

Didactic Training

Didactic activities that complement and supplement the curriculum shall be available at least weekly. The formal schedule will be developed and distributed prior to the beginning of each year of training to the residents and involved faculty

Didactic activities will be provided in a variety of formats, including faculty participation, which shall include:

- Grand Rounds as presented at " _____ "
- Bi-weekly resident-faculty *"journal club"* to facilitate reading, analyzing the content and validity of the research, and presenting medical and scientific literature with development of an electronic resident journal file
- Bi-weekly book (chapter) review club
- Selected annual conferences (CME), with synopsis presentations to the Podiatric faculty
- Quarterly Podiatric M&M conference
- CSM M&M conferences
- Selected monthly "training" case presentations that will include supportive current articles across the case pathology paradigm
- Monthly Cadaver lab and work shops
- Weekly Podiatric faculty lectures
- Monthly lectures given by " _____ " PMSR Faculty
- Tumor conferences at " _____ "
- In-patient teaching rounds
- Poster exhibit development
- Resident lectures and presentation to the " _____ " faculty and staff
- Resident lectures and presentations at local and national Podiatric conferences
- Resident lectures and presentation to the " _____ " public community
- Review of the rotation suggested reading list, rotation synopsis, mentoring file and development of rotational in-training exam
- Invited departmental lectures and meetings

DIDACTICS

MONTHLY “JOURNAL CLUB”

Description of Didactic Activity:

This didactic activity resource shall include direct participation of the resident in to be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice. The residents will be assigned one current journal article for in-depth review for the following journal club. The resident will also find additional resources to enhance knowledge on subject materials. The additional information may include supportive or detracting articles, textbooks, classic article and new research. The resident shall assess the validity of the article based upon established criteria of Evidence Based Medicine (EBM). The resident will “outline” all pertinent materials. The residents shall file all related materials in the “Resident’s e-file”. The resident will present this subject material at the monthly “journal club” meeting. When the subject material encompasses articles in other medical and surgical subspecialties, efforts will be made to invite corresponding faculty to assist in interpolation and review.

DIDACTICS

“PRECURSOR CLUB”

Description of Didactic Activity:

This didactic activity resource shall include direct participation of the resident in to be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice. Precursor Club shall be attended by all residents, externs, the PD and/or the Director of Didactics and podiatric faculty (as available). The more senior resident will develop a schedule of pertinent activities that will help the junior resident prepare for the next rotation. The senior resident will also provide a primer on the rotation's day-to-day activities and the resident's responsibilities. The junior residents will be assigned topics to review to enhance the next rotation the residents will attend. The senior resident should have 10 multiple choice questions for a pre-test. The junior resident should develop a set of 10 post-rotation multiple choice questions for the next year's residents. The junior resident should also update the rotation primer at the end of the rotation. The junior resident will review and discuss the resident's rotational faculty evaluation and the rotation curriculum with the Program Director. The residents shall file all related materials in the "Resident's e-file" for future use.

DIDACTICS

ROTATION RELATED DIDACTICS

Description of Didactic Activity:

This didactic activity resource shall include direct participation of the resident in to be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

The PD and the rotational director shall meet at least two weeks prior to the start of the rotation. The PD and the rotational director shall discuss the objectives of the rotation and review the competencies. The rotational curriculum should emphasize perceived and potential areas of weakness. The PD and the rotational director shall develop a reading list.

The residents will be assigned preparatory text by the attending faculty and/or the PD to review at least two weeks prior to the start of the rotation. The resident will also find additional resources to enhance knowledge on subject materials beyond the ascribed text work. The additional information may include additional text, articles and new research.

Rotational in-training text and article review will be assigned by the attending faculty and/or the PD. The residents will be assessed by the faculty upon their completeness of their reviews. The resident will take a rotational oral post-test to assess competency, potential areas of weakness and potential need for remediation.

The resident, attending faculty and PD shall use all of the above measures in assessing the validity of the training experience and adjust the curriculum, competency and assessment and validation tools as necessary.

DIDACTIC TOPICS

- ~ To be covered every 3 years as weekly assigned faculty discussions
- ~ Follows the CPME 320 and the board certification content maps

Digital surgery

1. Anatomy/Pathology/Biomechanics/pathomechanic
2. Hammer toe/ Tendon Transfers/MTPJ dysfunction/
3. Syndactyl and amputation

First Ray

1. Anatomy/Pathology/Biomechanics/pathomechanics
- 2 Lengthening-shortening procedures/planar correction release head osteotomies,
3. Basal repairs/Lapidus, Jones/Sesamoid
- 4 Rigidus repair (cheilectomy fusion, implant)
4. Hallux varus
5. First ray Trauma (fractures, turf toe, dislocation)
6. Pediatric 1st ray surgical procedures
7. Related complications

Foot Surgery

1. Anatomy/Pathology/Biomechanics/pathomechanics
2. Tarsal Tunnel/Neurectomy/nerve releases
3. Lesser Met. (Flexor transfers/Hibbs/Weil/Freiberg's infarction, fractures, RA)
4. Brachymet
5. Heel pain plantar and posterior
6. Amputations (Trans met amputation, Mid foot amps, Symes)
7. 5th metatarsal surgery-Tailor's bunion/5th fractures
8. Complex Congenital Foot/Ankle Deformities
 - a. Pediatric rotational and angular deformities
 - b. Metatarsus adductus
 - c. T.E.V
 - d. Vertical talus
 - e. Coalitions
 - f. Congenital Pes planus/Subtalar arthroeresis
9. Related complications

Rearfoot/Ankle Surgery

1. Ligament or tendon (augmentation/supplementation/restoration/repair)
2. Equinus
3. Operative arthroscopy
4. Charcot foot
5. Fusions (midfoot, rearfoot ankle fusion)
6. Pes Cavus
7. Pes Planus (acquired)
8. PTTD dysfunction
9. Talar dome lesion
10. Ankle implant
11. Complex deformity: Midfoot/Rearfoot
1. Complex deformity: Ankle/Leg

2. Advanced plastic surgical techniques
12. Related complications

Rearfoot/Ankle Trauma

1. Midfoot fracture (lis franc)
2. Calcaneal fractures
3. Cuboid/navicular/talar fractures
4. Ankle fracture/dislocations
5. Pediatric rearfoot/ankle fractures/dislocations

Other/Complications

1. Perioperative medical management with Arthritis/DM/Steroid/Metabolic Disease etc
2. Medical/Surgical emergencies
3. Nonunions/malunions/bone healing
4. DVT/PE and coagulopathy
5. Infection
6. Neoplasm-skin
7. Neoplasm-bone
8. Vascular disease
9. Neurologic disease/disorders
10. Imaging
11. Biologics (Bone/Harvesting/bone-stim/Platelet-rich plasma injections/Botox)
12. Wound care/Vacs
13. Office Based Emergency Medicine
14. Biomechanics: Principles/Gait analysis
15. Shoes/orthoses/bracing
16. ECSWT/Coblation/cryosurgery/radiofrequency ablation
17. Diagnostic ultrasound

Monthly Topic Review Club

Purpose: to promote an environment that generates the desire in being professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Goals:

- To gain a broader understanding of medicine and surgery.
- To ascertain accepted standards of care and treatment(s) in a wide range of general medical and surgical topics.
- To read, interpret, discuss and critically examine and present medical and scientific literature.
- To utilize “critical analysis” for validation of outcome measures of medical and scientific literature.
- To follow and identify potential future treatment directions in a wide range of general medical and surgical topics.
- To apply this knowledge to the practice of Podiatric medicine and surgery.
- To gain experience and to learn to communicate more effectively with colleagues.
- To gain information technology skills in learning, teaching, and clinical practice.
- To demonstrate an understanding of public health concepts, health promotion, disease prevention and treatment.

Educational resources will include textbooks, journal articles, case presentations, lectures, information technology and invited guests.

Objectives:

- 1) Design:
 - a) Established topics will be reviewed on-depth over a three-year period.
 - b) Each topic will be reviewed extensively in weekly meetings over this three-year period.
 - c) The three-year period will be divided into individual monthly blocks.
 - d) This will allow for 36 topics to be discussed every 3 years.
 - e) Each meeting will be scheduled for approximately 1-2 hours in length.
- 2) Structure (CPME 320 6.7 - Weekly Didactic Activities):
 - a) Week 1: topic basics
 - i) Rotating resident is coordinator for each monthly topic
 - ii) Historical overview (textbooks/articles) pertinent anatomy/physiology/pathology review
 - (1) Journal resource identification for articles for next week’s activity. Sub-topics should include: pharmacology, lower extremity manifestations, diagnostic testing, surgical procedures, instrumentation, techniques, complications, peri-operative assessment and management
 - (2) Residents to attain articles, and or text (2 articles per resident)
 - b) Week 2: in-depth review of current articles, research and trends (Journal Review CPME 320 6.8)
 - i) Resident journal articles due to attending faculty , fellow residents and extern(s) electronically 5 days prior to week 2 meeting date
 - ii) Scientific review and critical content analysis and for validity of the research of each article (Journal Review CPME 320 6.8)
 - c) Week 3 will include an invited guest(s), whom specializes in this particular subject or field (all Podiatric faculty are suggested to be present):
 - i) Set up 45-90 days prior to meeting
 - ii) Timing to be sensitive to “invited guest” schedule
 - iii) Possible case presentations/discussion
 - d) Administrative support - coordination of scheduling of meetings:
 - (1) Location/Dates/timing
 - (2) Invitations/notifications/reminders
 - (3) AV needs
 - (4) Sponsorship/coordination

Topics

1. Dermatological conditions
2. Nervous system conditions
3. Bone (healing, diseases, CA, densitometry)
4. Arterial Vascular related conditions
5. Venous/Lymphatic related condition
6. Muscle and tendon conditions
7. Joint disease and rheumatologic conditions
8. Surgical principles and complications
9. Medical imaging
10. Traumatology
11. Principles of peri-operative medicine
12. Emergent conditions
13. Hematology/Coagulation
14. Microbiology and infectious disease
15. Wound healing
16. Endocrinology
17. Cardiac disease
18. Respiratory disease
19. GI/Liver related conditions
20. Kidney disease
21. Obesity/Diet/Nutrition
22. Compartment syndromes
23. Neoplastic disease
24. Immunity
25. Metabolic disease
26. Toxicology
27. Pain management
28. Mental and behavioral disorders
29. Perinatal conditions, congenital anomalies
30. Pediatric medicine and surgical principles
31. Sports Medicine
32. Gerontology
33. Applied biomechanics. kinesiology, orthoses and bracing
34. Occupational medicine
35. Practice management
36. Jurisprudence