Southern Arizona Veterans Administration Health Care System



**1948**

RESIDENCY PROGRAM MANUAL

Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and Ankle (PMSR/RRA)

Academic Years 2025 – 2028

Valarie N. Samoy, DPM

Residency Program Director

Ver 07.01.2025

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Introduction

Welcome to SAVAHCS. We are pleased that you have selected us for completion of your formal podiatric medical education. In this manual you will find the rules of conduct, expectations, rotation competencies, evaluation forms and logging requirements. If in doubt about what to do or where to go, please ask. We are all here to guide you and to maximize the educational experience you are about to embark on.

Please observe the following key rules and regulations:

1. The podiatric resident will conduct him/herself in a professional and courteous manner at all times while they are employed by the VA. Patients will be treated with compassion and confidentiality. Patient abuse will not be tolerated. Medical staff and other employees will be treated with respect. Any personal comments regarding patients or staff are to be made in PRIVATE and directed ONLY to podiatric teaching staff. Discussions regarding Podiatry attending staff are NOT to be held in front of or with patients or other staff members.
2. All government telephones and computers are for official use only. No personal or business use other than official VA business of the telephones (including long distance calls), computers or printers is permitted. Audits are conducted and personal use may result in suspension of computer and/or telephone privileges.
3. You are required to keep a daily log of patient encounters in a format deemed acceptable by the Chief, Podiatry Service (Podiatry Residency Resource). Monthly log entries must be completed within two weeks of the end of that month.
4. You must adhere to a uniform dress code. Professional attire or surgical scrubs will be worn at all times while on duty at the VA Hospital. You must wear your official VA photo identification badge at all times.
5. You will be provided with a schedule of your required residency rotations. Your attendance is REQUIRED in order to complete these rotations. Only the Program Director (or alternate podiatry attending in the absence of the PD) may excuse your absence. Except for sick/emergency leave, time off requests must be submitted 60 days in advance.
6. You are not protected by the Federal Government in the event of malpractice, negligence or any other claim against you arising from the performance of duties not authorized by this facility. Moonlighting is NOT permitted, as this will interfere with the performance of your primary resident duties.
7. Unless otherwise directed, discussions that are held between you and your attending(s) and/or supervisors are to be considered confidential and must not be repeated to other residents/attendings/staff.
8. Violation of any of these rules and regulations may result in your being placed on probation or dismissed from the program. Being placed on probation indicates that the resident’s performance is not satisfactory and that that resident is in jeopardy of being dismissed from the program. Failure to be removed from probation status prior to the scheduled completion of the program will result in the resident not being issued a residency program certificate of completion.

Best wishes for a successful training year.

//signed//

Valarie N. Samoy, DPM

Residency Program Director

Southern Arizona VA Health Care System

The SAVAHCS Podiatric Medicine and Surgery Residency (PMSR/RRA) Program has been developed to comply with all criteria established by:

1. The Council on Podiatric Medical Education of the American Podiatric Medical Association.
2. VHA Central Office for Podiatry Services.
3. The Department of Veterans Affairs Medical Center, Southern Arizona VA Health Care System, Tucson, Arizona.
4. The Joint Commission on Accreditation of Hospitals.

Valarie N. Samoy, DPM

Residency Program Director

Robert F. Lindberg, DO

Chief, Surgical Services

Eugene Trowers, MD

Associate Chief of Staff for EDU/DEO

John B Kettelle, MD, FACS

Chief of Staff

Jennifer S Gutowski, MHA, FACHE

Director,

Southern Arizona

VA Health Care System

**Resident Acknowledgement**

I acknowledge receipt of this Resident Manual and, after reading it, agree with the terms and conditions of my appointment as a podiatry resident at the Southern Arizona VA Health Care System. Specifically, I have read and am aware of the policy regarding appeals and due process to be afforded me in the event that I am subject to disciplinary proceedings, remediation or supervisory disputes.

I acknowledge receipt of the following listed documents and agree to abide fully with the rules and regulations contained within those documents:

1. VHA Directive 2008-071, dated 10/29/08, Provision of Medical Statements and Completion of Forms by VA Health Care Providers
2. VHA Directive 1122, dated 12/29/2022, Podiatric Medical and Surgical Services
3. VHA Directive 2010-017, dated 4/12/10, Prevention of Retained Surgical Items
4. VHA Directive 1039, dated 7/26/13, Ensuring Correct Surgery and Invasive Procedures
5. VHA Handbook 1004.07, dated 11/24/14, Financial Relationships Between VHA Health Care Professionals and Industry
6. VHA Handbook 1173.9, dated 10/6/04, Footwear and Foot Orthoses
7. VHA Handbook 1400.1, dated 12/19/12, Resident Supervision
8. SAVAHCS Memo 07-13-29, dated 4/29/13, Resident Supervision
9. SAVAHCS Memo 07-15-07, dated 3/23/15, Monitoring of Resident Supervision
10. SAVAHCS Memo 13-16-02, dated 2/3/16, Promotion of Drugs and Drug Related Supplies By Pharmaceutical Company Representatives
11. SAVAHCS Memo 09-14-61, dated 7/14/14, Leave and Absence System for Employees
12. Memo dated 11/16/06, Podiatry Residents Dispute Resolution Process: Due Process and Mechanism of Appeal
13. Copy of Podiatric Medicine and Surgery Residency (PMSR) Training Program Contract, updated 04/27/22
14. CPME 320, Oct 2022
15. CPME 330, Oct 2022
16. Medical Staff Bylaws and Rules and Regulations, adopted January 2011
17. Memorandum for Resident Leave, dated 03/02/2023
18. Memorandum for Protocol for Civilian Surgery Rotation, dated 03/02/2023

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Resident Signature Valarie N. Samoy, DPM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residency Program Director

Resident (printed name) SAVAHCS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**OVERVIEW**

The Department of Veterans Affairs at the Southern Arizona Health Care System has established a Podiatric Medical and Surgery Residency (PMSR/RRA). This thirty-six month program is designated to provide training in all aspects of Podiatric Medicine and Surgery by utilizing this health care system’s resources.  The training encompasses the examination, diagnosis, treatment and prevention of primary and secondary foot disorders and covers medical, surgical, diagnostic and newly emerging technological treatment approaches.

The curriculum is designed not only to provide foot care, but also to enhance the awareness of the correlation between foot problems and the general health and well-being of the total patient.

Four thirty-six month, medical center based, podiatric medical and surgical residency positions will be available beginning in July of each year.  The resident will rotate through various services, achieving competency within well-defined parameters specific to each area of training.

The experiences include but are not limited to:

Podiatric Medicine, Podiatric Surgery, Inpatient Medicine, Infectious Disease, Internal Medicine/Geriatrics, General Surgery, Anesthesia, Orthopedic Surgery, Laboratory Medicine, Diagnostic Imaging, Emergency Medicine, Podopediatrics, Rheumatology, Endocrinology, PAVE Clinic and other assigned rotations or experiences.

# General Program Information

## Mission

The Southern Arizona Veterans Affairs Health Care System (SAVAHCS) Podiatric Medicine and Surgery Residency (PMSR/RRA) is an educational program that provides progressive levels of experiences leading to advanced knowledge, skills and attitudes in the practice of podiatric medicine and surgery. Residency programs, by nature of their dedication to the development of competency in podiatric medicine and surgery, seek to add to the body of knowledge through research and other collaborative scholarly activities.

SAVAHCS PMSR/RRA is developed around three concepts of surgical education - creative thinking, increased responsibility, and decision-making.

## Sponsorship

This program is sponsored by the SAVAHCS and is affiliated with multiple institutions in the Tucson area through institutional affiliation agreements that delineate the resources provided by each institution.

## 

## Program Orientation

MANDATORY new resident/employee orientation will be conducted prior to rotation commencement. As a SAVAHCS employee, you are responsible for understanding the bylaws and rules of the Medical Staff. These can be located on the SAVAHCS home web page on the intranet. Most official communication will be conducted through Outlook Exchange e-mail. You are responsible for checking your e-mail at least THREE TIMES per day including first thing in the morning, during lunch break and before the end of the work day. If you maintain a private e-mail address please provide the address to the Program Coordinator. If you change addresses during the training year, please inform the Program Coordinator and Program Director.

You will be evaluated twice yearly by your residency director and attending staff. Many of the items mentioned in this manual comprise the basis for your evaluation. Some of the most important items to be aware of are behavior and professionalism, time and attendance, adherence to the published schedule, SAVAHCS policies and procedures, and patient care activities.

You will be issued a photo identification badge and a parking decal. You must wear the I.D. tag above your waist so that it is always visible AT ALL TIMES WHEN ON CAMPUS and your car decal must be displayed at all times when parked on SAVAHCS property. Please report any loss of ID badge to the PIV office immediately.

The orientation is a thorough process to ensure familiarity with SAVAHCS functions. If at any time you do not understand any duties, responsibilities, rules or regulations – please notify the Program Director or the orientation supervisor for the service you are having difficulty with.

## Facilities

### Governance of the SAVAHCS

The medical center is run by an organizational structure with the Medical Center Director as the Chief Operating Officer, and a Chief of Staff, Service Chiefs and Section Chiefs. Medical Staff Bylaws and Rules provide the goals and governance structure for the medical center. This document is reviewed and updated at least every two years or as often as necessary to reflect current practices.

*Other Affiliated Institutions and Practices* (Others may be added during the course of the program)

Camp Lowell Surgery Center Carondelet St Joseph’s Hospital Carondelet St Mary’s Hospital

4444 Camp Lowell Dr 350 N. Wilmot 1601 W. St Mary’s Rd

520-881-0643 520-721-3839 520-620-4908

Office of Jerome Steck, DPM Office of Desert Hills Podiatry Office of April Glesinger, DPM

6567 E Carondelet Dr. Ste 145 4816 E Camp Lowell Drive 899 N Wilmot Rd Ste E6

520-885-6701 520-881-0648 520-745-2222

Office of Barbara J. Aung Office of Darin Bocian Office of Steve Gillespie

6644 E Carondelet Dr. 1845 W Orange Grove Rd. #125 1055 N. La Canada Dr. Ste. 135

520-886-9866 520-877-3328 520-640-7010

Dr. Whitaker/Merrill/Pfau Office Oro Valley Hospital Northwest Medical Ctr. Houghton

2163 W. Orange Grove Rd. 1551 E. Tangerine Rd 2200 S. Houghton Rd.

520-575-0800 520-901-6360 520-543-6100

Canyon Vista Medical Center Cobra Valley Regional Medical Ctr

5700 AZ-90 Sierra Vista 5880 S. Hospital Dr. Globe, AZ

520-263-3001 928-425-3261

Northwest Medical Center Northwest Surgery Center Northwest Sahuarita Hospital

6200 N. La Cholla Blvd. 6320 N. La Cholla Blvd #100 16260 S. Rancho Sahuarita Blvd

520-742-9000 520-877-6700 520-416-7100

#### Library and Computer Resources

SAVAHCS has library facilities with on-line research resources. Internet access is provided to the trainees. As a resident at SAVAHCS you also have free access to the UMC/UA Medical School library. Please go to the UMC/UA library with your SAVAHCS ID and obtain a free library card.

## Computerized Patient Record System (CPRS)

The VA system uses CPRS to record all patient interactions and all diagnostic test results. The resident will enter progress notes (history and physical admission notes, interdisciplinary treatment plans, discharge instructions, tissue examination sheets, etc.), answer consults, place orders for diagnostic tests (imaging, laboratory), medications, prosthetic items, and reappointments as well as dictate operative reports and discharge summaries. You will receive a basic orientation to CPRS during a training class. There is an overview of the functions within CPRS in the Appendix section of this Manual. However, there are some important things you need to know up front:

1. All progress notes are to be entered in CPRS and are to contain all information pertinent to the care of the patient on that date.
2. At no time are any portions of existing notes to be copied, cut and/or pasted into new notes.
3. All outpatient visits will have an encounter created at the time the note is entered.
4. The SAVAHCS Approved Abbreviations and Symbols Policy must be followed. A copy of the policy is also in the Appendix section of this Manual.

NOTE: You may view the policy while working in CPRS by clicking on the “Tools” menu at the top of the screen and clicking on the medical abbreviations link.

1. All progress notes are to be entered into CPRS on the date the patient is seen.
2. All operative reports and discharge summaries are to be dictated on the day of the surgery and of the discharge.
3. All reports (operative, discharge summaries) are to be edited on the day you receive the alert in CPRS and forwarded to the responsible staff attending.
4. All orders for narcotic medications are to be discussed with your staff attending before entering as an order into CPRS.

## Pharmacy Issued VA Narcotic Prescription Pads

Pharmacy Service will issue VA prescription pads for the purpose of writing CII narcotic medication prescriptions for patients. These pads are numbered and each sheet used will be tracked back to the person it was assigned to. If you lose a sheet AT ANY TIME, you MUST notify your director and/or attending, who will alert VA Police and Pharmacy Service. Failure to follow these rules may result in dismissal from the program. This is a very closely monitored area.

## Recruitment, Selection and Retention

There is no application fee for this program. Applications will be accepted from individuals who have successfully completed a Doctor of Podiatric Medicine degree from a CPME approved college of podiatric medicine. Applicants must use the national matching service (CASPR/NMS) and interviews will be conducted in compliance with the CPME and COTH standards. A committee of faculty from the teaching faculty will make the selection after a review of all candidates. All residents will have passed Part 2 of their Boards before starting as a resident. Not doing so could result in termination of contract and/or employment.

**It is the stated policy of SAVAHCS that no person shall be discriminated against based on age, sex, religion or national origin.**

# 

## Program Director

VALARIE N. SAMOY, DPM, Program Director

### Program Director, Podiatric Medical Education, Responsibilities

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

### Program Faculty: All Board Certified

James Dancho, DPM – Clinical Director, Chief of Podiatry for SAVAHCS (ABFAS/ABPM)

David Jolley, DPM – Podiatry Attending, Director of Externships, SAVAHCS (ABFAS/ABPM)

Valarie Samoy, DPM – Podiatry Attending, Residency Program Director, SAVAHCS (ABPM)

Jodi Walters, DPM – Podiatry Attending, Director of Podiatric Research and Resident Academics, SAVAHCS (ABFAS)

*Private Practice Faculty: All Board Certified-ABFAS (unless otherwise noted)*

Barbara Aung, DPM (ABPM) Steve Gillespie, DPM Mark Ellis, DPM

Darin Bocian, DPM David Gooch, DPM Mo Eltahir, DPM

Peter Merrill, DPM Bradley Whitaker, DPM Carrie Hess, DPM

Matthew Jones, DPM Joseph Baker, DPM Brian Hutcheson, DPM

April Glesinger, DPM Richard Quint, DPM Zeno Pfau, DPM

Jerome Steck,DPM Patrick Law, DPM (ABPM)

*All Doctors below are Foot & Ankle Orthopedics: All Board Certified by their Respective Boards/Fellowships*

Domingo Cheleuitte, MD

Geoffrey Landis, MD

Gregory Walker, MD

*Medical and Other Faculty: All Board Certified by their Respective Specialties.*

Jennifer S. Gutowski, MHA,FACHE

John B Kettelle IV, MD -Chief of Staff

Robert F. Lindberg, DO – Chief of Surgery

Marc R. F. O’Cleireachain, MD – General Surgeon

Eugene A Trowers, MD – Associate Chief of Staff for EDU/DEO

Mark Liu, MD – Chief, Primary Care

Adam Boyer, MD – Chief, Internal Med

Nellichari Venkataramanan, MD –Chief,

Orthopedics

Scott Montgomery, MD - Orthopedics

Felix Jabczenski, MD - Orthopedics

Barbara Bode, MD – Rheumatology

Anil Malik, MD – Chief, Radiology

Jennifer Alcala, MD - Radiology

Craig Goodsell, MD – Chief, Anesthesia

Kim Mulligan, MD – Pain Management

Joshua Appel, MD –Chief, Emergency

Medicine

Maura Mahoney, MD- Emergency Medicine

Tan Nguyen, MD – Chief of Pathology

Chinh Nguyen, MD – Infectious Disease

Brentin Roller, DO – Infectious Disease

Aimee Kaempf, MD – Psychiatry

Stephanie Giffin, MD - Endocrinologist

Zachary Taylor, MD – Chief, Vascular

Kay Goshima, MD – Vascular Surgeon

# 

# Training Program

## General Program Goals

This Podiatric Medicine and Surgery Residency (PMSR/RRA) program is designed to take the graduating student from a college of podiatric medicine and provide the knowledge, skills and attitudes necessary to train the resident to practice the highest quality podiatric medicine and surgery. To accomplish this task the program seeks to provide an environment conducive to the accomplishment of the competencies identified in this manual. Specifically, the resident is expected to have accomplished the following goals over the course of the 36-month program.

1. Develop and enhance diagnostic and management competencies in podiatric medicine and surgery.
2. Develop progressive levels of surgical skills in the management of foot and ankle conditions.
3. Develop the attitudes necessary to practice ethically.
4. Develop lifelong learning skills.
5. Understand the factors involved in various practice models.
6. Understand the differences in the inpatient and outpatient medical models and methods for assuring quality of care and risk management in both settings.
7. Understand how systems of care are employed in managing complex patient issues.
8. Develop competency in research methodology and engage in scholarly activities.

## 

## Training Experiences

|  |  |  |
| --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** |
| Podiatric Surgery  Limb Salvage – Podiatric Surgery  Podiatric Medicine  Podiatry PAVE & Wound Care  Anatomic & Cellular PathologyAnesthesiology  Behavioral Science  Education & Research  Emergency Medicine  Endocrinology  General Surgery  Geriatrics – GRC  Infectious Disease  Interventional Radiology  Medical Imaging  Internal Medicine  Rheumatology  Vascular Surgery | Podiatric Surgery  Limb Salvage – Podiatric Surgery  Podiatric Medicine  Podiatry PAVE & Wound Care  Education & Research  Civilian Surgical Rotation  Podopediatrics  Practice Management | Podiatric Surgery  Limb Salvage – Podiatric Surgery  Podiatric Medicine  Podiatry PAVE & Wound Care  Education & Research  Orthopedics  Civilian Surgical Rotation  Podopediatrics  Practice Management  Electives  Plastic Surgery  Prosthetics-Orthotics Lab |

## Program Requirements

## *Lectures, Workshops and Conferences, Weekly Seminar in Current Concept of Podiatric Medicine and Surgery, and Student Education*

A detailed calendar of lectures, workshops, conferences and weekly seminars will be provided*.*

a. Lectures

Lectures are designed to augment the clinical content of the program with respect to the goals and objectives of the program. A lecture schedule is included with this syllabus. All *mandatory lectures* are identified as such. Problems and conflicts should be brought to the attention of the Program Director. Lectures may be live, video conference, or pre-recorded.

b. Workshops and Conferences

Workshops and conferences are scheduled throughout the year as scheduling permits. Participation is *mandatory* unless otherwise indicated.

c. Journal Club: Weekly Seminar in Current Concepts of Podiatric Medicine and Surgery

1. Each Monday a different topic will be discussed (refer to JC schedule) with two residents assigned, one responsible for a powerpoint presentation and the other a journal article. The resident presenting the article shall email the article to all attendings and residents 2 weeks prior to their assigned journal club. The day of, he or she must provide a copy for each resident and the faculty moderator, and is responsible for presenting and leading the discussion. Resident powerpoint presentations should be approximately 10 minutes in length and allow time at the end for discussion. Students will do presentations the last Monday of their rotation. In addition, administrative concerns will be discussed. **Participation is *mandatory****.*
2. Every Monday of each month time is set aside for morbidity & mortality case review and surgical case review. **Participation is *mandatory.***
3. If you miss Journal Club, you must complete the following make-up assignment within 1 week: review the article and powerpoint that were presented, and complete one PRESENT Podiatry Course online pertaining to the JC topic. Turn in the completion certificate to the Program Director.
4. All residents are encouraged to monitor JBJS, JFAS, F&A Int’l, JAPMA and NEJM, etc for relevant current literature and are welcome to bring to JC to augment the discussion. Pay attention to case presentations, current concept reviews, instructional course lectures, and new surgical techniques.
5. All residents are required to bring materials to take notes at weekly meeting.
6. The PGY2 clinic resident is responsible for setting up all audio-visual equipment before the start of journal club. They are then to collect and catalog each presentation. The PGY2 clinic resident will also distribute and maintain the sign-in log. The PGY2 clinic resident will also keep track of all Surgical Case reviews for M&M, make copies for the Podiatry Chief and keep originals.

## *2. Evaluation Strategy*

* 1. Resident evaluations.

Residents will be evaluated by each rotation director based on the goals and objectives to achieve competencies of each rotation. These rotation evaluations will serve to evaluate the resident’s performance in the areas of knowledge, and skills, as well as their motivation and attitude. An example is included in this syllabus. Unsatisfactory rotation evaluations place the residents into Remediation.

## Remediation Plan

Unsatisfactory Rotation Evaluation

↓

Directed remediation program development with rotation director

↓

Resident self-remediation

Reassessment Successful Continue Program

Unsuccessful

↓

Remediation program, development with program and rotation directors

↓

Reassessment Successful Continue Program

Unsuccessful

↓

Recommend dismissal

## b. Rotation and program evaluations

At the completion of each rotation, the resident will fill out an evaluation on the rotation, as well as an evaluation of all key faculty members involved in their training experience. This provides the Program Director with continuous self-review and direct feedback from the residents participating in these educational training experiences.

## c. Faculty evaluations

Residents will evaluate faculty members involved in their training on individual rotations. These will be done on a monthly basis.

***3****.* ***Podiatry Residency Resource: Logging***

**Residents are responsible for maintaining their logs.** Residents will be provided with access to Podiatry Residency Resource, a program which allows residents to log their patient encounters, surgical procedures, and didactic educational experiences. These logs will be required for Board Certification after graduation.

**Incomplete logs may result in a resident being pulled from a rotation until complete. This could threaten the completion of the residency program, so be consistent with logging your data.**

a. Podiatry Residency Resource (PRR) Online Log System

1) SAVAHCS participates in Podiatry Residency Resource Online Case Log System (PRR). You will be instructed in its use and be assigned a log-in code. You are required to complete one month’s entries by the second week of the following month. The only exception is that your last month of training in each of the two-years MUST be completed by the last day of June in order to be promoted/graduated on time. You can access case/procedure log from any Internet-connected computer. All didactic and lecture/workshop activities will be documented in this system as well. CPME reviewers assigned for SAVAHCS will login from time to time to review what you have entered. Therefore, timely, complete and accurate data entries are important.

2) Residents are required to keep a resident activity and a surgical log. These statistics are vital in determining the level and type of participation of each resident in the training program. This information will be used by the residency program director to help equalize participation of the training opportunities provided to each podiatric medical resident. This information will be entered in the format as set by Podiatry Residency Resource.

3) Each resident will log all surgical cases immediately and a completed list must be available for the Program Director to review at the end of their surgical rotation, either inside or outside the VA.

b. Patient logs

This will be a listing of the patients seen, including diagnosis, procedure performed, and level of involvement. This log must comply with HIPAA rules and regulations. **DO NOT INCLUDE PATIENT IDENTIFYING INFORMATION IN YOUR LOGS!** This is a HIPAA violation.

c. PRESENT Podiatry Courseware (online)

SAVAHCS utilizes the PRESENT Podiatry Courseware on-line lecture series. Residents are assigned a log-in ID and password so that they can view lectures. Quizzes are part of this teaching program and can be used as a self-evaluation tool. The Director is able to view a report of resident lecture viewings/completions to assure compliance with assignments. The programs may be viewed at home or at SAVAHCS by navigating your web browser to: <http://present.articulateglobal.com>.

d. ABFAS In-Training Examination/ABPM In-Training Examination

Each year, the residents are **required** to take the American Board of Foot & Ankle Surgery computer-based In-Training exam (ITE) and the American Board of Podiatric Medicine In-Training exam (ITE). The scores are sent to the resident and the Program Director. The year-to-year difference in performance will be used as an improvement measurement tool. The cost of each examination is covered by SAVAHCS. **PGY-3 residents receiving a passing score on the ABFAS ITE will automatically achieve board qualification.** These exams are designed to prepare you for board certification exams.

e. TMS Training

SAVAHCS has mandatory computer-based training for all employees, including residents. You will be assigned courses to view and tests to take. A record will be kept of your progress. Forty hours of training are required each year. Log into TMS through the link at the TUCNET Education page.

**Participation is *mandatory***as a VA employee.

f. Minimum Activity Volume (Per CPME 320, July 2023)

1) Patient Care Activity Requirements MAV

Case Activities

Foot & Ankle surgical cases 300

Trauma cases 50

Podopediatric cases 25

Other podiatric procedures 100

Lower extremity wound care 50

Biomechanical exams 50

Comprehensive medical histories and physical examinations 50

Procedure Activities

First and second assistant procedures (total) 400

First assistant procedures, including:

Digital 80

First Ray 60

Other Soft Tissue Foot Surgery 45

Other Osseous Foot Surgery 40

Reconstructive Rearfoot/Ankle (added credential only) 50

2) Definitions

(a) Levels of Resident Activity for Each Logged Procedure

First assistant: The resident participates actively in the procedure **under direct supervision of the attending**.

Second assistant: The resident participates in the procedure. Participation may

include retracting and assisting, or performing limited portions of the procedure

**under direct supervision of the attending**.

3) Minimum Activity Volume (MAV)

MAVs are patient care activity requirements that assure that the resident has been exposed to adequate diversity and volume of patient care. MAVs are not minimum repetitions to achieve competence. It is incumbent upon the program director and the faculty to assure that the resident has achieved competency, regardless of the number of repetitions.

It is the resident’s responsibility to have an accurate awareness of MAV requirements

and what their status is regarding such on a month-to-month basis.

## 

## *4. Exit interview*

Each resident will have an exit interview with the Program Director in June just prior to graduating from the program. This interview will address the residents’ overall evaluation of the program, the programs administration and provide them an opportunity to suggest improvements.

## *Resident Research Methodology*

As part of their educational experience, all residents in the SAVAHCS Residency Program are required to perform a clinical or laboratory research project culminating in either the a) **submission of a manuscript** to a peer-reviewed archival journal prior to leaving the program, b) **presentation of a research poster** at a reputable scientific conference, or c) power-point presentations to Primary Care relating to basic foot care or other topics of interest.

**Project ideas must be approved in advance by Dr. Jodi Walters.**

Resident research is treated similar to graduate students’ research projects and, as such, each resident has primary responsibility for completion of his or her project. Residents are encouraged to begin their research projects as early as possible. An advisory committee consisting of at least one clinical faculty member and at least one research faculty member will be formed to guide and assist with the project. Clinical faculty advisors may be selected from SAVAHCS podiatric faculty. The research member of the committee will be a faculty member actively involved in research and familiar with the resources available within and around SAVAHCS. Additional committee members may be added as necessary for any specific project. The advisory committee will be responsible for assuring the quality of the research project.

Note: it is recognized that productive research takes time. It must also be recognized that while research is mandatory, adequate clinical performance takes precedent. At no time can a resident allow his or her research requirements to interfere with the clinical responsibilities of the program.

RESEARCH ADVISOR: Jodi Walters, DPM

Director, Podiatric Research

Director, Resident Academics

Residents interested in exploring research on more than one project are encouraged to do so, and will be supported to the farthest extent possible in these endeavors. The submission of abstracts and manuscripts to state, regional, and national meetings is encouraged and the Department makes every effort to support resident attendance at meetings where their work is being presented.

There is no guarantee that the costs of attending conferences will be reimbursed by the Graduate Medical Education (GME) office. If you are seeking financial assistance to present a poster at a conference, please inform Dr. Walters and Mary Miller at least 90 days in advance.

***Suggested Research and Paper Deadlines***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Proposal | Outline | Abstract | Rough Draft | Final Draft |
| Case Study | October 1  PGY 1 | November 15  PGY 1 | February 10  PGY 1 | March 15  PGY 1 | May 1  PGY 1 |
| Manuscript | September 15  PGY 2 | November 15  PGY 2 |  | January 15  PGY 2 | March 15  PGY 2 |
| Original Research Project | September 15  PGY 3 | November 15  PGY 3 | January 1  PGY 3 | March 1  PGY 3 | April 1  PGY 3 |

**SCIENTIFIC LITERATURE REVIEWS**

In addition, the residents will participate in submission of articles for the annual **American College of Foot and Ankle Surgeons (ACFAS) Scientific Literature Review (SLR)**. We also participate in the annual submission of article reviews to the ACPM Lower Extremity Journal Review which will be assigned accordingly. Participation is mandatory on an annual basis.

1. ***­Resident Well-Being***

SAVAHCS has policies and programs in place for VA employees, dependents and household members that encourage and support optimal well-being. For more information about the VA’s **Employee** **Assistance Program**, visit the SAVAHCS Home Page.

EAP helps with everyday life struggles such as: family conflict, couples/relationships, elder/child care, substance abuse, anxiety/depression, wellness, divorce/custody, estate planning, budgeting, and any other life challenge you may face. Call 24/7/365: LIFESERVICES EAP at 800-822-4847 (company code LS0423). This service is free and confidential.

##### GENERAL PROGRAM REQUIRMENTS AND DEFINITIONS

**DIRECTOR OF MEDICAL EDUCATION**

The Director of Medical Education (DME) serves as the administrator of all graduate medical education at SAVAHCS. The Director will be responsible for assisting the Chief of Staff in assessing the quality of residency training programs and ensuring that VHA, VISN 22 and SAVAHCS requirements of resident supervision are appropriately followed. He will also be responsible for ensuring the establishment of graduated levels of responsibility for each specialty and/or subspecialty, monitoring and reporting requirements regarding training issues and resident supervision, and the establishment of a procedure for monitoring resident supervision that results in identification of areas for improvement.

**PROGRAM DIRECTOR:**

The Program Director serves as the administrator of the podiatric residency programs and shall possess the clinical, administrative and teaching qualifications that will allow for the implementation of the program’s stated goals. The responsibilities of the Director shall include:

1. Administration of the residency program in such a manner so that the program shall meet the requirements of the Council on Podiatric Medical Education of the American Podiatric Medical Association.
2. Overseeing and coordinating the activities of the residents while they are under the supervision of the attending in the various services and department of the institution.
3. Instruction, supervision, and evaluation of the residents.
4. Periodic review and revision of the program’s curriculum content with reporting to the Director of Medical Education.
5. Responsibility for arranging the rotations of the residents through the required Medical Center departments.
6. Assigning responsibilities to the Associate Director(s) of Podiatric Medical Education.

**ASSOCIATE DIRECTOR(S) OF PODIATRIC MEDICAL EDUCATION:**

The Associate Director(s) of Podiatric Medical Education (ADPME) assist(s) the DPME in administering the podiatric residency programs. ADPME’s may be given primary responsibility for coordinating the curriculum(s) of each residency program and may act as the Director of Extern Training. Each ADPME will report to the DPME and advise of any program changes or resident issues that require action.

**ROTATION COORDINATORS:**

The intention of the program is to have the residents on rotation in various services and rotations within the medical center therefore; it is necessary to have a rotation coordinator for each rotation. The rotation coordinators must possess appropriate credentials and privileges. The responsibilities of the rotation coordinator shall include:

1. Liaison with the Director of Podiatric Medical Education.

1. Instruction, supervision, and evaluation of the resident while on the respective service/rotation.

**PODIATRY RESIDENT:**

The Podiatry Resident shall be a graduate of a college of podiatric medicine approved by the Council of Podiatric Medical Education of the American Podiatric Medical Association.

The resident shall be worthy in character, manner, and ethical conduct, and possess an aptitude and attitude that is conductive to learning and functioning within the health care system setting. Any podiatric resident accepted for training can be suspended or dismissed without certification for infractions of the rules and regulations of the program or of the affiliated institution at which he / she is training. Any action that may jeopardize the safety of patients, personnel or the physical facilities may also be grounds for dismissal.

##### 1. RULES and REGULATIONS

Residents shall observe the proprieties of conduct and courtesies that are consistent with, and in accordance with rules and regulations governing the resident staff of the Medical Center.

1. Relation of resident to health care system personnel.
   * + 1. Residents shall not criticize or reprimand any VA staff member. Any such criticism must be discussed with the program coordinator, who will take the necessary action.
       2. In no instance will the resident change the treatment of a patient without the knowledge and approval of the staff attending provider for that patient encounter.
2. Ethics
   1. Residents shall not engage in the teaching or the practice of their profession outside of the program. Under no circumstances shall they receive fees, prerequisites or other emoluments from patients or others during their term of service, nor shall they publish records of cases connected with the Program or the affiliated hospitals without permission and appropriate releases.
   2. Residents must not sign or witness legal documents except as instructed.
   3. Residents shall not print out progress or other notes/reports notes pertaining to the care given to patients. Inquiries of this nature are to be referred to the staff. Only Release of Information can give patients copies of their records.
   4. Residents are not to fill-out or sign insurance forms or handicap license plate/placard requests.
3. Duty
   * + 1. Hours and duty shall include those listed on the podiatric residency scheduled. Normal program days and hours are Monday through Friday from 0700 to 1700 hours. On-call residents can expect longer hours and occasional weekend duty. In no event shall a resident work more than 80 hours in one week as averaged over a four-week period. SAVAHCS agrees to abide by the American Council on Graduate Medical Education resident work policies. Leave of absence at times other than that which is specified in the schedule may be granted under reasonable circumstances by the Director of the Podiatric Medical Residency Program and must be in accordance with the contractual agreement. The request for leave must be made in writing. RESIDENTS ON-CALL ARE REQUIRED TO BE AVAILABLE FROM HOME 24 HOURS A DAY/SEVEN (7) DAYS A WEEK DURING THE ASSIGNED CALL DUTY.
       2. The resident shall always wear the prescribed attire and appear clean and neat while on duty. A Medical Center issued I.D. badge will be worn above the waist at all times while on duty.
       3. The resident must make arrangements to be available for call and be able to contact and return to the hospital within 30 minutes.
4. Tardiness
   * + 1. Tardiness is bad for physicians and their patients. ALWAYS BE PUNCTUAL. Check your schedule and be there. Failure to report to duty on time will be recorded as annual leave (minimum one-hour for each portion of an hour that you are late reporting for duty) or AWOL. In the event that you may be late, you are ill, or you cannot report to duty on time, NOTIFY ALL PODIATRY ATTENDINGS. Repeated tardiness may result in disciplinary action.
       2. You are expected to be at your duty station in the clinic BEFORE the start of clinic (0800 hours or 1300 hours) so that the patient can be seated at your workstation and the encounter begun by these clinic start times.
5. Attire
   * + 1. Policy regarding attire applies at all times residents are on duty. You are still responsible for maintaining a professional appearance on weekends and evenings when administering any patient care.
       2. Outside the operating room, residents are expected to wear business casual street clothes or clean scrubs. A white lab coat furnished by this medical center is optional.
       3. Scrubs are to be worn when performing surgery and must be changed when going outside the main building and then returning to the Operating Room area. Scrubs must be covered with a cover-up or white lab coat when outside of the Operating Room area.
6. Evaluation

The rotation coordinator shall evaluate the resident upon the completion of each non-podiatric rotation. The evaluation document must be signed by the coordinator and submitted to the Director, Podiatric Medical Education either directly or via the resident. All of the evaluation forms used in this program are attached as an addendum to this Manual.

g. Professional Liability Coverage

All podiatric residents under the supervision of the professional attending staff are covered for professional liability by the Veterans Administration through the “Federal Tort Claims Act” ONLY when rendering authorized treatment of patients during the course of training program. Unauthorized consultations, treatment, treatment of non-veteran patients, unless specifically authorized by the Program Director, and other acts not consistent with the goals of the program are not covered by the Tort Act.

h. Annual Leave, Paid Parental Leave (PPL), and Leave Without Pay (LWOP)

Each resident is entitled to thirteen days paid annual leave. All requests for leave must be made to the Director, in writing, at least 30 in advance of the leave commencement date and is subject to scheduling and program availability. An annual leave request will not be approved by the Chief, Podiatry Section unless the resident has accrued the number of leave hours at least equal to the number of leave hours requested in VATAS (VA Time and Attendance System). Annual leave will not be approved during rotation in Podiatry Clinic.

Paid Parental Leave: VA employees are entitled to up to 12 weeks of Paid Parental Leave

(PPL) for a qualifying birth or placement (adoption or foster care) event. If, for any reason, the

Trainee does not qualify for PPL, he or she would need to use their accrued sick leave (SL)

and annual leave (AL); once depleted, it may be necessary to place them on Leave Without Pay

(LWOP) status. This ensures retention of their appointment as well as their health and life insurance

coverage. These matters should be discussed with the program director and HR personnel.

Please note that all trainees are required to complete a specified number of duty hours. An extension

of the resident's appointment may be needed if a significant amount of leave is taken.

Such extensions may necessitate additional funding, which can be requested from the OAA but

approval is not guaranteed.

i. Uniforms

White clinical coats and surgical scrubs are available to each resident for use during the training program with appropriate identification to indicate that they are part of SAVAHCS.

2. DUTIES OF THE PODIATRIC RESIDENT

* 1. Treat inpatients and outpatients. Residents will provide supervised care in the podiatry clinic, various medical center clinics and CLC, as scheduled during the 36-month program.
  2. Residents may rotate through various services at this medical center including but not limited to:
     + 1. Podiatric Medicine
       2. Rehabilitative Medicine
       3. Medical Imaging
       4. Surgical Service Specialties
       5. Internal Medicine/Inpatient Medicine
       6. Lab and Pathology Service
       7. Anesthesiology
       8. Geriatrics
       9. Orthopedics
       10. Community Services (health fairs, nursing home care, etc.)
       11. Rheumatology
       12. Endocrinology
       13. Infectious Disease
       14. Podiatric Surgery
  3. Residents will be required to participate in activities including but not limited to:
     + 1. Weekly Education Meetings, as organized by attending, or residents.
       2. Weekly Seminar in Current Concepts of Podiatric Medicine and Surgery
     1. Morbidity and Mortality Conference
     2. Surgical Case Review/Case Management
  4. Weekly Board Study Sessions
  5. Health Fairs / Patient Screenings
  6. Scientific meetings as assigned
  7. Workshops and Skills Labs, as assigned.
  8. Residents will be required to be “on call” at designated times according to the resident call schedule and will be available to patients and professional staff of the medical center as needed. You will assure that the appropriate wards, operators and staff are able to reach you. You will have your phone on and near you at all times.
  9. This program is in a Veteran’s Affairs Medical Center, a branch of the Federal Government; the resident will observe the proprieties of conduct and courtesy consistent with this environment.

3. RESIDENT DIVISION OF DUTIES AND RESPONSIBILITIES

1. Schedule for Podiatric Medicine (SAVAHCS):

**Monday** 7:00 AM - 12:00 PM Inpatient Rounds, Procedure Clinic

Pre and Post op Clinic

12:00 PM – 1:00 PM Journal Club

1:00 PM - 5:00 PM Follow-up Clinic, Rounds/Consults

**Tuesday** 7:00 AM - 12:00 PM Inpatient Rounds, New Patient/Follow up Clinic

1:00 PM - 5:00 PM Follow-up Clinic, Rounds/Consults

**Wednesday** 7:00 AM - 12:30 PM Inpatient Rounds, PAVE/Research Clinics

2:00 PM - 3:00 PM **Board Review Didactics**

3:00 PM - 5:00 PM Rounds/Consults, Administrative Time

**Thursday** 7:00 AM - 12:00 PM Inpatient Rounds/New Pt and Follow-up Clinic

1:00 PM - 5:00 PM Follow-up Clinic

**Friday** 7:00 AM – 5:00 PM Surgery, Urgent/TCC Clinic, Rounds/Consults

**Saturday** Call team: inpatient rounds if needed and Emergency Dept consults

**Sunday** Call team: inpatient rounds if needed and Emergency Dept consults

**You are expected to be in the Medical Center until at least 5:00 PM daily to be available for any patient care needs that may arise**

B. General Outline of PGY Responsibilities:

a. PGY 3 will be responsible for but not limited to:

1) All inpatient care including but not limited to:

(a) Case management.

(b) Antibiotic selection.

(c) Special study selection (VAC, Research, etc.).

(d) Hospital levels of care.

(e) Surgical case selection.

(f) Any and all duties and responsibilities not specifically described but necessary

for patient care.

(g) Ensure that all medical needs are met by medicine consult service especially

on weekends.

(h) Make determinations of patients to admit to Podiatry Service.

2) All outpatient care including but not limited to:

(a) All Emergency Department calls.

(b) Surgical case selection.

(c) Overall surgical case care – pre/peri/post-operative.

(d) All outpatient encounters.

(e) Clinic management.

(f) Ultimately responsible for case management to all attendings.

(g) Any and all responsibilities not specifically described but necessary for

patient care.

b. PGY 2 will be responsible for but not limited to:

1) All inpatient care including but not limited to:

(a) Duties and responsibilities as described by attendings and chief resident.

(b) Inpatient documentations of case management.

(c) Ensures medical orders and special studies are documented and completed in

a timely fashion.

(d) Ensures all admission documentation is completed in a timely fashion

consistent with excellent patient care.

(e) Any and all duties and responsibilities not specifically described but

necessary for complete patient care.

2) All outpatient care including but not limited to:

(a) Ensure all Emergency Department consults are managed in a timely fashion.

(b) Clinic set-up, materials, and needs for patient care are met for the immediate

as well as the next day.

(c) Surgical care management.

(d) Admission history and physicals, as needed and dictated by clinic demand.

(e) Help in management of needs of patients with other residents assigned to

Podiatry Clinic.

(f) Any and all duties and responsibilities not specifically described but necessary

for patient care.

c. PGY 1 will be responsible for but not limited to:

1) All inpatient care including but not limited to:

(a) All inpatient admission history and physicals.

(b) Contacting the medicine consult service for medical care of our inpatients.

(c) Report directly to senior resident any difficulty with medical coverage by

medicine consult service for quick resolution.

(d) Admit patients from the E.D. to our service, with consultation to chief

resident and attendings.

(e) Inpatient rounds, materials, and patient care items.

2) All outpatient care including but not limited to:

(a) Admission history and physicals for outpatient surgery.

(b) Assist in E.D. call, and response.

(c) Assist in surgical case management.

(d) Assist in clinic setup, materials, and needs for patient care are met for the

immediate as well as the next day.

3) Complete:

(a) All documentation needed to admit patients to outpatient surgery.

(b) Any and all duties and responsibilities not specifically described but

necessary for patient care.

4. HOSPITAL PROTOCOL

a. **RESIDENT SUPERVISION** – See the appendix of this Manual for the documents titled **VHA Resident Supervision Handbook 1400.1** and **SAVAHCS Supervision of Residents Policy**. At all times each resident will follow this Medical Center policy on resident supervision. If there are any questions regarding resident supervision, while on any rotation, CONTACT YOUR PROGRAM DIRECTOR.

b. Upon entering each training year, all Podiatric Residents are assigned an individual Resident Scope of Practice. Each resident is responsible for knowing what their individual Scope of Practice is and not going beyond what is authorized in that document. The Scope of Practice is attached as an addendum to this Manual.

c. Each podiatry resident will maintain a log of surgical procedures performed as well as the level of participation, first assistant in the case or second assistant in that case. Please see CPME 320 or page 17 of (PRPM) for definitions and guidance.

* + - * 1. In no case will a resident initiate or change a patient treatment plan without the knowledge and approval of the attending physician. This type of communication will always be well documented in patient records by summarizing the discussion in the progress note, consultations, or orders. Each resident will be responsible for documentation of this supervision for each patient treated at the medical center. **NO PATIENT SHOULD EVER BE TREATED WITHOUT SUPERVISON OF SOME TYPE. IF YOU SHOULD EVER HAVE ANY QUESTIONS ABOUT THIS MATTER CONTACT YOUR PROGRAM DIRECTOR.**

e. Residents will accompany members of the staff when they make rounds on the wards.

* 1. Residents will make careful notes of the directions given by the staff at all times.

g. The resident shall not criticize nor reprimand any member of the medical, nursing, or clerical staff. Any such criticism will be discussed with the Program Director who will act appropriately to resolve the issue.

5. PODIATRIC ETHICS

* 1. Residents will not engage in outside teaching or practice of podiatry or any other business that might interfere with the performance of responsibilities at this residency program.
  2. Under no circumstances will the resident receive fees, gifts, or any other forms of payment from patients or patients’ relatives.
  3. Residents will not publish any papers concerning SAVAHCS without first familiarizing themselves with and following pertinent VA regulations and Medical Center policy.
  4. Residents will not sign or act as witness to any patient’s signature on operation consent forms, insurance forms, or any legal documents.
  5. Residents will not distribute any medical documents or information to any patient, family member or outside party. Rather such requests will be discussed with your attending and referred to the Medical Information Service. Residents must maintain patient confidentiality and will not divulge any information regarding patient care or a patient’s condition to anyone unless so directed by a staff member. HIPAA Rules and Regulations are in effect at SAVAHCS.

6. BENEFITS

1. Stipend: PGY-1 is $56,886 per annum; PGY-2 is $59,321 per annum; PGY-3 is $61,953 per annum, exclusive of benefits.
2. Meals – Meals may be purchased on station at the rate provided by the Veterans Canteen Service.
3. Housing – Not available on station.
4. Uniforms – White coats and surgical scrubs are provided by the health care system.
5. Leave- There are generally three types of leave:

* Annual Leave – accumulated at the rate of four (4) hours per pay period or 13 days per year.
* Sick Leave – accumulated at the same rate.
* Authorized Absence – requested for attendance at **required meetings or examinations**.

1. Insurance – medical and life insurance benefits are provided on a contributory basis by the medical center. Please consult with Human Resources if you have any questions regarding these benefits.
2. Professional Liability Coverage – Through the “Federal Tort Claims Act,” federal employees performing activities approved by and conducted within SAVAHCS are provided with this type of coverage.
3. Professional Membership Fees / Dues – These fees are not provided through the SAVAHCS and are the residents responsibility. APMA, membership may be obtained free for Residents. Residents with free APMA Membership will be eligible for REdRC (the APMA Residency Education Resource Center). The American College of Foot and Ankle Surgeons maintains a similar resident-in-training membership with low fees. VA will not pay for DEA or licensure fees (professional licensure and DEA are not required for VA podiatry residents in Arizona).

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### 7. RESIDENT GRIEVANCES

All questions / problems regarding the program should first be directed to the Director of Podiatric Medical Education or his/her designated Associate Director. If the Director is unable to resolve an issue, the issue may be elevated to the Chief of Surgical Service. If the Chief, Surgical Service is unable to resolve the issue, the Associate Chief of Staff for Acute Care and Specialties, the Director of Medical Education and the Chief of Staff will be consulted by the Program Director, the Chief, Surgical Service and the resident. The Director of Medical Education and the Chief of Staff will assure due process for both the resident and the Health Care System for all matters and may refer the matter to the Residency Review Committee for further consideration. The provisions of the resident’s appointment under 38 U.S.C. 7405 (refer to Service C below) will govern the actions and remedies available to both the resident, the Residency Review Committee and the Health Care Facility.

8.   REMEDIATION

Residents are responsible for patient care and presentations throughout the training program. When areas of weakness in patient care delivery are identified, in order to assist the resident in improving in these areas, the following methods of remediation will be utilized as appropriate:

* Library research
* Additional reading assignments
* Modification of rotation schedule
* Change in clinical supervision
* Time frames for completion for remediation is 3 months or as needed, depending on circumstances, supervisory approval and VA HR policies.

9. INVOLUNTARY SEPARATION OF PODIATRY RESIDENTS APPOINTED UNDER 38 USC 7405(a)(1)(A)

In the event that a resident violates the terms of the employment agreement entered into at the commencement of their training program, SAVAHCS shall have as a remedy involuntary separation of the resident under the authority cited below. This decision is final and cannot be appealed.

a. In effecting involuntary separations of employees serving under 38 U.S.C. 7405(a)(1)(A), the procedural requirements prescribed for separations, such as reviews by Professional Standards Boards or Disciplinary Boards, do **not** apply.

b. Although not required, employees should, where feasible, be given such advance notice of separation as determined appropriate by the approving official.

c. The employee will not be entitled to a review of the involuntary separation.

**Authority: 38 U.S.C. 7304, 7405 and 7421**

## *Podiatry Residents Dispute Resolution Process:*

## *Due Process and Mechanism to Appeal (updated April 2020)*

The Podiatry resident is a temporary employee of the Department of Veterans Affairs (VA) appointed pursuant to 38 U.S.C. § 7405.

Podiatry residency programs follow due process guidelines to assure that decisions are fair and nondiscriminatory. During their first week, as part of the orientation process, residents are given a Residency Manual that includes the program’s policies and procedures. At the end of orientation, residents sign an acknowledgement indicating that they have read and understand the program’s policies and procedures.

The VA reserves the right to terminate a podiatry resident’s participation in the podiatry residency program for lack of performance consistent with program standards deemed substandard by the Program Director and/or training committee. Such actions may include the failure to meet program requirements as identified by the Council on Podiatric Medical Education (CPME) and specific objectives stated by resident policy. This may include but is not limited to the following:

* Incompletion, failure to attend and/or complete minimum requirements for goals and objectives of any of the rotations and/or the program competencies in general.
* Consistently poor performance in any of the rotations.
* Gross incompetence where the resident is deemed dangerous to patients as defined and documented by podiatric and/or medical staff.
* Failure to keep medical/surgical logs and diary current (i.e. within 30 days of encounters).
* Failure to conduct inpatient rounds in a timely manner (i.e. within 24 hours of notification or as specifically directed by attending).
* Failure to fulfill on-call duties satisfactorily. This may include not responding to on call pager messages and requests, not physically seeing patients upon consultation, not communicating with other team members, by not being within a vicinity allowing a reasonable response time to the hospital when on call and/or not assuring hospital coverage when call duties cannot be met.
* Demonstrating a pattern of failure to stay well informed and remain prepared with medical and surgical status of both inpatients and outpatients.
* Poor attitude and/or disrespect towards patients, students and/or staff members.
* Failure to complete dictations and progress notes as prescribed in VA and training program policies (i.e. medical center policy usually requires note to be completed within 24 hours of the encounter).
* Demonstrating a pattern of failure to be prepared for mandatory didactic and academic activities (e.g. grand rounds and journal club duties, etc.).
* Demonstrating a pattern of consistent absences or tardiness to clinic, Operating Room and/other required meetings.

VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. The policy can be found here: <https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf>

If the Program Director considers the infractions minor, the resident will be counseled and provided corrective feedback verbally and in writing (Report of Contact VA Form 119 with a record kept in the resident’s file) and resolution may be developed to mitigate the deficiency or problem. The remediation process for this program will guide all academic and training related deficiencies. However, if consistent infractions are noted and/or the Program Director and/or training committee considers an infraction significant, the VA will notify the resident and in writing (Report of Contact VA Form 119 with a record kept in the residents file) of its intent to terminate his or her participation in the training program. In most cases, the resident’s employment will also be terminated at this time. While, as noted above, the resident may not challenge termination of his or her employment, he or she may dispute (in writing) the termination of his or her participation in the training program pursuant to the following process.

**Problematic Resident Performance and/or Conduct**

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic resident performance.

**Definition of Problematic Behaviors**

Problematic behaviors are broadly defined as those behaviors that disrupt the resident’s professional role and ability to perform required job duties, including the quality of: the resident’s clinical services; the resident’s relationships with peers, supervisors, or other staff; and the resident’s ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the resident’s inability or unwillingness to;

a) acquire professional standards and skills that reach an acceptable level of competency, or

b) to minimize the impact of personal issues on training-related activities and competencies,

c) to mitigate stress induced by either work-related or non-work-related factors

Behaviors reach a problematic level when they include one or more of the following characteristics:

* The resident does not acknowledge, understand, or address the problem
* The problem is not merely a deficit in skills, which could be rectified by further instruction and training
* The resident’s behavior does not improve despite feedback, remediation, effort, and/or time
* The professional services provided by the resident are negatively affected
* The problem affects more than one area of professional functioning
* The problem requires a disproportionate amount of attention from training supervisors
* Some examples of problematic behaviors include:
  + Engaging in dual role relationships (inappropriate relationships with patients)
  + Violating patient confidentiality
  + Failure to respect appropriate boundaries
  + Failure to identify and report patients' high-risk behaviors
  + Failure to complete written work in accordance with supervisor and/or program guidelines
  + Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
  + Plagiarizing the work of others or giving one’s work to others to complete
  + Repeated tardiness
  + Unauthorized absences
  + Cumulative absences that affect ability to complete program requirements within designated timeframe

NOTE: This list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by Council on Podiatric Medical Education standards and VA policies and procedures, and VHA Handbook 1400.08 Education of Associated Health Professions as outlined during orientation.

Remediation of Problematic Performance and/or Conduct

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Program Director is actively involved in monitoring the training program and frequently checks informally with residents and supervisors regarding residents’ progress and potential problems. In addition, Resident-Director meetings are held to provide another forum for discovery and resolution of potential problems. Residents are also encouraged to raise concerns with the Program Director as they arise. It is our goal to help each resident reach his/her full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

**Resident Evaluations**

Residents will be evaluated by each rotation director based on the goals and objectives to achieve competencies of each rotation. These rotation evaluations will serve to evaluate the resident’s performance in the areas of knowledge, and skills, as well as their motivation and attitude. All written evaluations become a part of the resident’s permanent file within the Podiatry Section. These records are maintained by the Program Director and kept in secure cabinets and or electronically in the directors’ office. The Program Director also conducts and documents at minimum, a semiannual meeting with the resident to review the extent to which the resident is achieving the competencies.

Residents are continuously evaluated and informed about their progress in the program. It is hoped that residents and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the resident and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although residents are formally evaluated at regular intervals, problematic behaviors may arise and need to be addressed at any given time.

(See VHA Handbook 1400.08, Education of Associated Health Professions, 10.b, and VHA Handbook 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic and Podiatry Residents)

If the resident fails to meet expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

1. Supervisor meets with Program Director and/or full Training Committee to assess the seriousness of resident’s deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.

1. After a thorough review of all available information, the Program Director and/or Training Committee may implement one or more of the following steps, as appropriate:

***Failure to meet expectations place the residents into the* *Remediation Plan***

***Once a determination is made that a formal remediation plan is necessary the timeline for reassessments will be defined based on the individual needs of the resident. (E.g. 1st reassessment 1 month, 2nd reassessment if needed and additional month, 3rd reassessment if needed and additional month.) The Designated Education Officer should be notified of the remediation plan and the resident‘s involvement.***

**Failure to meet program expectations/behaviors (knowledge, skills, attitudes)**

Informal Remediation

Directed remediation program

1st Reassessment

Unsuccessful

Successful

No further Action

**Formal Remediation**

Successful

Unsuccessful

2nd Reassessment

**Probation**

No further Action

Unsuccessful

Successful

3rd Reassessment

**Termination**

No further Action

1. A**. No further action** is warranted.
2. B. **Informal Counseling** – the supervisor(s) may seek the input of the Training Committee and/or the resident’s graduate program (if the affiliate is the program sponsor) and decide that the problem(s) are best dealt with in ongoing supervision.
3. C. **Formal Counseling** – This is a written statement issued to the resident which includes the following information:

- A description of the problematic behavior(s)

- Documentation that the Program Director and/or Training Committee is aware of and concerned about the problematic behavior(s) and has discussed these with the resident

* 1. - A remediation plan to address the problem(s) within a specified time frame. Remediation plans set clear objectives and identify procedures for meeting those objectives. Possible remedial steps include but are not limited to:
* Increased level of supervision, either with the same or other supervisors
* Assigned readings and/or other forms of instruction
* Changes in the format, assigned rotations and/or areas of emphasis in supervision
* Recommendation of personal therapy, including clear objectives addressing the behavior in question.
* Recommendation or requirement for further training to be undertaken
* Recommendation or requirement of a leave of absence

The resident is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, Program Director, and resident will meet to discuss resident’s progress at a specified reassessment date. As part of this process, the Program Director will contact the resident’s graduate program (if the affiliate is the program sponsor) to notify them that resident requires a remediation plan and will seek the program’s input to the plan. The Program Director documents the outcome and gives written notification to the resident and supervisor(s).

NOTE: See VHA Handbook 1400.08, Education of Associated Health Professions

**D.** **Probation Notice** – this step is implemented when problematic behavior(s) are deemed to be more serious by the Training Committee and/or when repeated efforts at remediation have not resolved the issue. In this circumstance the Designated Education Officer should be notified.

The Resident will be given written statement that includes the following documentation:

* A description of any previous efforts to rectify the problem(s)
* Notification of and/or consultation with the resident’s graduate program (if the affiliate is the program sponsor) regarding further courses of action
* Specific recommendations for resolving the problem(s)
* A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this established.

Again, as part of this process, the resident is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), Program Director, resident, and a representative from the resident’s graduate program (optional) will meet to discuss residents progress at the end of the probationary period. The Program Director documents the outcome and gives written notification to resident, supervisor, the graduate program (if affiliate is the program sponsor), the Designated Education Officer and the facility Chief of Human Resources.

1. **Termination –** if a resident’s competencies in identified areas has not improved sufficiently under the conditions specified in the Probation Notice, termination will be discussed by the Program Director and/or the full Training Committee as well as with the resident’s graduate program (if affiliate is the program sponsor), VA OAA, the Designated Education Officer and the facility HR Chief. A resident may choose to withdraw from the program rather than being terminated. The final decision regarding the resident’s termination is made by Program Director and Chief of Podiatry Section, based on the input of the Committee and other governing bodies, and all written evaluations and other documentation. If it is decided to terminate from the residency program, the resident will be informed in writing by facility HR Chief that he/she will not successfully complete the residency program. The resident and his/her graduate program (if affiliate is the program sponsor) will be informed of the decision in writing. (Additional details are available in VA Handbook 5021)

3. At any stage of the process, the resident may request assistance and/or consultation; please see section below on grievances. Residents may also request assistance and/or consultation outside of the program. Resources for outside consultation include:

**VA Office of Resolution Management (ORM)** –

Department of Veterans Affairs Office of Resolution Management (08) 810 Vermont Avenue, NW, Washington, DC 20420 1-202-501-2800 or Toll Free 1-888- 737-3361

<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high-quality manner. These services and programs include:

- **Prevention**: programs that ensure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.

- **Early Resolution:** ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.

- **Equal Employment Opportunity (EEO) Complaint Processing**

* Independent legal counsel

Please note that union representation is not available to resident as they are not union members under conditions of their VA term-appointment.

All documentation related to the remediation and counseling process becomes part of the resident’s permanent file within the Podiatry Section. These records are maintained by the Program Director and kept in secure, locked cabinets or electronic form in his/her office.

Council on Podiatric Medical Education (CPME)

Complaints about programs can be submitted to CPME using the [Complaint Form](https://www.cpme.org/files/Complaint%20Fillable%20Form%20-%20cpme227b.docx) (<https://www.cpme.org/residencies/content.cfm?ItemNumber=2444&navItemNumber=2245>)

**Unethical or Illegal Behavior**

Any illegal or unethical conduct by a resident must be brought to the attention of the Program Director as soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident. The Program Director will document the issue in writing, as well as consult with the appropriate parties, depending on the situation (see description below).

Infractions of a very minor nature may be resolved among the Program Director, the supervisor, and the resident, as described above.

Examples of significant infractions include but are not limited to:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.

2. Violation of VA regulations or applicable Federal, state, or local laws.

3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the Program Director may consult with the Training Committee and Designated Education Officer to get further information and/or guidance. Following review of the issues, the Training Committee may recommend either formal probation or termination of the resident from the program. Probationary status will be communicated to the resident, his or her graduate program, VA OAA, and CPME in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the Probation Notice may result in the immediate termination of the resident from the program.

The Program Director may also consult with the Service and Section Chief’s, Human Resources, regional counsel, other members of hospital leadership (e.g., Designated Education Officer, Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, and/or the resident’s graduate program (if affiliate is the program sponsor) in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the Program Director may immediately put the resident on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the residency program may be required to alert the accrediting body (CPME) and/or other professional organizations (e.g. state licensing boards) regarding unethical or illegal behavior on the part of a resident. If information regarding unethical or illegal behavior is reported by the resident’s graduate program (if affiliate is the program sponsor), the residency program may have to follow their policies and procedures regarding clinical duties, probation, and/or termination.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the resident may request assistance and/or consultation outside of the program and utilize the resources listed above.

## All documentation related to serious infractions becomes part of the resident’s permanent file with the Podiatry Section. These records are maintained by the Program Director and kept in secure, locked cabinets or electronically in his/her office or the Designated Education Officer office.

## *Residency Program Termination Dispute Resolution Process*

If it is determined that a resident should be terminated from the program, the resident’s participation in the program will be immediately suspended and the resident will be placed on administrative absence with pay until a decision is made regarding his program status.

* A certified letter indicating intent to terminate will be issued by the Program Director to the resident with a list of the act(s) of misconduct and/or infraction(s) which has led to this action.
* The resident is given seven (7) days from the date of receipt of the intent to terminate letter to file a written request to respond with the Program Director. If the resident does not file a timely written request to respond, the Program Director will issue to the resident, within 10 days of the end of the request-to-respond period, a letter terminating his or her participation in the Training program (with a copy to Chief of Staff, Chief of Service, and Chief, Human Resources) with an effective termination date. If the resident does file a timely written request to respond, the following resolution process will be initiated.
  + A three-person ad hoc committee will be formed by the Designated Education Officer consisting of one or more of the following: a podiatry staff member(s), the chief of service (surgery, medicine, or as appropriate) and a non-podiatry member(s) of the same service line (surgical or medical), for the purpose of hearing the resident’s dispute.
  + Any member may chair the committee and will cause a summary of the hearing to be made.
  + The hearing will be scheduled within fourteen (14) days of the Program Director’s receipt of the resident’s request to respond.
  + The resident may appear at this hearing alone or have an attorney/representative present who may provide advice but cannot participate in the hearing.
  + The VA may also have an attorney/ representative present who may provide advice but cannot participate in the hearing.
  + At this hearing the resident may present his/her argument of dispute and have the case considered by the committee members.
  + After the completion of the hearing and the resident and/or his/her attorney/representative has left the hearing room, a decision of the committee will be brought to vote. All committee members maintain one equal vote and no abstentions will be allowed. The program director/training committee will determine the size of the majority that will be necessary to recommend termination.
* The committee’s findings/action will be sent to the appropriate official (Chief of Staff, Medical Center Director, etc.) who may concur with the committee’s findings/action, request additional information if necessary, before proceeding with a decision, or decide to take a different action.
* The Official’s decision will be final. The resident will be notified in writing by the facility HR Chief of the Official’s decision within ten (10) days after the Official makes his decision.
* Written notice of termination will be sent to the CPME within 30 calendar days of the termination date. The notice will indicate the general cause for the termination but need not contain a statement of specific facts. The notice will contain a description of the process by which the suspension or termination decision was reached.

To the extent that any of the foregoing Podiatry Residents Dispute Resolution Process conflicts with VA Handbook 5021, Part VI, paragraph 15, , the VA Handbook procedures, federal regulation or statute shall be controlling.

**NOTE: Any individual possessing a conflict of interest related to the dispute, including the Program Director** **must be excluded from all levels of the appeal process”.**

**Resident Grievance Procedure**

This section details the program's procedures for handling any complaints brought by residents.

1. If a resident has a grievance of any kind, including a conflict with a peer, supervisor, or other hospital staff, or with a particular training assignment, the resident is first encouraged to attempt to work it out directly through informal methods.

2. If unable to do so, he/she would discuss the grievance with the Program Director, who would meet with the parties as appropriate. \*\*

3. If still unable to resolve the problem, the resident, supervisor, and Program Director would then meet with the Chief of Podiatry, \*\*\* who would intervene as necessary. If the Chief of Podiatry is unavailable (e.g., due to extended leave or dual role as the Program Director) the matter would be brought to the Designated Education Officer.

4. A meeting with all the involved parties would be arranged within two weeks of notification of the Chief of Podiatry and/or the Designated Education Officer. Chief of Podiatry\*\*\* or Designated Education Officer serves as a moderator and has the ultimate responsibility of deciding the reasonableness of the complaint.

5. The Chief of Podiatry\*\*\* or Designated Education Officer would make a recommendation of how to best resolve the grievance. Within one week of the meeting, a written notification of this recommendation will be forwarded to all parties by the Chief of Podiatry/ Designated Education Officer.

6. If a mutually satisfying resolution cannot be achieved, any of the parties involved can move to present the issue to the Chief of Staff

7. The Chief of Staff would review the particulars of the grievance, the recommended resolution, and make a final decision regard how to best resolve the grievance.

8. All parties, as well as the residents graduate program (if the affiliation is the program sponsor), would be notified of the decision in writing within one week. This decision would be considered binding and all parties involved would be expected to abide by it.

*\*\*Please note: If a resident has an issue with the Program Director that he or she is unable to work out directly, the resident would discuss the grievance* with Chief of Podiatry or the Designated Education Officer who would then meet with the resident and Program Director.

*\*\*\*Please note: If the Chief of Podiatry has the dual responsibility as Program Director the Designated Education Officer will take on this role.*

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**EXPECTATIONS OF THE RESIDENT IN THE OPERATING ROOM**

The following document was written by Dr. Matt Borns, a former resident here at SAVAHCS. He provides a very enlightening guide about the demeanor, attitude, expectations, personal and professional qualities you are to exhibit while assisting surgeons either here in the VA or on your outside surgical rotations.

It is important to understand the surgeons in the community are caring for their private patients; and they are taking all the responsibilities and liabilities for their actions, and to a certain extent, your actions. What they let you do surgically is by its very nature going to be and will be extremely variable, both here in the VA and downtown.

Dr. Borns outlines in full context those qualities and responsibilities we expect from every resident to exhibit. Please take the time to read and understand this document. We shall review this periodically in our weekly meetings and Journal club. Good luck to all and be prepared.

**Dear fellow residents,**

First of all, congratulations on arriving at this point in your career. You can laugh at that first statement, but it’s not a small accomplishment. You are a now a resident podiatrist and that comes with slightly more responsibility than a being student. The best part is you don’t have the full responsibility or burden of an attending physician. I have put together and attached an outline of the basics for being a successful resident in the operating room. I certainly don’t have all the answers and definitely forget to do many of these things, but please use this as a starting point as you begin your surgical rotations. Remember that this is the last chance you have before it’s your turn to run the show and take on all the risks associated with elective surgery. Remember that it’s a privilege to scrub cases with our outside attending staff and not an entitlement. In the OR, we are an extension of their hands working under their licenses. You should start by building relationships with each attending and you will gradually earn their trust. From my experience, earning each surgeon’s trust comes at variable rates ranging from doing entire cases the first day to never touching the knife. Do not become frustrated or lose your patience. Try to understand things from their point of view. They want somebody who is reliable, respectful, and helpful but also not a nuisance. Take this opportunity to obtain as much knowledge and experience as possible. Please use the attached outline as a guide before surgical rotations and review it often. Many of the subjects listed should have been mastered even before beginning residency, but it’s easy to get complacent or forgetful after being away from the operating room. I hope that you find this helpful.

Best Regards,

Matthew A. Borns DPM

**Basics for Succeeding as a Surgical Resident**

The night before surgery:

**Review the surgeries** you will be doing the next day: Review the chapter in McGlamry’s or the equivalent text book. This doesn’t mean you have be ready for the board exam or know how to handle every possible complication of the surgery. At least read over the main steps to the procedure or review the main points in Pocket Pods, review manuals, etc if nothing else. If only for 15 minutes, do it. Force yourself into the habit.

**Practice suturing**/hand ties. Suturing is the key to being given the knife. If you can suture well, then they will likely eventually let you do more of the procedure. Pig feet are the best for practice, $1.69/lb at Albertson’s. Take some suture from the clinic Omnicel. Take what you will use for skin closure, 4-O nylon or prolene, 5-O monocryl, etc. Practice often, technique first, then speed.

Arriving for surgery:

Always aim for 15 minutes early, on time is late.

Introduce yourself to the front desk people/nursing desk/ etc. Nobody knows who you are. Just introduce yourself. Find out where the locker rooms are and obtain proper codes, scrubs, etc.

Find the schedule board; figure out what room you’re in and what procedure is happening when. This may be different from the schedule you already have, so adjust. **Look at staff names on the schedule board,** name of the scrub tech, circulating nurses, anesthesia, etc. Always know their names; they’re right there on the board. They are your friends and they will be helping you look good in front of the surgeon. You will also be working with them off and on for the two years of rotations so you will usually see them again.

Entering the OR:

**Enter the room and introduce yourself.**

Write your name on the white board along with your title

Obtain your own gown and gloves (double glove) and open them when appropriate. Get them from the stock room when possible so you don’t deplete the supply in each OR room, especially if you are going to be scrubbing 5-10 cases.

Offer to draw up local, put up x-rays, fetch a tourniquet/cast padding/1010 drape. It’s always the 1010 drape with ankle tourniquets. Draw up plenty of local, you can always just use less.

Adjusts the lights at the foot of the bed

If you have time, go and introduce yourself to the patient in pre-op if you feel its appropriate. Have a surgical marking pen on you at all times. No one ever seems to have the surgical marking pens.

**If you have time to kill, go ahead and perform a long scrub. This way you can just gel if you get into a rush later. If you have time to do a long scrub again with the surgeon, then do that. Its always a good time to get to know them a bit.**

If there is a C-arm in the room, make sure to get lead. Especially if you are late or entering a case part ways through. Don’t be the one that has to break later to get lead.

Ask the OR staff if there is anything else you can do. Getting on the good side of scrub techs and circulating nurse. There are many annoying residents like us coming through each week. Make their jobs easier, not harder.

As the patient enters the room:

Make sure you have fresh gloves on.

Help bring the bed over to the edge. Bring to the right height and lock the bed. As patient moves over make sure they’re centered and their heels are about an inch from the bottom of the bed. If the staff asks you if they are in the right position don’t be shy to ask them to move down. You are the surgeon.

After the pt is on the table, ask if you can pull the bed away to the anesthesiologist. Always ask when doing anything that involves the anesthesiologist.

Apply the tourniquet, makes sure it is hooked up and the machine is set to 250. Help get the foot prepped, hold it if necessary.

Blocking the pt, ask the surgeon permission, make sure anesthesia is ready for you to block. Have alcohol pads, gloves, and needles ready for injection.

The actual surgery:

If you are 100% confident on how the dr. wants the foot draped and you are in way before them than go for it… but they would rather do it themselves than have it wrong or have to re-scrub the foot and stuff.

Gowning should be a given

See if light handles are on…

Help the scrub tech with suction, bovie, power equipment, etc.

From this point on it’s a game… **How often can you be one step ahead of the doctor.** If you can consistently stay ahead of the doctor you will look good. You will hear many times, that the first step to being a good surgeon is learning to be a good first assist.

As they start the incision  grab the bovie

As they start to open more  Senn retractors in hand, still hold Bovie ready

Make sure a clean gauze sponge is always close in your hand

If they are near the point where you see a C-arm shot needs to be taken  Ask the have the C-arm draped if it isn’t

When a C-arm shot is going to be taken 

i. move the foot pedal with your foot close to the Dr so they don’t have to search for it. ii. Move all pieces of equipment that could fall off the field and hold onto them, hand things back to the scrub tech that aren’t being used anymore

iii. Help move the c-arm head in place iv. Cover k-wires so they don’t punch through the plastic.

v. Move lights up if they might contact the C-arm

When a bone cut is coming up  Make sure the tool is on, put safety back on and hand back, give them plenty of slack in the cord. Make sure the actual blade is on tight

If someone is using a Ronguer  Have a sponge ready in your hand that they can wipe it with

Try to switch between screwdrivers, k-wire drivers, and saws ahead of time so they don’t have to ask.

When placing screws, try to have the pre-drill, overdrill, countersink, and actual screw drivers ready.

If someone asks if you feel comfortable doing something, the answer is always **yes**. They usually won’t let you do something that will negatively affect the surgery. Try to be confident even if you are nervous.

**ASK QUESTIONS…** but don’t be annoying. If you don’t understand something, say so, but don’t fixate on trivial things you can just look up in the text. If you want to know why they are doing a certain procedure their way you can ask, but don’t question their judgment. It’s not our place to question their decisions or correct their technique. If you get a poor response…. Don’t ask any more questions.

**BE RESPECTFUL.** If you notice they are doing something different than you would have done it, assume it’s because they are wiser than you. Don’t ever be too critical of their work. Things are often more difficult than they look. If you watch a complication unfold before you, think of this as an opportunity to learn what not to do and how to manage a complication.

Knowing your place is important. You are not the attending surgeon. Your job is to help. **The more time you can help the surgeon, the more effective you are to them, and the more time they will have to let you do some of the surgery.**

When you make a mistake, just simply admit it and say you are sorry.Don’t hide your mistakes…. If you break sterile, SAY IT! It’s not a big deal. Take responsibility for yourself.

Always say thank you after the surgery.

After surgery:

Help break down and put the dressing on.

After you clean the foot with wet sponges and dry it with dry ones, take off the outer layer of gloves. Do the dressings with the second sterile pair.

Help break down all the surgical stuff. Help throw away.

Bring the bed in from the hallway. Get the roller board ready. Stay to help move the patient.

Do any paper work they want you to do. **Offer to complete the post-op note.**

Grab a label for logging. Don’t get too caught up in numbers, but you have to fulfill the requirements. It’s the quality of the work that really matters.

Offer to dictate the case. Most surgeons will do their own dictations.

**TAKE NOTES! I always find the best time to do this is right after a case. You always have down time and the surgery is still fresh in your mind. Write down little details you learned from each case. Where exactly was the incision made, what neurovascular anatomy and variations of anatomy were encountered, what size/type of screws, k-wires or hardware were used, etc. Definitely write it down. One of the greatest advantages of our program is the variety of surgeons we work with. Pay attention to each surgeon’s different techniques and what seems to work best.**

My general rules:

Review just a little every night before the surgery

Be helpful… not pushy. If you are at a place where they have everything they need and don’t want to be interrupted from their routines, don’t… but make sure to say “if you need any help at all please let me know”.

Always introduce yourself.

Don’t ever talk back to a doctor or OR staff member. You are representing yourself as well as our residency program. Outside attendings could easily quit allowing us to participate as some have done in the past or simply give more of their cases to another program across town.

Stay one step ahead of the doctor

Take notes

Have confidence! If they give you an opportunity to operate, take it.

Smile/crack a few jokes along the way. Make their work day enjoyable too.

Best of luck and I hope to see you all succeed.

Matt Borns

**DEPARTMENT OF VETERAN AFFAIRS MEMORANDUM**

DATE: March 2, 2023

From: Residency Program Director, PMSR/RRA

Subject: Memorandum for Protocol on Civilian Surgery Rotation

To: Podiatry Residents

This memorandum outlines the protocol residents must follow while on downtown/civilian surgery rotation.

1. The civilian surgery schedule for the week needs to be sent out no later than Monday morning. If there are changes, edit the schedule and resend.

a. Every resident must be accounted for on the schedule *every day of the week*. The options are surgical cases, VA Clinic, or Private Practice. Being home or anywhere other than work during your tour of duty is prohibited, unless approved in advance by all attendings with leave submitted.

2. **We have a mandatory check-in process**. If you do not have cases, or only have a half day of cases, your *only* options to complete your workday are VA clinic/resident office or Podiatry Private Practice at offices for which we have an active affiliation agreement.

a. You must check-in with the attendings when you arrive at the VA and sign-in to the resident office.

b. Visiting a private practice must be set up in advance by calling their office. We have affiliations with the offices of Dr. Aung, Dr. Gillespie, Dr. Hutcheson and Dr. Adi, Dr. Glesinger, and Dr. Whitaker’s group. *This is how you will get your podopediatrics numbers, so don’t procrastinate!*

3. There are no “free days” on downtown surgery rotation. This is your job; you are a federal employee. If you do not show up to work, you are considered AWOL and are subject to disciplinary action and/or dismissal from the program. If you are sick, have appointments, or take vacation, you MUST have advanced approval from the Program Director. All we ask for is honesty and open communication.

4. There are always learning opportunities even on slow surgery days. Even if not foot/ankle cases, ANY hands-on OR experience is a valuable learning opportunity. You can report to the VA and ask to scrub cases with gen surg, vascular, plastics, orthopedics, etc. You may also visit affiliated hospitals/surgery centers to see if there are add-on foot/ankle cases. This training program is only 3 years, and you shouldn’t pass up any opportunities to scrub/shadow cases, see patients, or visit private practices.

5. Finally, it is expected that you will help with VA clinic coverage when needed. PGY2 and PGY3 residents will be pulled from downtown surgery rotation to help. PGY1s should NOT be pulled from their off-service rotations.

Valarie N. Samoy, DPM Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAVAHCS PMSR/RRA

Program Director Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC/Resident Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT OF VETERAN AFFAIRS MEMORANDUM**

DATE: March 2, 2023

From: Residency Program Director, PMSR/RRA

Subject: Memorandum for Resident Leave

To: Podiatry Residents

Submitting leave can be confusing. This memo serves as a guide for how to enter leave and information on the various types of leave. If you are requesting leave, you must enter it *yourself* in VATAS – our program coordinator and timekeeper are only authorized to enter leave for you if it is a last-minute call-out on payroll processing Friday. Otherwise, it’s your responsibility.

**You need to log into VATAS (VA Time And Attendance System) at least once per month, because just like everything else at the VA, you will lose access! Link can be found on the SAVAHCS intranet.**

**Annual Leave (AL)**

**-**You get 13 days per year, accumulates over time (4 hours per pay period) and rolls over to the next year.

**-**Must be avoided at all costs while you’re assigned to clinic, especially if on PGY-1/PGY-2/PGY-3 call.

-Plan vacations in advance! Work with chief resident when making next year’s schedule so your vacations align with downtown surgery rotation.

-Requests must be submitted in writing to all attendings and Mary at least 30 days in advance

-Must be entered by you in VATAS once approved

**Sick Leave (SL)**

-You get 13 days per year, accumulates over time (4 hours per pay period) and rolls over to the next year.

-Used for sick days, emergency leave, medical appointments

-Must be entered by you in VATAS, can be entered by timekeeper if it’s payroll processing Friday

**Authorized Absence (AA)**

**-**Used for work-related business that causes you to be absent from work

-Mainly used for exams, conferences, jury duty

-Must be entered by you as early as possible, at least 30 days in advance

-Must have AA approved if you want GME to reimburse you for costs of attending conferences

-Generally requires proof or receipts of some kind

**Leave Without Pay (LWOP) and Family Medical Leave Act (FMLA)**

**-**These are reserved for unique circumstances

-Requires approval by Human Resources

-Must be discussed with Program Director

If you have any questions please ask Mary Miller, the SCL timekeeper, or your attendings.

Valarie N. Samoy, DPM Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAVAHCS PMSR/RRA

Program Director Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC/Resident Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| --- | --- |
|  | In Reply Refer To: 678/2-112 |
|  |  |

PODIATRIC MEDICINE AND SURGERY RESIDENCY (PMSR/RRA) TRAINING PROGRAM CONTRACT

The Southern Arizona Veterans Affairs Health Care System (hereafter called “SAVAHCS”), having agreed to sponsor and direct a Podiatric Medicine and Surgery Residency (PMSR/RRA) Training Program, hereby enters into a contract with \_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereafter called the “RESIDENT,” subject to the following terms:

SAVAHCS AGREES:

1. To employ the RESIDENT for a 12-month period commencing on **July 1, 20xx** and ending on **June 30, 20xx** and to pay him/her an annual salary of **$\_\_\_\_\_\_\_\_\_\_\_\_** (subject to appropriation by Congress).

2. That upon successful completion of each 12 month period, the RESIDENT will pass on to the next year of training, culminating in a maximum of 36 months of residency training. Each year of training is subject to selection based upon performance and comparison to his/her peers. The three years of training are classified as a PGY1 (1st year), PGY2 (2d year), and a PGY3 (3d year), by the Council of Podiatric Medical Education. A resident may enter this process at any level.

3. To provide instruction and training to augment the knowledge of the RESIDENT in the field of podiatric medicine and surgery.

4. To define the duties and privileges of the RESIDENT. (See Resident Program Manual Pages 20-28)

5. To provide professional liability insurance to the resident while acting within the scope of his/her employment as a resident. Residents are covered by the VA under the “Federal Tort Claims Act.”

6. To furnish the RESIDENT with a printed copy of a general schedule and program curriculum at the beginning of the residency program. (See Resident Program Manual Pages 13-14)

7. To allow the RESIDENT up to 13 days of paid vacation, subject to prior approval by the Director of Podiatric Medical Education. To provide up to 13 days of sick leave to the RESIDENT during the employment period.

(See Resident Program Manual Page 28)

8. To present an appropriate certificate to the RESIDENT upon satisfactory completion of the residency program. The reconstructive rearfoot/ankle credential is offered.

9. To provide funding for the following: registration for Podiatry Residency Resource (PRR), registration for the American Board of Podiatric Medicine (ABPM) Modules 1-5 In-Training Exam, and registration for the American Board of Foot and Ankle Surgery (ABFAS) In-Training Exam.

THE RESIDENT AGREES:

1. To serve as a resident in podiatric medicine and surgery during the entire period specified in this contract.

1. To perform to the best of his/her ability all assigned duties and to maintain such standards of competence, as determined by CPME 320/330, and SAVAHCS and to behave in a professional manner at all times.

678/2-112

SUBJECT: PODIATRIC MEDICINE AND SURGERY RESIDENCY (PMSR/RRA) TRAINING PROGRAM CONTRACT

3. To observe all the rules and regulations of the CPME 320/330, Department of Veterans Affairs, SAVAHCS, the medical staff, Surgical Care Line, and the policies and procedures of the Podiatry Service.

4. To engage, during the period of this CONTRACT, only in such activities of a professional nature as are appropriate to the residency program and are approved by SAVAHCS.

5. To refrain, during the period of this contract, from engaging or participating in any activities that would interfere with the effective performance of all assigned duties and responsibilities.

6. Not to accept a fee in any form from patients, staff, or others without prior approval from the Director of Podiatric Medical Education.

THE PARTIES FURTHER AGREE:

1. That this CONTRACT may be terminated at any time by mutual consent.

2. That if the RESIDENT fails to perform satisfactorily any obligations under this CONTRACT or is considered to have committed any major or repeated minor infractions thereof, SAVAHCS may terminate the CONTRACT upon written notice.

3. That the Director of SAVAHCS shall make the final determinations as to whether to dismiss a resident for just cause and that there shall be no further opportunity for appeal of that decision.

4. That if SAVAHCS loses approval of the podiatric residency program during the period of this CONTRACT the RESIDENT shall be notified promptly and be released from this CONTRACT as of the effective date of loss of approval.

5. That SAVAHCS is not responsible for the payment of membership dues in any professional organizations for the RESIDENT.

6. That this CONTRACT shall become effective on the date indicated below.

IN WITNESS WHEREOF, THE PARTIES to this agreement have executed this

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **20xx**.

Effective Date: **July 1, 20xx**

RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DPM PGY**

Director, Podiatric Medical Education Associate Chief of Staff for EDU/DEO

SAVAHCS SAVAHCS

Director

SAVAHCS

**SAVAHCS RESIDENT REQUIREMENTS FOR PMSR/RRA**

**RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
|  | PGY 1 | | PGY 2 | | PGY 3 | |
| All Rotations | Dates: |  | Dates: |  | Dates: |  |
| Anatomic & Cellular Pathology | Dates: |  |  |  |  |  |
| Anesthesiology | Dates: |  |  |  |  |  |
| Behavioral Science | Dates: |  |  |  |  |  |
| Education & Research  Methodology | Dates: |  | Dates: |  | Dates: |  |
| Emergency Medicine | Dates: |  | Dates: |  |  |  |
| General Surgery | Dates: |  |  |  |  |  |
| Infectious Disease | Dates: |  |  |  |  |  |
| Limb Salvage/Podiatric Surgery | Dates: |  | Dates: |  | Dates: |  |
| Medical Imaging | Dates: |  |  |  |  |  |
| Medicine | Dates: |  |  |  |  |  |
| Podiatry Private Practice/Podopediatrics |  |  | Dates: |  | Dates: |  |
| Podiatric Medicine | Dates: |  | Dates: |  | Dates: |  |
| Podiatric Surgery PGY 1/2/3 | Dates: |  | Dates: |  | Dates: |  |
| Prosthetics Lab (VA) | Dates: |  | Dates: |  | Dates: |  |
| Podiatry PAVE | Dates: |  | Dates: |  | Dates: |  |
| Rheumatology | Dates: |  |  |  |  |  |
| Endocrinology | Dates: |  |  |  |  |  |
| Vascular Surgery | Dates: |  |  |  |  |  |
| Orthopedic Surgery |  |  | Dates: |  | Dates: |  |
| Residency Survey Evaluation | Dates: |  | Dates: |  | Dates: |  |
| Faculty Survey | Dates: |  | Dates: |  | Dates: |  |
| **ELECTIVES** | | | | | | |
| Dermatology | Dates: |  |  |  |  |  |
| Neurology | Dates: |  |  |  |  |  |
| Plastic Surgery | Dates: |  |  |  |  |  |
| Interventional Radiology | Dates: |  |  |  |  |  |

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

**VALARIE N. SAMOY, DPM**

**Residency Program Director**

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**Attending Signature Print Name (Attending)**

**SAVAHCS Podiatric Medicine and Surgery Residency (PMSR/RRA) Evaluation**

**Training Competencies**

The objective of the SAVAHCS PMSR/RRA Program is to provide the resident with the education and training necessary to acquire the experience and develop the skills and attitudes to assure the competence and judgment expected of today’s podiatric specialist.

*The major competencies to be achieved by the residents in this program are:*

a. Acquire an understanding of system diseases, their treatment prognosis, and prevention of complications.

b. Increase ability in examination, diagnosis, and recognition of abnormalities, diseases, and conditions of the foot and related structures of the pedal manifestations and system disease.

c. Acquire knowledge of podiatric roentgenology.

d. Develop and exercise good surgical judgment.

e. Develop understanding of the value and indications for hospitalization of patients requiring podiatric services.

f. Acquire knowledge and experience adequate for evaluation of the patient’s physical ability to undergo general or local anesthesia for pedal surgery and for the administration of the local anesthesia.

g. Increase knowledge and experience in the prevention of shock during podiatric operations and in the treatment of the patient when shock occurs.

h. Acquire experience in the management and treatment of patients who may hemorrhage during or following podiatric surgery.

i. Acquire experience in the examination, diagnosis, and treatment of abnormalities of the lower extremities affecting posture and gait.

j. Increase experience in the understanding of the pathology and treatment of benign and malignant tumors.

k. Increase experience in the examination, diagnosis, and treatment of injuries affecting the foot such as fractures, laxation, and subluxation.

l. Increase experience in the application of pharmacology and therapeutics.

m. Acquire experience in the management of post-operative care and potential complications of therapy.

n. Improve skills in the techniques of casting, making models and fabrication of prosthetic or other appliances used in caring for pedal conditions.

o. Acquire more experience in the application of clinical laboratory procedures, their evaluation, and interpretation.

p. Improve knowledge of hospital protocol.

q. Develop a greater appreciation of the utilization of consultative services.

r. Obtain additional experience in physical rehabilitation and trauma pertaining to the field of podiatry.

s. Acquire skills in all phases of foot surgery, including surgical treatment of trauma and forefoot/rear foot reconstruction.

t. Acquire experience in muscular and neurological evaluation.

u. Acquire experience and develop knowledge of good podiatric practice management.

v. Develop skills in performing complete comprehensive history and physicals.

w. Develop and practice skills of public speaking.

x. Increase writing abilities through authoring of articles.

y. Develop skills in palliative care.

z. Receive formal training in Cardiopulmonary Resuscitation and Advanced Cardiac Life Support.

These are by no means all inclusive. Please refer to the documents that follow for specifics.

**Attitudinal and Other Non-Cognitive Competencies**

There are several competencies that by their very nature fit into the overall practice of medicine and do not reside in any one rotation. The content of this material is delivered and will be evaluated in the following areas.

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

a. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery. (All rotations, logs and augment with didactic lecture)

b. Practice and abide by the principles of informed consent. (Podiatric Medicine and Surgery)

c. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees. (All rotations)

d. Demonstrate professional humanistic qualities. (All rotations)

e. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs. (All rotations)

f. Abide by a dress code that reflects a professional work environment:

* In general, it’s useful to ask yourself the question, “How do I want my doctor or my family’s doctor to dress when I or my family members are hospitalized or seeing me as a patient?”
* Here are some guidelines:
  + - * 1. Open toe shoes can be dangerous, conflict with OSHA guidelines, and are not appropriate for the hospital.
        2. Legs should be covered---socks, stockings, pants, whatever.
        3. Your best and most conservative judgment should be used regarding tank tops, short skirts, hip huggers, and tight pants. If in doubt—wear something else. Exposed midriffs and blue jeans are not appropriate.
        4. Scrubs are very appropriate on call and in the ICU where things can get very busy and many procedures are being done.

2. Communicate effectively and function in a multi-disciplinary setting.

1. Communicate in oral and written form with patients, colleagues, payers, and the public. (All rotations)

2. Maintain appropriate medical records. (All rotations)

3. ***Phones will be carried, operable and answered at all times. Cell phones have replaced pagers.***

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

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

b. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one’s patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one’s own. (All rotations)

c. Demonstrate an understanding of public health concepts, health promotion, and disease prevention. (All rotations)

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

a. Demonstrate familiarity with utilization management and quality improvement. (All rotations augment with didactic lecture)

b. Understand healthcare reimbursement. (Private practice)

c. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation. (Private practice)

d. Understand medical-legal considerations involving healthcare delivery. (All rotations augment with didactic lecture)

e. Demonstrate understanding of common business practices. (Private practice)

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

a. Read, interpret, and critically examine and present medical and scientific literature. (Journal Club/education program)

b. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery. (Journal Club/education program)

c. Demonstrate information technology skills in learning, teaching, and clinical practice. (Journal Club/education program)

d. Participate in continuing education activities. (Journal Club/education program)

**PMSR/RRA**

**ROTATION**

**COMPETENCIES**

**EVALUATIONS**

**FACULTY ROTATIONS**

**RESIDENT ROTATIONS**

***1 of 3***

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

All Rotations

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**1. Required Competencies:**

1. Prevent, diagnose, and manage diseases, disorders,

and injuries of the pediatric and adult lower extremity. 1 2 3 4 5

1. Assess and manage the patient’s general medical status. 1 2 3 4 5
2. Practice with professionalism, compassion, and concern

in a legal, ethical, and moral fashion. 1 2 3 4 5

1. Communicate effectively and function in a multi-disciplinary

setting. 1 2 3 4 5

1. Manage individuals and populations in a variety of socio-

economic and healthcare settings. 1 2 3 4 5

1. Understand podiatric practice management in a multitude

of healthcare delivery settings. 1 2 3 4 5

1. Be professionally inquisitive, life-long learners and teachers

utilizing research, scholarly activity, and information

technologies to enhance professional knowledge and

clinical practice. 1 2 3 4 5

**2.. Attitudinal and Patient Management Competencies:**

1. Accepts criticism constructively. 1 2 3 4 5
2. Continued self-study and literature review. 1 2 3 4 5
3. Punctuality, attendance and appearance. 1 2 3 4 5
4. Charting and dictation and record keeping. 1 2 3 4 5

*2 of 3*

1. Interpersonal relations with peers and other health providers. 1 2 3 4 5
2. Communicate in oral and written form with patients,

colleagues, payors, and the public. 1 2 3 4 5

1. Abide by state and federal laws, including the Health

Insurance Portability and Accountability Act (HIPAA),

governing the practice of podiatric medicine and surgery. 1 2 3 4 5

1. Practice and abide by the principles of informed consent. 1 2 3 4 5
2. Understand and respect the ethical boundaries of interactions

with patients, colleagues, and employees. 1 2 3 4 5

1. Demonstrate professional humanistic qualities. 1 2 3 4 5
2. Demonstrate ability to formulate a methodical and

comprehensive treatment plan with appreciation of healthcare

costs. 1 2 3 4 5

1. Demonstrate an understanding of the psychosocial and

healthcare needs for patients in all life stages; pediatric

through geriatric. 1 2 3 4 5

1. Demonstrate sensitivity and responsiveness to cultural

values, behaviors, and preferences of one’s patients when

providing care to persons whose race, ethnicity, nation of

origin, religion, gender, and/or sexual orientation is/are

different from ones’ own. 1 2 3 4 5

1. Demonstrate an understanding of public health concepts,

health promotion, and disease prevention. 1 2 3 4 5

1. Demonstrate familiarity with utilization management and

quality improvement. 1 2 3 4 5

***Evaluator’s Comments:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*3 of 3*

*Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature

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Printed Name

*Resident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Anatomic and Cellular Pathology

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**1. Overall Competency:**

The resident will become proficient in, or familiar with, those areas of clinical pathology necessary for the diagnosis and treatment of lower extremity conditions by medical and surgical means. Especially, in the areas of anatomic and cellular pathology. This rotation will include lab identification.

**2. Specific Competencies for Rotation:**

1. Resident will become proficient in the use of the clinical lab.
2. Know protocol for ordering lab tests. 1 2 3 4 5
3. Know protocol for the collection and handling of

specimens. 1 2 3 4 5

1. Review normal ranges of the test results. 1 2 3 4 5
2. Interpret lab results. 1 2 3 4 5
3. Resident will become proficient in the elements of clinical

microbiology necessary to treat infections of the lower extremity.

1. Obtain culture specimens. 1 2 3 4 5
2. Perform gram stain. 1 2 3 4 5
3. Review properties of common viral, mycotic, and

bacterial pathogens. 1 2 3 4 5

2 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Anatomic and Cellular Pathology

1. Resident will become familiar with the elements of anatomic

pathology necessary for diagnosis and treatment of lower

extremity conditions.

1. Know proper techniques of obtaining and handling tissue

specimens. 1 2 3 4 5

1. Know appropriate use of frozen sections. 1 2 3 4 5
2. Identify grossly and microscopically normal and abnormal

tissues. 1 2 3 4 5

1. Review the following pathologic specimens: 1 2 3 4 5

- Neuromas - Crystals

- All types of cysts - Nail matrix

- Infected bones - Nevi and melanoma

- Rheumatoid nodules - Gangrene

- Verrucae - Kaposi sarcoma

- Degenerative cartilage and synovium - Abscesses

***Evaluator’s Comments****:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Anatomic and Cellular Pathology

*Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Anesthesiology

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Formulate and implement an appropriate plan of

management, including: appropriate anesthesia management

when indicated. 1 2 3 4 5

1. Formulate and implement an appropriate plan of management,

including: appropriate anesthesia management when indicated,

including: general, spinal, epidural, regional, and conscious

sedation anesthesia. 1 2 3 4 5

1. Assess and manage the patient’s general medical status.

Perform and interpret the findings of a comprehensive medical

history and physical examination including preoperative history

and physical examination and vials. 1 2 3 4 5

1. Comprehensive physical examination including: head, eyes,

ears, nose, and throat (HEENT), heart, lungs, chest/breast,

abdomen, genitourinary, rectal, upper extremity and

neurological examination. 1 2 3 4 5

1. Assess and manage the patient’s general medical status.

Formulate an appropriate differential diagnosis of the patient’s

general medical problem(s), which includes diagnoses in the

ICD-9 formula. 1 2 3 4 5

1. Recognize the need for (and/or orders) additional diagnostic

studies, when indicated, including: EKG, chest x-ray or other

diagnostic studies. 1 2 3 4 5

1. Formulate and implement an appropriate plan of

management, when indicated, including: appropriate

therapeutic intervention. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Anesthesiology

***Evaluator’s Comments:***

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

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*Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Behavioral Science

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform and interpret the findings of a comprehensive

medical history and physical examination. 1 2 3 4 5

1. Utilizes effective methods to modify behavior and enhance

compliance. 1 2 3 4 5

1. Knows how to proceed when a patient refuses a recommended

intervention or requests ineffective or harmful treatment. 1 2 3 4 5

1. Demonstrate ability to recognize mental aberration. 1 2 3 4 5
2. Demonstrate knowledge of most commonly encountered

mental disorders. 1 2 3 4 5

1. Demonstrate knowledge of appropriate treatments for mental

illness. 1 2 3 4 5

1. Demonstrate knowledge to recognize the social, emotional

and environmental factors that impede effective treatment

and management of ambulatory patients. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Behavioral Science

***Evaluator’s Comments:***

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Printed Name

*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Education and Research METHODOLOGY

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**1. Overall Competency:**

The resident will become proficient in the skills necessary to display competence in the practice of Podiatric Medicine as well as understand basic statistical analysis as it pertains to publications.

**2. Specific Competencies for Rotation:**

1. Participate in yearly Journal Club topic - Basics in Statistical

Analysis and Research. 1 2 3 4 5

1. Discuss the pros and cons of the statistics in a peer reviewed

article pertaining to weekly Journal Club topic. 1 2 3 4 5

1. Complete the University of Arizona IRB training requirements

for protection of human research subjects which includes CITI

(Collaborative Institution Training Initiative) training. 1 2 3 4 5

1. Complete appropriate IRB and VA Research and Development

Committee proposal forms and attain approval for study. 1 2 3 4 5

1. Develop a research topic, review the literature and prepare a

quality paper that must be submitted for publication in a peer-

reviewed journal. 1 2 3 4 5

1. Attend monthly VA research conference sponsored by the

Biomedical Research and Education Foundation. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Education and Research

***Evaluator’s Comments****:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Emergency Medicine

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Understands and appreciates the principles of general

emergency medicine and emergency room protocol. 1 2 3 4 5

1. Recognize and be able to assist in the care of acute systemic

emergencies (i.e., cardiac arrest, diabetic coma, insulin

reactions, etc.). 1 2 3 4 5

1. Handling of common emergencies with emphasis on the lower

extremity (i.e., dirty and infected wounds, burns, lacerations,

fractures, etc.). 1 2 3 4 5

1. Handling or orthopedic emergencies with emphasis on the

lower extremity. 1 2 3 4 5

1. Perform and interpret the findings of a comprehensive medical

history and physical examination of the emergency room

patient, including:

1. Comprehensive medical history. Including chief complaint,

review of systems history of present illness, social and

family history. 1 2 3 4 5

1. Comprehensive physical examinations, including vital signs

and physical examination including: HEENT, neck,

chest/breast, heart, lungs, abdomen, genitourinary, rectal,

extremities, and neurologic examination. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Emergency Medicine

***Evaluator’s Comments****:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Endocrinology

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

INTRODUCTION: The VA Endocrine rotation is four weeks and will be completed during the ER rotation. Thursday morning is the busiest clinic and you should be available to participate. Please review all up-to-date sections on diabetes and foot, infection, management, and perioperative care of patients. The required reading also includes the general text book, Kronenberg: Williams Textbook of Endocrinology, 11th Edition online at MD Consult.

**1. Overall Competency:**

The resident will become familiar with the clinical evaluation and treatment of common endocrine disorders. Particularly the management of Diabetes Mellitus in an outpatient, inpatient, and perioperative setting.

**2. Specific Competencies for Rotation:**

a. Resident will become familiar with the presentation and

treatment of the following:

1. Develop a plan for the treatment of Diabetes Mellitus

Types 1 and 2. 1 2 3 4 5

1. Develop skills to diagnose and treat acute and chronic

complications of DKA, HHS, and hypoglycemia. 1 2 3 4 5

1. Manage diabetes using diet, oral anti-diabetic agents and

Insulin administration. 1 2 3 4 5

1. Refer appropriately and timely to dietary, optometry,

ophthalmology, and diabetic education. 1 2 3 4 5

1. Apply monitoring methodologies properly to include home

glucose monitoring. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Endocrinology

b. Resident will become familiar with the diagnosis, treatment, and management of the

following conditions:

1. Thyroid disorders. 1 2 3 4 5
2. Lipid disorders. 1 2 3 4 5
3. Hypertension. 1 2 3 4 5
4. Adrenal disorders. 1 2 3 4 5
5. Pituitary disorders. 1 2 3 4 5
6. Gonadal dysfunction. 1 2 3 4 5
7. Calcium disorders. 1 2 3 4 5

***Evaluator’s Comments****:*

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Residency Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

General Surgery

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific competencies for Rotation:**

1. Assess and manage the patient’s general medical status.

Perform and interpret the findings of a comprehensive medical

history and physical examination including preoperative history

and physical examinations. 1 2 3 4 5

1. Perform and interpret the findings of a comprehensive medical

history and physical examination (including preoperative

history and physical examination) including: 1 2 3 4 5

* Vital signs
* Head, eyes, ears, nose, and throat (HEENT)
* Chest/breast
* Heart
* Lungs
* Abdomen
* Genitourinary
* Rectal
* Musculoskeletal
* Neurologic examination

1. Formulate an appropriate differential diagnosis of the patient’s

general medical problem(s). 1 2 3 4 5

2 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

General Surgery

1. Recognize the need for (and/or orders) additional diagnostic

studies, when indicated, including: medical imaging which

includes: 1 2 3 4 5

* CXR
* Pulmonary function tests
* EKG
* Hematology
* Pathology
* MRI/CT
* Plain radiography

1. Understands principles of perioperative management including

fluid and electrolyte balance, pain management and blood

and/or component therapy. 1 2 3 4 5

1. Demonstrates proficient sterile techniques within the

operating room. 1 2 3 4 5

1. Recognizes “at-risk” surgical patients and be knowledgeable

of necessary cautions which should be taken. 1 2 3 4 5

1. Able to recognize postoperative and/or intra-operative

complications and treatments available. 1 2 3 4 5

1. Demonstrates knowledge of the indications and

contraindications of various amputation levels. 1 2 3 4 5

3 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

General Surgery

***Evaluator’s Comments****:*

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

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*Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Residency Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Infectious Disease

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform and interpret the findings of a thorough problem-

focused history and physical exam on a patient being

evaluated for infectious disease, including problem focused

history and where appropriate vascular, neurologic musculo-

skeletal and dermatologic examination. 1 2 3 4 5

1. Order and interpret appropriate laboratory studies, i.e.,

hematology, blood chemistries, cultures, urinalysis,

serology/immunology. 1 2 3 4 5

1. Order and interpret appropriate diagnostic modalities, i.e.,

nuclear medicine imaging, MRT, CT, vascular imaging. 1 2 3 4 5

1. Can interpret culture and sensitivity results, as well as

properly collecting culture specimens. 1 2 3 4 5

1. Knowledgeable in the performance and procedures of

bacteriological testing, (i.e., gram stains, cultures), in the

bacteriology laboratory. 1 2 3 4 5

1. Understands antibiotic therapy, both oral and parental, in both

the normal and compromised patient, including drug

pharmacology, potential interactions with other medication,

side effects, and cost factors. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Infectious Disease

***Evaluator’s Comments****:*

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# *Southern Arizona Veterans Affairs Health Care System* 1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Interventional Vascular Radiology

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Knowledgeable in the appropriate evaluation of patients

with peripheral vascular disorders, including the ordering

of noninvasive and invasive vascular tests. 1 2 3 4 5

1. Knowledgeable in the performance and interpretation of

non-invasive vascular testing techniques, i.e., dopper, duplex

dopper, etc. 1 2 3 4 5

1. Understands and appreciates the performance and interpreta-

tion of invasive vascular testing, i.e., angiography. 1 2 3 4 5

1. Understands and appreciates the various types of intervene-

tional revascularization techniques, i.e., angioplasty, stenting,

thrombolysis, etc. 1 2 3 4 5

1. Understands and appreciates the protocol of managing

patients pre and post – interventional revascularization. 1 2 3 4 5

*Southern Arizona Veterans Affairs Health Care System* 2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Interventional Vascular Radiology

***Evaluator’s Comments****:*

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*Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*VALARIE N. SAMOY, DPM*

MDM210901

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Limb Salvage / Podiatric Surgery

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Proficiency in the various techniques of soft tissue coverage,

i.e., skin grafts, vascular flaps, etc. 1 2 3 4 5

1. Knowledgeable in the more advanced surgical techniques and

procedures involved in plastic surgery, including atraumatic

tissue handling, suturing techniques and instrumentation. 1 2 3 4 5

1. Knowledgeable in the comprehensive team approach to

medical and surgical management of diabetic foot ulcers. 1 2 3 4 5

1. Management of basic and complex wounds and infections. 1 2 3 4 5
2. Perform and interpret the findings of a comprehensive medical

history and physical examination, including:

1. Comprehensive medical history. Including chief complaint,

review of systems history of present illness, social and

family history. 1 2 3 4 5

1. Comprehensive physical examinations, including vital signs

and physical examination including: HEENT, neck,

chest/breast, heart lungs, abdomen, genitourinary, rectal,

extremities, neurologic examination. 1 2 3 4 5

1. Recognize the need for, and the appropriate ordering and

interpretation of additional diagnostic studies, including

appropriate medical imaging and vascular studies (both

invasive and non-invasive). 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Limb Salvage / Podiatric Surgery

1. Management of preoperative and postoperative plastic surgical

patients, including medical management of inpatients with

complex medical problems, i.e., diabetes, renal and cardiac

disease, neuropathy, vascular disorders, etc. 1 2 3 4 5

***Evaluator’s Comments****:*

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1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Medical Imaging

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: plain radiography. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: radiographic contrast studies. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: stress radiography. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: nuclear medicine imaging. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: MRI. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: CT. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: diagnostic ultrasound. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: vascular imaging. 1 2 3 4 5

1. Recognize basic chest film pathology such as pulmonary

edema and cardiomegally. 1 2 3 4 5

1. Recognize and become familiar with various bone and soft

tissue tumors/masses. 1 2 3 4 5

1. Recognize the need for (and/or orders) additional diagnostic

medical imaging studies when necessary. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Medical Imaging

1. Demonstrates the ability to communicate effectively and

function in a multi-disciplinary setting. 1 2 3 4 5

1. Assess and manage the patient’s general medical status. 1 2 3 4 5

***Evaluator’s Comments****:*

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1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Medicine

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform and interpret the findings of a comprehensive

medical history and physical examination, including:

1. Comprehensive medical history. Including chief

complaint, review of systems history of present illness,

social and family history. 1 2 3 4 5

1. Comprehensive physical examination, including vital signs

and physical examination including: HEENT, neck,

chest/breast, heart, lungs, abdomen, genitourinary, rectal,

extremities, and neurologic examination. 1 2 3 4 5

1. Order and interpret appropriate laboratory tests as appropriate,

based on presenting medical history and clinical findings. 1 2 3 4 5

1. Pharmacologic management of patients including the proper

ordering of medications, being fully cognitive of indications,

dosages, interactions, side effects and anticipated results. 1 2 3 4 5

1. Recognize the need for, and the appropriate ordering and

interpretation of additional diagnostic studies, including EKGs,

medical imaging, vascular studies and laboratory studies. 1 2 3 4 5

1. Interpret and evaluate EKGs. 1 2 3 4 5
2. Utilize information obtained from the history and physical

examination and ancillary studies, after appropriate investiga-

tion, observation, and judgment, to arrive at an appropriate

differential diagnosis and treatment plan. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Medicine

***Evaluator’s Comments****:*

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1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Orthopedics

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform and interpret the findings of a comprehensive

pre-operative medical history and physical examination,

including where appropriate:

1. Comprehensive medical history. Including chief complaint,

review of systems history of present illness, social and

family history. 1 2 3 4 5

1. Comprehensive physical examination, including vital signs

and physical examination including: HEENT, neck,

chest/breast, heart, lungs, abdomen, extremities, and

neurologic examination. 1 2 3 4 5

1. Perform and interpret the findings of a thorough problem-

focused history and physical exam on orthopedic patients,

including problem focused history, and where appropriate

vascular, neurologic and musculoskeletal examination. 1 2 3 4 5

1. Pharmacologic management of orthopedic patients, including

the proper ordering of medications, being fully cognitive of

indications, dosages, interactions, side effects and anticipated

results. 1 2 3 4 5

1. Recognize the need for, and the appropriate ordering and

interpretation of additional diagnostic studies, including EKG,

medical imaging, and laboratory studies. 1 2 3 4 5

1. Proficiency in principles of surgery, including suturing

techniques, atraumatic tissue handling, and instrumentation,

especially as it pertains to orthopedic surgery. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Orthopedics

1. Knowledgeable in orthopedic techniques and instrumentation,

i.e., AO/ASIF technique, fixation techniques, external fixation,

total joint implant arthroplasty, bone grafting. 1 2 3 4 5

1. Understands the principles of care of trauma patients, with

emphasis on the lower extremity. 1 2 3 4 5

1. Able to apply the principles and techniques required in

the management of fractures, with emphasis on the lower

extremity. 1 2 3 4 5

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***Evaluator’s Comments****:*

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*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and 1 OF 2*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatry Medicine/Surgery-Private Practice Rotation

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies to Develop for this Rotation:**

1. Interpersonal relationships. 1 2 3 4 5
2. Compliance with attending’s protocol. 1 2 3 4 5
3. Ability to interpret x-rays. 1 2 3 4 5
4. Ability to formulate surgical plan. 1 2 3 4 5
5. Knowledge of surgical procedures. 1 2 3 4 5
6. Knowledge of perioperative medical management. 1 2 3 4 5
7. Availability. 1 2 3 4 5
8. Attendance and punctuality. 1 2 3 4 5
9. Appearance and manners. 1 2 3 4 5
10. Ability to accept constructive criticism. 1 2 3 4 5
11. Willingness to accept responsibility. 1 2 3 4 5

l. Has the capacity to manage a podiatric practice in a multitude

of health care delivery settings.

1. Demonstrate familiarity with utilization management and

quality improvement. 1 2 3 4 5

1. Understands health care reimbursement. 1 2 3 4 5
2. Understands medical-legal considerations involving health

care delivery. 1 2 3 4 5

Podiatry Medicine/Surgery-Private Practice Rotation

1. Demonstrate understanding of common business practices. 1 2 3 4 5

m. Be professionally inquisitive, lifelong learners and teachers

utilizing research, scholarly activity and information technologies

to enhance professional knowledge and clinical practice.

1. Reads, interprets, critically examines, and presents medical

and scientific literature. 1 2 3 4 5

1. Designs, collects, interprets data and presents the findings

in a formal study related to podiatric medicine and surgery. 1 2 3 4 5

1. Demonstrates information technology (IT) skills in learning,

teaching, and clinical practice. 1 2 3 4 5

***Impressions and Comments:***

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1 of 4

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatric Medicine

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Prevent, diagnose, and manage diseases, disorders, and

injuries of the pediatric and adult lower extremity by

non-surgical (educational, medical, physical, biomechanical)

and surgical means. Perform and interpret the findings of a

thorough problem-focused history and physical exam. 1 2 3 4 5

1. Perform and interpret the findings of a thorough problem-

focused history and physical exam:

1. Neurologic examination. 1 2 3 4 5
2. Vascular examination. 1 2 3 4 5
3. Dermatologic examination. 1 2 3 4 5
4. Musculoskeletal examination. 1 2 3 4 5
5. Perform and interpret the findings of a comprehensive medical

examination (including preoperative H&P) that include, vital

signs, HEENT, chest/breast, heart, lungs, abdomen, genitor-

urinary, rectal, neurologic, and musculoskeletal. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

medical imaging studies including plain radiography, nuclear

medicine, CT/MRI. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

laboratory tests including, hematology, pathology/microbiology

(anatomic and cellular), serology, KOH/DTM, synovial analysis. 1 2 3 4 5

2 of 4

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatric Medicine

1. Perform (and/or order) and interpret appropriate diagnostic

studies including: electro-diagnostic studies and non-invasive

vascular studies. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate examinations

including: biomechanical examination of the podiatric patient. 1 2 3 4 5

1. Prevent, diagnose, and manage diseases, disorders, and

injuries of the pediatric and adult lower extremity by non-

surgical (educational, medical, physical, biomechanical) and

surgical means. Formulate an appropriate diagnosis and/or

differential diagnosis. 1 2 3 4 5

1. Appropriate palliative management when indicated of

keratotic lesions. 1 2 3 4 5

1. Appropriate palliative management of diseased toenails:

manual or electric. 1 2 3 4 5

1. Formulate and implement an appropriate plan of management

including: foot wear and padding when indicated for the

podiatric patient. 1 2 3 4 5

1. Formulate and implement an appropriate plan of management

when indicated, including: orthotic, brace, prosthetic, and

custom shoe management. 1 2 3 4 5

1. Formulate and implement an appropriate plan of management

in the care of foot/ankle fractures/dislocations and sprains

including immobilization techniques of casting, splinting,

and taping. 1 2 3 4 5

1. Appropriate management when indicated for

manipulation/mobilization of the foot/ankle joint to increase

range of motion/reduce associated pain. 1 2 3 4 5

1. Formulate and implement an appropriate plan of management

with regards to anesthesia (local, MAC, general) for the

podiatric surgical patient. 1 2 3 4 5

1. Appropriate closed management of pedal fractures and

dislocations. 1 2 3 4 5

3 of 4

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatric Medicine

1. Appropriate closed management of ankle fracture/dislocation. 1 2 3 4 5
2. Formulate and implement an appropriate plan of management

when necessary to perform injections and aspirations. 1 2 3 4 5

1. Appropriate pharmacologic management including the use of

NSAIDs, narcotics, antibiotics, antifungals, sedatives/hypnotics,

muscle relaxants, laxatives, corticosteroids (all either PO,

IV/IM, topical). 1 2 3 4 5

1. Formulate and implement appropriate medical/surgical

management when indicated including:

1. Debridement of ulcer or wound. 1 2 3 4 5
2. Excision or destruction of skin lesion (including skin biopsy

and laser procedures). 1 2 3 4 5

1. Nail avulsion or matrixectomy (partial or complete, by any

means). 1 2 3 4 5

1. Repair of simple laceration (no neurovascular, tendon, or

bone/joint involvement) or complex (neurovascular, tendon,

or bone/joint involvement). 1 2 3 4 5

1. Formulate and implement an appropriate plan of management

including appropriate surgical management when indicated in:

1. Digital surgery. 1 2 3 4 5
2. First ray surgery. 1 2 3 4 5
3. Soft tissue foot surgery. 1 2 3 4 5
4. Osseous foot surgery (distal to the tarsometatarsal joints). 1 2 3 4 5
5. Osseous foot surgery of the midfoot. 1 2 3 4 5

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1. Reconstructive rear foot and ankle surgery. 1 2 3 4 5
2. Formulate and implement an appropriate plan of management,

including: appropriate consultation and/or referrals. 1 2 3 4 5

4 of 4

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatric Medicine

1. Able to asses the treatment plan and revise it as necessary

including appropriate lower extremity health promotion and

education. 1 2 3 4 5

***Evaluator’s Comments****:*

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatric Surgery – PGY1, PGY2, and PGY3

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Comprehensive knowledge in the basic principles of podiatric

surgery, including suturing techniques, sterile techniques,

fixation techniques, instrumentation, proper tissue handling,

hemostasis, and operating room protocol. 1 2 3 4 5

1. Understands and utilizes appropriate hospital protocol including

appropriate admission and discharge procedures, maintains

appropriate medical records, and adheres to hospital safety

measures. 1 2 3 4 5

1. Perform and interpret the findings of a thorough problem-

focused history and physical exam on podiatric patients,

including problem focused history, and where appropriate

vascular, dermatologic, neurologic and musculoskeletal

examination. 1 2 3 4 5

1. Evaluates a patient as to the appropriateness of a surgical

procedure, including the problem-focused history and physical,

along with review of laboratory and radiologic studies, and

performs a biomechanical examination where indicated. 1 2 3 4 5

1. Assessment of appropriateness of a surgical procedure

includes assessment of efficacy and potential complications

relating to procedure. 1 2 3 4 5

1. Demonstrates progressive competency in preoperative,

intraoperative, and postoperative assessment and

management of podiatric surgical cases. 1 2 3 4 5

2 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatric Surgery – PGY1, PGY2, and PGY3

1. Demonstrates progressive development of knowledge, attitude

and skills in performance of podiatric procedures by

performing as per CPME 320 requirements an appropriate

volume and diversity of cases and procedures in the categories

of digital surgery, first ray surgery, other soft tissue foot surgery,

other osseous foot surgery, and reconstructive rearfoot/ankle

surgery: 1 2 3 4 5

1. By end of first year the resident is expected to demonstrate

basic proficiency in the performance of forefoot surgery and

minor procedures of the rearfoot, i.e., 1 2 3 4 5

1. Soft tissue and nail procedures
2. Toe surgery
3. First ray procedures
4. Metatarsal procedures
5. Basic non-reconstructive midfoot-rearfoot procedures
6. A.O. fixation of the forefoot
7. Laser surgery
8. Debridement – wounds and soft-tissue
9. By the end of the second year, the resident is expected to

demonstrate increased proficiency in the first year

procedures and demonstrate basic proficiency in the

performance of more advanced procedures of the rearfoot

and ankle including but limited to: 1 2 3 4 5

1. Arthrodesis
2. Nerve decompressions
3. Tendon transfer and repair procedures
4. Osteotomies
5. Debridement – bone and soft-tissue
6. Flat foot surgery
7. Pes cavus surgery
8. Fracture repair – forefoot
9. A-O fixation – rearfoot

3 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatric Surgery – PGY1, PGY2, and PGY3

1. By the end of the third year, the resident is expected to

demonstrate increased proficiency in the performance of

first and second year procedures and demonstrate

proficiency in the performance of more advanced

procedures of the rearfoot and ankle including but not

limited to: 1 2 3 4 5

1. Arthrodesis – ankle
2. Midfoot and rearfoot fracture repair
3. Ankle fracture repair
4. Ankle arthroscopy
5. Diabetic foot reconstruction
6. Flat foot and cavus foot reconstruction
7. External fixation

***Evaluator’s Comments****:*

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*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatry PAVE / GRC Wound Care

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform and interpret the findings of a thorough problem-

focused history and physical exam, including: problem-

focused history related to lower extremity wounds. 1 2 3 4 5

1. Prevent, diagnose, and manage diseases, disorders, and

injuries of the adult lower extremity by non-surgical

(educational, medical, physical, biomechanical) and surgical

means. 1 2 3 4 5

1. Perform and interpret the findings of a thorough problem-

focused history and physical exam, including: vascular

examination, neurological, dermatologic and/or

musculoskeletal. 1 2 3 4 5

1. Understand principles of wound healing and management of

wounds including the diabetic wound and or trauma. 1 2 3 4 5

1. Understands and assesses the wound care patient including

various treatment options available (non-surgical and surgical). 1 2 3 4 5

1. Understand and able to utilize various wound care products in

the appropriate clinical setting and wound. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate medical

imaging studies including: plain radiography, nuclear, CT/MRI. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies including: vascular imaging. 1 2 3 4 5

1. Develops an understanding and knowledge regarding

hyperbaric oxygen therapy in the compromised wound and

various pathology useful in. 1 2 3 4 5

2 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatry PAVE / GRC Wound Care

1. Perform (and/or order) and interpret appropriate laboratory

tests, including: hematology blood chemistries 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including both anatomic and cellular pathology. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate laboratory

tests including: microbiology. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: non-invasive vascular studies (Doppler,

ABI, TCO2, etc). 1 2 3 4 5

1. Formulate an appropriate diagnosis and/or differential

diagnosis regarding the wound care patient. 1 2 3 4 5

1. Appropriate non-surgical management when indicated,

including: palliation of keratotic lesions. 1 2 3 4 5

1. Appropriate non-surgical/surgical management when

indicated, including: debridement of various ulcerations

superficial and deep. 1 2 3 4 5

1. Appropriate non-surgical/surgical management when indicated,

including treatment and or debridement of stasis ulcerations

and or other wounds. 1 2 3 4 5

3 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Podiatry PAVE / GRC Wound Care

***Evaluator’s Comments:***

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Signature

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Printed Name

*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 2

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Rheumatology

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform and interpret the findings of a thorough problem-

focused history and physical exam pertaining to patients with

various arthritic conditions. 1 2 3 4 5

1. Perform and interpret the findings of a comprehensive history

and physical exam pertaining to patients with various arthritic

conditions including: vital signs, HEENT, chest/breast, heart,

lungs, abdomen, genitourinary, rectal, neurological and

musculoskeletal. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies, including: medical imaging – plain film, nuclear

medicine, CT/MRI, ultrasound imaging. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies in various arthritic conditions, including laboratory tests

such as: hematology, serology, synovial analysis, UA, blood

chemistries. 1 2 3 4 5

1. Formulate appropriate diagnosis and/or differential diagnosis

in the rheumatologic patient. 1 2 3 4 5

1. Understands appropriate pharmacologic management of the

arthritic patient including the use of: NSAIDs, narcotics,

muscle relaxants, antihyperuricemic/uricosuric agents, and

corticosteroids. 1 2 3 4 5

1. Understands appropriate pharmacologic management

including the use of anti-rheumatic medications (PO, IV,

and SQ). 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Rheumatology

1. Formulate and implement an appropriate plan of management

including appropriate referral or consultations when necessary. 1 2 3 4 5

1. Practice with professionalism, compassion, and concern, in a

legal, ethical, and moral fashion. 1 2 3 4 5

***Evaluator’s Comments****:*

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*Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Vascular Surgery

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. Perform and interpret the findings of a thorough problem-

focused vascular history and physical examination. 1 2 3 4 5

1. Perform and interpret the findings of a comprehensive

medical history and physical examination (including pre-

operative history and physical examination) includes: vital

signs, HEENT, chest/breast, heart, lungs, abdomen, genitor-

urinary, rectal, neurologic, and musculoskeletal. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

studies including: vascular imaging and/or non-invasive

vascular studies. 1 2 3 4 5

1. Perform (and/or order) and interpret appropriate diagnostic

laboratory tests, including: hematology, blood chemistries,

and coagulation. 1 2 3 4 5

1. Assess and manage the patient’s general medical status.

Recognize the need for (and/or orders) additional diagnostic

studies, when indicated, including: EKG, CXR, etc. 1 2 3 4 5

1. Understands appropriate pharmacologic management in

vascular surgery/medicine including peripheral vascular

agents and anticoagulants. 1 2 3 4 5

1. Formulate and implement an appropriate plan of management,

including appropriate medical/surgical management when

indicated for ulcerations or wounds. 1 2 3 4 5

2 of 2

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Vascular Surgery

1. Able to assess and manage the patient’s general medical status.

Formulates an appropriate differential diagnosis of the patient’s

general medical problem(s), which includes diagnoses and/or

differential diagnosis. 1 2 3 4 5

1. Recognizes and able to medically manage superficial or deep

thrombophlebitis. 1 2 3 4 5

1. Understands and develops knowledge regarding amputations

of when/why to perform and at what level best performed. 1 2 3 4 5

1. Formulate and implement an appropriate plan of management,

when indicated, including: appropriate general medical health

promotion and education. 1 2 3 4 5

***Evaluator’s Comments****:*

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Printed Name

*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name*Residency*

*Program Residency Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Prosthetics/Orthotics Laboratory

(VA Prosthetics Clinic)

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the resident’s performance on the following learning objectives on a**

**scale of 1 – 5:**

**1=Demonstrates inadequate knowledge of the task**

**2=Demonstrates knowledge but is unable to perform**

**3=Performs only with constant direction**

**4=Performs with minimal direction**

**5=Performs the entire task independently**

**Specific Competencies for Rotation:**

1. The resident will become familiar with the casting, molding,

fabrication, fitting, and dispensing of lower extremity orthotic

and prosthetic devices. 1 2 3 4 5

1. Resident will become familiar with and know the indication

of all lower extremity prosthetics, orthotics, and therapeutic

shoes. 1 2 3 4 5

1. Resident will become familiar with the methods for obtaining

a negative mold of the patient’s foot.

1. Become proficient with the use of bio-foam impression

boxes. 1 2 3 4 5

1. Become proficient with the use of plaster casting

techniques. 1 2 3 4 5

1. Become proficient with the use of electronic scanning

devices. 1 2 3 4 5

1. Resident will become familiar with the methods for obtaining

the positive mold of the patient’s foot, and fabrication of an

orthotic from this mold.

1. Become proficient at pouring plaster positive molds of the

patient’s foot. 1 2 3 4 5

1. Become proficient at modifications of positive molds. 1 2 3 4 5

2 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Prosthetics/Orthotics Laboratory

(VA Prosthetics Clinic)

1. Recognize different materials needed for different

pathology. 1 2 3 4 5

1. Use of materials to produce a functional or

accommodative orthotic. 1 2 3 4 5

1. Become proficient with the use of a vacuum press. 1 2 3 4 5
2. Understand the function and safety of power equipment

required to produce orthotics. 1 2 3 4 5

1. Resident will become proficient at fitting and dispensing lower

extremity orthotics, prosthetics, and shoe devices to include

patient education.

1. Resident will be proficient at fitting the orthotic device to

the patient and within the patients shoe gear. 1 2 3 4 5

1. Resident will understand when modifications are

necessary and become proficient at making these

modifications. 1 2 3 4 5

1. Resident will become familiar with the attached list of

orthotic and prosthetic devices and tasks below:

AFO 1 2 3 4 5

KAFO 1 2 3 4 5

FO 1 2 3 4 5

CROW 1 2 3 4 5

Tibial Fracture Brace 1 2 3 4 5

Diabetic Neuropathic Shoes 1 2 3 4 5

Custom Molded Shoe 1 2 3 4 5

Compression Hose 1 2 3 4 5

FES for Foot Drop 1 2 3 4 5

Orthotic Fabrication & Modification 1 2 3 4 5

Specific & Correct Ordering Details 1 2 3 4 5

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3 of 3

*Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot and*

*Ankle Surgery (PMSR/RRA) Evaluation*

Prosthetics/Orthotics Laboratory

(VA Prosthetics Clinic)

***Evaluator’s Comments****:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name

*Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Printed Name

*Residency Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**SOUTHERN AZ VA HEALTH CARE SYSTEM**

**PODIATRIC MEDICINE AND SURGERY RESIDENCY WITH RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY (PMSR/RRA) ADJUNCT FACULTY EVALUATION**

Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Above Average | Good | Poor |
| 1. Faculty member has a broad knowledge base within his/her specialty or area of expertise. |  |  |  |  |
| 2. Faculty member makes time available for resident training. |  |  |  |  |
| 3. Faculty member supports the mission of the Residency Program. |  |  |  |  |
| 4. Faculty member participates actively in Journal Club and/or weekly Podiatry seminar. |  |  |  |  |
| 5. Faculty member available for after hours for emergent clinical consultation from residents. |  |  |  |  |
| 6. Faculty member actively participates in Residency review committee. |  |  |  |  |
| 7. Faculty member actively enhances curriculum by suggesting updates to modernize podiatric education. |  |  |  |  |
| 8. Faculty member participates in outside educational, clinical and speaking engagements. |  |  |  |  |
| 9. Faculty member maintains an unrestricted license to practice within their field. |  |  |  |  |
| 10. Faculty member participates in clinical, surgical, and faculty development continuing medical education. |  |  |  |  |
| 11. Faculty member maintains certifications within their specialty. |  |  |  |  |
|  |  |  |  |  |

1 of 2

**SOUTHERN AZ VA HEALTH CARE SYSTEM**

**PODIATRIC MEDICINE AND SURGERY RESIDENCY WITH RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY (PMSR/RRA) ADJUNCT FACULTY EVALUATION**

13. Is any discussion of performance needed with faculty member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. What suggestions from faculty member would improve the residency program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

James F. Dancho, DPM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Jodi Walters, DPM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

David Jolley, DPM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Valarie Samoy, DPM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

2 of 2

**SOUTHERN AZ VA HEALTH CARE SYSTEM**

**PODIATRIC MEDICINE AND SURGERY RESIDENCY WITH**

**RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY (PMSR/RRA)**

**ROTATION/SERVICE EVALUATION**

Rotation/Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | EXCELLENT | ABOVE AVERAGE | GOOD | POOR |
| 1. Number and variety of cases available. |  |  |  |  |
| 1. Availability of supervisors and/or consultants and clinic staff. |  |  |  |  |
| 1. Availability of training experiences. i.e. supervisory sessions, case presentations, reference material |  |  |  |  |
| 1. Responsiveness of the service to personal and   individual needs. |  |  |  |  |
| 1. Quality of supervision: Knowledge and help in selecting and administering appropriate podiatric treatment, help in interpreting x-rays, lab tests, etc. |  |  |  |  |
| 1. Physical conditions:   Space adequate?  Equipment available? |  |  |  |  |

7. What, if any, would you like to see added to this rotation/service/program? Why?

8. What, if any, would you like to see removed from this rotation/service/program? Why?

ADDITIONAL COMMENTS:

RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR, PODIATRIC MEDICAL EDUCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PODIATRIC MEDICINE AND SURGERY RESIDENCY WITH RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY (PMSR/RRA)**

**SEMI-ANNUAL RESIDENT EVALUATION**

If any answers are in the “Poor” category, please explain in the comment section of this form.

RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review Number**

\_\_\_\_\_\_\_\_\_\_1st \_\_\_\_\_\_\_\_\_\_2nd \_\_\_\_\_\_\_\_\_\_3rd \_\_\_\_\_\_\_\_\_\_4th \_\_\_\_\_\_\_\_\_\_5th \_\_\_\_\_\_\_\_\_\_6th

| **Review Area** | Outstanding | High Satisfactory | Satisfactory | Low Satisfactory | Poor |
| --- | --- | --- | --- | --- | --- |
| Performance of resident duties - overall |  |  |  |  |  |
| Resident-patient interactions |  |  |  |  |  |
| Resident-hospital staff interactions |  |  |  |  |  |
| Resident-resident staff interactions |  |  |  |  |  |
| Resident-student interactions |  |  |  |  |  |
| General attitude toward residency and responsibilities as resident |  |  |  |  |  |
| Response to constructive criticism |  |  |  |  |  |
| Emotional maturity, stability & dependability |  |  |  |  |  |
| Education Program attendance/completion |  |  |  |  |  |
| Compliance with VHA directives/policies |  |  |  |  |  |
| Personal appearance |  |  |  |  |  |
| Demonstration of initiative and/or leadership |  |  |  |  |  |
| Flexibility and adaptability  (policy changes, etc.) |  |  |  |  |  |
| Pre-Procedure patient evaluations |  |  |  |  |  |
| Appropriate & consistent surgical case preparation |  |  |  |  |  |
| Podiatric medical/surgical judgment |  |  |  |  |  |
| Podiatric medical/surgical technique |  |  |  |  |  |
| General quality of work presented |  |  |  |  |  |

|  |
| --- |
| COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| If this is a final report for the resident, complete the following:  \_\_\_\_\_ Will receive certificate of completion of residency training  \_\_\_\_\_ Will not receive certificate of completion of residency – see comments below  \_\_\_\_\_ Other action recommended – see comments below  Brief comment as to recommendation of action:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Director, Podiatric Medical Education                                                             Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending, Podiatric Surgeon                                                                          Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident                                                                                                            Date

PODIATRIC MEDICINE AND SURGERY RESIDENCY, WITH RECONSTRUCTIVE REARFOOT AND ANKLE (PMSR/RRA)

TY 2015-2016

RESIDENT NAME **, DPM** **PG LEVEL 1**

SPECIALTY: PMSR/RRA

On the basis of the successful completion of an accredited graduate education program and consistent with his/her experienced in an accredited post graduate education program, the above named resident may perform the diagnostic and therapeutic procedures, at the supervision levels checked below.

VHA policy on the supervision of residents (MP-2, Part 1, Chapter 26) provides for progressive responsibility for the care of the patient. The determination of the residents ability to provide care to patients without a supervisor present or act in a teaching capacity has been based on documented evaluation of the residents clinical experience, judgment, knowledge and technical skill.

**RESIDENT MAY PERFORM UNDER THE DIRECT SUPERVISION OF A TEACHING PODIATRIST/PHYSICIAN**

**NAILS**

# PGY I Lower Extremity History and Physical Exam YES NO

PGY I Surgical Nail Procedures YES NO

PGY I Nail avulsion, partial/total YES NO

PGY I Matrixectomies YES NO

PGY I Phenolization Procedures YES NO

PGY I Cold Steel Radical Procedure YES NO

PGY I Plastic ungualabial repair YES NO

**RESIDENT MAY PERFORM WITHOUT SUPERVISION AND ACT AS TEACHING ASSISTANT**

PGY I Nonsurgical Nail Avulsion YES NO

PGY I 40% Urea paste YES NO

PGY I Salicylic Acid paste YES NO

PGY I Other nonsurgical nail avulsions YES NO

PGY I Non surgical nail debridement YES NO

**SOFT TISSUE**

**RESIDENT MAY PERFORM UNDER THE DIRECT SUPERVISION OF A TEACHING PODIATRIST/PHYSICIAN**

PGY I Incision/Biopsy - soft tissue lesions YES NO

(except suspected neoplasm)

PGY I Repair of Simple Lacerations(involves skin YES NO

and subcutaneous layer only)

PGY I Simple I & D (Localized Superficial Abscess) YES NO

PGY I Debridement of intra cutaneous ulceration YES NO

# PGY 1 Injections: Arthrocentesis YES NO

PGY 1 Injections: Therapeutic, anesthesia YES NO

**RESIDENT MAY PERFORM WITHOUT SUPERVISION AND ACT AS TEACHING ASSISTANT**

PGY I Debridement of keratosis YES NO

**FOREIGN BODY**

**RESIDENT MAY PERFORM UNDER THE DIRECT SUPERVISION OF A TEACHING PODIATRIST/PHYSICIAN**

PGY I Removal of Foreign Body, Forefoot/Midfoot/Rearfoot YES NO

Uncomplicated Superficial foreign body of the foot

**LESSER DIGITS**

**RESIDENT MAY PERFORM UNDER THE DIRECT SUPERVISION OF A TEACHING PODIATRIST/PHYSICIAN**

PGY I Fracture Repair nondisplaced, Closed of lesser digits YES NO

Other Procedures

PGY I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

PGY I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

PGY I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

**RESIDENT MAY PERFORM UNDER THE DIRECT SUPERVISION OF A TEACHING PODIATRIST/PHYSICIAN**

## Other Procedures

**Soft Tissue:**

# PGY 1 Surgical nail procedure YES NO

PGY 1 Repair of lacerations YES NO

PGY 1 Incision biopsy YES NO

PGY 1 Removal of foreign body YES NO

PGY 1 Scar revision YES NO

PGY 1 Skin grafts/flaps YES NO

PGY 1 Excision of neuroma YES NO

**Infections:**

PGY 1 Incision and drainage (soft tissue and bone YES NO

debridement of foot [osteomyelitis])

**Lesser Digits:**

PGY 1 Arthroplasty/Arthrodesis YES NO

PGY 1 Tendon procedures (tenotomy, lengthening, transfers) YES NO

PGY 1 Excision of sesamoid bone or ossicle YES NO

PGY 1 Fracture repair YES NO

**Metatarsal:**

# PGY 1 Arthroplasty/Arthrodesis (including implants) YES NO

PGY 1 Osteotomy YES NO

PGY 1 Tendon procedures (tenotomy, lenghtening, transfers) YES NO

PGY 1 Metatarsal head resections YES NO

PGY 1 Excision of sesamoid bone or ossicle YES NO

### PGY 1 Fracture repair

**Hallux and First Ray:**

# PGY 1 Arthroplasty/Arthrodesis (including implants) YES NO

PGY 1 Osteotomy YES NO

PGY 1 Bunionectomy YES NO

PGY 1 Excision of sesamoid bone or ossicle YES NO

PGY 1 Tendon procedures (tenotomy, lengthening, transfers) YES NO

PGY 1 Fracture repair YES NO

PGY 1 Resection of Met-Cuneiform exostosis YES NO

**Amputations:**

PGY 1 Digital YES NO

PGY 1 Metatarsal YES NO

PGY 1 Midfoot YES NO

EMERGENCY PRIVILEGES

In the case of an emergency, any individual member of the Medical Staff is permitted to do everything possible within the scope of his/her license to save a patient's life or save a patient from serious harm , regardless of the individual's staff status or clinical privileges.

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_ACKNOWLEDGED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENT DATE

\_\_\_\_\_RECOMMEND APPROVAL

RESIDENCY PROGRAM DIRECTOR DATE

\_\_\_\_APPROVED AS RECOMMENDED

CHIEF, PODIATRY DATE

PODIATRIC MEDICINE AND SURGERY RESIDENCY, WITH RECONSTRUCTIVE REARFOOT AND ANKLE (PMSR/RRA)

TY 2014-2015

RESIDENT NAME: **, DPM PG LEVEL 2**

SPECIALTY: PMSR/RRA

On the basis of the successful completion of an accredited graduate education program, and consistent with his/her experienced in an accredited post graduate education program at the PGY1 level, the above named resident may perform the diagnostic and therapeutic procedures, at the supervision levels checked below.

VHA policy on the supervision of residents (MP-2, Part 1, Chapter 26) provides for progressive responsibility for the care of the patient. The determination of the residents ability to provide care to patients without a supervisor present or act in a teaching capacity has been based on documented evaluation of the residents clinical experience, judgement, knowledge and technical skill.

**RESIDENT MAY PERFORM WITHOUT DIRECT SUPERVISION AND ACT AS TEACHING ASSISTANT**

**NAILS**

# PGY 2 Lower Extremity History and Physical Exam YES NO

PGY 2 Surgical Nail Procedures YES NO

PGY 2 Nail avulsion, partial/total YES NO

PGY 2 Matrixectomies YES NO

PGY 2 Phenolization Procedures YES NO

PGY 2 Cold Steel Radical Procedure YES NO

PGY 2 Plastic ungualabial repair YES NO

**RESIDENT MAY PERFORM WITHOUT SUPERVISION AND ACT AS TEACHING ASSISTANT**

PGY 2 Nonsurgical Nail Avulsion YES NO

PGY 2 40% Urea paste YES NO

PGY 2 Salicylic Acid paste YES NO

PGY 2 Other nonsurgical nail avulsions YES NO

PGY 2 Non surgical nail debridement YES NO

**SOFT TISSUE**

PGY 2 Incision/Biopsy - soft tissue lesions YES NO

(except suspected neoplasm)

PGY 2 Repair of Simple Lacerations(involves skin YES NO

and subcutaneous layer only)

PGY 2 Simple I & D (Localized Superficial Abscess) YES NO

PGY 2 Debridement of intra cutaneous ulceration YES NO

PGY 2 Injections: Therapeutic, anesthesia YES NO

PGY 2 Injections: Arthrocentesis YES NO

PGY 2 Debridement of keratosis YES NO

**FOREIGN BODY**

PGY 2 Removal of Foreign Body, Forefoot/Midfoot/Rearfoot YES NO

Uncomplicated Superficial foreign body of the foot

**LESSER DIGITS**

PGY 2 Fracture Repair nondisplaced, Closed of lesser digits YES NO

Other Procedures

PGY 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

PGY 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

PGY 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO

**RESIDENT MAY PERFORM UNDER THE DIRECT SUPERVISION OF A TEACHING PODIATRIST/PHYSICIAN**

## Other Procedures

**Soft Tissue:**

# PGY 2 Surgical nail procedure YES NO

PGY 2 Repair of lacerations YES NO

PGY 2 Incision biopsy YES NO

PGY 2 Removal of foreign body YES NO

PGY 2 Scar revision YES NO

PGY 2 Skin grafts/flaps YES NO

PGY 2 Excision of neuroma YES NO

**Infections:**

PGY 2 Incision and drainage (soft tissue and bone YES NO

debridement of foot [osteomyelitis])

**Lesser Digits:**

PGY 2 Arthroplasty/Arthrodesis YES NO

PGY 2 Tendon procedures (tenotomy, lengthening, transfers) YES NO

PGY 2 Excision of sesamoid bone or ossicle YES NO

PGY 2 Fracture repair YES NO

**Metatarsal:**

# PGY 2 Arthroplasty/Arthrodesis (including implants) YES NO

PGY 2 Osteotomy YES NO

PGY 2 Tendon procedures (tenotomy, lenghtening, transfers) YES NO

PGY 2 Metatarsal head resections) YES NO

PGY 2 Excision of sesamoid bone or ossicle YES NO

### PGY 2 Fracture repair YES NO

**Hallux and First Ray:**

# PGY 2 Arthroplasty/Arthrodesis (including implants) YES NO

PGY 2 Osteotomy YES NO

PGY 2 Bunionectomy YES NO

PGY 2 Excision of sesamoid bone or ossicle YES NO

PGY 2 Tendon procedures (tenotomy, lengthening, transfers) YES NO

PGY 2 Fracture repair YES NO

PGY 2 Resection of Met-Cuneiform exostosis YES NO

**Amputations:**

PGY 2 Digital YES NO

PGY 2 Metatarsal YES NO

PGY 2 Midfoot YES NO

EMERGENCY PRIVILEGES

In the case of an emergency, any individual member of the Medical Staff is permitted to do everything possible within the scope of his/her license to save a patient's life or save a patient from serious harm , regardless of the individual's staff status or clinical privileges.

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RESIDENT DATE

\_\_\_\_\_\_RECOMMEND APPROVAL

RESIDENCY PROGRAM DIRECTOR DATE

\_\_\_\_\_APPROVED AS RECOMMENDED

CHIEF, PODIATRY DATE

PODIATRIC MEDICINE AND SURGERY RESIDENCY, WITH RECONSTRUCTIVE REARFOOT AND ANKLE (PMSR/RRA)

TY 2014-2015

RESIDENT NAME: **, DPM**  **PG LEVEL 3**

SPECIALTY: PMSR/RRA

On the basis of the successful completion of an accredited graduate education program, and consistent with his/her experienced in an accredited post graduate education program at the PGY2 level, the above named trainee may perform the diagnostic and therapeutic procedures, at the supervision levels checked below.

VHA policy on the supervision of residents (MP-2, Part 1, Chapter 26) provides for progressive responsibility for the care of the patient. The determination of the trainee’s ability to provide care to patients without a supervisor present or act in a teaching capacity has been based on documented evaluation of the trainee’s clinical experience, judgement, knowledge and technical skill.

**PGY 3 MAY PERFORM WITHOUT SUPERVISION AND ACT AS TEACHING ASSISTANT**

**NAILS**

# PGY 3 Lower Extremity History and Physical Exam YES NO

PGY 3 Surgical Nail Procedures YES NO

PGY 3 Nail avulsion, partial/total YES NO

PGY 3 Matrixectomies YES NO

PGY 3 Phenolization Procedures YES NO

PGY 3 Cold Steel Radical Procedure YES NO

PGY 3 Plastic ungualabial repair YES NO

PGY 3 Nonsurgical Nail Avulsion YES NO

PGY 3 40% Urea paste YES NO

PGY 3 Salicylic Acid paste YES NO

PGY 3 Other nonsurgical nail avulsions YES NO

PGY 3 Non surgical nail debridement YES NO

**SOFT TISSUE**

PGY 3 Incision/Biopsy - soft tissue lesions YES NO

(except suspected neoplasm)

PGY 3 Repair of Simple Lacerations(involves skin YES NO

and subcutaneous layer only)

PGY 3 Simple I & D (Localized Superficial Abscess) YES NO

PGY 3 Debridement of intra cutaneous ulceration YES NO

PGY 3 Injections: Therapeutic, anesthesia YES NO

PGY 3 Injections: Arthrocentesis YES NO

PGY 3 Debridement of keratosis YES NO

**RESIDENT MAY PERFORM WITHOUT DIRECT SUPERVISION AND ACT AS TEACHING ASSISTANT**

**FOREIGN BODY**

PGY 3 Removal of Foreign Body, Forefoot/Midfoot/Rearfoot YES NO

Uncomplicated Superficial foreign body of the foot

**LESSER DIGITS**

PGY 3 Fracture Repair nondisplaced, Closed of lesser digits YES NO

**RESIDENT MAY PERFORM UNDER THE DIRECT SUPERVISION OF A TEACHING PODIATRIST/PHYSICIAN**

## Other Procedures

**Soft Tissue:**

# PGY 3 Surgical nail procedure YES NO

PGY 3 Repair of lacerations YES NO

PGY 3 Incision biopsy YES NO

PGY 3 Removal of foreign body YES NO

PGY 3 Scar revision YES NO

PGY 3 Skin grafts/flaps YES NO

PGY 3 Excision of neuroma YES NO

**Infections:**

PGY 3 Incision and drainage (soft tissue and bone YES NO

debridement of foot [osteomyelitis])

**Lesser Digits:**

PGY 3 Arthroplasty/Arthrodesis YES NO

PGY 3 Tendon procedures (tenotomy, lengthening, transfers) YES NO

PGY 3 Excision of sesamoid bone or ossicle YES NO

PGY 3 Fracture repair YES NO

**Metatarsal:**

# PGY 3 Arthroplasty/Arthrodesis (including implants) YES NO

PGY 3 Osteotomy YES NO

PGY 3 Tendon procedures (tenotomy, lenghtening, transfers) YES NO

PGY 3 Metatarsal head resections) YES NO

PGY 3 Excision of sesamoid bone or ossicle YES NO

### PGY 3 Fracture repair YES NO

### 

**Hallux and First Ray:**

# PGY 3 Arthroplasty/Arthrodesis (including implants) YES NO

PGY 3 Osteotomy YES NO

PGY 3 Bunionectomy YES NO

PGY 3 Excision of sesamoid bone or ossicle YES NO

PGY 3 Tendon procedures (tenotomy, lengthening, transfers) YES NO

PGY 3 Fracture repair YES NO

PGY 3 Resection of Met-Cuneiform exostosis YES NO

**Amputations:**

PGY 3 Digital YES NO

PGY 3 Metatarsal YES NO

PGY 3 Midfoot YES NO

EMERGENCY PRIVILEGES

In the case of an emergency, any individual member of the Medical Staff is permitted to do everything possible within the scope of his/her license to save a patient's life or save a patient from serious harm, regardless of the individual's staff status or clinical privileges.

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RESIDENT DATE

\_\_\_\_\_RECOMMEND APPROVAL

RESIDENCY PROGRAM DIRECTOR DATE

\_\_\_\_APPROVED AS RECOMMENDED

CHIEF, PODIATRY DATE

**ATTACHMENT 1**

*PROHIBITED ABBREVIATIONS LIST*

*The Joint Commission has posted on its website – under FAQ for 2004 National Patient Safety Goals, the approved list of 9 dangerous abbreviations, acronyms and symbols that must be included on each accredited organization's "Do not use" list: starting January 1, 2004. They are:*

*A "minimum list" of dangerous abbreviations, acronyms, and symbols has been approved by JCAHO.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Abbreviation* | *Potential Problem* | *Preferred Term* |
| *1.* | *U (for unit)* | *Mistaken as zero, four or cc* | *Write “unit”* |
| *2.* | *IU (for International unit)* | *Mistaken as IV (intravenous) or 10 (ten)* | *Write “International unit”* |
| *3.*  *4.* | *Q.D., Q.O.D.*  *(Latin abbreviation for once daily and every other day)* | *Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for an “I”* | *Write “daily” and “every other day”* |
| *5.*  *6.* | *Trailing Zero (X.0 mg),*  *Lack of Leading Zero (.X mg)* | *Decimal point is missed* | *Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)* |
| *7.*  *8.*  *9.* | *MS, MSO4, or MgSO4* | *Confused for one another.*  *Can mean morphine sulfate or magnesium sulfate* | *Write “morphine sulfate” or “magnesium sulfate”* |
|  |  |  |  |

*#1-9 are mandated by JCAHO:  These abbreviations are applicable whether there are “periods” between the letters or not.  For example, “I.U.” cannot be an acceptable replacement for “IU”.*

##### APPROVED ABBREVIATIONS LIST

|  |  |
| --- | --- |
| ***ABBREVIATION*** | ***STANDS FOR*** |
| A1 | *first aortic sound* |
| *A2* | *second aortic sound* |
| *A&A* | *Aid and Attendance* |
| *AA* | *authorized absence* |
| *AAA* | *abdominal aortic aneurysm* |
| *A-ADD* | *Adult Attention Deficit Disorder* |
| *aaf* | *African American female* |
| *AAL* | *anterior axillary line* |
| *aam* | *African American male* |
| *AB* | *Abortion* |
| *Abd* | *Abdomen* |
| *ABD* | *Abductor* |
| *ABG* | *arterial blood gases* |
| *ABLB* | *alternate binaural loudness balance* |
| *ACB* | *before breakfast* |
| *Acid phos.* | *acid phosphate* |
| *ACL* | *anterior cruciate ligament* |
| *ACLS* | *Advanced Cardiac Life Support* |
| *ACS* | *before supper* |
| *ACTH* | *Adrenocorticotropic hormone* |
| *A. D.* | *right ear* |
| *Ad lib* | *as much as desired* |
| *ADA* | *American Diabetic Association* |
| *ADD* | *Adductor* |
| *ADE* | *Adverse drug event* |
| *ADH* | *Antidiuretic hormone* |
| *ADL* | *Activities of daily living* |
| *Aeb* | *As evidence by* |
| *AFB* | *Acid-fast bacillus (TB)* |
| *AFIP* | *Armed Forces Institute of Pathology* |
| *AFib* | *Atrial fibrillation* |
| *AFL* | *Atrial flutter* |
| *AFO* | *Ankle foot orthosis* |
| *AG* | *Albumin-globulin ratio* |
| *AHA* | *American Heart Association* |
| *AHHD* | *Arteriosclerotic hypertensive heart disease* |
| *AI* | *Aortic insufficiency* |
| *AIDS* | *Acquired immunodeficiency syndrome* |

|  |  |
| --- | --- |
| *AJ* | *Ankle jerk* |
| *AKA* | *Above knee amputation* |
| *ALA* | *Delta aminolevulinic acid* |
| *Alb.* | *Albumin* |
| *Alk. phos.* | *alkaline phosphatase* |
| *alk.p’tase* | *alkaline phosphatase* |
| *AlPS* | *aphasia Language Performance Scales* |
| *ALS* | *Amyotrphic Lateral Sclerosis* |
| *Alveo* | *alveolectomy* |
| *ALT* | *alanine aminotransferase* |
| *AM* | *Morning* |
| *AMA* | *Against medical advise* |
| *AMI* | *anterior myocardial infarction* |
| *amp* | *ampule* |
| *amt* | *amount* |
| *ante* | *before* |
| *ANA* | *antinuclear antibody* |
| *ANF* | *antinuclear factor* |
| *ant* | *Anterior* |
| *MAOD* | *Medical Admitting Officer of the Day* |
| *A & P* | *auscultation and percussion* |
| *A-P* | *anterior-posterior* |
| *AP* | *abdominoperineal* |
| *AP & Lat* | *anteroposterior and lateral* |
| *APC* | *atrial premature contraction* |
| *appt* | *appointment* |
| *as tol* | *as tolerated* |
| *APVD* | *Arteriosclerotic peripheral vascular disease* |
| *ARDS* | *adult respiratory distress syndrome* |
| *ARF* | *acute renal failure* |
| *ARI* | *acute renal insufficiency* |
| *AS* | *aortic stenosis* |
| *A.S.* | *left ear* |
| *ASA* | *Acetylsalicylic acid* |
| *ASAP* | *as soon as possible* |
| *ASCUS* | *Atypical squamous cells of undetermined significance* |
| *ASD* | *atrial septal defect* |
| *ASHD* | *Arteriosclerotic heart disease* |
| *ASO* | *Antistreptolysin O* |
| *AST* | *Aspartate aminotransferase* |
| *ASTRA-7* | *chemistry 7* |
| *AT* | *atraumatic* |

|  |  |
| --- | --- |
| *ATN* | *acute tubular necrosis* |
| *AV* | *Arteriovenous; atrioventricular* |
| *AVL* | *atrioventricular lead* |
| *AVM* | *arteriovenous malformation* |
| *AWOL* | *absent without leave* |
|  |  |
| *B* | *black* |
| *baso* | *basophil* |
| *BBB* | *bundle branch block* |
| *BC* | *bone conduction* |
| *BCM* | *below costal margin* |
| *BCR Studies* | *breakpoint cluster region (bloodwork)* |
| *BE* | *barium enema* |
| *BF* | *black female* |
| *bf* | *biofeedback* |
| *b.i.d.* | *twice a day* |
| *biPAP* | *non-invasive pressure support ventilator* |
| *BKA* | *below knee amputation* |
| *BM* | *black male* |
| *bm* | *bowel movement* |
| *BMI* | *body mass index* |
| *BMJ* | *bulbomembranous junction* |
| *BMR* | *basal metabolic rate* |
| *BP* | *blood pressure* |
| *BPH* | *benign prostatic hypertrophy* |
| *BR* | *bed rest* |
| *BRP* | *bathroom privileges* |
| *BS* | *bowel sounds* |
| *BSS* | *Balanced Salt Solution* |
| *BT* | *blind rehabilitation therapy* |
| *bs* | *breath sounds* |
| *BSR* | *bed side rails* |
| *BUN* | *blood urea nitrogen* |
| *BV* | *bacterial vaginosis* |
| *BW* | *body weight* |
| *BX* | *biopsy* |
|  |  |
| *0C* | *centigrade* |
| *C* | *cornea* |
| *C-1, C-2, etc.* | *Cervical vertebrae 1-7* |
| *c* | *with* |
| *CA* | *carcinoma* |
| *CAB* | *coronary artery bypass* |

|  |  |
| --- | --- |
| *CABG* | *coronary artery bypass graft* |
| *CAD* | *coronary artery disease* |
| *Cal, Kal* | *Calorie/Kilocarie* |
| *CAPD* | *chronic ambulatory peritoneal dialysis* |
| *caps* | *capsule* |
| *CAST Study* | *cardia arrhythmic suppression* |
| *cath.* | *catheter* |
| *CBC* | *complete blood count* |
| */C* | *mandibular complete denture* |
| *C/* | *maxillary complete denture* |
| *C/C* | *maxillary & mandibular complete dentures* |
| *CBD* | *common bile duct* |
| *CBP* | *chronic back pain* |
| *CBS* | *chronic brain syndrome* |
| *C.C.* | *chief complaint* |
| *CCT* | *certified corrective therapist* |
| *CCU* | *coronary care unit* |
| *CD* | *cup disc ratio* |
| *ceph.floc* | *cephalin flocculation test* |
| *CF 3’* | *count finger vision at 3 feet* |
| *CHEM 7* | *glucose, BUN, creatine, potassium, sodium, chloride, CO2* |
| *CHF* | *Congestive heart failure* |
| *CHO* | *carbohydrate* |
| *CHOL* | *cholesterol* |
| *C1* | *chloride (T)* |
| *cldy* | *cloudy (T)* |
| *CMAP* | *compound muscle action potential (T)* |
| *CRC* | *Community Residential Care (T)* |
| *CLBP* | *chronic lower back pain* |
| *cm* | *centimeter* |
| *CMV* | *cytomegalic virus* |
| *CNH* | *Community Nursing Home* |
| *CNS* | *central nervous system* |
| *CO* | *carbon monoxide* |
| *c/o* | *complaints of* |
| *CO2* | *carbon dioxide* |
| *COAG* | *chronic open angle glaucoma (T)* |
| *COLD* | *chronic obstructive lung disease* |

|  |  |
| --- | --- |
| *COPD* | *chronic obstructive pulmonary disease* |
| *C&P* | *compensation and pension examination* |
| *CPC* | *clinicopathological conference* |
| *CPAP* | *continuous position airway pressure* |
| *CPK* | *creatine phosphokinase* |
| *CPK-BB* | *creatine phosphokinase isoenzyme, brain* |
| *CPK-MB* | *creatine phosphokinase isoenzyme, cardiac muscle fraction* |
| *CPK-MM* | *creatine phosphokinase isoenzyme, skeletal muscle fraction* |
| *CPR* | *cardiopulmonary resuscitation* |
| *CRCS* | *colorectal cancer screening* |
| *CRF* | *chronic renal failure* |
| *CRI* | *chronic renal insufficiency* |
| *CRRC* | *Coronary Risk Reduction Clinic* |
| *C&S* | *culture and sensitivity* |
| *CSF* | *cerebrospinal fluid* |
| *CSP* | *Community Service Program* |
| *C-Spine* | *cervical spine* |
| *CT* | *Corrective Therapy* |
| *CAT scan* | *computerized axial tomography* |
| *CTS* | *carpal tunnel syndrome* |
| *CTA* | *clear to auscultation* |
| *CTPN* | *central total parenteral nutrition* |
| *cv* | *costovertebral angle* |
| *CVN* | *central venous nutrition* |
| *CV* | *cardiovascular* |
| *CVA* | *cerebrovascular accident* |
| *CVP* | *central venous pressure* |
| *CVS* | *cardiovascular system* |
| *CW* | *chest wall* |
| *CXR* | *chest x-ray* |
|  |  |
| *D’s + V’s* | *ductions + versions* |
| *D-1,D-2, etc.* | *dorsal vertebrae 1-12* |
| *D5W, D10W, etc.* | *dextrose 5% water, dextrose 10% water, etc.* |
| *D&C* | *dilatation and curettage* |
| *db* | *decibel* |
| *Dent* | *dental* |
| *Diab* | *diabetic* |

|  |  |
| --- | --- |
| *Derm* | *dermatology* |
| DES | *diethylstilbestrol* |
| *DIC* | *disseminated intravascular coagulation* |
| *DIFF* | *differential blood count* |
| *dil.* | *dilute* |
| *DIP* | *distal interphalangeal* |
| *DISCH* | *discharge* |
| *DJD* | *degenerative joint disease* |
| *DKA* | *diabetic ketoacidosis* |
| *DM* | *diabetes mellitus* |
| *DNR* | *do not resuscitate* |
| *DO* | *distral occlusal surface of tooth* |
| *DOA* | *dead on arrival* |
| *DOB* | *date of birth* |
| *DOD* | *mesial occlusal distal surface of tooth* |
| *DOE* | *dyspnea on exertion* |
| *DP* | *dorsalis pedis* |
| *DPT* | *Diptheria & tetanus toxoids with pertussis* |
| *dr* | *dram* |
| *D-Spine* | *dorsal spine* |
| *DSA* | *digital subtraction angiogram* |
| *DT’s* | *delirium tremens* |
| *DTR* | *deep tendon reflexes* |
| *DUB* | *dysfunctional uterine bleeding* |
| *DVT* | *deep vein thrombosis* |
| *DWI* | *driving while intoxicated* |
| *Dx* | *diagnosis* |
|  |  |
| *ECG* | *Electrocardiogram* |
| *ECT* | *Electrocenvulvise therapy* |
| *EECE-IOL* | *Extracapsular cataract extraction-intraocular lens* |
| *EEG* | *Electroencephalogram* |
| *EENT* | *eyes, ears, nose and throat* |
| *EFF* | *Effective* |
| *e.g.* | *for example* |
| *EGD* | *Esophagogastroduodenoscopy* |
| *EKG* | *Electrocardiogram* |
| *EMD* | *Electromechanical dissociation (asystole)* |
| *EMG* | *Elentrolyogram* |
| *Endo* | *Endodontia* |
| *ENG* | *Electronystagmography* |
| *ENT* | *ears, nose and throat* |

|  |  |
| --- | --- |
| *ent.* | *External Nutritional Therapy* |
| *EOM* | *extra ocular movements* |
| *EOM* | *Extraocular muscle* |
| *EOMI* | *Extraoccular movements intact* |
| *EPS* | *Extrapyramidal symptoms* |
| *E-PAP* | *Expiratory positive airway pressure* |
| *ER* | *Emergency room* |
| *ERCP* | *Endoscopic retrograde cholangiopancreatography* |
| *ERT* | *Estrogen replacement therapy* |
| *ESR* | *Erythrocyte sedimentation rate* |
| *ESRD* | *end stage renal disease* |
| *etio.* | *Etiology* |
| *ET* | *Educational therapy* |
| *ETOH* | *ethyl alcohol* |
| *ETT* | *Endotrachial tube* |
| *ext.* | *Extremity* |
| *Ext* | *Extraction* |
| *EXU* | *Excretory urogram with post-voiding film* |
|  |  |
| *F* | *Female* |
| *0F* | *Fahrenheit* |
| *F.B.* | *Foreign body* |
| *FBS* | *Fasting blood sugar* |
| *Fdg* | *Feeding* |
| *Fe* | *iron* |
| *FeS04* | *Ferrous sulfate* |
| *FEV* | *forced expiratory volume* |
| *FH* | *family history* |
| *Fib* | *Fibrillation* |
| *FIO* | *forced inspiratory 02* |
| *FRC* | *Functional residual capacity* |
| *fl.dr.* | *fluid dram* |
| *fl.oz.* | *fluid ounce* |
| *FSH* | *Follicle stimulating hormone* |
| *ft* | *feet/foot* |
| *FTA* | *Fluorescent treponemal antibody* |
| *FTA-ABS* | *Fluorescent treponemal antibody absorption test* |
| *FTI* | *free thyroxin index* |
| *FTR* | *failed to report* |
| *FTSG* | *full thickness skin graft* |
| *F/U* | *follow-up* |
| *FUO* | *fever of undetermined origin* |
| *FVC* | *forced vital capacity* |
| *FWB* | *full weight bearing* |

|  |  |
| --- | --- |
| *Fx* | Fracture |
|  |  |
| *G6PD* | *glucose-6-phosphate dehydrogenase* |
| *g* | *gram* |
| *G* | *Gravida* |
| *GAF* | *Global Assessment of Functioning* |
| *GATB* | *General Aptitude Test Battery* |
| *GB* | *gallbladder* |
| *GBS* | *gallbladder series* |
| *GC* | *gonorrhea* |
| *GCE* | *general conditioning exercises* |
| *GE* | *gastroesophagel* |
| *GED* | *general education development* |
| *GE junction* | *gastroesophageal junction* |
| *GGTP* | *gamma-glutamyl transferase* |
| *GI* | *gastrointestinal* |
| *glob.* | *globulin* |
| *gm* | *gram* |
| *Gm/dl* | *grams per deciliter* |
| *GMC* | *General Medicine Clinic* |
| *gr.* | *grain* |
| *GSW* | *gunshot wound* |
| *gtt* | *drop* |
| *gtts* | *drops* |
| *GTT* | *glucose tolerance test* |
| *G-tube* | *gastrostomy tube* |
| *GU* | *genitourinary* |
| *GXT* | *graded exercise test* |
|  |  |
| *H2O* | *water* |
| *H202* | *hydrogen peroxide* |
| *hr* | *hour* |
| *HA* | *headache* |
| *HAV* | *Hallux Adductus Valgus* |
| *HB* | *housebound* |
| *HBP* | *high blood pressure* |
| *H.C.* | *Huntington’s Chorea* |
| *HCMI* | *Homeless Chronically Mentally Ill* |
| *HCO3* | *bicarbonate* |
| *Hct* | *hematocrit* |

|  |  |
| --- | --- |
| *HDL* | *high density lipoprotein* |
| *HEENT* | *head, eyes, ears, nose throat* |
| *Hgb* | *hemoglobin* |
| *HgbA1c* | *Hemoglobin A1c* |
| *HGSL* | *Hygrade Squamous Epithelial Lesion* |
| *H&H* | *hemoglobin and hematocrit* |
| *HIDA (scan)* | *hepatobiliary iminodiacetic acid* |
| *HIV* | *human immune deficiency virus* |
| *HL* | *hearing level* |
| *HLA B-27* | *tissue typing for human leukocyte antigen* |
| *HM* | *hand motion vision* |
| *HNI* | *hospitalization not indicated* |
| *HNP* | *herniated nucleus pulposus* |
| *H/O* | *history of* |
| *HOB* | *head of bed* |
| *H&P* | *history and physical* |
| *HPF* | *high powered field* |
| *HPI* | *history of present illness* |
| *hr(s)* | *hour(s)* |
| *HRT* | *Hormone replacement therapy* |
| *h.s.* | *at bedtime* |
| *ht.* | *height* |
| *HTLV-III* | *human T-cell leukemia virus* |
| *HTN* | *hypertension* |
| *HVD* | *hypertensive cardivascular disease* |
| *HCVD* | *hypertensive cardiovascular disease* |
| *HTL* | *hearing threshold level* |
| *Hyst* | *hysterectomy* |
| *Hx* | *history* |
| *Hz* | *Hertz, Frequency or cycles per second* |
|  |  |
| *I* | *iris* |
| *IBC* | *iron binding capacity* |
| *IBW* | *ideal body weight* |
| *ICA* | *internal carotid artery* |
| *ICU* | *Intensive Care Unit* |
| *I&D* | *incision and drainage* |
| *IDDM* | *insulin dependent diabetes mellitus* |
| *i.e.* | *that is* |
| *IGT* | *impaired glucose tolerance* |
| *IHD* | *ischemic heart disease* |
| *IHSS* | *idiopathic hypertrophic subaortic stenosis* |
| *IM* | *intramuscular* |
| *Imp* | *impression* |

|  |  |
| --- | --- |
| *IMP* | *impaction (tooth)* |
| *IMU* | *Intermediate Medicine Unit* |
| *IMV* | *intermittent (mechanical) mandatory ventilation* |
| *I&D* | *incision & drainage* |
| *I&O* | *intake and output* |
| *IO* | *inferior oblique* |
| *IOP* | *intraocular pressure* |
| *I-PAP* | *inspiratory positive airway pressure* |
| *IPPB* | *intermittent positive pressure breathing* |
| *IQ* | *intelligence quotient* |
| *IR* | *internal rotation* |
| *IT* | *Incentive Therapy* |
| *IV* | *intravenous*  *IVC* |
| *IVC* | *intravenous cholangiogram* |
| *IVP* | *intravenous pyelogram* |
| *IVPB* | *intravenous piggy-back* |
|  |  |
| *JVD* | *jugular venous distention* |
| *JVP* | *jugular venous pressure* |
|  |  |
| *K* | *kilo e.g., 64k, RAM* |
| *KCl* | *potassium chloride* |
| *kg* | *kilogram* |
| *KJ* | *knee jerk* |
| *KT* | *kinesiotherapy* |
| *Kt* | *potassium* |
| *KUB* | *kidneys, ureters and bladder* |
| *KVO* | *keep vein open* |
|  |  |
| *L-1, L-2, etc.* | *lumbar vertebrae, 1, 2, 3, etc. through 5* |
| *l* | *liter* |
| *L* | *left* |
| *La* | *left atrial* |
| *Lap* | *laparotomy* |
| *LAD* | *left axis deviation* |
| *LAFB* | *left anterior fascicular block* |
| *LAH* | *left anterior hemiblock* |
| *lab* | *Laboratory* |
| *lat* | *lateral* |
| *lb* | *pound* |
| *LBBB* | *left bundle branch block* |

|  |  |
| --- | --- |
| *LBP* | *lower back pain* |
| *LCM* | *left costal margin* |
| *LDH* | *lactic dehydrogenase* |
| *LDL* | *low density lipoprotein* |
| *L-DOPA* | *levadopamine* |
| *LE* | *lower extremity* |
| *LES* | *lower esophageal sphincter* |
| *LFT* | *liver function test* |
| *lg* | *large* |
| *LGI* | *lower gastrointestinal* |
| *LGL* | *Lown-Ganong-Levin Syndrome* |
| *LGSIL* | *Low grade squamous epithelial lesion* |
| *Ling* | *Lingual surface of tooth* |
| *LLE* | *Left lower extremity* |
| *LLL* | *Left lower lobe (lung)* |
| *LLQ* | *Left lower quadrant  (abdomen)* |
| *LMD* | *Local medical doctor* |
| *LMP* | *Last menstrual period* |
| *LMMP* | *Last normal menstrual period* |
| *LOA* | *Leave of absence* |
| *LOC* | *Loss of consciousness*  *ouousness* |
| *LOS* | *Length of stay* |
| *LP* | *Lumbar puncture* |
| *LPF* | *Low power field* |
| *LPFB* | *Left posterior fascicular block* |
| *LPH* | *Left posterior hemiblock* |
| *LPHB* | *Left posterior hernia block* |
| *LS* | *Lumbosacral* |
| *LSB* | *Left sternal border* |
| *L-Spine* | *Lumbar spine* |
| *LS Spine* | *Lumbosacral spine* |
| *LTC* | *Long term care* |
| *LTG* | *Long term goal* |
| *LUE* | *Left upper extremity* |
| *LUL* | *Left upper lobe (lung)* |
| *LUQ* | *Left upper quadrant* |
| *LVCD* | *Left ventricular conduction defect* |
| *LVCD + MI* | *Left ventricular conduction c infarct* |

|  |  |
| --- | --- |
| *LVH* | *Left ventricular hypertrophy* |
| *Lymph* | *Lymphocyte* |
|  |  |
| *M* | *Male* |
| *Mes* | *Mesial surface of tooth* |
| *m* | *Meter* |
| *M  (encircled)* | *Murmur* |
| *M/M* | *Maxillary & mandibular* |
| *MAL* | *Midaxillary line* |
| *Malig* | *Malignant* |
| *Mammo* | *Mammogram* |
| *Mand* | *Mandibular* |
| *Max* | *Maxillary* |
| *Mcg* | *Microgram* |
| *MCH* | *Mean corpuscular hemoglobin* |
| *MCHC* | *Mean corpuscular hemoglobin concentration* |
| *MCL* | *Midclavicular line* |
| *MCP* | *Metacarpophalangeal* |
| *MCV* | *Mean corpuscular volume* |
| *MD* | *Muscular dystrophy* |
| *MED*  *Ed* | *Minimal brain dysfunction* |
| *Med* | *Medial* |
| *MEN (I,II,III)* | *Multiple endocrine neoplasia syndromes (Wermer, Sipple’s,etc)* |
| *Meq* | *Milliequivalent* |
| *Mets* | *Metastasis* |
| *MET* | *Metatarsal (specify area)* |
| *MHC* | *Mental Hygiene Clinic* |
| *Mhz* | *Megahertz* |
| *MLB* | *Monaural loudness balance* |
| *Ml* | *Milliliter* |
| *MMPI* | *Minnesota Multiphasic Personality Inventory* |
| *MMT* | *Manual muscle testing* |
| *Mm* | *Millimeter* |
| *MI* | *Myocardial infarction* |
| *mo(s)* | *Months* |
| *MO* | *Mesial-occlusal-distal surface of tooth* |
| *MOD* | *Mesial-occlusal-surface of tooth* |

|  |  |
| --- | --- |
| *MOM* | *Milk of Magnesia* |
| *MP* | *Metacarpophalangeal* |
| *MPJ* | *Metatarsal phalangeal joint* |
| *MR* | *Mitral regurgitation* |
| *MRI* | *Magnetic resonance imaging* |
| *MRSA* | *Methicillin Resistant Staphylococcus Aureus* |
| *MS* | *Multiple sclerosis* |
| *MSL* | *Midsternal line* |
| *Ms* | *Morphine sulfate* |
| *MUGA (scan)* | *Multigated acquisition scan* |
| *MV* | *Millovolt* |
| *MVA* | *Motor vehicle accident* |
| *MVC* | *Maximum vital capacity* |
| *MVI* | *Multivitamins* |
| *MVV* | *Maximum ventilatory volume* |
|  |  |
| *N* | *Nausea* |
| *NA* | *Nasal antral* |
| *Na+* | *Sodium* |
| *n/a* | *Not applicable* |
| *NAP* | *Nerve action potential* |
| *NAPA* | *N-acetylprocaindmide* |
| *NaCl* | *Sodium chloride* |
| *NAD* | *No appreciable disease* |
| *NBC* | *Nonbed care* |
| *NC* | *Normocephalic* |
| *NCV* | *Nerve conduction velocity* |
| *Ng* | *Nanogram* |
| *Neg* | *Negative* |
| *NG* | *Nasogastric* |
| *NGU* | *Nongonorrheal urethritis* |
| *NH* | *Nursing home* |
| *NHCU* | *Nursing home care unit* |
| *NID* | *Not in distress* |
| *NIDDM* | *Noninsulin dependent diabetes mellitus* |
| *NIVLS* | *Noninvasive vascular lab studies* |
| *Njcc* | *Near vision using Jaegger Chart with correction* |

|  |  |
| --- | --- |
| *NKA* | *No known allergies* |
| *NKFA* | *No known food allergies* |
| *nl.* | *Normal limits* |
| *NLP* | *No light perception* |
| *NMI* | *No middle initial* |
| *NOK* | *Next of kin* |
| *NP* | *Neuropsychiatric* |
| *NPH (insulin)* | *Neutral Protamine Hagedorm (insulin)* |
| *NPN* | *Nonprotein nitrogen* |
| *NPO* | *Nothing by mouth* |
| *ns* | *Normal saline* |
| *NS* | *Nuclear sclerosis (of lens)* |
| *NSS* | *Normal saline solution* |
| *NSAID* | *Non-steroidal anti-inflammatory drugs* |
| *NSC* | *Non-service connected* |
| *NSR* | *Normal sinus rhythm* |
| *NST* | *Nutritional support team* |
| *NTG* | *Nitroglycerin* |
| *N&V* | *Nausea and vomiting* |
|  |  |
| *O2* | *Oxygen* |
| *O* | *Objective* |
| *OA* | *Osteoarthritis* |
| *OBS* | *Organic brain syndrome* |
| *Occ* | *Occlusal surface of tooth* |
| *OCG* | *Oral cholecystogram* |
| *O&E* | *Observation and evaluation* |
| *OH* | *Oral hygiene* |
| *OL* | *Occlusive lingual surface of tooth* |
| *OMOL* | *Objective Measurement of Observed Language* |
| *Oob* | *Out of bed* |
| *OPT* | *Outpatient treatment* |
| *OR* | *Operating room* |

|  |  |
| --- | --- |
| *ORIF* | *Open reduction and internal fixation* |
| *Ortho* | *Orthopedic* |
| *OS* | *Left eye* |
| *OU* | *Both eyes* |
| *Oz* | *Ounce* |
|  |  |
| *P* | *Para* |
| */P* | *Mandibular partial denture* |
| *P/* | *Maxillary partial denture* |
| *P/P* | *Maxillary & mandibular partial dentures* |
| *P1* | *First pulmonic sound*  *P* |
| *P2* | *Second pulmonic sound* |
| *P&A* | *Phenol and alcohol procedure* |
| *PA* | *Posterior anterior* |
| *PAC* | *Premature atrial contractions* |
| *PAL* | *Posterioraxillary line* |
| *PAO2* | *Partial pressure of oxygen in the alveoli* |
| *PaO2* | *Partial pressure of oxygen in arterial blood* |
| *Pap* | *Papanicolaou test* |
| *PAP* | *Positive airway pressure* |
| *PAR* | *Post Anesthesia Recovery* |
| *PARR* | *Post Anesthesia Recovery Room* |
| *PAS* | *Progressive activity schedule* |
| *PAT* | *Paroxysmal atrial tachycardia* |
| *Path* | *Pathology* |
| *PBC* | *Prebed care* |
| *PBI* | *Protein bound iodine* |
| *PB/Max* | *Phonetically balanced/maximum* |
| *p.c.* | *After meals* |
| *PCA pump* | *Patient controlled analgesic pump* |
| *PCN* | *Penicillin* |
| *PCO2* | *Carbon dioxide pressure* |
| *PCV* | *Packed cell volume* |
| *PCWP* | *Pulmonary capillary wedge pressure* |
| *PE* | *Physical examination* |
| *PEEP* | *Positive end expiratory pressure* |
| *PEG* | *Percutaneous endoscopic gastrostomy* |
| *PERLA* | *Pupils equal, reactive to light and accommodation* |
| *PERRA* | *Pupils round, reactive to light* |

|  |  |
| --- | --- |
| *PET* | *Position emission tomography (scan)* |
| *PFT* | *Pulmonary function test* |
| *Pg* | *Picogram* |
| *PH* | *Past history* |
| *PHD* | *Public Health Department* |
| *PI* | *Present illness* |
| *PICA* | *Porch Index of Communicative Abilities* |
| *PID* | *Pelvic inflammatory disease* |
| *PIP* | *Proximal interphalangeal* |
| *PM* | *Evening* |
| *PMD* | *Primary myocardial disease* |
| *PMI* | *Point of maximal impulse* |
| *PND* | *Paroxysmal nocturnal dyspnea* |
| *POMR* | *Problem Oriented Medical Record* |
| *Pod* | *Podiatry* |
| *p.o.* | *Per Oral* |
| *PO2* | *Oxygen pressure* |
| *Post* | *Posterior* |
| *post-op* | *Postoperative* |
| *POW* | *Prisoner-of-war* |
| *PPBS* | *Postprandial blood sugar* |
| *ppd* | *Pack(s) per day* |
| *PPD* | *Purified protein derivative (test for TB)* |
| *PPVT* | *Peabody Picture Vocabulary Test* |
| *PRE-OP* | *Preoperative* |
| *PRN* | *As needed* |
| *Pro* | *Protein* |
| *Prost* | *Prosthodontia* |
| *Prophy* | *Praphylaxis (oral)* |
| *PSA* | *Prostatic specific antigen* |
| *PSP* | *Phenolsulfonphthalein* |
| *PSYCH* | *Psychiatry* |
| *pt.* | *Patient* |
| *PT* | *Prothrombin time* |
| *PTA* | *Prior to admission* |
| *PTCA* | *Percutaneous transluminal coronary angioplasty* |
| *PTE* | *Pulmonary thromboembolism* |
| *PTPN* | *Peripheral total parenteral nutrition* |
| *PTSD* | *Post-traumatic stress disorder* |
| *PTT* | *Partial thrombplastin time* |
| *PUD* | *Peptic ulcer disease* |

|  |  |
| --- | --- |
| *PVC* | *Premature ventricular contraction* |
| *PVD* | *Peripheral vascular disease* |
| *PVR* | *Post-voiding residual* |
| *PWB* | *Partial weight bearing* |
| *Px* | *Prognosis* |
|  |  |
| *Q* | *Every* |
| *Quad* | *Quadriceps* |
| *Quant* | *Quantity* |
| *q.a.c.* | *Before every meal* |
| *q.h.* | *Every \_\_\_\_ hours (blank represents no. of hrs)* |
| *q.i.d.* | *Four times daily* |
| *q.ns* | *Quantity not sufficient* |
| *q.s.* | *Quantity sufficient* |
|  |  |
| *R* | *Right* |
| *RA* | *Rheumatoid arthritis* |
| *RAD* | *Right axis deviation* |
| *RAE* | *Right atrial enlargement* |
| *RAI* | *Radioactive iodine* |
| *RAO* | *Right atrial overload* |
| *Red* | *Reduction* |
| *RBBB* | *Right bundle branch block* |
| *RBC* | *Red blood cell count* |
| *RBT* | *Rational Behavior Therapy* |
| *RCM* | *Right costal margin* |
| *RDA* | *Recommended daily dietary allowances* |
| *Rec.* | *Recommendations* |
| *Resp* | *Respiration* |
| *RDW* | *Red cell distribution width* |
| *REST* | *Restorative (operative dentistry)* |
| *RF* | *Rheumatoid factor* |
| *RHD* | *Rheumatic heart disease* |
| *RIA* | *Radioimmunoassay* |
| *RLE* | *Right lower extremity* |
| *RLL* | *Right lower lobe (lung)* |
| *RLQ* | *Right lower quadrant (abdomen)* |
| *RML* | *Right middle lobe (lung)* |

|  |  |
| --- | --- |
| *RMS* | *Rehabilitation Medicine Service* |
| *ROM* | *Range of motion* |
| *R/O* | *Rule out* |
| *RPR* | *Rapid plasma reagent* |
| *RR* | *Recovery room* |
| *Ret. Root* | *Retained (dental) root* |
| *RRR* | *Regular rate rhythm* |
| *RS* | *Respiratory  System* |
| *RSR* | *Regular sinus rhythm* |
| *RTC* | *Return to clinic* |
| *RTW* | *Return to work* |
| *RU* | *Resin uptake* |
| *RUE* | *Right upper extremity* |
| *RUL* | *Right upper lobe (lung)* |
| *RUQ* | *Right upper quadrant  (abdomen)* |
| *RV* | *Residual volume* |
| *RVCD+MI* | *Right ventricular conduction defect with infarct* |
| *RVH* | *Right ventricular hypertrophy* |
| *Rx* | *Prescription* |
|  |  |
| *S-1, etc.* | *Sacral vertebrae 1-5* |
| *S1* | *First heart sound* |
| *S2* | *Second heart sound* |
| *S3* | *Third heart sound* |
| *S4* | *Fourth heart sound* |
| *SA* | *Sinoatrial* |
| *SAO2* | *Saturated arterial oxygen* |
| *S&A* | *Sugar and acetone* |
| *sat.* | *Saturated* |
| *SATP* | *Substance Abuse Treatment Program* |
| *SBE* | *Subacute bacterial endocarditis* |
| *SBO* | *Small bowel obstruction* |
| *SC* | *Service-connected* |
| *SCD* | *Sequential compression device* |

|  |  |
| --- | --- |
| *Subq* | *Subcutaneous* |
| SDS | *Same day surgery* |
| *SD(s)* | *Speech discrimination (Score)* |
| *SDT* | *Speech detection threshold* |
| *SG* | *Swan-ganz* |
| *SGOT* | *Serum glutamic oxaloacetic transaminase* |
| *SGPT* | *Serum glutamic pyruvic transaminase* |
| *SI* | *Seriously ill* |
| *SIADH* | *Syndrome of inappropriate antidiuretic hormone* |
| *SICU* | *Surgical intensive care unit* |
| *SI joint* | *Sacroiliac joint* |
| *SIMV* | *Synchronized intermittent mandatory ventilation* |
| *Sibs* | *Sibling* |
| *SISI* | *Short Increment sensitivity index* |
| *sl.* | *Sublingual* |
| *SL* | *Sensation level* |
| *SLE* | *Systemic lupus erythematosus* |
| *SLR* | *Straight leg raising* |
| *Sm* | *Small* |
| *SMA* | *Sequential multichannel analysis* |
| *SNS* | *Specialized nutritional support* |
| *SOAP* | *Subjective, Objective, Assessment, Plan* |
| *SOAPIE* | *SOAP plus intervention and evaluation* |
| *SOB* | *Shortness of breath* |
| *SOFAS* | *Social and Occupational Functioning Assessment Scale* |
| *SOG* | *Special observation group* |
| *sol.* | *Solution* |
| *SPL* | *Sound pressure level* |
| *SP* | *Status Post* |
| *sp. gr.* | *Specific gravity* |
| *Ss* | *One half* |
| *SR* | *Standard release* |
| *SRT* | *Speech reception threshold* |
| *SR* | *Suture removal* |
| *s&s* | *Sign/symptoms* |
| *SS enema* | *Soapsuds enema* |
| *st* | *Soft tissue* |
| *Staph.* | *Staphylococcus* |
| *Stat* | *Immediately* |
| *STD* | *Sexually transmitted disease* |
| *STG* | *Short term goal* |

|  |  |
| --- | --- |
| *STS* | *Serologic test for syphilis* |
| *STSG* | *Split thickness skin graft* |
| *Strep* | *Streptococcus* |
| *SUI* | *Stress urinary incontinence* |
| *Surg* | *Surgery* |
| *SVC* | *Superior vena cava* |
| *SVT* | *Supraventricular tachycardia* |
| *Sx* | *Symptom* |
|  |  |
| *T* | *Temperature* |
| *T-1, etc.* | *Thoracic vertebrae 1-12* |
| *T-3* | *Triiodothyronine* |
| *T4* | *Thyroxine (thyroid test)* |
| *T&A* | *Tonsillectomy & Adenoidectomy* |
| *TACHY* | *Tachycardia* |
| *TAH* | *Total abdominal hysterectomy* |
| *Tab* | *Tablet* |
| *TB* | *Tuberculosis* |
| *TBG* | *Thyroid binding globulin* |
| *TBP* | *Thyroxine binding protein* |
| *Tbsp* | *Tablespoon* |
| *TED(s)* | *Thromboembolic deterrent - stocking (s)* |
| *TEE* | *Transesophageal echocardiogram* |
| *Temp* | *Temperature* |
| *TENS* | *Transcutaneous electrical nerve stimulation* |
| *THA* | *Total hip arthroplasty* |
| *TI* | *Tricuspid insufficiency* |
| *TIA* | *Transient ischemic attack* |
| *TIBC* | *Total iron binding capacity* |
| *t.i.d.* | *Three times daily* |
| *TKA* | *Total knee arthroplasty* |
| *TLC* | *Total lung capacity* |
| *TM* | *Tympanic membrane* |
| *TMJ* | *Temporal mandibular joint* |
| *TNTC* | *Too numerous to count* |
| *TNOMO* | *Used for staging cancer* |
| *T* | *Tumor* |
| *N* | *Nodes* |
| *O* | *No node metastasis* |
| *M* | *Distant metastasis* |
| *O* | *Negative* |

|  |  |
| --- | --- |
| *TO* | *Telephone order* |
| *TP* | *Total protein* |
| *TPA* | *Tissue plasminogan activator* |
| TPN | *Total parental nutrition* |
| *TPR* | *Temperature, pulse, respiration* |
| *Trf* | *Transfer* |
| *Trich* | *Trichomonas* |
| *Trig.* | *Triglycerides* |
| *T-Spine* | *Thoracic spine* |
| *T-Surg* | *Thoracic surgery* |
| *TS* | *Tricuspid stenosis* |
| *TSH* | *Thyroid stimulating hormone* |
| *tsp* | *Teaspoon* |
| *TU* | *Transurethral* |
| *TUR* | *Transurethral resection* |
| *TURBT* | *Transurethral resection of bladder tumor* |
| *TURP* | *Transurethral resection of prostate* |
| *TV* | *Tidal volume* |
| *TWE* | *Tap water enema* |
|  |  |
| *UA* | *Urinalysis* |
| *UCL* | *Uncomfortable loudness level* |
| *UE* | *Upper extremity* |
| *UGI* | *Upper gastrointestinal* |
| *UL* | *Upper lid* |
| *Unk* | *Unknown* |
| *UPJ* | *Ureteropelvic junction* |
| *URI* | *Upper respiratory infection* |
| *URTI* | *Upper respiratory tract infection* |
| *US* | *Ultrasound* |
| *UTI* | *Urinary tract infection* |
| *UV* | *Microvolt* |
| *UVJ* | *Ureterovestical junction* |
| *UVL* | *Ultraviolet light* |
|  |  |
| *V* | *Vomiting* |
| *VA* | *Veterans Affairs* |
| *VC* | *Vital capacity* |
| *Vcc* | *Visual acuity with correction* |
| *VD* | *Venereal disease* |

|  |  |
| --- | --- |
| *VDRL* | *Venereal disease research laboratory test* |
| *VF* | *Visual fields* |
| *VFC* | *Ventricular fibrillary contractions* |
| *V Fib* | *Ventricular Fibrillation* |
| *VH* | *Vaginal hysterectomy* |
| *VI* | *Veterans Industries* |
| *VIS* | *Visual Impairment Services* |
| *Vit* | *Vitamin* |
| *VMA* | *Vanillymandelic acid* |
| *VO* | *Verbal order* |
| *Vol* | *Volume* |
| *VP* | *Venous pressure* |
| *VPC* | *Ventricular premature contraction* |
| *VPD* | *Ventricular premature depolarization* |
| *Vph* | *Vision with pinhole* |
| *VQ* | *Ventilation perfusion* |
| *VS* | *Vital signs* |
| *VSC* | *Ventricular septal defect* |
| *Vsc* | *Visual acuity without correction* |
| *V-Surg* | *Vascular surgery* |
| *VT* | *Ventricular tachycardia* |
|  |  |
| *W* | *White* |
| *WAIS* | *Weschler Adult Intelligence* |
| *WBC* | *White blood cell* |
| *WC* | *Wheelchair* |
| *WDWN* | *Well developed, well nourished* |
| *WD* | *Well developed* |
| *WN* | *Well nourished* |
| *WF* | *White female* |
| *WM* | *White male* |
| *wk(s)* | *Week(s)* |
| *WNL* | *Within normal limits* |
| *WPW* | *Wolf Parkinson White Syndrome* |
| *WSK* | *Work sample kit* |
| *wt.* | *Weight* |
|  |  |
| *X-ray* | *Roentgen ray* |
|  |  |
| *YO* | *Year old* |
| *Yr* | Year |
|  |  |
| *ZOE* | Zinc oxide eugenol |

|  |  |
| --- | --- |
| *Symbols* |  |
|  |  |
| *&* | *And* |
| *@* | *At* |
| *=* | *Equal* |
| *’* | *Foot* |
| *”* | *Inch* |
| *+* | *Positive* |
| *#* | *Pound* |
| *?* | *Questionable* |
| *2x* | *Twice* |
| ** | *Percent* |
| *+/-* | *Plus/minus* |

|  |  |  |  |
| --- | --- | --- | --- |
| *Chemical Name* | *Symbol* | *Chemical Name* | *Symbol* |
| *Actinium* | *AC* | *Francium* | *Fr* |
| *Aluminum* | *AL* | *Gadolinium* | *Gd* |
| *Americium* | *Am* | *Gallium* | *Ga* |
| *Antimony* | *Sb* | *Germanium* | *Ge* |
| *Argon* | *Ar* | *Gold* | *Au* |
| *Arsenic* | *As* | *Hafnium* | *Hf* |
| *Astatine* | *At* | *Hafnium* | *Ha* |
| *Barium* | *Ba* | *Helium* | *He* |
| *Berkelium* | *Bk* | *Holmium* | *Ho* |
| *Beryllium* | *Be* | *Hydrogen* | *H* |
| *Bismuth* | *Bi* | *Iridium* | *Ir* |
| *Boron* | *B* | *Iodine* | *I* |
| *Bromine* | *Br* | *Iron* | *Fe* |
| *Cadmium* | *Cd* | *Krypton* | *Kr* |
| *Calcium* | *Ca+* | *Lanthanum* | *La* |
| *Californium* | *Cf* | *Lawrencium* | *Lw* |
| *Carbon* | *C* | *Lead* | *Pb* |
| *Cerium* | *Ce* | *Lithium* | *Li* |
| *Chlorine* | *Cl* | *Lutetium* | *lU* |
| *Chromium* | *Cr* | *Magnesium* | *Mn* |
| *Cobalt* | *Co* | *Mendelevium* | *Md* |
|  |  | *Potassium* | *K+* |
| *Cooper* | *Cu* | *Rhenium* | *Re* |
| *Curium* | *Cm* | *Rhodium* | *Rh* |
| *Dysprosium* | *Dy* | *Rubidium* | *Rb* |
| *Einsteinium* | *Es* | *Ruthenium* | *Ru* |
| *Erbium* | *Er* | *Rutherfordium* | *Rf* |
| *Europium* | *Eu* | *Samarium* | *Sm* |
| *Fermium* | *Fm* | *Scandium* | *Sc* |
| *Fluorine* | *F* | *Selenium* | *Se* |
| *Silicon* | *Si* |  |  |
| *Silver* | *Ag* | *Zinc* | *Zn* |
| *Sodium* | *Na* | *Zirconium* | *Zr* |
| *Strontium* | *Sr* |  |  |
| *Sulfur* | *S* |  |  |
| *Tantalum* | *Ta* |  |  |
| *Technetium* | *Tc* |  |  |
| *Tellurium* | *Te* |  |  |
| *Terbium* | *Tb* |  |  |
| *Thallium* | *Tl* |  |  |
| *Thulium* | *Tm* |  |  |
| *Tin* | *Sn* |  |  |
| *Titanium* | *TI* |  |  |
| *Tungsten* | *W* |  |  |
| *Uranium* | *U* |  |  |
| *Vanadium* | *V* |  |  |
| *Xenon* | *Xe* |  |  |