatized patient
* Formulate and implement appropriate surgical management when indicated
* Understand management of open fracture and open fracture antibiotic protocols
* Understand closed and open management of all orthopedic injuries including foot and ankle
* Understand basic physeal fracture management and management of pediatric fractures
* Demonstrate proficiency and surgical principles including suturing techniques atraumatic tissue handling and instrumentation as it applies to orthopedic surgery
* Knowledge of orthopedic techniques and instrumentation
* Understand AO/ASIS technique fixation techniques
* Understand external fixation and internal and orthopedic care
* Understand total joint arthroplasty and management of infection and complicated total joint arthroplasty
* Understand various bone grafting options and when bone graft is most appropriate
* Understand management of joint and bone infections
* Understand various fixation techniques and options for skeletal stabilization in all fractures
* Understand various fixation techniques for high-risk patient's including diabetes, obesity, tobacco abusers, noncompliant patients, osteoporosis.
* Understand fracture classification and open fracture classification
* Demonstrate ability in communicating successfully with other orthopedic colleagues

**Orthopaedic Surgery- Pediatric Clinic**

**Carilion Roanoke Memorial Hospital**

During the orthopaedic-pediatric clinic rotation the resident should demonstrate the following competencies:

Patient Care

* Hone skills in identifying key history and exam needed to evaluate children presenting with conditions involving the musculoskeletal system.
* Understand the scope and use of diagnostic studies typically used by pediatric orthopedists.
* Discuss and identify how the pediatric orthopedist and his/her care team involves the patient and family in decision making about complex diagnoses and highly sophisticated medical care issues.
* Order and interpret (with the assistance of the radiologist) common diagnostic imaging procedures when evaluating and managing patients with orthopedic conditions: plain radiographs, body MRI, CT scan, radionuclide bone scans.
* Recognize and manage the following conditions, with appropriate referral for physical therapy services for rehabilitation when indicated:
	+ Calcaneal apophysitis
	+ Clavicular fracture
	+ Femoral anteversion and retroversion
	+ Pes planus (flat feet)
	+ Internal and external tibial torsion
	+ Metatarsus adductus
	+ Muscle strains
	+ Non-displaced finger and toe fractures
	+ Tibial tuberosity apophysitis (Osgood-Schlatter disease)
	+ Overuse syndromes
	+ Patellofemoral syndrome
	+ Inversion/eversion ankle sprains
* Recognize, provide initial management of the following conditions:
	+ Talipes equinovarus
	+ Fractures and dislocations not listed above, including stress fracture
	+ Limb length discrepancies
	+ Osteochondritis dissecans
	+ Osteomyelitis
	+ Compartment Syndrome
	+ Septic joint
	+ Slipped capital femoral epiphysis

Medical Knowledge

BIOMECHANICAL EXAMS

* Demonstrate knowledge of normal variations in foot, knee and leg development.
* Know normal variations in gait and posture.
* Determine if the following presenting signs and symptoms are caused by an orthopedic condition, and if so, treat appropriately:
	+ Limp
	+ Musculoskeletal pain
	+ Refusal to walk or gait disturbance
	+ Refusal to use a limb
	+ Swollen or painful joint
	+ Bowed legs or knock-knees
	+ In-toeing or out-toeing
* Identify the role and general scope of practice of pediatric orthopedists; recognize situations where children benefit from the skills of specialists training in care of children; and work effectively with these professionals in the care of children with orthopedic conditions.

Communication Skills

Demonstrate interpersonal and communication

skills that result in information exchange and partnering with patients, their families and

professional associates.

* Talk to family members about sensitive issues that relate to a patient’s condition, e.g., coping with the child’s altered needs in his/her home setting
* Write an effective and timely (consultation) note that summarizes the findings and recommendations of the pediatric orthopedist and clarifies the continued role and responsibility of the consultant
* Be able to explain to the patient and the family what the patient’s condition is and what the management will be in terms that they will understand.

Practice-based Learning and Improvement

Demonstrate knowledge skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one’s patient care practice.

* Identify standardized guidelines for diagnosis and treatment of complex problems of the musculoskeletal system and learn the rationale for adaptations that optimize treatment.
* Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing data acquisition if appropriate.

Professionalism

Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

* Appreciate the psychosocial impact of diseases commonly seen by the subspecialist (e.g., on the child, family, parents’ work, school).
* Respect your patients’/parents’ privacy, autonomy and need to maintain a positive self-concept, irrespective of age, gender, or health belief system, and regardless of acuity of disease.
* Be sensitive to the ethical and legal dilemmas faced by providers working with patients with orthopedic problems. Strive to understand how the orthopedist and care team deals with these dilemmas and use such experiences to enhance your own understanding

Systems-Based Practice

Understand how to practice quality health care and advocate for patients within the context of the health care system.

* Clarify how documentation and billing/charges differ for consultations vs. referrals vs. ongoing management of children treated on the pediatric orthopedic service.
* Explore the difference between fee-for-service referrals and managed care referrals and the office systems needed to support both.
* Describe patient and system factors that contribute to escalating costs of care in the subspecialty setting and consider the impact of these costs on families and on the health care system.
* Consider potential sources of medical error in this subspecialty setting (e.g., drug interactions, complex care plans, provider fatigue).

**Anesthesiology**

**Carilion Roanoke Memorial Hospital**

During the resident's anesthesia rotation, the resident should demonstrate the following core competencies:

* Understand ASA classification
* Understand pertinent perioperative laboratory and imaging studies
* Maintaining appropriate medical records
* Understand regional anesthesia
* Understand various anesthesia options and the value and risks associated with each. For expel, understand the indications for general versus LMA versus spinal
* Understand pharmacologic agents used in general anesthetic cases
* Understand mechanisms of action of anesthesia gases, induction agents, paralytics, muscle relaxers.
* Understand reversal agents and mechanisms of action
* Understand indications and contraindications to various anesthesia techniques
* Understand anatomy and be able to successfully perform a distal sciatic (popliteal) nerve block

##

## Off Site Locations

**Roanoke Ambulatory Surgery Center**

**Daily Surgery Assignments – PLA**

**Objective:** The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

**Goals:** The addition of facilities will broaden the residents’ surgical exposure by creating additional surgical opportunities with multiple surgeons.

**Carilion New River Valley Medical Center (CNRVMC)**

**Daily Surgery Assignments – PLA**

**Objective:**  The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

**Goals:**  The addition of facilities will broaden the residents’ surgical exposure by creating additional surgical opportunities with multiple surgeons.

**New River Valley Surgery Center (NRV SC)**

**Daily Surgery Assignments – PLA**

**Objective:** The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

**Goals:**  The addition of facilities will broaden the residents’ surgical exposure by creating additional surgical opportunities with multiple surgeons.

**Carilion Franklin Memorial Hospital (CFMH)**

**Daily Surgery Assignments – PLA**

**Objective:**  The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

**Goals:** The addition of facilities will be to broaden the residents’ surgical exposure by creating additional surgical opportunities with multiple surgeons.

**Carilion Rockbridge Community Hospital (CRCH)**

**Daily Surgery Assignments – PLA**

**Objective:**  The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

**Goals:**  The addition of facilities will broaden the residents’ surgical exposure by creating additional surgical opportunities with multiple surgeons.

# Program Expectations for Residents

## **Professionalism Expectations**

* Residents are expected to demonstrate:
	+ Compassion, integrity, and respect for others.
	+ Maintain self-awareness of communications with patients and co-workers (manor of speech, tone of voice, body language, etc.) to establish and maintain appropriate, effective relationships.
	+ Responsiveness to patient needs that supersedes self-interest
	+ Respect for patient privacy and autonomy
	+ Accountability to patients, society and profession
	+ Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.
* Excellence
	+ fulfill educational and professional responsibilities including scholarly activities
	+ maintain acceptable and appropriate standards of practice
* Accountability
	+ Arrive on time for work and educational assignments
	+ Respond to all tasks and deadlines promptly
	+ Respond to consult requests and pages in a timely, respectful fashion in accordance with institutional policy.
	+ Complete required documentation honestly and accurately including clinical and educational hour reporting and procedure logging.
	+ Adhere to recognized ethical codes governing the applicable profession and specialty.
	+ Adhere to applicable laws and regulations. Residents are required to report to program administration and the GME office any civil actions, which may affect the ability of the resident to perform his/her duties safely and effectively, as well as all criminal citations, charges, arrests, convictions, pleas, including pleas of nolo contender (a plea by which a defendant in a criminal prosecution accepts conviction as though a guilty plea had been entered but does not admit guilt), and protective orders issued against a resident within the first business day of the first knowledge of the civil action or contact with law enforcement for criminal actions.
	+ Maintain a professional appearance in the work environment with adherence to Carilion GME Dress Code policy.
	+ Adhere to all institutional policies and guidelines
* Respect for Others
	+ Display compassion, integrity, and respect for others, including patients, families, trainees and all members of the health care team.
	+ Respect patient privacy and autonomy.
	+ Manage conflicts respectfully away from patient care and crowded staff areas. Seek assistance, when necessary, from resources available to the campus community.
	+ Understand and accept that bias based on gender, age, culture, ethnicity, religion, disability, or sexual orientation seriously harms the learning environment and is strictly prohibited.
	+ Refrain from disruptive behavior including but not limited to:
		- Harassment or discrimination
		- Verbal threats and outbursts
		- Undue criticism intended to belittle or berate others
		- Arguing in front of patients and families
		- Physical actions that threaten others
		- Inappropriate physical contact
* Honor and Integrity
	+ Maintain appropriate standards in all social media postings with clear demarcations between personal and professional lives. Protect personal, institutional, and professional reputation when posting, commenting, or contributing to collaborative projects such as wikis, blogs and/or virtual communities.
	+ Declare all conflicts of interest.

Breeches of professionalism may be reported to the Program Director or Designated Institutional Official. All reports will be investigated. Those with merit may be subject to disciplinary actions including remediation, administrative sanction, suspension, non-renewal of contract or termination.

## **General Responsibilities**

* The residents are directly responsible to the attendings on each of the services.
* Their duties, in part, are as follows:
	+ Participate in patient care, operating room procedures, and post-op care including post-op checks on all patients.
	+ Take night call in rotation with other residents. Responsibility includes all ED trauma each day and night. On weekend call days, the resident should call into the operating room early at 7:00 – 7:30 a.m. to find out if any cases have been posted so they can read up for that case and be available. The expectation is that one resident will be on call each weekend and will remain in Roanoke.
	+ Evaluate, formulate, and carry out a treatment plan for patients from the Emergency Room and discuss consultations along with a specific attending.
	+ Provide prompt service with minimal delay to patients in the Emergency Department.
	+ Attend emergency or semi-emergency operative procedures and all cases of when on call.
	+ Attend assigned out-patient clinics. For CRMH responsibilities when resident staff is out of town or unavailable the “Chief Resident or Dr Clements” should be notified, and the resident resources will be dispensed at the discretion of the Chief or Dr Clements to cover the priorities of trauma and CRMH clinics. Elective surgery takes a secondary role. The resident should take the responsible step of notifying the attending physician on any elective cases where resident coverage may not be available.
	+ Attend all out rotation specific conferences and as directed on the appropriate schedule; for example, if you are on your Emergency Medicine rotation, the resident is expected to attend the Emergency Medicine conferences.
	+ Participate in the clinical education of podiatric resident colleagues, other house staff, medical students, and other Allied Health professionals (PA’s, etc.).
	+ Complete all medical records before leaving each service. Should medical records become delinquent during a rotation, OR privileges will be revoked until records are completed. This information will be included in the resident’s evaluation should OR privileges have to be revoked.
	+ Complete rounds by 11:00 a.m.
	+ The resident should be in contact with the attending physician to determine his/her protocol for discharge planning and patient management on a day-to-day basis. (Patients staying past 12:00 midnight will be is charged for the prior day. For example, if you came in Monday at 7:00 p.m. and left Tuesday at 3:00 p.m., you would only be charged for Monday.)
	+ Sign out. All patients must be signed out to another resident, and attending’s must be notified regarding time out of town. Sign out should include a written sign out on the charts of all patients the resident is following indicating the dates they will be out and the responsible resident covering his/her patients. All patients should be covered every day.
	+ All vacations must be approved by the Program Director (Dr. Clements).
	+ Sign out to the resident on night call and provide complete information about existing or anticipating problems on his or her particular service should occur before 10 each day.
	+ Participate in and facilitate ongoing faculty and resident research protocols. See later description

## **On Call Responsibilities**

* The podiatry resident will be on ‘Foot and Ankle call” when the resident is on “Podiatry RMH”. When the podiatry resident is on orthopedic specific services, the podiatry resident will function in the call schedule with the orthopedic residents. Orthopaedic trauma call is for all patients who are Gold Alert and Trauma Alert patients. If the Gold Alert or Trauma Alert patient is awake and alert and expresses a physician preference, every effort should be made to honor that preference. However, the attending physician on call for orthopaedic trauma is in charge and should be notified of this situation.
* Consults from the General Surgical Trauma Service to Orthopaedics may go to the orthopaedic trauma call roster, and all in-house consults directly from the Trauma Service should go to the Orthopaedic Trauma Call roster. An unassigned patient is a patient that has no preference for an orthopaedic attending or group. A patient that comes in initially as an unassigned patient and sees an orthopaedic physician and then the orthopaedic physician obtains a trauma consult does not automatically make that patient an Orthopaedic Trauma patient. However, should the unassigned orthopedist want to consult the Orthopaedic Trauma attending that is always an option for that attending.
* Assigned patients are patients with a specific preference for an orthopaedic surgeon/group or who are current patients of that group practice. Taking a few moments to sort out these logistics will be helpful in preventing confusion. If there are any questions, please do not hesitate to discuss further with Dr. Seamon for orthopedic service or Dr Clements for Podiatry service-related questions.

## **Maintenance of Surgical Log**

* Each resident must maintain a log of all surgical cases in Residency Resource. The importance of accurate records cannot be overemphasized. This is important for the resident’s personal case list and for viability of the residency program according to CPME standards.
* This log must always be kept current. The residents must log all clinic and surgical activity within one week of the date that the service was rendered.
* If logs are not completed within 10 days, you will receive a 1st notice.  If not completed by 30 days, you will receive a 2nd notice.  If not completed by 42 days, you will be given a written reprimand.
* MAV reports will be reviewed at each quarterly evaluation meeting.

## **Medical Records**

* Electronic Medical Record – EPIC
* It is your responsibility to always keep your charts up to date. Visit and clear your in-basket at least daily.
* When a resident is notified, and he/she only works the delinquent charts and ignores the others, then they take a chance of getting another delinquent e-mail the next week.
* Never let deficiencies stay in your in-basket. Clear these daily.
* If you have trouble clearing an item, call HIM at 981-7842 for assistance.
* A weekly report is generated by HIM indicating residents who have deficiencies. You will be emailed to notify you that you are on the deficiencies list and you will be requested to clear them immediately. If you make the “red” list it means you are two weeks delinquent and subject to being pulled from duty until the deficiencies are cleared.
* Any dictations are delinquent 15 days after discharge. (Ex: Patient is discharged on the 1st of the month. The 16th day of the month this chart is delinquent.)
* Signatures are delinquent 30 days after discharge. (Ex: Patient is discharged on the 1st. The 30th day after discharge the chart is delinquent.)
* It is the resident’s responsibility to notify HIM if they are having an issue with EPIC or their charts. (Do not ignore this-Please call HIM at 981-7842.)
* You need to leave a footprint note every time you see a patient. Pay particular attention to this in the ED. If you consult on a patient, even if you never see the patient, put in a short note. Nurses like to leave “ortho consulted” notes that cause grief. Do this prior to the end of shift.
* You must have a brief procedure note on the chart immediately after a procedure has been performed.
* Chief residents are responsible for dictating op reports at the discretion of the attending. These should be completed within 24 hours of operating.
* Check your staff messages often (in your in-basket). This is how HIM communicates with you.
* If using smart text or free text to do reports in EPIC, you must check the co-sign required button. This ensures the attending will be able to co-sign effectively in a timely manner
* **DO NOT USE the renew all function for orders**. When in EPIC, if you are renewing orders and use the “renew all” function, it will literally renew EVERY old order on the patient’s chart that has ever been entered.
* Therapy requests that physicians provide information related to orders in the “Answer” field and not in the “Comment” field when entering orders. Ex: “Pt awaiting PT eval then ready to go home”. This allows them to prioritize the case load.
* Residents need to notify HIM before they go on vacation and have all items cleared as of departure.
* Failure to complete dictations can result in the attending of the chart to be held accountable for the dictation. This can put the attending in jeopardy of being suspended. (HIM does not like to take this route.)
* Sometimes dictations are passed around from one resident to another. When this happens, we end up having to get the attending involved. The attending will advise who should do the dictation.

## **Dictations**

* The Carilion Roanoke Memorial Hospital dictation numbers are as follows:
	+ Inpatient: 981-8200 (7-8200 using an in-house phone) or 1-877-496-1161
	+ Ambulatory: 866-311-5739
* These numbers should be used for inpatient history and physicals, operative notes, and discharge summaries.
* Resident cell phones have been loaded with Dragon Medical so that you may dictate on your phones. Please see the Dragon FAQ sheet for detailed instructions. This FAQ sheet may be found on Med Hub under resource documents-Helps & FAQ’s Note: non-use for 90 days will suspend your account.

# Procedure Certifications in Podiatry Residency

* The following procedure certification list is authorized for each podiatry resident. Procedures listed indicate which may be performed at what supervision level for all podiatry residents. The formal list is maintained on Med Hub.
* Procedures that are not listed below should be directly supervised by a credentialed provider.
	+ Needs Supervision:
		- Open reduction/internal fixation of ankle fractures
		- Tendon Repairs
		- Wound Debridement
	+ Does not need supervision:
		- Arthrocentesis (Adult & Pediatric)
		- Arthrotomy for irrigation or debridement
		- Casting and splinting of all fractures
		- Closed reduction/casting of extremity, all foot and ankle fractures
		- Closed reduction / internal fixation of ankle fractures
		- Foreign Body Removal
		- Major or minor laceration repair
		- Partial of complete toe amputation
		- Primary and delayed wound closure
		- Tenotomy-ligament repair or reconstruction

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# Educational Experience

## **Conferences Attendance**

* Mandatory attendance is required at the following conferences unless post call or in active patient care or off service in Gen. Surgery, IM or ED rotations.
	+ **POD Radio** conference held weekly on Mondays 0630-0730 in Riverside 3, conference room 1A.
	+ **POD F&A conference** held weekly on Tuesdays 0630-0730 via TEAMS. This is our main didactic conference.
	+ **Ortho Peer Review** – held every 6 weeks in place of the Wednesday conference 0630 – 0800 via TEAMS. Residents are asked to present a case.
	+ **Ask Kristen Walters re: Ortho Academic Skills conference Wed mornings – lower extremity topics – add dates to academic conf schedule**
	+ **Journal Club** held periodically throughout the academic year.
* Optional attendance – highly recommended:
	+ **Ortho Fracture conferences** (lower extremity topics only) held weekly on Wednesdays 0715-0800 in Medical Education Classroom 3 (note: Adult Recon conference immediately precedes this conference 0630-0715)
	+ **Ortho Trauma Review** conference (lower extremity topics only) held weekly on Fridays 0615-0700 in Medical Education Classroom 3. This conference focuses on trauma fracture cases from the week.

## **Didactic Conference- Sample**

* Foot and Ankle topics for the year. Please consult the current didactic schedule.

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| * Achilles Rupture- Non operative v Operative treatment
 |
| * Achilles- Platelet rich plasma, Microdebridement
 |
| * Achilles Tendinopathy/ Haglund’s Deformity
 |
| * Ankle Arthritis
 |
| * Ankle Arthritis- Ankle fusion: technique and fixation options
 |
| * Ankle Arthritis- intrameduliary nailing
 |
| * Ankle Arthritis- Total Ankle Arthroplasty
 |
| * Ankle Arthritis-Ankle arthroscopy
 |
| * Ankle Instability
 |
| * Ankle Instability- Osteochondral Defects: microfracture, OATS, Allograft
 |
| * Ankle Instability- Other: Allograft, Peroneal Tendon Transfer
 |
| * Ankle Instability- Surgical treatment
 |
| * Ankle Instability-Physical examination, imaging, nonsurgical care
 |
| * Biomechanics - Gait
 |
| * Calcaneal Fracture
 |
| * Calcaneal Fracture- Injury and physical exam: classification
 |
| * Calcaneal Fracture- ORIF, joint depression, tongue-type
 |
| * Calcaneal Fracture- revision of malunion and subtalar arthritis
 |
| * Cancelled by JRC as F&A topic in Wed. conference 7/1 email
 |
| * Cavo Varus Foot -Extra articular surgical reconstruction and tendon transfer
 |
| * Cavo Varus Foot--Phys Exam (plantar flexed 1st ray, varus heel, Coleman block)
 |
| * Charcot Arthropathy
 |
| * Charcot Deformity - Bracing and Surgical Treatment
 |
| * Charcot Deformity- Etiology and classification
 |
| * Claw Toe etc. - PIPJ Arthroplasty, Fusion (Fixation options)
 |
| * Claw Toe/Hammer Toe/ Other Toe Deformities
 |
| * Clinical Examination - Normal Foot Exam, Diabetic Foot Exam
 |
| * Diabetic Foot - Diabetic wounds/ foot infection
 |
| * Diabetic Foot - Vascular evaluation
 |
| * Diabetic Foot - Amputations/prophylactive procedures
 |
| * Diabetic Foot - Charcot
 |
| * Diabetic Foot - Clements / Foot ulceration classification
 |
| * Diabetic Foot- Vascular evaluation
 |
| * Diabetic Foot- foot and ankle amputations
 |
| * Diabetic Foot-Surgical treatment for wounds
 |
| * External Fixation - Illizarov, TSP, Hybrid, Miter
 |
| * Flat foot - Adult required flatfoot
 |
| * Flat Foot - Tibialis Posterior Dysfunction
 |
| * Flat foot- Extra-Articular Treatment for PTTD
 |
| * Flat Foot - Planal Dominance (transverse, frontal, sagittal
 |
| * Flat foot - Stages of posterior tibial tendon dysfunction
 |
| * Flat foot- Triple Arthrodesis
 |
| * Flat foot- Pediatric flatfoot reconstruction, subtalar arthroereisis
 |
| * Forefoot - Brachymetatarsia
 |
| * Forefoot - Bunionettes
 |
| * Forefoot - Hallux Valgus
 |
| * Forefoot - Hammertoe
 |
| * Forefoot - Metatarsus adductus
 |
| * Forefoot - Plantar plate injury
 |
| * Forefoot - Toe Deformities - Syndactyly, Polydactyly
 |
| * Forefoot -Freiberg's
 |
| * Hallux Valgus - Angles, IM, Joint Congruity
 |
| * Hallux Valgus- Distal Metatarsal - Shaft and Base Procedures
 |
| * Hallux Valgus -Distal Metatarsal Osteotomy
 |
| * Hallux Valgus- Fusion:1st MPJ, Lapidus
 |
| * Lisfranc Fractures- Injury and physical exam: classification, ligamentous, osseous
 |
| * Lisfranc Fractures-ORIF
 |
| * Lisfranc Fractures-Primary fusion
 |
|  |
| * Midfoot and rear foot fusion
* Miscellaneous - Post surgical Complications
 |
| * Miscellaneous - Sx procedures for RA
 |
| * Miscellaneous - OS trigonum
 |
| * Modified Broström
 |
| * Neurologic Disorders- Neuroma
 |
| * Neurologic Disorders- Tarsal tunnel and other entrapments
 |
| * Peds- Most common congenital foot deformities
 |
| * Peds-Ankle fractures
 |
| * Peds-Coalitions
 |
| * Peds-Juvenile Hallux Valgus
 |
| * Peds-Physeal injuries and repair
 |
| * Post Mall & Pilon Fractures
 |
| * Postural Deformities- Cavus
 |
| * Postural Deformities-Pediatric
 |
| * Postural Deformities-Pes Planus-Adult acquired flat foot
 |
| * PRP, Microdebridement, FHL Transfer, Retrocalc Exostectomy
 |
| * Rearfoot- Haglunds/ insertional achilles pain
 |
| * Rearfoot- Subtalar DJD- Fusion
 |
| * Rearfoot-Ankle DJD -TAR
 |
| * Rearfoot-Ankle DJD-Fusion
 |
| * Rearfoot-Heel pain
 |
| * Rearfoot-Supramalleolar Osteotomities
 |
| * Sports- Acute Achilles/gastroc rupture
 |
| * Sports- Arthroscopy
 |
| * Sports- Lateral ankle instability
 |
| * Sports- OCD- denovo, microfracture, OATs
 |
| * Sports- Sprains-ankle, subtalar, syndesmosis
 |
| * Sports- Turf Toe
 |
| * Sports-Chronic tendon injury
 |
| * Taylar Fractures
 |
| * Taylor Spatial Frame in deformity correction
 |
| * Trauma - Ankle Fractures
 |
| * Trauma - Calcaneal Fracture
 |
| * Trauma - Pilon
 |
| * Tumors- Lower extremity bone tumors
 |
| * Tumors- Lower extremity soft tissue tumors
 |
| * Weil Osteotomy, FDL Transfer
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## **Research Requirements**

* Introduction to Research Methodology during Orientation- Garrett Burks, PhD
* Original research topic to be submitted for publication in a peer review journal prior to graduation.
	+ Identify original research topic by January 1 of first year.
	+ Meet with residency director every 3 months to review research project status (January, March, July and October) or may be discussed as part of quarterly evaluation meetings.
* Podiatry Research Educational Requirements:
	+ To meet CPME requirements for research education and the Carilion Clinic IRB requirements for research education, two CITI training modules are required to be completed prior to 7/1 of the intern year and are furnished to the Carilion IRB.
	+ CITI Training: Completion certificates must be supplied to program manager go to <https://about.citiprogram.org/> log in, select Carilion Clinic Affiliate.

* **Required Research Courses with included modules, completed prior to initiating or participating in clinical research:**
	+ CITI Course in Good Clinical Practice Stage 1-GCP
		- The CITI Good Clinical Practice Course for Clinical Trials Involving Drugs and Devices
		- Investigator Obligations in FDA-Regulated Research
		- Informed Consent in Clinical Trials of Drugs, Biologics and Devices
		- Overview of New Drug Development
		- Overview of ICH GCP
		- ICH-Comparison between ICH GCP E6 and US FDA Regulations
		- Conducting Investigator-Initiated Studies According to FDA Regulations and GCP
		- Managing Investigational Agents According to GCP Requirements
		- Overview of U.S. FDA Regulations for Medical Devices
		- Detecting and Evaluating Adverse Events
		- Reporting Serious Adverse Events
		- Audits and Inspections of Clinical Trials
		- Monitoring of Clinical Trials by Industry Sponsors
		- Completing the CITI GCP Course
		- Investigator Obligations in FDA-Regulated Clinical Investigations of Devices.
	+ CITI Human Research-Biomedical Researchers Stage 1 Basic Course
		- Basic Institutional Review Board (IRB)Regulations and Review Processes
		- Informed Consent
		- Belmont Report and Its Principles
		- Record- Based Research
		- Genetic Research in Human Population
		- Research and HIPAA Privacy Protections
		- History and Ethics of Human Subjects Research
		- Avoiding Group Harms-U.S. Research Perspectives
		- Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research
		- Populations in Research Requiring Additional Considerations and/or Protections
		- Cultural Competence in Research
		- Data and Safety Monitoring in Human Subjects Research
		- Conflicts of Interest in Human Subjects Research
	+ Other Research Educational Opportunities available to the residents with in Carilion include:
		- Research & Development website on Intranet: <https://www.insidecarilion.org/hub/research-development>
		- Cornerstone – research classes <https://carilion.csod.com/>
		- Office of Continuing Professional Development, specifically through TEACH (Teaching Excellence Academy for Collaborative Healthcare) <https://www.teach.vtc.vt.edu/>

## **Safe Watch / Quality Reporting**

* As part of Carilion Clinic’s ongoing commitment to quality, residents are urged to report quality items through the SafeWatch portal
* Events to be reported include:
	+ Injury or potential injury to a patient or visitor.
	+ Medical equipment that has malfunctioned, is misused or defective.
	+ Critical test result delays or reports made to the wrong person or patient identification labeling errors.
	+ Inappropriate or unexpected behavior of patients, staff and physicians.
	+ Unexpected deaths.
	+ Medication-related events.
* To access the online reporting system, dial 7-SAFE (7-7233 or 981-7233) or access the Safe Watch portal located on every Carilion desktop. direct link: <https://carilionclinicportal.secure.force.com/SafeWatch>
* You are encouraged to attend at least one root cause analysis meeting during your time in Podiatry. The quality team will email announcements of upcoming RCA’s.

## **Work Hour Responsibilities**

* The GME office has determined that all residencies will adhere to the ACGME Work Hour rules and as contained in the GME Clinical and Educational Work Hours policy <https://carilionclinic.org/gme-clinical-educational-work>. The CPME does not require this compliance, to be clear, but our program as part of the GME department adheres to these policies. Highlights of those rules: (Please reference this policy for detailed information.)
	+ Limit of 80 hours per week, averaged over a four-week period, inclusive of all clinical and educational activities.
	+ Eight hours off between scheduled clinical work and educational periods
	+ 14 hours free of clinical and educational work after 24-hour in-house call.
	+ One day off in seven when averaged over 4 weeks.
	+ Educational and work periods must not exceed 24 hours of continuous scheduled assignment. There are a couple of exceptions, check the policy.
	+ Frequency of in-house call should be no more frequently than every third night averaged over a four-week period.
* Residents are required to maintain an accurate log of clinical and educational hours in Med Hub at least weekly.
* Residents who falsify clinical and educational hour entry will be subject to disciplinary action.
* To comply with 80-hour workweek regulations, the resident on call will be off the following day. The resident staff will also have two full weekends off every month. Modification in coverage will be arranged as needed by the Administrative office.
* Fatigue Mitigation
	+ GME provides options for residents when they are too fatigued to safely travel home. These include:
	+ Money for taxi
	+ Money for public transportation
	+ Sleeping rooms available post call.
	+ Reporting non-compliance
	+ Residents can report program non-compliance without reprisal
	+ Report to DIO or GME Director
	+ Report anonymously through the anonymous report link on the GME intranet home page.

## **Vacation/CME/ Time away**

* Please see POD Vacation Policy and Guidelines for full details.
* Vacation - refers to paid time off.

The podiatry program provides residents with 4 weeks (20 weekdays) off per contract year.

* + - Residents are encouraged to plan vacation for **the entire year at the beginning of each academic year**. They are to request vacation or other time off 6 weeks in advance.
		- There is no vacation/time off during the Internal Medicine, General Surgery rotations or the Ortho Night block.
		- A week of vacation will include Monday through Friday plus either the weekend before or the weekend after. If you want both weekends off, you must get approval from the Chief. Once the Chief has approved your time away, email the Program Manager and Program Director, with notation of Chiefs approval, with the specific dates of your time away. (We will not take verbal requests to minimize errors on the date requested.) Once approved, the dates will be entered into Med Hub and will show as approved.
			* All vacations and conference time away must be approved by Dr. Clements, Program Director or Kathy Smith, Program Manager.
	+ No more than two residents should be away at any one time for the work week without Program Director and Chief approval.
	+ All scheduling will be coordinated with the Department of Orthopaedics for the master call schedule.
	+ Unused vacation days do not carry over to a subsequent program year and expire on the residents last day in the program.
	+ The program does not allow more than 30 days missed from training during an academic year.
	+ Residents taking unapproved days off may not be paid for days missed and be subject to disciplinary action.
	+ Time away for interviews is negotiable, please consult the program director.
	+ Terminal vacation (time taken during the last two weeks of residency) for PGY 3 residents must be approved by the Program Director. The program director may disallow other vacations to approve terminal leave.
	+ Residents are not allowed to take time off during the last two weeks of June to take step three exams.
	+ Special note: Please see the GME policy on Leave of Absence for time away allowed under FMLA Family or Medical Leave, Personal leave, Bereavement Leave, Military Leave and other types of leave of absence. Time away, salary continuation and other pertinent details are included in that policy.
* Other time away
	+ For time off for appointments (medical, dental, other) please share your need with the chief resident doing the scheduling and or the program director/residency office. Please share as far in advance as you can so scheduling accommodations can be made. It is our program’s intent that you have adequate access to the time necessary for these type appointments.

## CME - Away Conferences:

* The Podiatry Residency is committed to supplementing the resident experience as much as possible. As long as funding is available to our program from the GME office budget, we are committed to allowing our residents to attend.
* In addition, again subject to funding from GME, we allow the residents to attend one Arthroscopy Skills Course during their PGY2/3 year.
* Because of our commitment to research, we also allow the senior residents who have submitted a poster which has been accepted for presentation to attend the ACFAS Scientific Course, again, subject to funding being available. Only one resident per poster will be funded.
* If a resident desires to attend another educational course, following discussion with the program director, the resident may be allowed the time away from the program to attend. These additional conference expenses would be at the residents’ own expense due to very limited funding.
* The amount of paid time for a resident to attend CME activities is determined by the Program Director.
* The podiatry residency counts CME time away as separate from vacation time.
* PGY 3 residents receive $1500 in “CME” funds from the GME office. These may be used to help with CME conference activities or to purchase educational materials such as books, e-books, resource materials, and may be used to help defer the cost of 3rd year board exams, etc. They may not be used to purchase personal items in the form of electronics.

## **Dress Code**

* Podiatry residents should follow the GME manual for dress code which states:
* Residents should dress in business attire for most clinical and administrative activities. Clothing soiled with biological material should be changed as soon as appropriate and shall be treated in accordance with the blood borne pathogen policy.
* Scrubs may be worn as defined by the CMC Surgical Attire Policy. Physicians should specifically reference Section A.3: “Surgical scrubs will not be worn merely as a matter of convenience to the user or for personal preference. Hospital owned scrub suits should only be worn within the hospital/facility. Only street clothes are worn outside of the hospital…”
* Soiled or stained scrubs should not be worn. Scrubs soiled with biological material should be changed as soon as appropriate and should be treated in accordance with the blood borne pathogen policy.
* Lab coats are worn as determined by departmental policy. (for podiatry this means when seeing patients). Lab coats should be clean. Soiled or stained lab coats should not be worn. Lab coats soiled with biological material should be changed as soon as appropriate and should be treated in accordance with the blood borne pathogen policy.
* Two white coats will be issued in July after you have had your fitting during orientation. You will receive one new coat each year until you graduate. Residents are responsible for the laundering of their white coats.
* Appropriate personal care products such as deodorant are encouraged. Hair is to be clean and styled to prevent contact with patients or equipment. Beards and moustaches should be neat and appropriately trimmed.
* Scents: Due to potential patient/staff allergies, respiratory conditions or sensitivities, colognes, perfume, scented lotions and after shave lotion should be kept to a minimum if worn at all.
* Nails: Fingernails should be clean and neat. Artificial nails, including but not limited to acrylic, gel, and silk wraps, are not allowed by staff providing direct patient care. Freshly applied nail polish is allowed.
* Footwear: For safety reasons, open-toed shoes or sandals are not allowed in clinical care areas.
* Pins and Badges: School, credentialing and Carilion Clinic recognition or distributed pins may be worn. Novelty pins or buttons are discouraged.
* Management reserves the right to determine the appropriateness of compliance with the Dress Code Policy. Staff whose dress is deemed inappropriate may be sent home and appropriate corrective action may be taken.
* A hospital issued employee identification badge is required of all staff and is always to be worn above the waist with the picture visible and name unobstructed except when patient care requirements preclude this. The white placard indicating Podiatry Resident should be worn behind the ID badge and visible.
* White Coat – Laundry Instructions:
	+ Residents in the Orthopaedic department have been given the privilege to take advantage of the physician white coat laundry service.
	+ Drop off location: At R3, right across from the front desk on the ground floor-room labeled Material Management.  As you come in the main door, facing the main desk the door is on the right. Place the dirty coats in the tall trash can it has a blue liner in it and then when the coats are returned, they will be hanging up on the wall beside the trash can.
	+ Pick up/return days are Tuesdays and Fridays. Drop off Tues prior to noon and pick up on Friday / drop off Friday prior to noon and pick up on Tuesday.
	+ Suggest only putting in one coat in at a time as the pickup day is not always met.
	+ It is not recommended that you just put your white coat in the hospital laundry independent of the above process as you may or may not ever get it back. They will not track you down to get it back to you. Residents have “lost” white coats this way.

## **Resident Cellular Device Guidelines**

* Please get full details from the GME Resident Manual <https://www.insidecarilion.org/hub/graduate-medical-education/resources>.
* As a resident at Carilion Clinic, we need to be able to communicate with you while you are working in the hospital, on-call or in an emergent situation when you are away from the hospital. The mode of communication is established by the GME office cellular devices.
* Each resident will be issued a Carilion Secured Device. This is a corporate device procured, owned, and distributed by Carilion Clinic.
	+ Basic Guidelines
		- This mobile device is provided for use by Carilion Clinic staff and although reasonable personal use is authorized, as a workplace-provided device, there is no expectation of privacy in either the use of or the information processed by this device.
		- As with any mobile device, the user should assume that any messages transmitted or received by this device could become public knowledge and personal or patient information should not be communicated via voice or data.
		- Mobile device password settings are defined in the Carilion Clinic Mobile Device Guidelines policy and use of passwords is required to ensure that the device is not used by third parties if the device is lost or stolen.
		- Appropriate use of the mobile device must conform to the Carilion Clinic Mobile Device Guidelines policy.
		- It is the responsibility of the user to contact the Technology Service Center (540.224.1599) if their mobile device is not functioning.
		- If the mobile device is believed to be lost or stolen, or you believe there to be a potential breach in security through use of this or any device, please report the loss or issue to the Technology Service Center (540.224.1599) immediately so the device can be disabled, a replacement device can be delivered to you, and so the Carilion Clinic Security Officer can help resolve the issue.
	+ Personal Use: Although this mobile device is issued only for clinical care and Carilion Clinic business purposes, employees may choose to use it for personal communications as well and pay a portion of the monthly service through a cost sharing plan.
	+ Other Resident Guidelines
		- The devices have a photograph feature. Photographs of patients are prohibited. All HIPAA regulations must be followed.
		- Devices should never be used for international calling and/or international travel.
		- Pay-per-use services are prohibited (ringtones, game subscriptions, texting contests, etc.).
		- Needed repairs are generally covered by TSG. However, GME may find that you are responsible for unreasonable care or cost associated with your provided device.
		- Detailed records of your device use will be monitored by administration monthly.
		- This device serves as a pager and all work-related pages must be answered immediately. It is your responsibility to set the ringer to a level which you will be able to hear at all times.
		- Personal calls may not be conducted in the patient care setting.
		- Carilion administration may amend and revise this policy as needed.
		- Carilion Clinic Cellular Device policy can be found at: <https://insidecarilion.org/hub/technology-services-group-tsg>

# System / Departmental Information

## **Paging- Internal communications**

* **Perfect Serve** is our HIPAA compliant communication tool and holds our master call schedule information. Departmental specific workflows have been preloaded into the system. The app will be loaded on your cell phones prior to receipt. You will need to log into the system using the following format: carilion\ADusername. Original log on will occur during your orientation. Just stay logged in during your entire residency.
* **Imprivata** is our two-factor authentication tool. Imprivata is required to access Carilion remotely and is needed for prescriptive authority. Prescriptive authority will be enrolled on you Carilion cell phone during onboarding

## **Emergency Codes**

* Effective January 1, 2020, Carilion adopted Plain Language Codes to provide clear direction and understanding during an emergency.
* Emergency alerts could come from an overhead page, email, phone call or text. No matter the medium, the message will follow the following format:
* Codes will be divided into four categories: Facility, Security, Medical or Weather. Information will be provided using the following template: Category + Alert + Location + Instructions.
* Example: if there were a tornado warning at CSJH, It would be announced as follows: Weather Alert. Tornado warning issued for City of Lexington. Close blinds, get away from windows, stay alert.
* Other Codes
	+ Code blue will still be announced overhead
	+ Code Green – Disaster
	+ A disaster is described as any situation that results in an unusually large number of casualties and/or significant number of critically injured (internal/external) brought to a Carilion hospital for medical treatment and/or admission. It is expected that all contract services and personnel meet the needs of the institution during a disaster.
	+ Notification within each facility will take place simultaneously by the Switchboard Operator as follows:
	+ Code Green - (A disaster situation is reported, and patients are either expected or may have already arrived.) An overhead announcement “Code Green” will be paged three times.
	+ Disaster Drills - An overhead announcement “Code Green Drill” will be paged three times.
	+ What to Do as a Podiatry resident: In the event of a disaster – real or drill - all Podiatry residents are to call the program manager and give their location and availability, then return to regular duties. The program manager will report your information to the command center. You will be called / paged by the command center if needed. **DO NOT report to ED unless called upon by coordination staff**.

## **Do Not Use Abbreviations**

**General rule: do not use abbreviations**

Drug names:

 ARA A Do not use for Vidarabine

 CPZ Do not use for Compazine

 DPT Do not use for Demerol-Phenergan-Thorazine (outdated)

 FOLINIC ACID Do not use for Folinic Acid. Use Leucovorin.

 HCT Do not use for Hydrocortisone

 MSO4 Do not use for Morphine Sulfate

 MS Do not use for morphine sulfate

 MgSO4 Do not use for magnesium sulfate. Write “magnesium sulfate”

 TAC Do not use for tricinolone

 ZnSO4 Do not use for zinc sulfate

 “nitro” Use “nitroglycerine”

“Norflox” Sse “norfloxacin”

**Abbreviations, Dose Expressions:**

Apothecary Symbols use metric system

AU can be mistaken for OU (each eye)

cc do not use for milliliter or cubic centimeter. Use “ml” for milliliter

mg use “mcg”

TIW or tiw/BIW use “times per week”

Q.D or QD use “daily “

QOD or Q.O.D. use “every other day”

Per os use “PO,” “by mouth: or “orally”

qn use “nightly” or “qhs”

U or u use “unit”. May be misread as ‘0’resulting in 10-fold overdose.

IU use “units”

X3d use “for three days” or “for three doses”

 BT use “hs”

Zero after a decimal point: Do not use zero after a decimal for doses expressed in whole numbers. No zero before decimal dose: Always use zero before a decimal when the dose is less than a whole unit.

# Pertaining to Residents

## **Proxy Card/Access Cards:**

* Residents are issued access cards (ie. proxy cards) that will allow you to enter the designated Rooftop Resident parking at CRMH, the Medical Education Building prior to 7am and after 5 pm and the Libraries at CRMH, and pertinent standardized areas of the hospital such as the OR. The cards have been customized for podiatry and should be sufficient for all needs. Should you find an additional area of needed access, please contact the program manager.

## **Resident Parking:**

* Residents may park in the Riverwalk and Terrace Parking Garages at CRMH or on the hill behind the Medical Education Building. In the Terrace Parking Garage, you may park in the roof top parking area or park on levels 4, 5, and 6. Lower levels are for patients. When there is snow or ice on the rooftop area this parking will be closed. Roof top parking requires proxy card access to enter.
* Residents may also park in the Parking Garage at Carilion Roanoke Community Hospital. No special card or access is required to enter.
* Residents may park in the parking garage at Riverside, above the 2nd level. The first two levels are reserved for patients.
* Residents parking in the attending physician spaces, marked “Physician Parking” anywhere on campus will be ticketed. Vehicles are towed after three offenses. Parking infractions are reported to the program.
* Exception: Residents may park in attending spaces when on night call or at the ED. This requires blue with white letters parking stickers. Be sure they are posted, or you will be ticketed.

## **Safety and Security:**

* Residents may contact Carilion Campus Police (981-7140 or 77140) and request an escort when returning to either hospital late at night or at other times if there is a safety concern. The emergency number is 981-7911 (or 7-7911). If you feel unsafe, don’t hesitate to use this service.

## **Resident Call Meals**

* Meal allowance allotments are determined by the GME office, and those allotments are posted to the resident ID badges.
* In the podiatry program it has been determined by the residents that the annual allotment will be divided equally and posted by block. The current amount is $67.00 per block.
* Residents may use their badge for on-call meals with the allotted amount for that block.
* If you go over the maximum allowable amount for any period, you will be expected to pay out of pocket at the time of purchase.
* Amounts do NOT carry over to the next month if not used, nor can amounts from the coming month be used in advance of the load date. No additional monies will be added to your account. It is use it or lose it.
* You may sign up with dining services to be able to “charge” your meals to your paycheck.
* This will kick in as you reach a zero balance on your monthly call meal allotment.
* When the next month’s allotment is loaded, the funds will automatically come out of the allotment first and then revert to your paycheck.
* Forms are usually available in the cafeteria, speak with the cashier.

## **Health Sciences Library**

* Please see their site on Inside Carilion: <https://www.insidecarilion.org/hub/health-sciences-libraries> for the many resources available to you.
* You may also arrange for access to the VTCSOM Library. There is an application process, please see your program manager for details.

## **Paychecks**

* Payday is every other Friday. Direct Deposit should be set up through Human Resources via the My Total Access site on the intranet.
* Pay stub copies for direct deposits may be found on My Total Access. Any reimbursements you receive will show on the pay stub as a separate line item.
* Payroll schedule may be obtained on My Total Access or the payroll intranet site.

## **Employee Health**

* Employee Health (981-7206 or 7-7206) is located on 5 South at CRMH. In addition to the department's responsibility for onsite emergencies and illnesses of employees of Carilion Roanoke Memorial Hospital. Employee Health supervises PPDs, makes available flu and hepatitis B vaccine and investigates blood borne pathogen exposures for the employees of Carilion Roanoke Memorial Hospital.
* All residents and faculty on CRMH payrolls will be required to complete an **annual health assessment.** The assessment is performed annually during your birth month. At that time, you will be given a TB test if appropriate and will be required to return in 48-72 hours for reading. PPD fittings will also be performed. For interns, this could mean you have to do this again the month after your start if your birthdate falls early in the academic year. The key is your birth month, not how long since your last visit.
* In the month prior to your birth month, you will receive a notice via Carilion email that your health assessment is due. Please call Employee Health at 77206 to schedule an appointment. Failure to comply can result in being pulled from service until requirements are met.

## **Resident Wellness**

* Carilion Clinic is committed to addressing resident wellness for individuals. The creation of a learning environment with a culture of respect and accountability for resident well-being is crucial to the ability of those working in it to deliver the safest, best possible care to patients. By supporting our residents and focusing on their personal health, we can maintain a high standard of care for our patients. Please refer to our Well-Being policy located with our policies in Appendix 2 of this manual.
* We have a GME Well Being Navigator who is available to meet with residents and fellows and connect them with resources as needed. In addition, the GME web page contains a section on resident wellness with multiple resource options available. Please consult this page: <https://www.carilionclinic.org/graduate-medical-education#resident-well-being>
* The Carilion Employee Assistance Program (EAP) is always available to you free of charge. Phone: 800-992-1931 or 540-981-8950 An EAP consultant can be reached after hours in case of an emergency by calling the Carilion Clinic Switchboard at 540-981-7000 and requesting to page the EAP Counselor on-call. 24 Hour Contact Information: Phone: 540-981-8154 or 1-800-992-1931 \*After hours, there will be a voicemail message that provides the phone number of the person on call

## **Remote Access**

* [https://apps.carilionclinic.org](https://apps.carilionclinic.org/)
* Log in with your active directory username and password.
* Follow directions on screen. You will need to authorize the download of Citrix Receiver. Save and then click Run.

## **CRMH Departmental Phone Listing**

Main Number: 540-981-7000

DIAL 981 UNLESS OTHERWISE NOTED:

|  |  |  |
| --- | --- | --- |
| ADMINISTRATION (UNTIL 5PM) 7798ADMISSION UNIT 7660ADMITTING OFFICE (PATIENT ACCESS) (BED PLACEMENT) 7108 (EMERGENCY DEPT) 8249 (LOBBY/CASHIER’S OFFICE) 7119ANESTHESIA 7268 (SURGERY CALL ROOM) 7216BLOOD BANK 7877CANCER CENTER ONCOLOGY/HEMATOLOGY 982-0237 RADIATION ONCOLOGY 7377CARDIAC CATH LAB (6 S PAV) 7085CARDIAC REHAB 7619,7620CARDIAC SURGERY OR (6 S PAV) 8912CARES/PRESURG TESTING 853-0924CASE MGMT 8360CONNECT………… …………….……….8181CYTOLOGY 985-9046DENTISTRY 7128DIABETES CLINIC 224-4360ECHOCARDIOGRAPHY LAB 7618EEG 7102EKG 7285EMERGENCY DEPT 7337EMPLOYEE HEALTH 7206ENDOSCOPY 7170GIFT SHOP 7980HEALTH INFO MGMT 7145HEARTNET 7910HELP DESK 224-1599HEMODIALYSIS 7662HUMAN RESOURCES 7305INFECTION CONTROL 7813LABORATORY 7157LIBRARY 8039LOGISTICS 224-3040MEDICAL EDUCATION DIRECTOR 50318 GME ADM DIR 50319 FILY PRACTICE 562-5702 INTERNAL MEDICINE 7120 OB/GYN 985-9977 ORTHOPEDICS…………………………....7-8345 PEDIATRIC 985-8230 PSYCHIATRY Residency Program…. ……7695 Outpatient Program….……8025 SURGERY……… ……………………….7244 TRANSITIONAL 7776 TRAUMA……………………………………… 7441NUCLEAR MEDICINE 7274O.R. POSTING 7494PAGING SYSTEM 8900PASTORAL CARE 7255PATHOLOGY 7271PATIENT ACCOUNTING 224-5500PATIENT INFORMATION 7118,7143PHARMACY 7275PHYSICAL/OCCUPATIONAL/SPEECH THERAPY (MAIN) 7284 (REHAB) OUTPATIENT PT/OT 7443 | POLICE DISPATCH 7911POST ANESTHESIA RM.(Recovery) 7173PSYCHIATRIC SERVICES 7097PULMONARY FUNCTION LAB 7661RADIOLOGY (CT SCAN) 7093 (DIAGNOSTIC) 7122 (FILE ROOM) 7126 (INTERVENTIONAL) 7083  (MRI) 7576RESPIRATORY CARE SERVICES 7218SLEEP LAB 985-8526SOCIAL SERVICES 7678SURGERY/OR (4 S PAV) 7244TRANSCRIPTION 224-6838ULTRASOUND 7088UTILIZATION MANAGEMENT 7503VASCULAR LAB 7544WAREHOUSE 224-3050**NURSING STATIONS**12 WEST (1200 – 1228) 738611 WEST (1100 – 1127) 716610 WEST (1000 – 1027) 7240,862010 MTN (SPCU 1080 - 1099) 294010 MTN (SICU 1068 - 1079) 2950 9 WEST (900 – 928) 7394,7395 9 SOUTH (CARD. PCU 931 – 950) 8250 9 MTN (NTPCU 980 - 999) 2939 9 MTN (NTICU 968 - 979) 2949 8 WEST (801 – 828) 8362 8 SOUTH (CARD PCU 831 – 850) 7189 8 MTN (MSPCU 880 - 899) 2938 8 MTN (MSICU 868 - 879) 2948 7 EAST (752 – 776) 7986 7 SOUTH (CCU CC01 – CC12) 7316 7 SOUTH (MCPCU 731 - 750) 7286,7287 7 MTN (VASCULAR PCU 779 - 790) 2947 6 WEST (CCDU 600 - 627) 7236 6 SOUTH (CSICU CS01 - 12) 7631,7632 6 MTN (VASCULAR ICU 630 – 639) 2946 5 WEST (501 – 526) 7498 4 WEST (OP SURG 401 – 417) 7178WAITING ROOMS2 SOUTH EMERGENCY ROOM 87514WEST 89345 CENTRO 73556 SOUTH 88506 MTN 29247 SOUTH 708467 MTN 29258 SOUTH 78208 MTN 29269 SOUTH 77949 MTN………………………………………….2927**REHAB**1ST FLOOR (DAY REHAB) 853-0656,06572 ND FLOOR 7425,74263RD FLOOR 7433,74344TH FLOOR 7448,74495TH FLOOR 7417,7418 |  **BULATORY CARE**CARILION BRBLETON CENTER (BULATORY SURGERY) 772-7440 (RADIOLOGY DEPT) 772-7401NORTHWEST 224-3870ROANOKE/SALEM 562-5700SOUTHEAST 427-9200SCREENING MMOGRAPHY N.RKE 265-5545**MISCELLANEOUS**ARCHIVE CENTER 224-4778CARILION BIOMEDICAL INST. 581-0123CARILION EAP . 981-8950CARILION HOME CARE/DME 224 (8) 4700CARILION HOME CARE PV.DUTY 224-4875CARILION OCCUP.HEALTH. 985-8529CARILION DIRECT 981-7641CARILION TRANSPORTATION. . . 345-7628CRYSTAL SPRING IMAGING RECEPTION 7600 DIAGNOSTIC AREA 7203 PROCESSING AREA 7535 ULTRASOUND 7202 FILEROOM 7250 MRI 7109 CT 7153FOOD SVCS(FRANKLIN RD)……. 344-0399HOME HEALTH 224 (8) 4800HOSPICE 224 (8) 4753INFORMATION SERVICES ………….. 224-1400LIFE-GUARD 10 (OFFICE) 342-7637 (EMERGENCY) 344-4357MEDICAL CTR PHARMACY…… 853(7)0905PAYROLL 224(5)5039RONALD MCDONALD HOUSE 857-0770**BILLING**C.CONSOLIDATED LAB BILLING 342-2772ELIGIBILITY ASST. 224-2020 (OR 1-800-365-2445)PATIENT ACCOUNTING 224-5500 (HOSPITAL BILLS)PROFESSIONAL BILLING 224-5688 (PHYSICIAN SERVICES) 1-800-540-1487\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STREET ADDRESS:BELLEVIEW AT JEFFERSON STS.ROANOKE, VA. 24014MAILING ADDRESS:P.O. BOX 13367ROANOKE, VA. 24033 |

# Appendix 1: Policies – remove & print separately

## Carilion Clinic GME

GME policies may be found online at <https://carilionclinic.org/gme-forms#policies>.

## Podiatry Residency Policies

|  |
| --- |
| Department of Podiatry Education |
| Topic: Clinical and Educational Hours Policy  | Eff. Date: 6.5.2017 |
| Program Director: J. Randolph Clements D.P.M.  |  |
| Revision/Review Dates: | 12/2019 |  |  |

The Carilion Clinic Podiatry Medicine and Surgery Residency program fully adheres to the GME Medical Education Policy: Clinical and Educational Work Hours policy, revision date 10/15/2019.

As defined in that policy:

**Maximum hours of clinical and educational work per:** Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting (both external and internal). Vacation time or other leave taken during a four-week period may not be counted towards the days off for the reporting period and cannot be counted in the average.

**Mandatory Time Free of Clinical Work and Education**: Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical and educational work. This must occur within the context of the 80-hour and 1-in-7 requirements. Residents must have at least 14 hours free of clinical and educational work after 24 hours of in-house call. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks. At-home call cannot be assigned on these free days.

**Maximum Clinical Work and Education Period Length:** Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education. Additional patient care responsibilities must not be assigned to the resident during this time.

**Clinical and Educational Work Hour Exceptions:** In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient to provide humanistic attention to the needs of a patient or family to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

**Review Committee Exceptions:** A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours per week averaged over four weeks to individual programs based on a sound educational rationale. The Program Director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures in preparing their request. Prior to submission of the request, the Program Director must obtain approval from the GMEC and DIO.

**In-House Night Float:** Must comply with the 80-hour and 1-in-7 requirements. The maximum number of consecutive weeks and maximum number of months of night float per year may be further defined by the Review Committee. Please refer to the ACGME program requirements for specialty-specific guidelines.

**Maximum In-House On-Call Frequency:** Residents are encouraged to distribute days off in a fashion that optimizes resident well-being and educational and personal goals. See Night Float and Call description

**At-Home Call:** At home call must satisfy the requirement for one-day-in-seven free of clinical work and education when averaged over four weeks. Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. At-home call activities that must be counted include responding to phone calls and other forms of communication as well as documentation such as entering notes in an electronic health record. Returning to the hospital for direct care of new or established patients is permitted while on at-home call. These hours of inpatient patient care must be included in the 80-hour weekly limit. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. At Home Call is not permissible if you are assigned to night float.

**Reporting Clinical and Educational Hours:** Residents are required to maintain an accurate log of clinical and educational hours and must input their hours worked into MedHub at least weekly. Failure to do so will be seen as a violation of the Clinical and Educational Work Hours policy. Residents who falsify clinical and educational hour entry will be subject to disciplinary action and possible dismissal from the Program.

**Monitoring Clinical and Educational Hours:** The Program Director must monitor clinical and educational hours on a regular basis and address any violations and trends with the residents who are not in compliance. Details regarding each violation must be documented in MedHub. The DIO will review clinical and educational work hour compliance individually with each Program Director monthly. The GMEC will review clinical and educational work hour compliance monthly.

**Enforcement:** Each resident should report and discuss all clinical and educational work hour violations with their program Director as soon as possible. The goal of the discussion will be to identify possible solutions and changes that can be implemented to facilitate and ensure ongoing compliance. The Program and Institution must support resident education and implement reasonable changes in the educational program to optimize compliance. Residents with repeated violations of the Clinical and Educational Work Hours policy will be subjected to disciplinary action and possible dismissal from the program. Residents are required to complete online sleep deprivation training yearly and sign an attestation stating that they have received and agree to abide by the Clinical and Educational Work Hours policy.

**Resident Reporting Program non-compliance:** Residents shall have the option of reporting Program non-compliance with clinical and educational hour scheduling without reprisal. Residents may report non-compliance directly to the DIO or the Administrative Director of Medical Education. Residents may report non-compliance in an anonymous fashion through the medical education intranet.

**Contact Information:**

**DIO office: 521-0318 Dr. Author Ollendorff**

**Administrative Director office: 581-0319 Rhonda Miller**

**Anonymous Report: On the intranet, select Graduate Medical education. On the main page you will find a link to the anonymous Comment/ Complaint line. It creates an anonymous, untraceable email to the DIO.**

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| Department of Podiatry Education |
| Topic: Professionalism-Administrative Sanction and Remediation | Eff. Date: 12.5.2018 |
| Program Director: J. Randolph Clements D.P.M.  |  |
| Revision/Review Dates: |  |  |  |

Purpose

Administrative Sanction is a process that allows the Program Director to temporarily relieve a resident of clinical and educational duties to enforce the completion of overdue administrative and other required tasks. Examples of such administrative tasks include, but are not limited to, the completion of medical records, duty hour input, timely completion of medical documentation and charts, completion of evaluations (medical student, faculty, departmental, and other), Oplog data entries, completion of required in-services, and completion of other administrative paperwork.

Specific Administrative expectations:

Medical Records-Charting

Always keep medical records up to date to avoid red list delinquencies.

Leave footprint note every time you see a patient. If you consult on a patient, even if you never see the patient, put in a short note prior to end of shift.

Must have a brief procedure note on chart immediately after a procedure has been performed.

Check and clear deficiencies daily.

Co-sign all dictated notes in a timely manner.

Complete all medical records before leaving each service.

Dictations are delinquent 15 days after discharge, Signatures are delinquent 30 days after discharge.

Surgical Logs

Logs must be completed within one week of the date of service. (10-day limit)

Educational Responsibilities

On time completion of Cornerstone Modules.

On time attendance at all scheduled GME Core Curriculum events

For senior level residents assigned to GME committees, regular, on time attendance is expected.

Evaluations/Modules

Completion of assigned faculty and program evaluations within 30 days or by the deadline requested.

On time completion of assigned Med Hub modules.

Administrative Tasks

On time completion of requested administrative tasks.

Academic Remediation is a non-appealable, non-adverse action taken by the Program Director at the departmental level when a pattern of deficiencies in resident performance is identified and correcting the deficiencies is the desired outcome. This policy’s purpose is specifically focused on remediating a resident who fails to achieve the expected level of performance in the professionalism competency The Office of Graduate Medical Education provides oversight of this action.

Procedure

As part of the administrative sanction process, residents will be given a documented written warning for failure to complete administrative tasks appropriately.

Residents can receive up to three warning letters during their residency. After that, failure to comply with administrative responsibilities will result in placement on Administrative Remediation for professionalism and will be given a written remediation plan. The written plan will include identification of the specific areas of deficiency and the expected corrective action plan to include remedial activities that the resident must engage in as well as outcome measures to assess the resident’s progress for each period of remediation.

Additionally, this plan will identify the potential consequences of failure to meet the expectations and specific timeline and duration of the remediation plan, including subsequent Institutional Probation, extension of residency training, or Non-Renewal of Contract.

Please cross reference the GME policies on Discipline.

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| Department of Podiatry Education |
| Topic: Supervision of Resident Policy | Eff. Date: 1/10/2018  |
| Program Director: J. Randolph Clements D.P.M.  |  |
| Revision/Review Dates: | Jan 2021 |  |  |

**Purpose:**

The Carilion Clinic Podiatric Medicine and Surgery Residency faculty is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment that provides an appropriate chain of command and level of supervision for all residents who care for patients. The program recognizes and supports the importance of graded and progressive responsibility with the goal of developing competent physicians who will be able to enter the unsupervised practice of podiatric surgery.

**Scope:**

This policy applies to all residents during their assigned rotations in Podiatry. All information contained in this policy shall be used as minimum criteria for supervision.

**Three Levels of Supervision:**

**Direct Supervision**

Direct supervision with physical presence:

The supervising physician is physically present with the resident during the key portions of the patient interaction.

Direct supervision without physical presence:

The supervising physician and/or patient are not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

**Indirect Supervision**

The supervising physician does not provide physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

**Oversight**

The supervising physician is available to provide review of procedures/ encounters with feedback provided after the care is delivered by the resident.

**Resident Definitions:**

**Supervising Physician** refers to the appropriately credentialed and privileged physician identified as the attending physician who is ultimately responsible for a specific patient’s care. This may be the admitting physician, a physician covering the admitting physician.

**Resident** refers to all interns and residents participating in the Carilion Clinic Podiatric Medicine and Surgery Residency program.

**General Principles**:

On call schedules for the attending staff will be structured to ensure that an appropriate level of supervision is always available for the residents on duty at all locations. - All aspects of patient care are ultimately the responsibility of the attending physician and involved consultants. Ultimately, the level of resident participation and responsibility is determined by the attending physician. This decision is based on the resident’s level in the program and competency to perform specific procedures.

Residents are permitted to perform only those specific treatments or procedures authorized by the program director and as conferred according to the policies and procedures of the graduate medical education department of the Carilion Clinic and the Department of Surgery, Section of Orthopaedics.

Senior residents may supervise junior residents with indirect supervision with direct supervision available.

Under direct supervision or indirect supervision with direct supervision available, residents may, when privilege is so conferred: take and record histories and perform physical examinations, perform treatments and procedures for which they are specifically privileged; write other diagnostic tests, medications and/or treatments, devices and immunizing agents; and request consultative services on patients on the podiatry service. Decisions on management or changes therein will be under the supervision of the responsible attending staff member or designee.

Nothing in these requirements precludes a responsible member of the attending staff from writing orders on patients under his or her care.

**Communicating with the Supervising Physician:**

The resident must communicate with the Supervising Physician daily, at a minimum.

The resident should call the Supervising Physician within 30 minutes, or as soon as feasible, for the following circumstances:

• Patients requiring consultation by or to other specialists.

• Prior to obtaining informed consent for and performing invasive procedures.

• Clinically important changes in clinical status.

• Unexpected deaths.

• Whenever the Resident (or fellow) is uncertain or uncomfortable about diagnostic, treatment, or

 disposition plans.

In every level of supervision, the Supervising Physician must review, correct (as needed) and sign progress notes, procedural and operative notes, and discharge summaries.

**Rotation Specific Supervision**:

Outpatient clinics: (PGY 2 & 3) Supervising physician will personally attend his/her clinic with the podiatry residents assigned to his/her inpatient service and will provide direct/indirect supervision with direct supervision immediately available throughout the clinic experience.

Inpatient wards: Each supervising physician will provide supervision on rounds to review and discuss relevant issues regarding the care of his/her patients. When direct supervision occurs through a Senior level resident, supervising physician supervision is indirect with direct supervision immediately available.

Operating Suites: All operative procedures requiring other than local anesthesia require direct supervision for all critical or key portions of the procedure, and at least indirect supervision with direct supervision immediately available for the remainder of the procedure. For all operative procedures, immediately available will be defined as being within the operating room. The level of indirect supervision is defined by the judgment of the supervising physician and will take into consideration the experience of the resident, the experience the supervising physician has with the resident, the skills already demonstrated by the resident, and the nature of the surgical procedure.

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| Department of Podiatry Education |
| Topic: Transitions of Care (Handovers) | Eff. Date: 8.20.2014  |
| Program Director: J. Randolph Clements D.P.M.  |  |
| Revision/Review Dates: | Revision 8.25.2014 | Review: 6.5.2017 |  |

**General information:**

The orthopaedic and podiatry services work closely together, are attending driven and have no resident driven services.  The resident staff are most heavily involved in trauma and fracture related care.  The orthopaedic unit on 9W is mainly managed by midlevel providers providing most of the day-to-day care for the patients.

The on-call team is divided into trauma call, unassigned call, foot and ankle call and hand call.  The attending is responsible for those patients depending on the type of call they are on.

**Attending/Resident Communication:**

For the trauma and fracture patients, communication is resident to attending by phone and EPIC.  The attending manages the f/u, etc. via the department schedulers and the in-basket function.   For example, if a sports attending has been on call and has a hand problem, he routes that to the hand in basket that is screened at 0700 and at regular intervals throughout the day.  Anything urgent or complicated is supplemented with a phone call attending to attending.  The fracture room runs each weekday, and the residents post inpatient cases for the next day at the direction of the on-call attending.  Then, at 0630 there is attending to attending communication as to the cases.

Any outstanding work from call: labs, medical clearance issues etc., are signed out either to the resident covering the fracture room if that patient is anticipated for OR that day or the floor midlevel provider on call that day.

**Nursing Staff Communication:**

The post-call resident and the on-call ED resident will meet with the 9W nurses in person for their am nursing huddle and handoff at 8:15 am.  Pertinent questions about patients admitted from the previous evening going to the OR and other questions will be addressed.

A note on the weekends:  the NP covering the day phone calls should be there to participate.  Essentially, they are first call for the floor problems and operators and you could hand off specific tasks as needed. If you are tied up with other duties/emergency then a phone call to the 9-west nurse in charge should work in those cases.

For days when the ED resident is post-call, only the post-call Ortho resident needs to go to the huddle. The Ortho ED resident does not need to be at the huddle.

To improve communication, the nursing director is getting the daily call schedule and will post at the nursing minimize confusion as to the correct contact person for the day.

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| Department of Podiatry Education |
| Topic: Vacation Policy and Guidelines | Eff. Date: 5/19/2016  |
| Program Director: J. Randolph Clements D.P.M.  |  |
| Revision/Review Dates: | 3.2019 |  |  |

**Paid time off Definitions:**

Vacation – time away from the program unrelated to work.

Terminal vacation – time away from the program unrelated to work taken during the last two weeks of the completion of residency training; only allowable with special permission from the Program Director. Taking unapproved terminal vacation will be subject to disciplinary action and the resident may not be granted a certificate of completion from the program.

Interviewing and other Career Planning Activities – job interviews and events used for networking; approvals are at the discretion of the Program Director.

Early-Winter Break – two-week period of time around Christmas and New Year’s defined by the GME office prior to each academic year.

Holidays – days recognized by Carilion Clinic by closing outpatient clinics for specific calendar holidays.

|  |  |
| --- | --- |
| **PTO type** | **Time allowed** |
| Vacation/Terminal Vacation | 2 weeks |
| Interviewing and other Career Planning Activities | negotiable |
| Early-Winter Break | 1 week |
| Holidays | \*as listed |

**Requests and Approval for PTO:**

Residents will be encouraged to plan vacation for the entire year at the beginning of each academic year. Residents are to request vacation or other time off 6 weeks in advance – an absence request deadline schedule is below. Absence requests are to be submitted in MedHub which forwards them to the Program Director for approval. MedHub will notify you when the request is approved. Approval from the Program Director is required. Taking unapproved days off will result in a disciplinary action plan that may include more call assignments, paycheck docked for days missed and possible removal from the program. Vacation or other time off cannot be requested during the Surgery-ASC or Medicine rotations.

**Absence Request Deadline Schedule:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **deadline**  | **requested time off** |  | **deadline**  | **requested time off** |
| May 15 | Jul |  | Nov 15 | Jan |
| Jun 15 | Aug |  | Dec 15 | Feb |
| Jul 15 | Sept |  | Jan 15 | Mar |
| Aug 15 | Oct |  | Feb 15 | Apr |
| Sept 15 | Nov |  | Mar 15 | May |
| Oct 15 | Dec |  | Apr 15 | Jun |

**Holidays:**

The Resident will be off on specified days without affecting vacation days \*unless the Resident is assigned call or is on an inpatient service rotation. These days include:

Thanksgiving Day

Christmas Day

New Year’s Day

Fourth of July

Memorial Day

Labor Day

Holidays cannot be saved and taken at another time.

**Leave of Absence Definitions:**

LOA is a period of time away from the training program due to illness or illness of family member, birth of a child, adoption and bereavement

Illness – need to be away from work 2-3 days with illness or need to care for someone in the immediate family with an illness.

Family Leave – for the birth of a child, adoption, or newly placed foster child: up to 3 days.

IML (Initial Medical Leave) – to support a parent, child, or spouse with a Serious Health Condition or for a newly adopted child, newly placed foster child, or the birth of a child that is requested during the first year of employment prior to FMLA

FMLA (Family Medical Leave) – serious health condition that may include a period of incapacity that involves inpatient care, outpatient care requiring absence plus treatment, pregnancy, chronic conditions requiring treatments, permanent/long-term conditions requiring supervision and /or multiple treatments (non-chronic conditions)

Bereavement – time away from work for the death of an immediate family member including spouse, parents, legal guardian, parents of a spouse, children, children’s spouse, legal dependents, grandchildren, brothers and sisters, grandparents, and step-relations the resident can take up to three days without affecting vacation days.

|  |  |
| --- | --- |
| **LOA type** | **Time allowed** |
| Illness | Up to 3 days |
| Family Leave | Up to 3 days |
| IML | Up to 150 days |
| FMLA | Up to 150 days |
| Bereavement | Up to 3 days |

**Notification and Return to Work:**

Contact the Program Director and/or Program Coordinator as soon as possible with an LOA request. Early notification allows adjustments in scheduling to minimize impact on the operations of the program. It is required to contact HR (Human Resources) prior to returning to work from an extended LOA. The Program Coordinator can direct you when and if necessary.

**Other time away from Program:**

Away Rotations:

2 weeks can be taken to visit a program outside of Carilion during one academic year. GME required permissions and paperwork must be completed.

Away Conferences:

Conferences related to the program and approved by the Program Director are prearranged by the program. These conferences are:

* ACFAS Scientific Conference
* Approved Arthroscopy Course

**Disclaimer:**

For the benefit of continuity, the program will not allow more than 30 days missed from training during an academic year. It is advisable not to schedule or use all PTO without taking this into consideration. If more than 30 days are missed there will be a discussion between the Program Director and resident in regard to his/her educational progress to assess the need to extend training days.

For more details about Carilion Clinic GME Policies visit the GME website at: <https://www.carilionclinic.org/gme-forms>

Additional note: for FMLA leaves of absence (ex. maternity leave), CPME will allow up to the limit of time away from the program without the need to make up time. Anything over that limit will require the extension of residency to make up that training time. Ref: Nahala Wu, CPME 2018

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| Department of Podiatry Education |
| Topic: Well-Being Policy  | Eff. Date: 12/5/2017 |
| Program Director: J. Randolph Clements D.P.M.  |  |
| Revision/Review Dates: | 1/3/2018 |  |  |

Purpose:

The Podiatric Medicine and Surgery Residency program follows the guidelines for resident and faculty well-being that are established by the Accreditation Council for Graduate Medical Education (ACGME). Recognizing that physicians are at increased risk for burnout and depression, Carilion Clinic and its affiliated training programs will prioritize efforts to foster resident well-being while ensuring the competence of its trainees.

Scope:

This policy applies to all faculty and residents in the Podiatric Medicine and Surgery Residency Program sponsored by Carilion Clinic-Virginia Tech Carilion School of Medicine.

Definitions:

Wellness/Fitness for Duty: Mentally and physically able to effectively perform required duties and promote patient safety.

Clinical and Educational Work Hours: Period of time defined as all clinical and academic activities related to the program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities such as conferences. These hours do include reading and preparation time spent away from the duty site.

Program: A structured educational experience in graduate medical education that is designed to conform to the program requirements of the Council on Podiatric Medical Education (CPME), the satisfactory completion of which may result in eligibility for board certification.

Resident: Refers to all interns and residents participating in the Carilion Clinic Podiatric Medicine and Surgery Residency program.

Faculty: Any individuals who have received a formal assignment to teach resident physicians.

Employee Assistance Program (EAP): A confidential counseling service provided by Carilion Clinic as a free benefit for its employees and dependent family members. EAP helps employees and other eligible individuals identify and resolve personal issues such as relationship and emotional problems, financial and legal troubles, vocational stresses and conflicts, and alcohol or drug problems. EAP gives employees and family members the opportunity to get through the pressures of life and work by identifying practical solutions before the pressures become overwhelming and costly. Carilion EAP can be reached by calling (540) 981-8950 or (800) 992-1931 on a 24 hour/7-day basis or by visiting the EAP link on the Carilion Benefits web page.

Institution: Carilion Clinic collectively and includes its subsidiaries.

Procedure:

The Carilion Clinic Podiatric Medicine and Surgery Residency Program will enhance the meaning a resident find in being a physician by delineating manageable patient care responsibilities. Manageable patient care responsibilities are not defined in the common program requirements.

1. Regarding these responsibilities the Carilion Clinic Podiatric Medicine and Surgery Residency Program will:

A. Ensure protected time dedicated to patient care.

B. Minimize non-physician obligations (patient transport, administrative/clerical duties, allied health responsibilities)

C. Provide administrative support

D. Promote progressive autonomy and flexibility.

E. Enhance professional relationships

F. Provide oversight of scheduling, work intensity and work compression that may negatively impact a resident’s well-being.

2. The Carilion Clinic Podiatric Medicine and Surgery Residency Program will maintain attention t resident and faculty member burnout, depression and substance abuse.

A. The Carilion Clinic Podiatric Medicine and Surgery Residency Program will educate faculty members and residents on identification of the symptoms of burnout, depression and substance abuse, including means to assist those who experience these conditions.

B. Residents and faculty members will also be educated on recognizing those symptoms in themselves and how to seek appropriate care. A self-assessment resource can be reached by pasting the following URL into a browser. <https://carilionclinic.org/gme-resident-wellness> These include links to the Cohen-Perceived Stress Scale, Zung Self-Rating Depression Scale, General Health Assessment, Fitness Assessment, Diet and Nutrition Assessment. A link to EAP is also located on this page.

C. The Carilion Clinic Podiatric Medicine and Surgery Residency Program will:

1. Encourage residents and faculty members to alert the Program Director or other designated personnel or programs when they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

 2. Provide access to appropriate tools for self-screening.

3. Provide access to confidential, affordable mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, 7 days a week. Carilion Clinic provides the Employee Assistance Program for this purpose via the following pathways.

A. Resident Self-Referral: A resident may contact the Carilion EAP at any time to initiate a referral. The resident is not required to disclose the referral to the Program Director or any faculty member of the program.

B. Faculty or Program Director Formal Referral: The Program Director or faculty member may approach a resident who appears distressed to suggest a formal referral to EAP or other counseling services. The faculty member or Program Director may not force the resident to initiate or complete the referral outside of the mandatory referral pathway (mandatory EAP referral policy)

3. Residents will be provided with the opportunity to attend medical, mental health and dental health appointments and should work with their Program Director when scheduling theses if time off from work is needed for these visits. If a medical condition requires multiple days off for treatment, then the Program Director should work with the resident to initiate FMLA (Family Medical Leave Act). This opportunity should comply with the individual program’s scheduling policies and is provided at the discretion of the program’s administration. Please refer to the Podiatric Medicine and Surgery Residency Vacation Policy and Guidelines for more details on departmental guidelines.

* 1. The attending physician on the service with the resident who is unable to perform their patient care responsibilities will assume coverage of patient care.

# Appendix 2: Evaluations

The CPME 320 and CPME 330 documents may be found at: [Accreditation Information for Colleges – Council on Podiatric Medical Education](https://www.cpme.org/podiatric-medical-colleges/accreditation-information-for-colleges/)

Resident evaluations will be sent electronically via Med Hub at the appropriate intervals.

An example of an evaluation forms for the podiatry residency follows:

**Faculty Evaluation of Podiatry Resident- Orthopaedic Surgery 2020**

|  |  |
| --- | --- |
| Evaluator: |  |
| Evaluation of: |  |
| Date: |  |
|  |
| **Medical Knowledge** |
|  | 1 | 2 | 3 | 4 | 5 | N/A |  |
| 1. Basic Science: Anatomy, fracture patterns, fracture classification. Open fracture grading, fracture mechanisms.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 2. Understands fracture mechanisms and appropriate means of skeletal stabalization.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 3. The resident demonstrates competency in open fracture treatment protocals.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 4. Demonstrates compency in hardware selection based on fracture type, location, body habitus and bone quality.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| **Clinical Skills** |
|  | 1 | 2 | 3 | 4 | 5 | N/A |  |
| 5. Information gathering: quality and organization of work ups.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 6. Problem solving: developing appropriate patient management plans based on clinical information.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 7. Clinical judgement: appropriately recognizes, assesses & communicates problems & complications.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 8. Management of hospital responsibilities: chart completion, dictations, running service efficiently & effectively.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| **Interpersonal & Communication Skills** |
|  | 1 | 2 | 3 | 4 | 5 | N/A |  |
| 9. Interacts effectively with other members of the health care team.    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 10. Ability to discuss medical information with patient's family in a compassionate and apropriate manner (written or verbal).\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 11. Ability to convery "information" in an efficient, organized and concise manner.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| **Professionalism** |
|  | 1 | 2 | 3 | 4 | 5 | N/A |  |
| 12. Sensitive and responsive to patients and colleagues - cultures, age, gender, impairments.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 13. Is honest in written and oral communication & relationships with ancillary staff and colleagues.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 14. Demonstrates awareness of limitations.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 15. Recognizes and effectively addreses complex ethical medical problems.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| **System Based Practice** |
|  | 1 | 2 | 3 | 4 | 5 | N/A |  |
| 16. Effectively utilizes health care system resources that provide cost-effective care.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 17. Assists patients in dealing with health care system complexities.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| 18. Attentive to health care system and how it may impact patient safety and the prevention of medical errors.\*    | Inadequate | Less than average | Good or Average | Better than Average | Excellent/ Outstanding | Unable to Evaluate |  |
|  | Comments: |  |  |
|  |
| Comments: |  |  |  |
|  |
| The following suggestions were made to this resident: |  |  |  |
|  |
| Deficiencies Noted: |  |  |  |
|  |
| 19. I have met with this resident and reviewed this evaluation with him/her.\*    |  No Yes |  |  |
|  |
| 20. I recommend this resident's performance be reviewed by the Resident Review Committee.\*    |  No YesComments: |  |  |
|  |