

*No Name Hospital
Residency Manual for the
Podiatric Medicine and Surgery
Residency*

Director:

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Assistant Residency Director:

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No Name Hospital
4295 Main Turnpike
West Nowhere, NY
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Podiatric Medicine and Surgery Residency

No Name Hospital
4295 Main Turnpike West
Nowhere, NY 12345

TRAINING MANUAL

I. GOALS:

The Residency Training Program at No Name Hospital provides the recent graduate with the opportunity to gather extensive experience in the conditions associated with a general podiatric medical and surgical practice and to study advanced and related sciences essential for the practice of podiatric medicine and surgery.

The teaching program will attempt to demonstrate to the Resident an effective method for improving community foot and ankle health and to better prepare the resident for his/her position in the total community healthcare structure.

Since podiatric medicine may be defined as "That specialty of medicine and surgery which is concerned with the prevention, diagnosis and treatment of disease and disorders which affect the human foot and ankle with its contiguous lower extremity structures", it is recognized that the podiatric resident will be one who specializes in the lower extremity. However, it is the goal of the podiatric residency training program at No Name Hospital to strive to produce a well rounded podiatric physician and surgeon who is well appreciative of the total patient's medical well being, since certainly the total patient cannot be viewed separately from the foot or lower extremity.

This manual describes the Residency Program at No Name Hospital. In its design both the program and the manual fulfill the standards, criteria and guidelines for Evaluating Podiatric Residency Programs as defined in CPME publication 320 and CPME publication 330.

II. PURPOSE:

The Podiatric Residency Training Program in the hospital is designed to:

- A. Provide an opportunity for supervised advanced clinical experience in the recognition and management of foot and ankle pathology. The resident will learn to recognize pedal manifestations of the various systemic, cutaneous and functional diseases together with the concept of secondary prevention of chronic diseases as they relate to the foot and ankle.
- B. Emphasize the relationship of the basic sciences to clinical practice by affording the opportunities to study and utilize the complete physical record of the patient before, during and after podiatric treatment.
- C. Familiarize the podiatric resident with hospital procedure, the scope and functions of other

divisions of health services, with an emphasis on the importance of working within a multidisciplinary team for the common interest of the patient.

To achieve these purposes, experience and training in all of the major areas for the treatment of podiatric conditions have been approved through educational, clinical, research and public health programs. Education will be provided through scheduled lectures, seminars and conferences devoted to the integration of the basic sciences with the clinical treatment of patients.

The value and importance of a close liaison between allopathic, osteopathic and podiatric professions will be stressed to the resident. To help further his/her relationship and broaden the podiatric resident's knowledge of medical sciences as applies to podiatric medicine, lectures and demonstrations by personnel of the various departments of the hospital and affiliate institutions are given to the podiatric resident.

To still further enhance this interprofessional relationship, consultations between the professions is encouraged and is available at all times. The resident is assigned a prescribed tour of duty in each of the major departments of the hospital or affiliate institutions for further observation and training in the particular branch of medicine and surgery.

The Residency Training Program will be guided by recommendations of the Council on Podiatric Medical Education, the Program Director, Committees, and Chairpersons.

III. DIRECTORS, COMMITTEES, & CHAIRPERSONS:

RESIDENCY DIRECTOR: Michael L. Smith, DPM

The Residency Director is to set the Competencies of the Residency Training Committee and give overall guidance to the functioning of the Residency Program.

It is the Director's responsibility to ensure that the first, second and third year residents abide by and live up to the terms of their agreement as delineated in this manual and their contract.

It is the responsibility of the Director to initiate those disciplinary steps as outlined in this manual, when necessary to ensure the proper functioning of the residents during both in-house and outside Training Resources as assigned to them by the Director.

The Director is to serve as a liaison when necessary, between the residents and Directors of other hospital departments in conjunction with the Assistant Residency Director. It is the responsibility of the Director to appoint other Committee members to the

Residency Training Committee, (i.e., Assistant Director, Research Committee Director, Extern Director, etc.).

It is the Residency Director's responsibility to initiate steps leading to the dismissal of any appointed Director should such action be necessary. Dismissal of an appointed Director shall require a majority vote of the Residency Training Committee, (not to include the stated individual's vote).

The Residency Director is responsible to the Podiatric Staff of No Name Hospital, the Board of Directors and the Hospital Administrator. The Director is to serve as the Director of Podiatric Medical Education.

The position of Residency Director is to be filled from members who have served in the Residency Training Committee or other Directorship positions, and shall require a majority vote to be elected to this position.

Dismissal of the Residency Director shall require a unanimous vote, (excluding that of the Residency Director) of the Residency Training Committee.

The Residency Director oversees all academic Training Resources and coordinates resident schedule of Training Resources in conjunction with the educational chair. Any difficulties or conflicts which develop during a Training Resource are handled by the Residency Director.

The Residency Director shall be in good standing with the American Podiatric Medical Association and the New York State Podiatric Medical Association. Further, the Director shall possess Board Certification by the American Board of Podiatric Surgery in both Foot Surgery and Reconstructive Rearfoot and Ankle Surgery,

When conflicts arise between an attending podiatric physician, or other hospital personnel and the resident, the resident is to contact the Residency Director.

ASSISTANT RESIDENCY DIRECTOR: Laurence D. Jones, DPM

The Assistant Director is appointed by the Residency Director. The Assistant Director, in conjunction with the Residency Director, is directly responsible for the daily functions of the residency program and addressing any direct conflicts or questions which arise with the residents and hospital staff or protocol. The Assistant Director reports directly to the Residency Director and the Residency Director will be informed and consulted if the issue is not resolved. The Assistant Director also functions as the interim Residency Director if the Residency Director is not available until a new Director may be elected.

RESEARCH DIRECTOR: To Be Named

The Research Director is to be appointed by the Residency Director.

The Research Director, in conjunction with the Residency Director, is responsible for the residents performing their assigned research project. The Director will meet with the residents over the course of the research project to ensure that the residents are completing their assigned task as outlined in the Research manual. The Director also will coordinate the Residency Committee approved research projects which may require resident participation. The Research Director is to be a member of the Residency Training Committee and Selection Committee.

EXTERNSHIP DIRECTOR: To Be Named

The Extern Director is to be appointed by the Residency Director.

The Extern Director's responsibilities are as follows:

1. Orientation of the podiatric externs and evaluation of their performance during their month visitation. Should an extern's performance be below standard, then the Extern Director will meet with the extern to delineate his/her deficiencies. A letter is to be dictated to outline the deficiencies and to outline the recommended solutions. Should the extern continue to perform below standard, then the Extern Director has the authority to release the extern. A letter delineating the reasons is to be dictated to the Academic Dean of his/her school and a copy placed into the extern's file.
2. Coordination of the selection process on a yearly basis. Externs will only be selected during this process and at no other time of the year.
3. Coordinate protocol regarding students function in patient care.
4. Revision of learning Competencies of the students, as configuration of hospital and teaching program changes.

EDUCATION COMMITTEE: To Be Named

The Education Committee is appointed by the Residency Director. The Education Committee's responsibilities are as follows:

1. Coordinate all medical and surgical Training Resources for the first, second and third year residents.
2. Create new Training Resources; phase out non-productive Training Resources.
3. Yearly and monthly reminder letters to all participating physicians.
4. Training Resource evaluations from all physicians (monthly).
5. Receive direct feedback from Residents about Training Resources.
6. Report to Residency Training Committee monthly.
7. Determine "switch over" monthly dates for Training Resources.

ACADEMIC CHAIRMEN: To Be Named

The Academic Chairman is to be appointed by the Residency Director, and responsibilities in conjunction with the Residency Director are as follows:

1. Coordination of Journal Club. Review of pertinent articles and assignment of articles to members of Journal Club. Journals include: "Journal of Bone & Joint Surgery", "Journal of Foot and Ankle Surgery", "Foot & Ankle International", "Journal of American Podiatric Medical Association", and many other pertinent journals.
2. Coordination of Book/Topic Review Club. Responsible for choosing the books or topics of interest then coordinating the copying of needed articles and distribution to the Book Club members. The Residents will be involved in the clerical aspects of the Book/Topic Review Club, and will also be expected to have read all the materials so that they may participate fully in all the discussions.
3. Responsible for assigning monthly physician lectures to the residents and assigning Resident Lectures for the year.
4. Coordination of Cadaver Labs.
5. Coordination of Grand Rounds.
6. Continuing modification and improvement of academic/didactic programs.

RESIDENCY TRAINING COMMITTEE

This committee is responsible for the overall direction and regulation, as well as the day by day functioning of the Residency Training Program. It is composed of the Director of Residency Training, Assistant Residency Director, Externship Chairman, Education Committee, Academic Chairman, Research Director, and other members. Appointments to this committee are made annually by the Director of Residency Training.

Appointments to this committee should be made as soon as possible following the election of the Director of Residency Training. The function of this committee is to develop the course and Competencies of the training program as are recommended by the Continuing Podiatric Education Committee. In addition, this committee will mediate and arbitrate conflicts arising within the teaching program, whether they are generated by the podiatry staff, medical staff, nursing staff or administration. This committee will have the power to recommend the dismissal of the resident should the situation arise. The Committee will meet no less than quarterly, in order to review the program, the residents and future plans for improvement.

The Director of Residency Training will be the chairman of this committee, and will be responsible to schedule the meeting dates of the committee.

RESIDENCY SELECTION COMMITTEE

- A. The Residency Director, Assistant Residency Director, Academic Chairman, Research Director, Externship Chairman, residents and members of the podiatric staff as determined by the Residency Director, are to make up the Residency Selection Committee for determination of new residents.
- B. The Residency Director may also appoint other members to this committee as needed. The residency candidates must complete the written, oral and personal interview examination given each year by the Residency Selection Committee. The committee members must be in attendance to vote, and voting by proxy or absentee ballot will not be allowed. It will be the responsibility of all committee members to screen each application prior to attending the final selection meeting. During the final meeting, the applications under consideration will be evaluated and discussed in detail.
- C. Applications for the Residency Program will be accepted primarily from students in their senior year, with exceptions only if agreed unanimously

by the Residency Selection Committee.

- D. The selection protocol for the interview weekend will be agreed upon by the Committee prior to the interview date. If no questions or changes are recommended, then the protocol used the previous year will be in force. Once in place it will not be changed until the following year.

IV. **TRAINING COMPETENCIES/GENERAL MANDATORY COMPETENCIES**

The Competency of the No Name Hospital Podiatric Residency Training Program is to provide the residents with the education and training necessary to acquire the experience and to develop the skills and attitudes to assure the special competence and judgment expected of today's foot and ankle specialist.

- A. The Competencies to be achieved by the residents in this program are:
1. Acquire an understanding of systemic diseases, their treatment, prognosis and prevention of complications.
 2. Increase ability in examination, diagnosis and recognition of abnormalities, disease and conditions of the foot, ankle and related structures and of pedal manifestations of systemic disease.
 3. Acquire knowledge of podiatric diagnostic roenterography (to include CT, MRI, Ultrasound, arthrography, etc.)
 4. Develop and exercise good surgical planning and judgment.
 5. Develop an understanding of the value and indications for hospitalization of patients who require podiatric services.
 6. Acquire knowledge and experience adequate for evaluation of a patient's physical ability to undergo general or local anesthesia for pedal surgery and for the administration of local anesthesia.
 7. Acquire experience in the management and treatment of patients who may hemorrhage during or following podiatric surgery.
 8. Acquire experience in the examination, diagnosis and treatment of abnormalities of the lower extremities affecting posture and gait.
 9. Increase experience in the understanding of the pathology and treatment of benign and malignant tumors.
 10. Increase experience in the examination, diagnosis and treatment of injuries affecting the foot, such as fractures, lacerations, luxations and subluxations.
 11. Increase experience in the application of pharmacology and therapeutics.
 12. Acquire experience in the management of post-operative patients and potential complications of therapy.
 13. Improve skills in the techniques of casting, making of molds and

- fabrication of prosthetic or other appliances used in caring for pedal conditions.
14. Acquire more experience in the application of clinical laboratory procedures, their evaluation and interpretation.
 15. Improve knowledge of hospital protocol.
 16. Develop a greater appreciation of the utilization of consultative services.
 17. Obtain additional experience in physical rehabilitation and trauma pertaining to the field of podiatry.
 18. Acquire skills in all phases of foot surgery, including surgical treatment of trauma and forefoot/rear foot reconstruction.
 19. Acquire experience in muscular and neurological evaluations.
 20. Acquire experience and develop knowledge of good podiatric practice management.
 21. Develop skill in performing complete history and physical examinations.
 22. Develop and practice skills of public speaking.
 23. Increase writing abilities by authorizing a two year research project.
 24. Develop proper charting methodology appropriate for medico-legal review. Gain insight into the medico-legal aspects of practice.
 26. Develop the appropriate skills for completing the two year research project and the advanced third year research projects.
 27. Develop an understanding of applications of advanced wound care techniques including Hyperbaric Oxygen Therapy.

B. Resident Evaluation Process

1. The residents are evaluated quarterly by the director on their performance on outside as well as in house Training Resources. Evaluations are based on the fulfillment of the Competencies for the individual Training Resources and on evaluations submitted by members participating in the resident's education.
2. Incident reports filed by hospital personnel are considered as well.
3. Recommendations for improvement are made by the Residency Training Committee and reassessed at the next evaluation.
4. Residency Daily and Surgical logs are reviewed and signed monthly.
5. Required Quarterly evaluation processes will occur at the Residency Training Committee meetings during the months of January, April, July and October.
6. Annual Reports will be completed in July of each year.

V. **REQUIREMENTS FOR RESIDENCY**

- A. Residents are required to have maintained a satisfactory level of scholarship (3.0 or higher GPA), performance and competency. Residents are required to be graduates of a Podiatric Medical College, approved by the Council on Podiatric Medical Education. Official transcripts, curriculum vitae, two letters of recommendation, national board scores, cover letter with photograph and application fee (to be determined on a yearly basis). Residents are expected to be worthy in character, manners and ethical conduct. Applicants must pass both Part I and Part II of the NBPME prior to beginning the Residency.
- B. Appointees to the Residency Program must make application to the American Podiatric Medical Association, Florida State Podiatric Medical Association, and local chapter of this Society. First year resident do have free membership.

VI. **PHYSICAL FACILITIES**

The hospital shall provide a physical plant, free from hazards and properly equipped to provide a post-graduate training program. Additional affiliations with private physician's offices, hospitals and surgical centers may be formed for additional training experience.

VII. **THE TEACHING STAFF**

The Podiatry Staff consists of those podiatric physicians privileged to work in the hospital, as defined by the Bylaws. The program for Podiatric Residents is supervised by the Director of Podiatric Medical Education, in conjunction with the Department of Surgery, and the Residency Training Committee.

All members of the Podiatric Staff may participate in the teaching program of the Podiatric Resident. The specific areas of responsibilities are assigned to represent all the areas of clinical podiatric practice.

The expanded medical teaching staff consists of those allopathic and osteopathic physicians privileged to work in the hospital, as defined by the Bylaws. All members of the Medical Staff may participate in the teaching program of the Podiatric Resident. The specific areas of responsibilities are assigned to represent all the areas of clinical practice relative to the particular physicians' specialty. The Podiatric Residents will be assigned to

supervisors of rotations (training resources) who are specialists in that specialty, but all staff physicians who practice that specialty may participate in the training, if they so desire. Furthermore, during the Podiatric Residents' surgery month, the residents will scrub all cases related to foot and ankle surgery, regardless of the attending physicians' specialty, if the attending physician is willing to participate in the training program. Additionally, during their surgery rotation, if there is no foot and ankle surgery taking place, the residents may scrub cases other than foot and ankle surgery, with attending physicians of other specialties, if the attendings wish to participate. The residents will benefit from experiencing a high volume of well-rounded surgery with physician attendings from multiple specialties.

VIII. **PROGRAM**

- A. Education** -Since this is the primary purpose of the Residency Program, residents are encouraged to attend all scientific and professional meetings sponsored by the various departments and committees of the hospital whenever it is possible. Those required professional educational programs shall be posted and the residents shall attend when so notified. Attendance is required at all ward rounds, all teaching conferences, all clinical pathological conferences, all radiology conferences, wound checks, residency training committee meetings, and grand rounds.
- B. Orientation** – Just before the beginning of the residency year, a period of approximately 2 weeks in orientation and instruction in duties, responsibilities and privileges of the podiatric resident is provided, so that each resident may attain a working knowledge of the functions and administration of the hospital's Podiatric service.

The following subjects are included in this period of instruction:

1. Tour of the hospital to meet the medical staff and other department heads, general orientation and orientations to specific departments.
2. General policies of the hospital related to the podiatric resident's responsibilities.
3. Standard procedures in the hospital related to patient care.
4. General policies and procedures of the Podiatric Medicine and Surgery section.
5. Explanation of the training program.
6. Explanation of the proper use of podiatric medical records for recording all clinical and laboratory findings, as well as the therapy employed.
7. Demonstrations and lectures covering the various phases of clinical podiatry are given the newly appointed podiatric resident. These lectures and demonstrations are so presented that the new podiatric resident will adapt to the hospital atmosphere.
8. There will be a separate orientation set up by the Residency

director for the residents each June to review specifics of the training program, responsibilities and introduction of committee members.

C. Duties and Responsibilities:

1. While your obligation to yourself, your profession, your hospital and patients will be expressed by implication throughout this manual, the following reminders are added as a guide and check list, and are intended to summarize many of the details not specifically mentioned.
2. The resident must be familiar with and abide by the Rules and Regulations of the Professional Staff, departments and committees.
3. Residents shall report as members of the house staff the last 2 weeks of June to the Residency Director, and begin orientation process.
4. Cooperate in the conservation of supplies.
5. Members of the resident staff are expected to abide by the policies of the hospital, to be cooperative and well groomed/well dressed, in accordance with the hospital's dress code policies.
6. Be alert to the paging system and during duty hours, if you are going to be where you cannot hear the paging system, notify the operator. Each resident will be issued a numeric pager. Residents should submit the "on-call" beeper number to the front desk of the emergency room at No Name Hospital as well as the main operator of all facilities visited by the residents.
7. Residents are not to accept fees or gratuities from patients, their relatives or friends. You will not, of course, practice your profession or assist any physician outside the hospital - except by special assignment or permission for educational purposes only, which may be granted through the Director of Residency Training.
8. No alcoholic beverages are permitted in the hospital. No person who has been drinking may attend a patient.
9. Smoking on hospital property is prohibited for everyone.
10. **AT ALL TIMES, YOUR PATIENTS ARE TO BE YOUR FIRST CONSIDERATION.**
11. Visit each of your patients twice daily, give them such conscientious professional care as the attending physician directs and make progress notes of all significant events in the development of the case. If the attending is not present he/she should be informed daily on the progress of that patient.
12. Provide complete privacy for each patient during dressings and examinations in which he or she might be exposed. Curtains are furnished in the multiple bed rooms.
13. Do not sit on the patient's bed unless it is necessary for examination.

14. Do not prop feet on beds, desks or chairs.
15. Protect your patients by refusing information about him/her to lawyers, insurance people and news media people, unless he/she specifies that he/she wishes to see them. Refer such inquiries to the Director of Nursing.
16. Refer any questions about your patient's financial arrangements to the Business Office.
17. Refer any requests for extra visiting privileges to the Director of Nursing, requests for transfer to other accommodations to the Admitting Office, and inquiry about discharge from the hospital, etc, to the patient's attending physician.
18. Report promptly on the Incident Report Form any unusual occurrences in the hospital such as accidents, fire or a disturbed patient.
19. Guard against unnecessary or unwise talking in the hearing of a patient coming out from under anesthesia or from alcoholic or other stupor. Patients sometimes hear, and remember, surprisingly well.
20. Never disparage any physician or the hospital to a patient. Avoid inciting damage suits by a patient who thinks he/she has been the victim of malpractice.
21. Residents may make long distance telephone calls, if they pertain to the residency program and prior approval is obtained from the Residency Director, his Assistant and/or the hospital administrator.
22. Residents will not order materials, supplies or surgical equipment directly from outside vendors. If the resident desires to order materials and supplies, approval will be obtained from the Residency Director prior to submitting to the administrator for approval.
23. Residents may use the hospital duplicating equipment in the medical education department's library to copy articles and periodicals, lectures for staff and meetings, or as it pertains to the residency program.
24. The first year residents are under the direction of the second year residents, the chief resident, assistant director and the Residency Director.

D. Specific Duties and Responsibilities

1. The first year residents (PGY-1) are responsible for keeping track of all inhouse patient lists and the patients' status. They are also responsible for updating the second and third year residents and attendings on these patients. Morning rounds are to be completed before 7 AM and all updates by 10 AM. Afternoon rounds are to be completed before leaving the hospital for the day. Residents will work together as a team to ensure that all rounds are completed. Wound checks may be initiated in the ED which will be the responsibility of the first year residents. Details will be defined at the time this is instituted.

2. Second year residents are responsible for overseeing the management of the in-house patients through the updates of the first year residents. Initial consults are to be evaluated and signed off by the second year resident during or following its completion by the PGY-1.
3. Third year residents on chief duty will have the ultimate responsibility for all surgical and in-house patient care. He/She will be available at all times to evaluate patients and/or answer questions for the junior residents regarding patient care and management.
4. PGY-1's are also responsible for checking the surgery schedules routinely (three times per day) and updating senior residents of additions or cancellations of cases. **ALL CASES WILL BE COVERED.** Priority will go to senior residents on their surgery Training Resource and responsibility for coverage will trickle down.
5. The first year resident maintains the podiatric clinical and radiographic pathology and lectures in computer files. He/she is responsible for ensuring that all cases of interest are documented photographically. Therefore, he/she should own and have available at all times a digital camera and laptop computer. The podiatric extern may be required to take pictures during certain surgical procedures. Every resident will be required to give their presentations on "power point". The resident will be required to provide an electronic copy of their presentation to the residency director on the same day of their lecture. The residency director will then keep a library of all topic/case lectures which will be available for all residents and attendings.
6. All residents will maintain a cellular phone and be accessible 24/7.
7. The resident assigned to a particular case is responsible for ensuring the patient's NPO status, medical clearance and consent for surgery. For all cases, the resident should be well informed of the patient's thorough history, medications, allergies, pre op lab values, etc. before the attending arrives for the case. Any concerns are to be immediately conveyed to the attending. For all level 5 cases, the resident should become familiar in depth with the rationale for the procedure chosen, having reviewed all previous x-rays, notes and preoperative conservative treatment regimens from the attending's office if at all possible. The residents should also make every effort to follow these patients post operative progress as well. The resident claiming a C level of participation for a particular case is responsible for completing all post op notes, orders and dictations immediately following the case. **ALL DICTATIONS WILL BE COMPLETED AT THE HOSPITAL BEFORE LEAVING FOR THE DAY – NO EXCEPTIONS.**

E. Dress Code - White jackets and No Name Hospital name plate badges are provided before reporting for duty, and must be worn on duty at all times. The white jackets should be kept as clean as possible. If unduly soiled through the normal routine of work, residents are required to change linen often enough to present a clean, well-groomed appearance at all times. Surgical suits (scrubs) are permitted while on Surgical or OR related Training Resources. During all other Training Resources, the resident will wear what is recommended by the Training Resource supervisor. Residents shall assure that the podiatric externs refrain from wearing surgical suits off the hospital area, and that they wear a white jacket when attending to patients. A white jacket must also be worn over scrubs when on the floor or outside of the OR. Hair styles and wardrobe should be professional and shoes enclosed. Visible body piercings and/or tattoos are not permitted. Refer to hospital's dress code policy for details.

F. Hours on Duty – * *Under no circumstances will any resident's hours on duty exceed an average of 80 hours per week during any three week time frame.**

Typical hours will be 600 AM to 600 PM during the week. Residents will arrive at the hospital each morning in time to complete rounds by 700 AM. They will stay at the hospital until all duties for the day are completed, including meetings, rounds, dictations, etc. Residents will not be required to sleep at the hospital. However, two of the six residents will be "on call" at all times as defined below:

One first year resident (PGY-1) is required to be on "First" call 24 hours a day, seven (7) days a week. When PGY1-A is on call, PGY1-B is off call, and vice versa. Call will alternate weekly.

One second year resident (PGY-2) will be available for "Second" call 24 hours a day, seven (7) days a week. When PGY2-A is on call, PGY2-B is off call, and vice versa. Call will alternate weekly.

The PGY-3's will be available for questions on difficult cases or in the event that all junior residents are occupied in surgery and/or Training Resources.

On weekends, the on call residents will round once per day on all in-house patients.

On Call Duties Include the Following:

- 1) Available to report for all foot, ankle and lower leg cases which present to the ER within 30 minutes of being called.
- 2) Coverage of all after hours and weekend foot and ankle surgical cases.
- 3) Hospital Rounds and Consults on the weekends.

** On Call Residents are NOT required to sleep at the hospital and will go home when duties are complete - but will simply remain available by pager to report to the hospital, within 30 minutes or less, in the event of an emergency!**

The first year resident will be excused from his official duties and Training Resources only:

1. While attending an approved meeting, conference, seminar, etc.
2. While absent due to illness (should be under the care of a physician should the illness be greater than one day duration or occur in a continued episodic fashion).
3. While observing or participating in a special orthopedic or podiatric surgery. The Residency Director and the attending at the specific Training Resource should be notified prior to missing the Training Resource. The resident will make up any missed Training Resources or duties upon his return to the hospital.

The first year resident on call will be notified and report for all Emergency Room calls cases involving the lower extremity if contacted by the ER Physician or other attending. The resident may not diagnose and treat the patient over the phone.

Hours of duty will vary based on the particular Training Resource. However, an average day will require that the resident be present at the hospital between 6 AM and 6 PM. Leave at times other than specified above may be granted under reasonable circumstances by the Residency Director or Assistant Director. This request and permission for leave is to be made in writing.

If leaving the hospital for any reason: i.e., outside Training Resource, office visitation, etc, the switchboard operator will be notified upon leaving, giving destination and estimated time for returning.

- G. Relationship of Resident to Hospital, Staff, Physicians and Hospital Personnel** - The first year residents will accompany members of the staff and the second year residents when possible while they are making rounds.

First year residents will make careful notes of orders given by the staff, the second year surgical and chief resident. In no case will the resident change the treatment without the permission of the staff members and the second year or chief resident.

Supervision, control and discipline of the first year residents are vested in

the second year residents, the Chief resident and the Director of Residency Training. Disagreement or criticism of any member of the nursing staff must be discussed with the Residency Director who will take any necessary action. Questions or criticisms relating to the general hospital operation or personnel may be brought to the Residency Director, who may discuss them with the hospital administrator. Those questions relating to the podiatric residency training program will be discussed with the Residency Director and the residents.

Residents are expected, while in the hospital, to conduct themselves with professional dignity in the relationship not only with patients, but also with nurses and other hospital employees. Both on and off duty, be true to your reputation as a gentleman/lady and a doctor.

Cooperate in every way possible, and maintain friendly relations with all professional services, administrative departments and other hospital personnel. You have no disciplinary jurisdiction over nurses or other hospital employees. If any personnel difficulties arise, talk them over with the Residency Director. All formal complaints are to be in writing. Remember always that the attending physician is in full charge of his/her patient.

Inform him/her promptly of any major change in the patient's condition. Work closely and conscientiously under their direction, and let them know that you want to learn from them.

All complaints must be in writing, and will be considered by the Residency Director.

Any problems or questions concerning patient care are to be directed to the appropriate department head and the Residency Director.

H. Resident Daily Log - The residents will:

1. Keep a surgical log containing patient name, patient number, procedures performed or assisted, level of participation and date of operation **for both podiatric and non-podiatric cases**. Include in log notation if inpatient or outpatient surgery. (This should be typed). Non-podiatric cases or **cases performed outside of the United States should be coded with an x and not counted in surgical case numbers**.
2. **Keep a log of daily activities on in house and outside Training Resources**. This must be turned in and signed at the end of each

- month by the residency director.
3. Bring the above logs to the monthly meetings with the Residency Director for review and signature.
 4. The resident should make a duplicate copy of the log and hand in the original log, which will become part of the permanent record.
 5. Utilize the **Resident Resource program** effectively.

I. Responsibility - All first year residents are responsible directly to the Residency Director, Chief resident and the second year residents. The resident's actions are governed by the rules and regulations stated in this manual.

Any questions or problems concerning the first year residents, whether they are from podiatric, medical, administrative or nursing staff, should be brought to the attention of the Residency Director of Podiatric Medical Education.

J. Role of Podiatric Surgical Residents:

Podiatric residents in training at No Name Hospital serve as designated first, second or third year house officers who function to provide services under the direct and/or indirect supervision of a Residency director and affiliated licensed attending physicians/surgeons who are staff members of No Name Hospital.

K. Responsibility of Podiatric Surgical Residents:

Podiatric residents are responsible for completing a series of supervised Training Resources in compliance with standards set by the Council on Podiatric Medical Education (CPME) for core and elective training environments existing within the framework of the Hospital and its affiliated medical service sites/centers. The CPME standards can be found in documents 320 and 330

at <http://www.apma.org/Members/Education/CPMEAccreditation/Residents/320.aspx>

and <http://www.apma.org/Members/Education/CPMEAccreditation/Residents/CPME-330.aspx>.

Residents are responsible for reporting directly to the licensed consulting physician/surgeon responsible for the individual patients within the hospital system. Residents should convey information on patient care and treatment to designated attendings on a timely basis. Residents will participate in pre-operative care of hospital patients. Residents are responsible for keeping logs on a daily basis, consisting on both surgical logs and activity logs.

Residents are responsible for producing these logs on a regular basis and submitting them for review to the Residency Director on a timely basis.

L. Patient care Activities:

Podiatric Residents are responsible for providing patient care under the supervision of an attending physician/surgeon. Residents are subject to the limits of their training and expertise in a given circumstance as outlined in the Podiatry Residency Manual as well as State Law and National Guidelines set forth by the Council on Podiatric Medical Education.

M. Process of Supervision and Evaluation:

At the completion of each Training Resource, the Resident shall be evaluated by the appropriate professional staff member designated as Training Resource supervisor. These evaluations shall be signed by the Training Resource supervisor, the resident and the residency director. At the completion of each Training Resource month as well as each annual cycle, the resident shall also evaluate the Training Resource. Such evaluations shall be subject to review by the Director of Podiatric Medical Education and Residency Training Committee. There shall be quarterly and annual reviews of every Resident's performance by the Residency Director and Residency Training Committee. Evaluation instruments shall be maintained in the medical Education Office. When indicated, recommendations will be advanced through the appropriate avenues for implementing changes to improve the effectiveness of the program. Residents are supervised on a tiered basis. All residents are supervised by attendings on staff throughout the process of treating patients. Residents are responsible to a Training Resource Supervisor while serving in a specified Training Resource within the hospital. Residents are also supervised on at least a biweekly basis by the Residency Director through verbal interviews, review of literature, case reports and activities deemed appropriate by the Residency director in the conduct of training. In addition, Senior (2nd year) residents are subject to supervision by the Chief (3rd year) resident, while Junior (1st year) residents are subordinate to both 2nd and 3rd year residents.

IX. RESIDENT BENEFITS

The stipend for residents will be discussed at the time their contracts are signed and the application approved.

A. Sickness and Injury -

1. Residents will be covered under the hospital's major medical plan during the tenure of the contract. Any injury of a serious nature should be reported immediately to the Residency Director, who shall make arrangements or assist the resident in establishing a physician for care. In the event of illness which Dr. Does not require hospitalization, but is of a serious enough nature to prevent the resident from performing his/her duties, it shall be reported within

24 hours to the Residency Director either by phone or in person. In illnesses which require hospitalization, the same procedure shall be in force. Normally, it shall be the responsibility of the resident to report any illness to the Residency Director within 24 hours of onset and decision of hospitalization shall be left entirely to the physician caring for the resident. Approved and verified sick time will be paid in accordance with the hospitals policies.

2. If for any reason a resident is unable to continue his training as assigned for more than five days cumulative total for the twelve (12) months, arrangements must be made for a leave of absence with time to be made up in order to fulfill the required twelve months training. Any time off not in accordance with the routine work schedule must be previously requested in writing at least seven days prior to the expected leave time and state the reason for the request, which must be authorized by the Director.
3. Health Insurance: Medical and Hospitalization coverage is provided to the resident at a reduced cost consistent with the Hospital's Employee Benefits Package. The resident may choose from the plans among the Medical Plan Options and Dental Plan Options.
4. Life insurance: provided at no cost for the resident in the amount of one time your annual base salary up to \$10,000. Supplemental life insurance coverage is available as well as family supplemental coverage at an additional fee.
5. Long term/ short term disability insurance: Disability insurance is available at an additional cost which provides apportion of your monthly income if you should become disabled.
6. Professional liability insurance (Malpractice): The sponsoring institution will provide professional liability insurance in the amount of 250/750 for the resident that is effective when training commences and continues for the duration of the training program. This insurance will cover all training experiences at all training sites and will provide protection against awards from claims reported or filed after the completion of training if the alleged acts or omissions of the resident were within the scope of the residency program. The sponsoring institution will provide the resident with proof of coverage.
7. Meals are provided to the resident at no cost while on duty.
8. Uniform allowance: Two Lab Coats will be provided per resident per year.

9. ACLS certification course provided or reimbursement (\$175 per year)
10. Opportunities are available thru Human Resources Department at the Hospital for Resident spouses seeking employment.
11. 15 days total paid time off with DME's prior approval, (includes 5 days for CME for 2nd and 3rd yr residents)
12. For PGY-2 and PGY-3 only Continuing Medical Education:
Reimbursement: Maximum of \$1000.00
5 days CME paid time off
13. APMA dues paid for PGY-2 and PGY-3. PGY-1 is free.
14. Board Qualification Exam *or* NBPME Part 3 Reimbursement with associated travel, room and board expenses
15. Registration fee as licensed physician with New York Dept. of Health/Board of Podiatric Medicine - \$100 per year

15.	Base salaries	PGY-1	\$ 38,500.00
		PGY-2	\$ 40,000.00
		PGY- 3	\$ 42,000.00

B. Vacation Time - Each resident will be granted a total of 10 days vacation during each year of training. At least 5 of these days should be in conjunction with some form of continuing medical education activities. Because of service commitments on several Training Resources, we may be unable to grant vacation leave during outside Training Resources or if no other resident is available to cover call. All vacations must be approved by the residency director. Resident must submit in writing and at least 1 month notice. These requests must be dated and on file with the secretary of GME.

During the third year of training, one week (5 days) of vacation will be held until the end of the training year, should the resident wish to conclude early for relocating purposes, etc.

C. Library - Residents will maintain a library of periodicals in the resident's quarters. Resident is welcome to utilize the library and education facilities at No Name Hospital. Any request for books or periodicals must be submitted to the Residency Training Committee.

E. **Seminars -**

1. Must be approved by the RTC and a written request must be submitted by the resident.
2. Contractual allowances are determined each year with the new contracts from the hospital.

X. **SOCIAL AND ATHLETIC ACTIVITIES OF FIRST-YEAR RESIDENTS**

Residents are cordially welcomed and encouraged to participate in social and athletic activities sponsored by the hospital when it Dr. Does not interfere with the training schedule.

XI. **POLICIES FOR PATIENT RELATIONS**

- A. **Admission procedure** - Patients are admitted to the hospital and are assigned beds through the Nursing Supervisor and the Admitting office. The attending physician calls these offices to make a reservation and to give the admitting diagnosis and other preliminary information. He/she may send written orders with the patient, leave them with the admitting clerk, or give them over the telephone to the resident (or the nurse). After the patient arrives and the admitting data is completed, the patient is escorted to his/her room.

The patient must be admitted under the service of an allopathic or osteopathic physician. The attending on the case will direct these arrangements as needed on a case by case basis.

- B. **In regard to transfer of patients** - After a patient has been admitted, transfer from one room to another is accomplished only through the Nursing Supervisor and Admitting office. Patients can be transferred from ward to semi-private or private rooms or vice versa by requesting the transfer through the floor nurse, who will make the necessary arrangements with the Nursing Supervisor by phone. It is the responsibility of the resident assigned to the service from which the patient is being transferred to the new floor or ward, to see that the history and physical and all pertinent data in regard to the patient's chart are in order before the transfer is made. A transfer notation shall be made by the resident on the originally assigned service to the new station to which the patient is going. This is the responsibility of the resident who was originally assigned to the patient.
- C. **First contact with patient** - Introduce yourself as a podiatric member of the house staff. Explain that the attending requested you to perform the H&P. As soon as the patient is in bed, the resident who is responsible for the case according to the schedule takes the history and makes the physical

examination. He then calls the staff physician for orders if not already obtained. The history and physical examination must be signed, whether the report is handwritten or dictated and typed. Each new admission should be seen within one hour, and preliminary procedures should be completed within 24 hours. In the absence of written or telephone orders from the attending physician, the resident writes the preliminary routine orders on the order sheet, with permission note on the chart, except for emergency cases.

- D. **History and Physical examination** - All podiatric patients admitted to the hospital will be given a complete history and physical examination supervised or performed by the first year resident. If podiatric externs are not available, it is the responsibility of the first year resident in-house to perform those H&P's.

The history should be as complete as possible and should include:

1. Chief complaint
2. Present illness
3. Past medical history
4. Family history
5. Review of systems

The history should record clear, concise statements pertinent to the patient's story of his complaints and illnesses, including onset and duration of each. The report of the physical examination is the result of a thorough examination of the patient by the resident and is a detailed description of his observations and findings. The terms "negative" and "normal" are opinions and not facts and should not be used except when summing up the facts.

Genitourinary, rectal or breast examinations are not routinely done on podiatric surgical cases unless the particular case requires such an examination. In this event the resident should seek assistance from the physician responsible for the medical management of the patient or other responsible physician.

A complete physical examination Dr. Does not include pelvic examinations unless otherwise specified by the attending physician's orders. It is performed only with the patient's permission and always in the presence of a nurse. No vaginal examination should be made of an unmarried female under 21 years of age without the consent of her mother, guardian or some other legally responsible member of the patient's family.

Please refer to "History and Physical Examination" format on the following pages.

HISTORY AND PHYSICAL EXAMINATION

(Note: Standard abbreviations may be used if written in longhand: i.e., C.C., P.I., etc.)

Date of Admission to the Hospital

C.C. or CHIEF COMPLAINT

The entrance complaint is generally a brief state-statement of the patient's subjective symptoms as some abnormality of sensation, pain or even some psychological reaction of which the patient, himself is aware.

A concise statement of complaints, preferable in the patient's own words, and should be an introduction to, and closely correlated with the present illness.

H.P.I. or HISTORY OF PRESENT ILLNESS

An orderly story of the onset and course of the illness that gave rise to the chief complaint, with reasons, signs, severity, location and duration of each symptom. The date of onset should be given, or the number of days, as "two days ago."

The illness may be a brief episode, such as an accident which occurred just prior to admission. Or, it may be an illness which began years ago and was marked by repeated attacks with periods between which, apparently, no subjective symptoms were noted.

In the case of chronic disease which may recur at intervals, details of the more recent events of the illness should be given. Interval treatment given in such cases may be described.

Since most symptoms, i.e., pain, nausea, vomiting, headache, dyspnea, etc., may be produced by widely divergent cause, the physician should learn as much about each symptom as possible; onset location, quality, intensity, possible radiation, distribution, persistency, or intermittency, duration and relationship to other complaints or certain body functions, such as eating, bowel movement, micturition, sleeping, working, menses, and also any measures which may grant relief.

P.M.H. or PAST MEDICAL HISTORY

A summary of the patient's past health status. This should include all operations with dates, injuries, complications, or experience which might have a bearing on the present illness. The patient should also be questioned for any problems with

anesthesia in the past or in other family members.

Question the patient specifically on each of the following and record each condition he has had, P.H. or i.e., measles, whooping cough, mumps, chicken pox, scarlet fever, diphtheria, rheumatic fever, typhoid fever, malaria, dysentery, arthritis, asthma, tonsillitis, influenza, pleurisy, pneumonia, tuberculosis, or tuberculosis contact, amebiasis, lues, gonorrhea, etc.

Include history of allergy of drug reaction.

Other subdivisions of the past history may be contributory:

- Birth and early development
- Environmental history
- Intellectual and social development
- Occupation - Habit
- Marital history

P.H. or FAMILY HISTORY

A record of familial tendencies, such as tuberculosis, cancer, diabetes, arthritis, heart disease, kidney disease, allergy, high blood pressure, epilepsy, and any other which might have a bearing on the cause and development of the disease.

The health of immediate relatives (father, mother, siblings, children, ages at death, and causes of death should also be recorded.)

SYSTEMS REVIEW

The subdivision of the past medical history. The purpose of this is to reveal subjective symptoms which the patient forgot to describe, or may have considered unimportant. This should also give a clue to the diagnosis and indicate the nature and extent of the physical examination.

General Nutrition, fever, night sweats, falling hair, tremor, weight gain, weight loss, other.

SKIN: A record of eruptions, cyanosis, jaundice or other skin conditions.

HEAD: Headache, history of trauma, syncope, or other affections.

EYES: Eye strain, diplopia, photophobic, lacrimation, glasses for correction of vision.

EARS: Deafness, discharge, tinnitus, dizziness, other.

NOSE: Colds, epistaxis, sinusitis, obstruction, postnasal drip, other.

THROAT: Soreness, redness, hoarseness, dysphagia, etc.

NECK: Diseases of the neck are usually expressed by some disturbance in movement, pain and swelling. The causes may be classified into the etiologic factors of disease: congenital anomalies, trauma infections, tumors, degenerative and functional entities. A wide variety of systemic disturbances may be interrelated.

C.R. or CARDIORESPIRATORY:

Chest pain, hemoptysis, sputum, dyspnea and shortness of breath following ordinary exertion. If he coughs, determine the character of the cough, i.e., whether it is dry hacking, paroxysmal, explosive, persistent, and of equal importance, whether it is productive or nonproductive.

Insofar as the cardiac system is concerned, as Paul White has emphasized, "the first heart symptom is the keystone on which further examination of the cardiac patient depends." Inasmuch as the chief symptoms of heart disease - dyspnea, substernal or precordial pain, and palpitation - may not only be readily be confused with each other one cannot stress to greatly the development of the symptoms of the cardiac patient, with careful observation concerning time, character, intensity, variability, and relationship to extraneous or precipitation factors.

G.I. or GASTROINTESTINAL

Questions concerning the appetite, distress, pain, nausea, vomiting, belching, flatulence, constipation, diarrhea, stool, (shape, color, mucus, blood)
Hemorrhoids, hernia, other.

G.U. or GENITOURINARY

Covers such items as frequency of urination, abnormal color of urine, pain or burning on urination, any passage of stones, or inability to pass urine.

OR

Discharge, sores, frequency, nocturia, incontinence, pyuria, hematuria, pain, other.

Female reproductive (Menarche or catamenia) Menstrual cycle, age at first appearance, date of last period, regularity, type, duration, and any sign of abnormality in this respect. Abortions, if any, pregnancies (type and complications), labor (type and complications).

N.M. or NEUROMUSCULAR

Emotional state, headaches or convulsions. Includes questions concerning loss of sensation in any part of the body, difficulty in walking and pain in muscles or joints.

P.E. or PHYSICAL EXAMINATION

(Age, T.P.R., B.P., Weight, Height)

This part of the report is based on the Competency findings of the physician in his physical examination.

Opening statement concerning general condition of the patient. Example: "A well developed, well nourished white adult male lying in a right lateral recumbent position complaining of pain in the right, lower quadrant."

SKIN: The skin should be examined not only for the presence of an eruption, but also for changes which are indicative of symptomatic disease, such as pallor cyanosis, edema, jaundice, hemorrhage and changes of texture, elasticity, moisture and sensibility.

Also observe for scars, excoriation, ulcers, tumors and distribution of hair.

HEAD: Examination may include the symmetry or lack of symmetry of the skull, exostosis or bumps, as well as tenderness in certain areas, conditions of the scalp and hair. Special considerations for traumatic injuries.

EYES: Symptoms of common diseases can be detected through their examination. Examine pupils for regularity and reaction. Abbreviations may be used, as pupils are "round, regular and equal", (R.R.E.) and that react to light and accommodation", (R. to L. & A.) and the external ocular movements are normal (E.O.M.). Any exophthalmus or bulging of the eye is noted, so too, lacrimation or photophobia.

EARS: Should be examined by the otoscope if the present illness indicates a disease related to the ears. The degree of hearing is sometimes tested with a watch or tuning fork. Check drums, hearing, discharges, mastoid, etc.

Note airways, conditions of mucosa, discharge, deviation of perforation of nasal septum. Sinuses; not location of pain, tenderness upon pressure, related mucosal redness or swelling nasal discharges. May examine by trans-illumination.

THROAT: Signs of infection and presence or absence of tonsils and adenoids may be noted.

PHARYNX: Examinations may show a congested or inflamed pharynx or uvula.

MOUTH: Ulcerations, pigmentation and odor of breath are significant findings.

TEETH: If in poor condition, might be very significant as the foci of an infection.

GUMS: Bleeding or pale gums, pyorrhea, etc.

LARYNX: The character of the voice can be diagnostic. If the present illness indicates trouble in the larynx laryngoscopic examination may be indicated.

NECK: Note any disturbances of movement (stiffness and rigidity), pain and swelling. Palpitation of the cervical lymph glands, salivary glands and thyroid gland may show abnormality, and if so, the findings may be significant.

CHEST: Shape, symmetry, equality of expansion, respiratory rate, presence of rales, the character of the breathing, as deep or shallow, etc.

BREAST: Should be deferred to attending physician and not performed unless specifically requested by referring doctor

HEART: The apex beat of the heart, if felt at the left fifth intercostal space known as the point of maximum impulse - P.M.I., is considered normal. Any deviation may indicate an abnormal size of the heart. Check P.M.I., pulsation, rate, rhythm, and valve sounds - M-1, A-2, P-2 murmurs, fraction, thrill, etc.

LUNGS: Usually examined by means of percussion and auscultation. Check fremitus, percussion, breathing sounds, adventitious sounds, spoken voice, whispered voice, etc.

ABDOMEN: If symptoms are related to the abdominal region, important findings are masses, tenderness, presence of hernia, incisional scars and other diagnostic signs. Check contour, peristalsis, fluid, scars, tenderness, rigidity, hypertrophy of liver, gallbladder kidneys, and spleen.

GENITALIA (female): Should be deferred to attending physician and not performed unless specifically requested by referring doctor.

GENITALIA (male): Should be deferred to attending physician and not performed unless specifically requested by referring doctor.

RECTAL: Should be deferred to attending physician and not performed unless specifically requested by referring doctor.

BONE, JOINTS, MUSCLES: Deformities, swelling, redness, tenderness, limit of motion, etc. Includes testing for reflexes and range of motion of both upper and lower extremities. All podiatric findings. Check color, edema, tremor, clubbing, ulcers, varicosities, pulsations, etc.

NEUROLOGICAL: Cranial nerves, motor, sensory, coordination, gait, reflexes, Romber, etc.

BIOMECHANICAL EXAMINATION: Narration of positive findings should also include complete listing of all podiatric findings. Biomechanical findings will be discussed in detail with the second year resident. Gait evaluations must be performed and documented for all Biomechanical Exams.

TENTATIVE DIAGNOSIS: Usually a statement of early diagnosis made before any tests have been completed or a final diagnosis has been reached. Diagnosis should include items described in attending admission diagnosis.

- E. **Progress Notes** - Progress notes are specific statements by the physician relative to the course of the disease, special examinations made, response to treatment, new signs and symptoms, complications, and surgical cases, removal of drains, splints, and stitches, abnormal laboratory and x-ray findings, condition of surgical wound, development of infection and any other information pertinent to the course of the disease. The frequent use of general statements such as "condition fair", "general condition, good" and "no complaints", is unscientific and valueless. Progress notes should be written daily. The admitting progress note is to be written by, in the presence of or reviewed by the attending physician. All patients are to be seen daily. If there is a change of resident services during the stay of the patient, the resident leaving the service should be sure that the progress notes are up-to-date and should summarize the condition of the patient on the day the resident leaves the case. The resident coming on the service should carry on the progress notes from that time. Remember this is not only a medical notation, but also a legal notation!!
- F. **Orders - First Year Resident Guidelines** - The resident may write orders for the patient on behalf of the admitting podiatrist. These orders may include: necessary tests, therapy, etc. All orders written by residents are subject to the approval of the admitting podiatrist. Prior to writing orders, the resident should make an effort to contact the podiatrist by telephone, or have written permission in the orders.
- G. **Consultations** - Any podiatric consultation requested by the medical staff is to be handled on a rotating basis consistent with the emergency podiatric call schedule, unless a specific podiatrist is requested. Residents will be on call to aid the consulting podiatrist in the diagnosis and treatment of disorders. In accordance with the resident's contract, the resident shall not be permitted to participate in professional or clinical work outside of the hospital wherein others collect compensation (total) for the resident's services.

- H. **Completeness and Accuracy** - The value of the medical record is in direct proportion to the thoroughness and accuracy with which it is written. It should be remembered that any record may be summoned for legal use, such as in compensation, accident, alcoholic and criminal cases. Prompt and accurate recording of the facts is particularly beneficial in such instances. All entries in the medical record must be complete and accurate. Both the success of handling a patient efficiently and the basis for good teaching and medical research are dependent upon the degree of accuracy with which the records are prepared. Incorrect information is worse than none.
- I. **Corrections** - Erasures and blanked-out alterations on records are illegal and make the record valueless to the patient or the hospital in case of litigation. If corrections are necessary, a single line should be drawn through the words to be deleted, and the new entry should be made. Chart entries are permanent and must be in black ink. It is the policy of the hospital to use ink and write the records in longhand. Pencils and carbon copies are prohibited. The original reports, not the carbon copies, of special examinations, such as x-ray and pathological examinations, are incorporated into the medical record. **Neat**, well kept, complete records may help to advance medical knowledge, and the condition of our records is one of the factors determining our approval by the Joint Commission of Accredited Hospitals. Not only is the patient's record a permanent reference file for subsequent admissions and for medical research, it is also a legal document and should be regarded as such. Notations tinged with frivolity, inappropriate remarks, or implied criticisms have no place in these documents. Notes or messages for attending physicians or other members of the house staff should not be written on the permanent records; these may be written and attached to the outside of the chart, if desired.
- J. **Legibility** - All entries **must be legible**, and they must be signed, not initialed. Treatments and medications should be carefully recorded as ordered, including dosage. Dates and hours should be carefully specified. Entries should be made consecutively, with a minimum amount of space between them. Abbreviations should be avoided except for a few recognized to be in common usage.
- K. **Care of Records** - Records are privileged and confidential documents and must be safeguarded as such. Care must be taken that records do not fall into the hands of persons not authorized to review them. Therefore, insurance representatives, attorneys, etc., are required to present written permission of the patient and of the attending physician before reviewing a medical record. Information regarding the medical records is given to the patient only by his physician. Records should be handled with care and

treated with respect, particularly if they are bulky or show signs of wear.

- L. **Rules for Patient's Records** - Complete all information on each sheet of the chart and sign it, whether typed or handwritten, before chart goes to the Medical Record Room. Record all information about your patients fully, including progress noted. Avoid the addition of extraneous material to the charts, and never use humor or flippancy. Records are not to be removed from Medical Records in the following instances:

1. Must not be removed from the hospital.
2. Must not be taken to the Resident's quarters.
3. Must not be kept in desks or file drawers outside of the Medical Records Department.
4. Must not be kept in locked offices.

Records are to be removed from the Medical Records Department for the following purposes only:

1. For use by the physicians upon re-admission to the hospital or return to the hospital for out-patient care.
2. For use by the Resident or attending staff for reference or study with the Medical Records Librarian's knowledge and permission.
3. For use by other authorized hospital personnel upon request.
4. For use in court upon subpoena.

Any record may be requisitioned by members of the Intern and Resident Group or attending staff for use within the hospital building for teaching purposes only. No record should be taken from the Medical Records Department without the knowledge of some member of the personnel in this department. If a record is required during hours when this department is closed, a request form should be completed and left in the record librarian's office.

In case of emergency, the Director of Nurses or the Administrator of the hospital may obtain the record on request. Occasional special permission maybe granted by the medical records librarian for use of a copy of the record at a scientific meeting outside the hospital, but these records must be properly charged out to specific individuals or divisions and must not be moved from one place to another without notifying the Medical Records Department. Careful adherence to these regulations will facilitate the prompt location of records so that they may be made readily available when needed.

- M. **Requirement for Completing Records** - Residents, like attending physicians, are required to complete their records within two weeks after the patient's dismissal. No member of the house staff is allowed to have

any record incomplete for longer than 14 days. Those records which are over two weeks old, subject the attending physician to the loss of his staff privileges.

- N. **Discharges** - When a patient is discharged **at the attending physicians discretion only**, the resident is responsible for discharging podiatric patients (on the authority of the attending podiatrist). It is the resident's responsibility to discharge the patient with the following:
1. post-operative instructions including weight bearing status.
 2. Post-operative shoes, walker, or crutches.
 3. Instruction to call the doctor's office for an appointment, specifying the time frame, for observation and redressing.
 4. Prescriptions for necessary medications. The resident should check with the attending podiatrist for types of medications preferred and/or special instructions.

Discharge Medications - The resident may be asked to write prescriptions for discharge medications for the patient. The resident is to write for medications to last only until the patient returns to the attending doctor's office for the post-operative visit. Rx that require DEA number are not to be written by the resident.

Any questions or problems concerning types or quantity of medication should be brought to the immediate attention of the Director of Residency Training or his Assistant for discussion and action (if necessary).

Unauthorized Discharges (AMA) - The resident is responsible in every case for the following, which should be noted on the discharge summary:

Occasionally, a patient may become dissatisfied, demonstrate non-compliance and wish to leave the hospital without his doctor's permission. The Resident should explain the seriousness of such a step to the patient and try to dissuade him. If the patient insists, he must be requested to sign the form on the back of the admitting document, "Release from Responsibility for Discharge", stating the fact that he is leaving without his doctor's permission, and releasing the hospital and his doctor from all responsibility for any complications which might arise because of his unauthorized departure. The form must be signed in the presence of the resident or nurse and witnessed. The resident is to dictate a discharge summary following the discharge, when requested by the attending physician.

- O. **Deaths** - The Podiatric Resident shall not pronounce patients dead and is not allowed to sign death certificate.

XII. TEACHING CONFERENCES, DIDACTIC ACTIVITIES, REPORTS AND MEETINGS -

- A. Monthly meetings will be held at _____ on the _____ of each month between the residents and the Directors of Residency training to evaluate the resident's performance and to evaluate the training program. The evaluation will be based on input from the attending podiatric staff, hospital administrator and Department Heads.

The First Year (in house) Resident will take the minutes on the Residency Training Committee Meeting and perform the necessary dictation.

- B. The podiatric resident is required to attend all conferences conducted by the various hospital Departments and to participate whenever a podiatric case is presented.
- C. The podiatric resident is required to attend all conferences conducted under the medical educational programs. The resident will attend, if at all possible, all in-hospital training lectures, osteopathic, allopathic and podiatry. A list will be provided by the medical education department.
- D. The residents should attempt to attend all local, State and regional official podiatric seminars and meetings, if coverage is available at the hospital.
- E. Each resident will be required to give a presentation to an individual department Example: ER— posterior splint and no cast padding.
- F. “Journal/Book Club” will take place weekly at _____ in the No Name Hospital _____ with the Director of Residency Training and members of the residency training program. Review of pertinent articles in journals including: "Journal of Bone & Joint Surgery", "Journal of Foot and Ankle Surgery", "Foot & Ankle International", "Journal of American Podiatric Medical Association", and many other pertinent journals.
- G. Topic Review Resident Lecture Series – Residents will lecture to attendings and fellow residents on a weekly basis at _____ on _____ on a rotating schedule following the list of topics assigned by the Residency Training Committee.

XIII. RESEARCH PROJECTS

- A. Each podiatric resident selected for the training program at No Name Hospital is responsible for the initiation, collection of data, the formulation of data, and the completion of this data into a research project.

- B. Each Podiatric resident, at the start of their second training year, will choose one-two (2) year research project, under the guidance of the Research Director. The research project must relate to reconstructive foot and or ankle surgery. Isolated case reports or literature reviews will not be accepted as qualifying for this research project, but at least one such publishable article per year is required as well, per resident. Also, each resident is responsible for the submission of one poster presentation for an approved scientific conference per year. They may choose to use their case presentation/literature review article, research paper or an additional topic of their choice, as approved by the Research Director.
- C. Should the resident anticipate delay in gathering the above materials for the stated deadlines he/she may petition the Research Director in writing for a stated period of delayed time. It is the prerogative of the Research Director whether he/she will accept this request for delay.

XIV. **RESIDENCY DISCIPLINARY ACTIONS**

The Residency Training Committee expects all residents to observe such rules of decorum and order in the hospital, clinic and private podiatric offices as are becoming to professional men and women. In the event that the resident fails to fully and faithfully perform each and all of his obligations as stated in his contract and as contained in this manual or conducts himself in a manner objectionable to the hospital, the attending podiatric staff or the administrator of the hospital, it is understood and agreed that the hospital and the Residency Training Committee may suspend the resident's contract immediately and without prior notification to the resident.

In the event that the resident's contract is terminated, the same shall be of no further force or effect and each of the parties hereto shall be relieved and discharged of any and all further obligations pertaining to the residency program. It is clearly understood that any contract between a resident and a hospital may be terminated at any time by mutual consent.

In the event the hospital suspends the residents' contract, the resident may appeal this decision through the Graduate Medical Education Committee as is described in the medical staff bylaws. At the completion of the appeal process the Graduate Medical Education Committee may either reinstate the resident or reaffirm his dismissal.

A. **Infringements of Rules**

1. Leaving the Hospital without emergency call services. It is the Resident's responsibility to make sure the beeper is in working order.
2. Leaving early (before duty hours are over).
3. Tardiness (severely or consistently).
4. Leaving the Hospital with no adequate reason.

5. Not wearing required uniforms.
 6. Sloppily dressed or unshaven.
 7. Lack of respect to Doctors, Nurses, or hospital personnel.
 8. Not coming in when scheduled.
 9. Taking off days not allowed or authorized.
 10. Not attending lectures, conferences and meetings.
 11. Not performing assigned duties, lectures and readings.
 12. Incomplete or unsatisfactory evaluation for any outside Training Resource
 13. Misuse of authority should be immediately reported to the Residency director.
 14. Lying to or deceiving attendings, fellow residents, hospital staff or patients.
 15. Failure to work as a team player while respecting the chain of command.
- After the committee has decided that the resident is in violation of any of the above rules, the resident will be given a written memo. This way the resident will always be appraised of their position. These memos will become part of the residency file.

Warning Period - It is the responsibility of the department or division to document a warning period prior to dismissal or failure to reappoint a Podiatry Resident and to demonstrate efforts for the provision of opportunities for remediation. It should be unusual to dismiss a resident without a probationary period except in instances of flagrant misconduct (see next paragraph). Opportunities must be provided and documented for the resident to discuss with the department or division's program director or chair the basis for probation, the expectations of the probationary period and the evaluation of the resident's performance during the probation.

Dismissal Without Warning - Several specific examples of misconduct for which an individual may be subject to immediate dismissal include (but is not limited to) the following: being under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment), or the use of abusive language on the premises; fighting, encouraging a fight, or threatening, attempting, or causing injury to another person on the premises.

B. **Penalties** - In those cases where the resident refuses or fails to comply with the above regulations as well as those within the Residency Training Manual, the sequence of discipline will be as follows:

1. **First offense** of that particular regulation will result in verbal reprimand from the Residency Director. A dictated letter specifying the offense will be in the resident's individual file.

2. **Second offense**, the resident will be prohibited from scrubbing in to one entire week of surgery; to be determined by the committee. However, the resident is required to stay in the hospital during the time the cases are proceeding and will be required to complete the documentation for the surgical cases. The resident (first, second year or chief) will also be required to take first call for the weekend that he/she was not scheduled to be on call. This action will be documented in the resident's file.

3. **The third offense**, one week of pay will be withheld and deposited into the Residency Training Committee fund. The resident at this point will be placed on **probation**. In addition, the resident will also be required to comply with all the duties stated in the second offense. This action will be documented in the resident's file.

4. **The fourth offense**, recommendation for dismissal from the program.

5. At the discretion of any training committee member a resident can be prohibited from scrubbing in surgery as a punitive measure.

- C. **Appeals** - When the recommends dismissal of a Resident, the Executive Committee will be notified of this action in writing, and the Resident shall be given the opportunity for a review hearing before this committee. The aggrieved party shall have twenty (20) days from receipt of notice to file with the Director of the Podiatric Residency Program in writing a grievance letter.

The grievance shall state the facts upon which the grievance is based and requested remedy sought. The Program Director shall respond to the grievance with a written answer no later than ten (10) calendar days after he/she received it.

If the Resident is not satisfied with the response, he/she may then submit, within ten (10) days of receipt of the Program Director's response, a written request for a hearing.

Hearing - The hearing procedure will be coordinated by the Program Director, who will preside at the hearing, but will not be a voting participant. The hearing will be scheduled within thirty (30) days of the Resident's request for a hearing.

The Hearing Panel will consist of at least two (2) members of the Medical Executive Committee, Medical Staff President, Executive Vice President and Vice President of Medical Affairs. The Program Director will determine the time and site of the hearing in consultation with the resident and program leadership.

Counsel - The Resident shall have a right to self-obtained legal counsel at his/her own expense; however retained counsel may not actively participate or speak before the hearing participants, nor perform cross-examination.

Format- of the hearing will include a presentation by a departmental representative; an opportunity for a presentation of equal length by the resident; an opportunity for response by the representative, followed by a response of equal length by the resident. This will be followed by a period of questioning by the Hearing Panel.

The Resident will have a right to request documents for presentation at the hearing and the participation of witnesses.

Decision – A final decision will be made by a majority vote of the Committee participants and will be communicated to the Resident within ten (10) working days after the hearing. This process will represent the final appeal.

D. **REMEDICATION** - In cases of unsatisfactory resident performance, the resident is reviewed quarterly by the residency director and performance is discussed at these evaluations to hopefully prevent any on-going performance or disciplinary problem. Depending on the deficiency, such as not fulfilling the required academic readings or lectures, the resident will be assigned appropriate material to make up the deficiency with reevaluation by the committee in 1 month. If the unsatisfactory performance or failure occurs with any outside Training Resource, the resident must repeat the month and pass without incident. If the resident fails to fulfill the requirements satisfactorily, the director of the residency program will recommend dismissal from the program. The resident may then proceed through the appeals process as outlined above.

XV. **GRADUATION**

The first and second year podiatric residents will not receive a certificate for completion of the 12 – 24 month residency training years. At the end of the third year, the resident will receive a PMSR certificate from the residency program upon the satisfactory completion of his/her training program. During his/her Residency Program, the Resident shall maintain satisfactory academic performance, demonstrate clinical competence, and

complete responsibilities as outlined by this Residency Training Manual.

XVI. RESIDENT'S SCHEDULE

- A. All Residents will follow the prescribed Residency Program schedule.
- B. All Residents will report to their designated assignments at the prescribed time.
- C. All unexcused absences may be made up during or at the end of the program before certification of completion of the prescribed program can be made.
- D. Training Resources will be divided into mandatory and elective Training Resource types:
 - 1. Mandatory - As the name implies, these Training Resources are required. They have been selected for their essential value to the education of the Resident.
 - 2. Elective – Second and Third Year Residents may choose from the list of available elective Training Resources in Section XVII.B.2. Selection of elective Training Resources should be submitted to the Director of Residency Training six months prior to the beginning of the Training Resource. The Residency Director and the Residency Training Committee will grant electives based solely on their discrepancy as it relates to the individual resident. The elective Training Resources are limited to those approved by the Residency Training committee and with Affiliation Agreements in place if off site.
- E. Arrangements for any departure from the schedule with the person to whom you report and from whom you take your assignments must be made. You will have a designated primary service schedule assignment and secondary one will be appointed to report to if the primary service activity is completed or inactive. There will be some natural normal combination of services.

XVII. TRAINING RESOURCES (ROTATIONS)

- A. The following Training Resources are designed to give the resident graded experiences and responsibility in the management of patients and recognition and understanding of clinical entities (this will have reference particularly to the field of foot and ankle surgery, but will also refer to all related medical and surgical areas). The residents will be given an educational program on the post graduate level which will emphasize the basic and clinical sciences. Instruction will be provided primarily by the

medical, surgical and podiatric staff members of No Name Hospital. Under no circumstances may the resident spend more than 6 months at a training site beyond daily commuting distance from No Name Hospital. *Throughout the length of the training program, the residents will have full privileges as a house physician to practice in the particular area of medicine in which they are training at that time and/or in which the immediate present supervising attending practices.*

PGY 1. All first year Training Resources are mandatory, in block format and take place in house at No Name Hospital.

June 15 – June 30 first year residents will spend with Dr. Smith in orientation.

	<u>PGY- 1 A</u>	<u>PGY -1 B</u>
July 1 – July 31	Podiatric Surgery	Emergency room
Aug 1 – Aug 31	Emergency Room	Podiatric surgery
Sep 1 – Sep 30	Podiatric Surgery	Podiatric clinic
Oct 1 – Oct 15	Anesthesia	Podiatric surgery
Oct 16 – Oct 31	Pathology	Podiatric surgery(cont)
Nov 1 – Nov15	Podiatric Surgery	Anesthesia
Nov 16 – Nov 30	Podiatric Surgery(cont)	Pathology
Dec 1 – Dec 31	Podiatric Clinic	Podiatric surgery
Jan 1 – Jan 31	Podiatric surgery	Radiology
Feb 1 – Feb 28	Radiology	Podiatric surgery
Mar 1 – Mar 31	Podiatric surgery	Internal medicine
Apr 1 – Apr 30	Internal medicine	Podiatric surgery
May 1 – May 31	Podiatric surgery	General/Vascular surgery
June 1 – June 30	General/Vascular surgery	Podiatric surgery

PGY 2. The PMSR second year resident will participate in the following Training Resources (Elective Training Resources may be chosen from the Manual Section XVII. B. 2.- List of Elective Training Resources. All second year Training Resources are in Block format. Locations are listed in Section XVII B)

	<u>PGY- 2 A</u>	<u>PGY -2 B</u>
July 1 – July 31	Orthopedics	Podiatric surgery
Aug 1 – Aug 15	Podiatric surgery	Inf. Disease
Aug 16 – Aug 30	Podiatric surgery(cont)	Wound Care/HBO
Sep 1 – Sep 15	Infectious Disease	Podiatric surgery
Sep 16 – Sep 30	Wound Care/HBO	Podiatric surgery(cont)
Oct 1 – Oct 31	Podiatric surgery	Orthopedics
Nov 1 – Nov15	Pediatric ER	Podiatric surgery
Nov 16 – Nov 30	Anesthesia	Podiatric surgery
Dec 1 – Dec 15	Podiatric surgery	PT
Dec 16 – Dec 31	Podiatric Surg (cont)	Behavioral Science
Jan 1 – Jan 31	Emergency room	Podiatric surgery
Feb 1 – Feb 14	Podiatric surgery	Pediatric ER
Feb 15 – Feb 28	Podiatric Surgery (cont)	Anesthesia
Mar 1 – Mar 15	PT	Podiatric surgery
Mar 16 – Mar 31	Behavioral Science	Pod Surg (cont)
Apr 1 – Apr 30	Podiatric surgery	Emergency room
May 1 – May 15	Endocrinology	Podiatric surgery
May 16 – May 31	Rheumatology	Podiatric surgery(cont)
June 1 – June 15	Podiatric Surgery	Endocrinology
June 16 – June 30	Podiatric Surgery (cont)	Rheumatology

PGY 3 The PMSR third year resident will be chief for 6 months and then will follow these scheduled Training Resources for the remainder of the year. (Elective Training Resources may be chosen from the Manual Section XVII. B. 2.- List of Elective Training Resources. All third year Training Resources are in Block format. Locations are listed in Section XVII B)

	<u>PGY- 3 A</u>	<u>PGY -3 B</u>
July 1 – July 31.	Podiatric Surgery	Research
Aug 1 – Aug 31	Podiatric Surgery	Family Medicine
Sep 1 – Sep 30	Podiatric Surgery	Elective
Oct 1 – Oct 31	Podiatric Surgery	Elective
Nov 1 – Nov 30	Podiatric Surgery	Elective
Dec 1 – Dec 31	Podiatric Surgery	Podiatric Clinic/Prac Mgmt
Jan 1 – Jan 31	Research	Podiatric Surgery
Feb 1 – Feb 28	Elective	Podiatric Surgery
Mar 1 – Mar 31	Elective	Podiatric Surgery
Apr 1 – Apr 30	Elective	Podiatric Surgery
May 1 – May 31	Family Medicine	Podiatric Surgery
June 1 – June 30	Podiatric Clinic/Prac Mgmt	Podiatric Surgery

B. SPECIFIC TRAINING RESOURCES AND RELATED COMPETENCIES

1. MANDATORY TRAINING RESOURCES/COMPETENCIES

a. Podiatric Surgical Training Resource

Location-No Name Hospital During this Training Resource, the first year residents are responsible to the Director of Residency Training, second year residents and chief resident on duty. _____ is the Training Resource supervisor. In addition, all the first year podiatric residents have teaching responsibilities to rotating podiatric student externs, visiting medical students, interns and residents. **Podiatric surgeries will take precedence over all other duties.** Proper arrangements will be made by the resident to make up any missed Training Resources. Where the residents feel that there is a discrepancy in criteria or judgment, they are not obligated to take an active part in the case in question. However, they are obligated to notify the Director of Residency Training of this action in writing.

1. Competencies for the Podiatric Surgical Training Resource are:
 - a. Demonstrate knowledge in pre-operative evaluation and podiatric surgical criteria.
 - b. To become proficient in operating room conduct, surgical draping, materials for suturing, control of shock, control of hemorrhage, pre-operative and post-operative care of patients.
 - c. Demonstrate knowledge of hospital protocol. d. Demonstrate knowledge of the indications, contraindications and complications of surgery.
 - e. Gain experience by attending special demonstrations in foot surgery.
 - f. Demonstrate knowledge of ankle protocol necessary in the evaluation of a patient with an injured ankle.

2. Duties while on Podiatric Surgical Training Resource are:
 - a. Perform H. & P.'s on all podiatry patients as assigned by the second year resident.
 - b. Be able to perform the H. & P. for both ambulatory and regular admitted patients.
 - c. Instruct and supervise the extern in performing H.& P.'s The extern should be oriented in performing these duties during the first week and be observed during the second week.
 - d. Under normal circumstance, the extern will not perform more than one H. & P. on given day.
 - e. Check the following on all H. & P.'s performed by externs: (1) Cardiac, Medications, Laboratory findings
(2) Lungs, Allergies
(3) Vascular; Lower Extremities
(4) Podiatric Findings
 - f. Review cases with second year residents, extern and surgeon prior to surgery.
 - g. Review Lab, EKG and X-rays prior to surgery each night. h. First year Residents will act as assistants in foot surgery and will assist in the pre-operative and post-operative care of patients as directed

- by the attending surgeon.
- I. First year residents will make morning checks on all charts of patients scheduled that day for surgery. This is to insure that all work has been completed as ordered in preparation for surgery. Any abnormal results should be brought immediately to the attention of the surgeon. The residents are also responsible for writing a pre-surgical note in the progress notes section of the patient's chart for regular admissions.
 - j. Scrub in on all podiatric surgeries as time allows, and directed by the second year resident.
 - k. First year residents will be present and available in the operating room prior to the scheduled time for surgery.
 - l. First year residents will be available to observe, scrub, and/or assist in specialty or general surgery where applicable and when there is no ongoing podiatric surgery, in order to enhance their education, and as approved by the second year resident.
 - m. First year residents will remain in the operating suite until completion of the case unless otherwise directed by the surgeon.
 - n. First year residents will function at the discretion of the surgeon.
 - o. First year residents may not perform any surgical procedure without proper supervision by a physician.
 - p. Post-operatively, the First year residents are to write orders for the patient's care, unless otherwise directed by the surgeon. The first year resident will enter a post-operative note in the progress notes section of the patients' chart.
 - q. At the discretion of the attending podiatrist, the First Year Resident may be called upon to dictate operative reports on cases in which he participated, perform redressing, etc.
 - (1) Discharge summaries: The First Year Resident is responsible for the dictation of all podiatric discharge summaries at the request of the attending. The dictation should be completed at the time of discharge of the patient.
 - (2) Operative Reports: The Resident claiming a level C participation is responsible, at the surgeon's request, for the dictation of any podiatric operative procedures which he/she has participated in. The dictation should be completed as soon as possible. The podiatric surgeon will be final judge of the quality of the completed operative report. The surgeon may request the report be re-dictated, if it Dr. Does not represent an accurate report; i.e., contains errors or omissions. These dictations will be completed before leaving the hospital the same day.
 - (3) Dressing Changes: The first year resident is to change a patient's dressings only when authorized by the attending podiatrist. The First Year Resident is to report the status of the surgical site to the podiatrist following the dressing change. The resident is expected to observe aseptic technique while changing the patient's dressing.
 - r. The first year resident is required to make an AM and PM progress note on each and every podiatric patient or medical patient requiring podiatric care on each and every day. It is not enough just to countersign the extern's progress note. The second year resident is required to make a note on each and every day on those patients which he has participated either scrubbing in or managing its podiatric medical care.
 - s. Each resident not on in-house Training Resource is required to give one extern

lecture each month at his/her and extern's mutual convenience. The second year resident (in house) will be responsible for submitting an organized lecture handout to the Extern and Residency Directors for each month.

- t. All resident functions, including Grand Rounds, early morning rounds, resident lectures, Journal Club and other assorted educational meetings will be absolutely mandatory for all six residents. The obvious exceptions will be when a resident is at another state, covering surgery or specific duties relevant to that particular Training Resource he/she is on. There will be no exceptions unless previously cleared with the Residency Director.
- u. Morning rounds will be required for on service surgical residents (first and second year residents and externs).
- v. As time allows, all residents will visit SFFAC for exposure to pre and post op podiatric care.

3. Second Year Functions

- a. Participate in all advanced rearfoot and ankle procedures b. Teach and Lecture to the other residents
- c. Lecture to the faculty and staff of No Name hospital.

b. Anesthesiology Training Resource –

Location – No Name Hospital Operating Room During this Training Resource the resident is responsible to the Anesthesiologist on duty at No Name Hospital. Dr. _____ is the Training Resource supervisor. Emphasis is placed on clinical training concerning the indications, contradictions, and possible adverse reactions of general, regional, and local anesthesia. The podiatric resident will be required to attend all conferences and rounds pertaining to this Training Resource.

- 1. Competencies for Anesthesiology Training Resource are:
 - a. Ability to perform a pre-anesthetic consultation and to determine the anesthetic risk of the patient.
 - b. Demonstrate knowledge of choice of anesthesia, drug interactions, and use of premedication.
 - c. Obtain an understanding and knowledge of pre-anesthetic patient care, technical procedures, use of the anesthetic machine, the anesthesia record, monitoring of the patient, and general asepsis used in anesthesia.
 - d. Demonstrate knowledge of anesthetic agents and their use including inhalation anesthetics, intravenous anesthetics, and local anesthetics.
 - e. Ability to perform intravenous placement.
 - f. Ability to perform proper intubation and extubation techniques.
 - g. Ability to perform by maintaining patient airway. h. Demonstrate knowledge and ability to perform cardiopulmonary resuscitation.
 - I. Ability to diagnose and institute proper emergency therapy, and use of emergency medications.
 - j. Demonstrate knowledge and understanding of intravenous fluid therapy including electrolyte balance, acid-base balance, and blood transfusions.
 - k. Demonstrate knowledge and understanding of complications of anesthesia

- and their management.
1. General knowledge of pediatric anesthesia.
2. Duties for Anesthesiology Training Resource are:
- a. The First Year Resident must be present each morning prior to surgery at ____ a.m. for performing all I.V.'s on surgical candidates.
 - b. Be present for all subdural and general conductive anesthesia.
 - c. Review I.V. techniques daily with R.N. Anesthetist. d. Daily rounds with anesthesiologists prior to and post surgery.
 - e. Recommended reading:
 - (1). Essentials of Anesthesiology
 - (2). Local Anesthetics by Covina & Vassallo

c. Internal Medicine Training Resource for First-Year Resident – Location-Floors and Wards of No Name Hospital

Under the supervision of the Dr. _____ at No Name Hospital, the resident will rotate through internal medicine in the hospital setting. The resident will, under supervision, observe and assist with the taking of histories and physical, diagnosing, and treating general medical patients, ordering and interpreting of laboratory tests. Specific attention and emphasis shall be given to the correlating and integrating of podiatric and general medicine. Residents are required to attend lectures and conferences that are related to this service.

1. Competencies for Internal Medicine Training Resource are:
 - a. Demonstrate knowledge and ability in performing a complete medical history and physical examination.
 - b. Demonstrate knowledge of EKG interpretation and cardiovascular disorders.
 - c. Demonstrate knowledge in the diagnosis and treatment of general medical conditions
 - d. Knowledge of diagnostic laboratory procedures and interpretation as well as X-ray evaluation of patients.
 - e. Exposure to procedures such as:
 - (1) Paracentesis
 - (2) Thoracentesis
 - (3) Esophagoscopy
 - (4) Gastroscopy
 - (5) Sigmoidoscopy
2. Duties for Internal Medicine Training Resource are:
 - a. The resident must review all aspects of medicine patients of the Internists the night prior to morning rounds - know diagnosis, meaning of all orders and tests, reason for lab tests, etiology, process and treatment of disease processes.
 - b. Review charts and tests results each morning prior to rounds.
 - c. Evening rounds on own with Progress Notes.
 - d. Be present all afternoon for the Internist's H. & P.'s - be in attendance.
 - e. Conduct lower extremity H. & P.'s n all the Internist's patients for continuing study.
 - f. Be present for all special procedures: EGD's, thoracentesis, paracentesis, spinal taps, etc.
 - g. Review patient's x-rays each day (special tests).
 - h. Be in attendance each day for morning rounds with the Internists and then write orders with them.

- I. Perform all special tests requested by the Internists; i.e., skin tests, cultures, GYN exams, etc.
- j. Attend daily EKG Clinic while on medicine Training Resource.
- k. Take call with the internal medicine team to which the podiatric resident is assigned
- l. Selected reading materials:
 - (1). Manual of Medical Therapeutics
 - (2). A Guide to Physical Examination - Bates or DeGowan & DeGowan
 - (3). Harrison's Principles of Internal Medicine (reference) - McGraw Hill
 - (4). Rapid Interpretations of EKG's - Dubin

d. Radiology

Location – Radiology Department of No Name Hospital

During this Training Resource the podiatric residents are responsible to the Radiology Department at No Name Hospital. It is the purpose of this Training Resource to expand the resident's knowledge of radiographic techniques, interpretation and radiographic diagnosis. The Training Resource supervisor is Dr _____

By the conclusion of this rotation, the resident should demonstrate the following Competencies in Radiology:

- 1. The resident will gain knowledge in performing and interpreting foot and ankle films, stress ankle films and arthrographic techniques.
 - 2. Familiarity with diagnostic techniques such as ultrasound, radionucleotide scanning, MRI and CT scanning.
 - 3. Familiarize with lower extremity arteriographic studies.
 - 4. Recognize basic chest film pathology.
 - 5. Recognize common benign and malignant bone tumors.
 - 6. The resident should also conduct her/himself in a professional manner.
- 1. Selected Reading
 - a. Fundamentals of Radiology - Squire
 - b. Imaging in the Foot & Ankle - Forrester
 - c. Skeletal Radiology - Handbooks in Radiology, Manster, B.J., Yearbook Medical Publishers

e. Pathology Training Resource

Location – Pathology Dept of No Name Hospital

The Clinical Pathology Training Resource will be a mandatory two week first year Training Resource at No Name Hospital under the direction of Dr. _____. The Competencies of this Training Resource are as follows:

- 1. Proper acquisition and preparation of various tissue specimens for useful pathologic interpretation.
- 2. Various tissue preparation techniques and when or why different techniques are utilized.
- 3. Pathological differential for various skin, soft tissue and osseous lesions.
- 4. Basic tissue recognition.

5. Recognition of pathological processes from a cellular level.
6. Training Resource in Dermatology, muscle, anatomy, and bone/joint pathology.
7. Understanding of laboratory studies.

Selected Reading:

Pathologic Basis for Disease - Robbins
Synopsis of Pathology - Anderson

f. Orthopaedic Training Resource

Location – No Name Hospital

This Training Resource is under the supervision of Dr. ____ at No Name Hospital, and will consist of hospital exposure to the total management/care/treatment of the orthopedic patient. The resident should contact Dr. ____ the week prior to his Training Resource to discuss any "early" requirements or obligations required by this Training Resource.

1. Competencies for the Orthopedic Training Resource:
 - a. Demonstrate knowledge and the ability to evaluate these joints in the presenting patient: Upper extremity (MCPJ, wrist, elbow, and shoulder), back, and lower extremity (hip, knee, ankle, and foot).
 - b. Demonstrate knowledge and ability in the diagnosis of lower extremity disorders with an emphasis on the foot.
 - c. Demonstrate knowledge and ability in the performance of digital, nail and soft tissue procedures.
 - d. Demonstrate knowledge of aseptic surgical technique, operating room protocol and basic surgical principles.
 - e. Knowledge of basic operative management of the orthopedic patient with emphasis on the lower extremity.
 - f. Demonstrate knowledge of biomechanics and its correlation to foot surgery.
 - g. Knowledge of vascular surgery and amputations.
2. Selected reading materials:
 - a. Manual on Orthopedic Trauma - Iversen & Clawson
 - b. Campbell's Operative Orthopedics
 - c. Disorders of the Foot & Ankle - Jahss

g. General/Vascular Surgery Training Resource

Location – No Name Hospital

The purpose of this Training Resource is for the first year resident to gain exposure to various aspects of general and vascular surgery. During this Training Resource the resident will be under the direction of Dr. _____ at No Name Hospital.

1. Competencies of General/Vascular Surgery Training Resource:
 - a. Development of good surgical judgment and skills.
 - b. Lectures on operating room conduct, surgical draping, materials, suturing, control of hemorrhage, etc.
 - c. Lectures on pre-operative and post-operative care of patients.
 - d. Assignments of the podiatric resident to the Department of Surgery for:
 - (1) Observation and when practical, assistance in selected operations.
 - (2) Ward rounds with the surgical staff.
 - e. The indications, contraindications and complications of surgery are to be taught the resident.
 - f. Management of burns, trauma and post-operative infections.
 - g. Fluid and electrolyte management of surgical patients.

h. Emergency Room Training Resource

Location – No Name Hospital Emergency Department

The purpose of this Training Resource is to allow the resident to function as a rotating resident in a large community hospital's emergency room. The resident will report to Dr. _____ on the day the Training Resource begins at No Name Hospital.

1. Competencies of E.R. Training Resource:
 - a. Demonstrate knowledge and ability in the evaluation of trauma victims and emergency medical patients and the proper sequence of evaluation and referral.
 - b. Demonstrate knowledge and ability in performing special studies on the acutely traumatized patient.
 - c. Gain exposure to significant lower extremity trauma.
2. Suggested Reading:
 - a. Manual of Emergency Medicine
 - b. Foot & Ankle Trauma - Dr. Doe
 - c. Essentials of Emergency Medicine – Dr. Run

i. PHYSICAL THERAPY TRAINING RESOURCE

Location- No Name Hospital's XYZ Rehabilitation Institute

This Training Resource is under the direction of the Physical Therapy Department in No Name Hospital. The training Resource is two weeks in duration and the resident reports directly to the physical therapist. The Competencies to achieve are primarily understanding and properly ordering and utilizing the physical therapy modalities available and being able to completely examine the dynamic function of the lower extremity.

1. Competencies for the Training Resource:
 - a. Knowledgeable in appropriate referral and use of physical

- therapy/rehabilitation services
- b. Knowledgeable in applicable physical therapy modalities and their uses in rehabilitation
- c. Capable of lower extremity functional examination for the lumbosacral region, hip-pelvic region, knee and foot/ankle complex
- d. Evaluation of gait analysis for the lower quadrant including the lumbosacral region, hip-pelvic region, knee and foot/ankle complex
- e. Management of acute traumatic injuries
- f. Management of chronic pain patients
- g. Knowledgeable on the assessment and use of functional orthotics for lower quadrant biomechanical dysfunction
- h. Knowledgeable on the use of functional rehabilitation principles for the lower quadrant

Suggested Reading:

Gray, G. et al. "Plane Sense," *Fitness Management*; 30-33, April 1992.

Tiberio, D., Gray, G.W., 1989. "Kinematics and Kinetics During Gait." *Orthopaedic Physical Therapy*. Churchill Livingstone, New York.

Hoppenfeld, S., 1976. *Physical Examination of the Spine and Extremities*. Appleton-Century-Crofts, London.

j. WOUND CARE/HBO TRAINING RESOURCE

Location-Wound Care/HBO Departments of No Name Hospital This

Training Resource is under the supervision of Dr. _____ in the wound care department at No Name Hospital. The resident will spend time in the wound care centers at the hospital.

1. Competencies for the Training Resource:
 - a. Knowledgeable of the various types of wounds which present on the lower extremity and how to differentiate them.
 - b. Knowledgeable of the various types of wound care products available for the treatment of acute and chronic wounds.
 - c. Knowledgeable of the protocols in place for the management of various types of wounds.
 - d. Knowledgeable of indications and contraindications of debridement of wounds.
 - e. Knowledgeable of offloading modalities for lower extremity

- wounds.
- f. Knowledgeable of the biochemical properties of wounds.
 - g. Knowledgeable of applications, indications and contraindications minor prophylactic surgery (planing, tendon balancing, nerve decompression) and of aggressive surgical treatment including major reconstruction with external fixation in the management of acute and chronic wounds.
 - i. Knowledgeable on the use, indications and contraindications of Hyper baric chamber.

k. BEHAVIORAL SCIENCE/ PSYCHIATRY

Location-Floors of No Name Hospital

This Training Resource will be under the direct supervision of Dr. _____.

Specific competencies of this Training Resource include:

- a. To become familiar with common psychiatric conditions requiring admission to the hospital.
- b. To become familiar with common medications used in and dosing regimens for the treatment of psychiatric conditions.
- c. To become familiar with the management of pain in the dependant and and/or addicted patient.
- d. To become familiar with the Baker Act process and its implication in the management of the hospital patient.
- e. Become knowledgeable of the value of the Psychiatrist/Psychologist in the care of the Podiatric patient and when to make the appropriate referral.

I. PODIATRIC CLINIC/PRACTICE MANAGEMENT

Location-Certified Foot and Ankle Centers/

This Training Resource will be under the supervision of Dr. _____. During this Training Resource, the resident is responsible for evaluating Podiatric patients clinically and diagnostically, and to discuss conservative and surgical treatment options with the attending physicians. Specific Competencies of this Training Resource will include:

- a. Demonstrate knowledge in the performance of thorough history and physical examinations including lower extremity vascular, dermatological, musculoskeletal, neurological and biomechanical evaluations.
- b. Perform and interpret all available diagnostic studies.
- c. Formulate differential diagnoses.
- d. Formulate conservative and surgical treatment plans.
- e. Evaluate treatment plans and modify as necessary.
- f. Make appropriate referrals.

- g. Become knowledgeable of billing and coding processes.
- h. Practice in a professional and compassionate manner.
- i. Develop an appreciation of costs associated with the practice as it relates to both practice management and to the patient's expenses.

m. RESEARCH TRAINING RESOURCE

Location-Medical Library No Name Hospital

The overall Competency of this Training Resource in the third year is to enable the resident to complete his/her research project to the point of submission for publication. Specific additional Competencies include:

- a. Develop an ability to read, interpret and present scientific literature in a systematic fashion.
- b. To become familiar with evidence based medicine and its employment in real life practice.
- c. Collect and interpret data and present its findings in a formal study format related to podiatric medicine and surgery.
- d. Demonstrate informational technology skills in learning, teaching and clinical practice.

n. INFECTIOUS DISEASE

Location-Floors of No Name Hospital

This Training Resource will be under the direct supervision of Dr. _____ and associates and will take place on the floors of No Name Hospital. Specific Competencies of this Training Resource include:

- a. To become familiar with common infectious conditions requiring admission to and treatment in the hospital.
- b. To become familiar with common medications used and dosing regimens in the treatment of various types of infectious diseases.
- c. To become familiar with laboratory and other diagnostic studies relating the management of infectious diseases.
- d. To gain an appreciation for the value of the Infectious Disease specialist in the care of the Podiatric patient and when to make the appropriate referral.

o. PEDIATRICS

Location- _____

This Training Resource will be under the direct supervision of Dr. _____ and will take place in _____. Specific competencies of this Training Resource include:

- a. To become familiar with common pediatric conditions requiring admission to the hospital.
- b. To become familiar with common medications used and dosing regimens in the treatment of pediatric conditions with an emphasis on infection and pain management.
- c. To become familiar with family dynamics in the management of the pediatric patient.

p. ENDOCRINOLOGY

Location- Floors of No Name Hospital

This Training Resource is under the direct supervision of Dr. _____ and will be conducted on the floors of the Hospital. Specific Competencies of the Training Resource are as follows:

- a. Develop an understanding of the various diseases, signs and symptoms associated with the endocrine system.
- b. Develop an understanding of the various laboratory and related diagnostic studies available to diagnose and monitor the diseases of the endocrine system.
- c. Knowledgeable of the details of the disease processes of Diabetes and the emerging and historical treatment protocols.
- d. Knowledgeable of the details of the disease processes associated with Osteopenia and Osteoporosis and the related diagnostic and treatment modalities.
- e. Become knowledgeable of the value of the Endocrinologist in the overall care of the Podiatric patient and when to make the appropriate referral.

q. RHEUMATOLOGY –

Location – _____

This Training Resource will be under the direct supervision of Dr. _____ and will take place in _____. Specific Competencies of the Training resource include:

- a. Develop an understanding of the various rheumatologic diseases and their associated signs and symptoms.
- b. Develop an understanding of the various laboratory and related diagnostic studies available to diagnose and monitor the various rheumatologic diseases.
- c. Knowledgeable of the emerging and historical treatment protocols for the various rheumatologic diseases.
- d. Become knowledgeable of the value of the Rheumatologist in the overall care of the Podiatric patient and when to make the appropriate referral.

r. FAMILY MEDICINE

Location – TBA

The resident will rotate through a Family Medicine practice in the clinical/office setting. The resident will, under supervision, observe and assist with the taking of histories and physical, diagnosing, and treating general medical patients of varying ages, ordering and interpreting of laboratory tests. Specific attention and emphasis shall be given to the correlating and integrating of podiatric and general family medicine, as well as the dynamics of a multigenerational practice. Residents are

required to attend lectures and conferences that are related to this service.

1. Competencies for Family Medicine Training Resource are:
 - a. Demonstrate knowledge and ability in performing a complete medical history and physical examination.
 - b. Demonstrate knowledge of EKG interpretation and cardiovascular disorders.
 - c. Demonstrate knowledge in the diagnosis and treatment of general medical conditions
 - d. Knowledge of diagnostic laboratory procedures and interpretation as well as X-ray evaluation of patients.
 - e. Exposure to procedures such as:
Venipuncture, Throat Swabs, Ear Lavage, etc.
2. Duties for Family Medicine Training Resource are as defined by the attending in his/her office, and to follow the attendings in hospital rounds.

2. ELECTIVE TRAINING RESOURCES/COMPETENCIES

a. DERMATOLOGY –

Location – _____

This Training Resource will be under the direct supervision of Dr. _____ and will take place in his various offices. Specific Competencies of the Training Resource include:

- a. Develop an understanding of the various dermatological diseases and their associated clinical signs and symptoms.
- b. Develop an understanding of the various laboratory and related diagnostic studies available to diagnose and monitor the various dermatological diseases.
- c. Knowledgeable of the details of the emerging and historical treatment protocols for the various dermatological diseases.
- d. Knowledgeable of the various types of skin biopsy techniques.
- e. Become knowledgeable of the value of the Dermatologist in the overall care of the Podiatric patient and when to make the appropriate referral.

b. HAND SURGERY

Location - _____

This Training Resource will be under the direct supervision of Dr. _____, MD and will take place in his office (Orthopaedic Surgery Associates). Specific Competencies of the Training Resource include:

- a. Develop an understanding of the various functional conditions and injuries that affect the human hand.
- b. Develop an understanding of the various conservative treatment protocols available for hand patients, with an emphasis on hand therapy and

related devices.

- c. Knowledgeable of the details of the emerging and historical surgical treatment protocols for the various conditions of the human hand.

c. PLASTIC SURGERY

Location- _____

This Training Resource will be under the direct supervision of Dr. _____ and will take place in her various offices and No Name Hospital. Specific Competencies of the Training Resource include:

- a. Develop an understanding of the various conditions treated by the plastic and reconstructive surgeon.
- b. Develop an understanding of the various types of skin and tissue flaps and grafts available for the reconstruction of lower extremity injuries, wounds and deformities.
- c. Become knowledgeable of the value of the Plastic and Reconstructive Surgeon in the overall care of the Podiatric patient and when to make the appropriate referral.

d. SPORTS MEDICINE

Location- _____

This Training Resource will be under the direct supervision of Dr. _____ and will take place at his office (Orthopaedic Surgery Associates) and the No Name Hospital. By the conclusion of this Training Resource, the resident should demonstrate knowledge and skills in Sports Medicine. The specific Competencies of this Training Resource are as follows:

- a. To become familiar with the management of various sports related injuries and conditions.
- b. Review the phases of the gait cycle and how it relates to the pathomechanics of the lower extremity.
- c. To review the different orthotic devices and athletic shoe gear.
- d. Be competent in determining the abnormality in an athlete and adjust a treatment course accordingly.
- e. The resident will have exposure to acute and chronic injury management, conservative management, surgical management and rehabilitation to today's athletic injuries involving the lower extremity.
- f. Become familiar with the various athletic taping modalities.
- g. Become knowledgeable of the value of the Sports Medicine Physician in the overall care of the Podiatric patient and when to make the appropriate referral.

e. Endovascular Surgery

Location – _____

The purpose of this Training Resource is for the resident to gain knowledge of vascular disorders and their diagnosis, treatment and evaluation with an emphasis

on the emerging trends in endovascular procedures. The residents will participate in call with the other residents on their team. The Training Resource is through the vascular surgery department at No Name Hospital and under the supervision of Dr. _____

1. Competencies of Vascular Surgery Training Resource are:
 - A. Demonstrate knowledge and ability in the evaluation of vascular disorders and the usage of appropriate tests.
 - B. Demonstrate knowledge in when to refer to the vascular surgeon in disorders affecting the lower extremities.
 - C. Gain exposure to vascular surgery and further O.R. techniques.
 - D. Indications and contraindications to surgical procedures performed on high risk diabetic patients.
 - E. Ability to work-up a vascularly compromised patient and suggested treatment.
 - F. Gain further exposure to angiograms of the lower extremity, the pathology which may be present and the application of endovascular treatment modalities for both peripheral arterial and venous pathology.
 - G. Knowledge of basic management of the vascular surgical patient from pre-op work-up to management on the floor.
2. Suggested Reading: refer to the resident files for access to these readings.
 - A. Bedside Diagnosis of Heart Disease; Ch.1-18.
 - B. The Vascular Laboratory; Ch. 14-17.
 - C. Atlas of Human Anatomy; Netter

CONCLUSION

Residents completing this program will be highly trained to care for patients with all types of injuries and conditions affecting the human foot, ankle and lower leg in the hospital, out patient, and office settings. The young physicians will have developed an appreciation for the team approach to healthcare and will know their place and that of their allied specialists in the care of the foot and ankle patient. They will have developed an engrained desire to remain professionally inquisitive, life long learners and teachers, using research based protocols, scholarly activity and information technology to continuously enhance professional knowledge and its employment in the clinical practice of Podiatric Medicine and Foot and Ankle Surgery. In an effort to continually improve the quality of the program, this manual may be modified from time to time with the approval of the Residency Training Committee and the notification of the Council on Podiatric Medical Education and the residents themselves.

NO NAME HOSPITAL RESIDENCY
IN
PODIATRIC MEDICINE AND SURGERY RESIDENCY
(PMSR)

I, _____, have thoroughly reviewed the Residency Training Manual of the No Name Hospital's Podiatric Medical and Surgical Residency Program and agree to abide by the rules and regulations stated within. I fully understand the current disciplinary and remediation policies in place. I accept the position as Resident for the one year term as defined in the contract provided by the Hospital.

Signature (Resident)

Date

Signature (Residency Director)

Date