Intermountain Medical Center (IMC)

Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery Training Program Manual

I. Purpose

The Podiatric Medicine and Surgery Residency Training Program is designed as a 36 months training experience including the following essential training experiences:

1) Clinical experience, providing an appropriate opportunity to expand the resident's competencies in the care of diseases, disorders, and injuries of the foot and ankle, by medical, biomechanical, and surgical means.

2) Clinical experience, providing participation in complete preoperative and postoperative patient care in order to enhance the resident's competencies in the perioperative care of diseases, disorders, and injuries of the foot and ankle.

3) Clinical experience, providing an opportunity to expand the resident's competencies in the breadth of podiatric and non-podiatric medical and surgical evaluation and management.

4) Didactic experience, providing an opportunity to expand the resident's knowledge in the breadth of podiatric and non-podiatric medical and surgical evaluation and management.

5) The required training to obtain an added credential in reconstructive rearfoot/ankle surgery

Competencies:

The program will strive to enhance the resident's level of competence in the following:

1) Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

2) Assess and manage the patient's general medical status.

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

4) The ability to communicate effectively and function in a multidisciplinary setting.

5) Has the capacity to manage individuals and populations in a variety of socioeconomic and health care settings.

6) Has the capacity to manage a podiatric practice in a multitude of health care delivery settings.

7) Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

II. Committees

A. Residency Training Committee

This committee is responsible for the overall direction, regulation and functioning of the residency training program. It is composed of the Director of Podiatric Medical Education, the Assistant Director, the Rotation Directors for IHC (Central, North & South), St Marks Hospital, VAMC, appropriate representatives of the Medical Teaching Staff, a representative of the Administration of the IMC, and other members as deemed appropriate by the Committee and/or the affiliated institutions. The Committee should not exceed 15 members. Appointments to this committee are made by the Director and include the Rotational Directors following their appointment by their respective centers.

The function of this committee is to set policies for the program, develop the curriculum of the training program and review overall resident and program performance. In addition, this committee will mediate conflicts arising within the teaching program, whether they are generated from the residents, 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. Each member of the Committee will have one vote unless stated otherwise below. The Director of Podiatric Medical Education will be the chairman of this committee and will be responsible to schedule the meeting dates of the committee at least semi-annually. The committee may serve as the Evaluation/Grievance committee (see below)

The responsibility of the Director of Podiatric Medical Education is to oversee the general administration of the residency. It is the Director's responsibility to insure that the residents follow the guidelines established for them within their contracts and within this manual. If the need arises the Director of Podiatric Medical Education appoints individuals or committees to assist him in his responsibilities as Director. The Director or Rotation Director will coordinate with attending podiatrists at the various outside rotations. If a conflict should arise in respect to the curriculum and/or management of an outside rotation, the Residency Committee in consultation with the staff at the affected affiliated institution(s) will make the final decision regarding the rotational structure. The Director of Podiatric Medical Education is directly responsible to the Residency Committee. The Director serves as the liaison with the Council on Podiatric Education. The Director may only vote to break a tie. The Director may hold additional positions on the committee including their voting rights. The Intermountain Medical Center GME committee appoints the Director. The choice of appointee should be based heavily on the individual’s ability to do the job and the availability of the 20+ hrs per week it requires. IMC upon 30 days written notice may revoke the appointment.

The Director of Podiatric Medical Education must meet all CPME requirements for Directors. The Rotation Director for IMC or if they decline the Assistant Director will assume any or all of the Director's responsibilities in the event the Director is temporally unable to perform those duties or on an interim basis until a new director can be recruited if the Director leaves the program.

The position of Rotation Director of each major affiliate will be held by a member of the podiatric staff from that institution as long as the affiliation between the residency and institution

is in force. The affiliated institution may choose that individual by any method they wish as long as the term of office is at least one year. The Rotation Directors will be responsible for the day by day functioning of the residents at their institutions. The Rotation Director will serve as an advisor to the residents and a liaison with the heads of the various rotations and departments affiliated with the residency at their institution.

B. Residency Selection Committee

The Residency Selection Committee will be made up of a subcommittee of the residency training committee appointed by the Director. The Director shall chair the Committee unless the Director has appointed another committee member to assume chairmanship. 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 applicants under consideration will be discussed in detail. The current Residents may be asked to comment on the applicants. If the committee cannot reach a consensus, a final vote by the Committee members will be held by closed ballot.

C. The Residency Evaluation/Grievance committee

The Residency Evaluation Committee will be made up of the Director, the Chief Resident(s) and at least one other members of the residency training committee appointed by the Director. The Director shall chair the Committee unless the Director has appointed another committee member to assume chairmanship. The committee will review the progress of the residents at least annually to determine the promotion status of each resident. The committee will also review (self assess) the program on an annual basis and make recommendations to the Residency Training Committee regarding any needed changes or program enhancements. The committee will meet more frequently in cases where residents are having academic problems and will meet at least monthly when a resident is on academic probation. The committee will serve as the initial hearing body for any appeal of a resident evaluation.

III. Podiatric Resident Selection Policy / Process

To be eligible for appointment to the Podiatric Housestaff at IMC, an applicant must:

Be a graduate of a college of Podiatric medicine accredited by the Council on Podiatric Medical Education (CPME).

Be a US citizen (VA payroll requirement)

All PGY1 positions will be offered through the Centralized Application Service for Podiatric Residencies (CASPR) following their established guidelines and policies. All interviewing will be done through the Centralized Residency Interview Process (CRIP).

All PGY1 applicants must pass Parts I and II of the national boards prior to the time they begin training.

All PGY2 and above applicants must pass Parts I, II and III of the national boards prior to the beginning of their PGY-2 year.

All PGY1 must apply through CASPR. The program requires applicants who are currently in podiatry colleges to be in the upper 50% of their class. The program at it discretion may waive this requirement for students who participated in a clerkship program at the institution.

D.P.M.s (applicants who have already graduated from podiatry school must provide the following items in addition to their CASPR application):

Letter from current program director or a letter detailing what they have done since graduation instead of residency training

Notarized proof of graduation from podiatry school with date of graduation

All PGY2 and above (including Fellowship) applicants must provide the following:

_ Curriculum Vitae and Personal Statement

_ National Board part I, II and III scores

_ Podiatry College transcripts

_ Three letters of recommendation

_ Letter from current/former program director

_ Notarized proof of graduation from podiatry school with date of graduation

The Program will provide applicants the following information on request:

_ Instructions for submitting the application and required documentation (PGY-2 and above)

_ Program training and policy manuals

_ Graduate Medical Education brochure

_ A statement that “IMC does not discriminate on the basis of sex, race, age, religion, color, national origin, disability, or veteran’s status.”

Candidates for this program are selected based on their preparedness, ability, academic credentials, communication skills, and personal qualities such as motivation and integrity.

Application packets are reviewed via criteria set forth by the CPME Program Requirements, the COTH (CASPR) and this institution. A designated committee member reviews applicants who meet the criteria. Based on the quality of the application packet and academic credentials, the applicant is subsequently invited, if appropriate, for an interview. At the CRIP, applicants receive an informational packet and interview with members of the Resident Selection Committee including the Program Director whenever possible. At the conclusion of the interview, the interviewers complete a standard evaluation form for each applicant they interviewed. The results are tallied and form the basis of the preliminary rank order. The Resident Selection Committee bases final match rank order on preliminary ranking and review.

A match list is developed and submitted to CASPR. Strict conformance with the rules of the match is maintained throughout the selection process.

In the event that we fail to match all PGY1 positions in a given year. The program will open up recruitment to all remaining applicants in the CASPR system under the "scramble" system they have developed. All that will be required of the applicants is a copy of their CASPR application package. Interviewing protocols and timing will be determined at the time in this event. Qualified individuals who did not participate in the CASPR process by providing the information listed for "PGY-2" applicants

Appointees to the Residency must fulfill the current licensing requirements for podiatric residents in the State of Utah and must obtain a license as soon as possible during their PGY-2 year. Part III of the boards must be taken in December of PGY-1 and Resident must have passed exam to have renewal of contract. If resident fails in December the exam may be taken June with special authorization from Director to continue until results are available, and if a failing score, the resident will not be able to continue pending review by the Residency Training Committee.

IV. Physical Facilities

The physical plant will be well maintained and properly equipped to provide an environment conducive to teaching, learning, and providing patient care. Adequate patient treatment areas, adequate training resources and a health information management system will be available for resident training. These facilities will have sufficient library resources including electronic retrieval capabilities, and personnel.

V. Conduct of the Resident

A. Orientation

At the beginning of the residency year, a period of 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 function and administration of the hospital podiatry department and its affiliated institutions.

The following subjects are included in this period of instruction:

1) IMC new hire orientation

2) VAMC new hire orientation

3) Salary and benefits

4) BCLS/ACLS

5) VAMC CPRS training.

6) Residency Resource proper logging techniques

7) Residency schedule.

8) Policies manual

9) Program Competencies

10) Demonstrations and lectures covering the various phases of clinical podiatry are given the newly appointed podiatric resident throughout the year. These lectures and demonstrations are so presented that the new podiatric resident will adapt to the hospital atmosphere.

11) Orientations to various affiliated institutions

B. Dress Code

Podiatry Department guidelines in addition to all IMC Guidelines

Purpose

To present a professional appearance to patients, staff, and the public at all training sites, and comply with Joint Commission standards where applicable.

Policy

Resident appearance and conduct should at all times reflect the dignity and standards of the medical profession. Dress guidelines for residents assist in achieving this goal while also acknowledging individual desires for diversity and self-expression. Following are guidelines for professional attire. It is recognized that each department or specialty may have requirements which are more specific or less rigorous than the guidelines outlined herein. It is the purpose of this policy to provide general guidelines to assist each department or specialty in developing its own dress code policy to meet its specific needs. These guidelines apply to each work day, including days with no patient care responsibilities. Maternity clothes are not exempt from these guidelines.

Specific Standards:

Name Tags: Proper identification as required by each training site must be worn and clearly displayed at all times while on duty.

White coats: White coats are recommended, and must be clean and neat. If wearing scrubs outside the operating area, it is recommended that a clean white coat be worn over the scrubs.

Scrubs: Scrubs should not be worn outside of the hospital premises. Scrubs are expected to be clean and pressed. Scrubs may be worn in the operating room, delivery areas, or on the following rotations only unless otherwise delineated by departmental policy: Emergency room, AO, and all ICUs. In patient care areas, it is recommended that a coat with name tag be worn over the scrubs.

Scrubs may not be worn in hospitals that they don’t belong to. Clinic attire must be worn from institution to institution. This includes all rotations.

Scrubs may be worn at the VA for ulcer, casting and procedure/post op clinics.

Each rotational director has the authority for specific attire guidelines related to their rotation

Shoes: Footwear must be clean, in good condition, and appropriate. Open-toed shoes and sandals are not recommended in patient care areas for safety reasons.

Style: No tank or halter tops, midriffs or tube tops. No sweatshirts or shirts with messages, lettering or logos (except UUMC, IMC, LDS or VAMC). No shorts. Jeans are discouraged. A tie is recommended for men on weekdays and recommended on weekends unless described as optional in the specific department policy.

Fragrance: No strong colognes or perfumes as patients may be sensitive to strong fragrances.

Hands: Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevent glove puncture and injury to the patient. Artificial nails do not allow for proper hand hygiene.

Hair: Mustaches, hair longer than chin length, and beards must be clean and well trimmed. Residents with long hair who render patient care should wear hair tied back to avoid interfering with performance of procedures or coming into contact with the patient.

Jewelry: Should not be functionally restrictive or excessive.

Piercings: There should be no visible body piercings, with the exception of ears. Nose Tatoos piercings which have religious significance are acceptable. There should be no visible tattoos.

Violation: If a resident is in violation of his/her department's guidelines, he/she may be asked to return home to change into more appropriate attire. Repeat violations will result in a letter being placed in the resident's permanent file, addressing deficiencies in the professionalism competency portion of training.

C. Relation to Staff and Personnel

Supervision, control and discipline of the resident is vested in The Residency Committee. The resident will make careful notes of orders given by the staff. In no case will the resident change the treatment plan without the knowledge of the staff members. Disagreement with or criticism of any member of the nursing staff must be discussed with the appropriate Rotation Director who will take any necessary action. Questions or criticisms relating to general hospital operation or personnel may be brought to the appropriate Rotation Director who may discuss them with the hospital administrator. Those questions relating to the Podiatric Medicine and Surgery Residency training program will be discussed with the appropriate Rotation Director or Director of Podiatric Medical Education.

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. 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 appropriate Rotation Director.

Remember, always, that the attending physician is in full charge the patient. Inform them 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 Rotation Director, Director or the Training Committee as appropriate.

D. Leave Policy

Vacation: Each resident directly employed by IMC is allotted 21 days of vacation per year; each resident employed directly by the VA is subject to the VA leave policy. The resident must request their vacation at least 30 days in advance. The request must be made in writing to the Assistant Director (VHASLCPodiatry@VA.gov). The Chief of the rotation involved must approve the leave prior to submission to the Assistant Director for final approval. Vacation may not be taken on the dates of the seminars listed under recommended seminars in the manual. It is not allowed during the first 2 weeks of any PGY-3 rotation except IMC podiatry/ortho/plastics or between June 1 and the 4th Friday in June for PGY-3s. PGY-3s are released on the Friday in June between the 19th and 25th if they have enough leave left to cover the remainder of the month. PGY-1 residents may not take vacation in July or June (the program will consider granting single Fridays or Mondays in June). PGY-2 residents (PGY-2 starts on July 1 and ends on the Friday in June between the 18th and 25th when they become PGY3s) Vacation will be limited to 10% of any assigned rotation unless arrangements for making the time up are made in advance. No more than 1 week may be taken at any one time. If a rotation is not in session because the primary faculty is on vacation the resident must request and take leave for that period or make arrangements to be at an alternate rotation site. Unused vacation is lost at the end of each year.

Authorized leave: Each resident will be eligible for 5 days of leave to attend seminars. The leave must be approved 30 days in advance (see vacation above). A maximum of one travel day will be allowed.

Sick leave: Each resident will be allowed the number of days sick leave permitted by the institution they are employed by. Each resident must report sick days taken to the rotation involved at the beginning of the day of the absence and an email (VHASLCPodiatry@VA.gov) also at the beginning of the day sent to the Directors attention.

Any resident failing to abide by these policies will be placed on corrective action with loss of all leave privileges (first offense) and suspended for 30 day without pay with makeup at end of program (second offense) or terminated (third offense).

Leave taken for medical reasons falls under The Family Medical Leave Act of 1993. The Family and Medical Leave Policy for housestaff at IMC meets the requirements of the Family Medical Leave Act of 1993, allowing up to 12 weeks of leave per year for eligible employees. In the case of a married houseofficer whose spouse is also employed by IMC, a combined total of 12 weeks of leave is allowed per couple for maternity, paternity and/or adoption leave. To be eligible for FMLA leave, a houseofficer must have been employed for at least 12 months and must be requesting leave for a serious medical condition (birth or adoption of a child; serious medical condition of a spouse, parent, or child; serious medical condition of the employee). Illness which result in a periods of absence longer than a week will be handled under the Family Medical

Leave Act. Housestaff must inform the program director and the GME Office immediately about any needed medical leave to allow time to arrange clinical coverage. Upon learning that a houseofficer is requesting FMLA leave, the program director or program coordinator will contact the GME Office with the information, and will require that the houseofficer contact a Benefits Office representative to apply for FMLA. Employees are required to provide the Benefits Office with at least 30 days notice before FMLA is to begin, or within two (2) business days in the case of an unforeseen emergency. The Benefits Office will approve or disapprove the FMLA leave.

Emergency leave: On a case by case basis emergency leave may be granted (with or without make up) at the discretion of the Director, Assistant Director, the Rotation Director at the institution where the resident is rotating or if they are unavailable any member of the residency committee. The definition of emergency will be at the discretion of the program and the resident agrees to abide by the decision of the committee, whose available members will be polled in the case of a disagreement. Failure to abide by the decision will result in termination of the resident.

Unused leave is lost annually and will not be paid at the end of training. Leave taken for any reason that exceeds 30 days in any year must be made up (without compensation unless prior arrangements have been made) in order to complete the program. No more than 3 residents may take leave at the same time. Only one resident may take leave at a time from rotations with multiple residents. (VA Podiatry (PGY-1, 2 & 3), VA Primary Care Podiatry and Biomechanics are considered one rotation; the 2 PGY-2 IMC rotations and St Marks Podiatry are also considered one rotation.) Only one resident from each of the trauma on call teams may be gone at a time. Preference goes to authorized leave requests and order of request submission.

Unexcused absences: Any unexcused absence will be treated as a violation of the sick leave policy above with the same penalties applying. An unexcused absence is defined as anytime a resident is not in attendance at a scheduled rotation, conference or other residency function or is unavailable when on call without prior arrangements being made. If a resident is not at a rotation site during normal hours it is expected that they will be in the library, at another rotation site, visiting offices, or working on the didactic requirements for the program. The resident must leave word with the rotation regarding how they can be reached and be ready and available to return within a reasonable period of time (normally 30 minutes) if they are needed.

E. Podiatric Resident Work Hours

1. Work Hours

1. Work hours are defined as all clinical and academic activities related to the residency or fellowship program. This includes patient care, administrative duties related to patient care, provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Work hours do not include reading and preparation time spent away from the work site.

2. Work hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

a. The four-week period averaged will be within the same rotation. For example we will not average two weeks of research with two weeks of a clinical rotation.

3. In-house call will not be scheduled more frequently than every third night unless an exception has been approved by the GMEC.

4. Residents/fellows will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

5. A 10-hour time period for rest and personal activities will be provided between all daily work periods.

6. Resident may be required to periodically track their work hours using Residency Resource so they can document that the number of hours residents works on various rotations doesn't violate these rules.

2. <u>On-Call Activities</u>:

1. In-house call is defined as work hours, beyond the normal work day, when residents are required to be immediately available in the assigned institution.

a. In-house call will occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site work hours, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.

c. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.

2. At-home call (pager call) is defined as call taken from outside the assigned institution.

a. The frequency of at-home call is not subject to the every-third-night limitation. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a four-week period.

b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

c. The program may monitor the demands of at-home call by reviewing resident work hour as recorded in Residency Resource on a periodic basis a separate category of hours will be recorded as called to hospital.

3. Moonlighting of Residents and Fellows in Podiatric Programs

1. Professional and patient care activities that are external to the educational program are called "moonlighting." The Podiatry Programs do not permit residents to moonlight.

4. Work Hours Exceptions

Exceptions may be granted for up to 10% (8 hours) of the 80-hour limit to the podiatric programs based on sound educational rationale. Prior approval, as required, would be obtained from the GMEC. The program has no plans to request an exception at this time. See Work Hours Exception Policy.

5. Back-Up System:

·1. The program's back-up system to cover patient care responsibilities when those responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care will include coverage of those duties by attending physicians and/or the temporary reassignment of residents from less demanding rotations to assist in the patient care duties. Any negative impact on resident education will be considered and to the greatest extent possible avoided in making reassignments. As a last resort patient care will be rescheduled

F. Miscellaneous Responsibilities

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. Members of the resident staff are expected to abide by the policies at all times.

1. The resident must be familiar with and abide by the rules and regulations of the hospital staff, departments, and committees of all affiliated institutions.

2. Resident shall report to the Director as a member of the house staff on or before the Monday of the last full week of June or sooner if informed in writing by the program.

3. Cooperate in the conservation of supplies.

4. Residents are not to accept fees or gratuities from patients, their relatives or friends. You will not practice your profession or assist any physician outside the affiliated institutions

5. No alcoholic beverages are permitted in the hospitals. No person who has been drinking may attend a patient.

6. Smoking in the hospitals is prohibited except designated areas.

7. At all times, your patients are to be your first consideration.

8. Visit each of your inpatients at least once daily, give them such conscientious professional care as the attending physician directs and make progress notes of all significant events in the development the case.

9. 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.

10. Do not sit on the patient's bed unless it is necessary for examination.

11. Protect your patient's privacy. Refer information release inquiries to the appropriate department at the institution.

12. Refer any questions about your patient's financial arrangements to the appropriate individual at the institution.

13. Refer any requests for extra visiting privileges to the Director of Nurses, requests for transfers to other accommodations to the Admitting office, and inquiry about discharge from the hospital, etc., to the patient's attending physician or chief resident.

14. Report promptly on an Incident Report Form any unusual occurrences in the hospital; such as accidents, fire or a disturbed patient.

15. Guard against unnecessary or unwise talking in the hearing of a patient coming out from anesthesia or from alcoholic or other stupor. Patients sometimes hear, and remember, surprisingly well.

16. Never disparage any physician or the hospital to a patient. Avoid inciting damage suits by a patient who thinks he has been the victim of malpractice.

17. Resident will not order materials, supplies or surgical equipment directly from outside vendors unless directed to by an appropriate individual.

18. Fraternization with patients is prohibited.

19. While the program provides ample opportunity for training it is the responsibility of the resident to fulfill the training requirements including but not limited to the number and diversity requirements in CPME 320. If a resident believes they are having trouble meeting the requirements, they need to bring the problem to the attention of the director.

VI. Supervision/Evaluation

The Residency Training Committee expects all residents to observe such rules of decorum and order in the hospitals, clinics, 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 staff or the administration of the hospital, it is understood and agreed that the hospital may suspend the resident's contract immediately and without prior notification to the resident subject to appeal (see below). 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 the program may be terminated at any time by mutual consent.

A. Grievance Policy (Due Process Policy)

A. PURPOSE

1. To assure fairness in all evaluations, the Graduate Medical Education Committee has adopted standards of review for actions that may affect the status of the resident. Any resident being disciplined or put on probation, or otherwise affected by the policy will receive a second copy of this policy and the discipline and dismissal policy in the mail from the Chairman of the Graduate Medical Education Committee. The policy will be sent with a cover letter as soon as the Graduate Medical Education Committee is notified of the problem by the program director.

B. POLICY

1. Standards not met will be considered to be academic problems. No resident will be dismissed for academic problems without a remediation period unless extraordinary circumstances exist (i.e. the resident is an immediate threat to patient safety). No resident will be dismissed without consultation with the Chairman of the Graduate Medical Education Committee to make sure that appropriate evaluation, documentation, and probationary procedures have been followed.

2. A resident's pay will stop at the time of termination by the program. If the decision is later reversed by the appeals process, back pay must be awarded as part of that decision.

3. The Podiatric Training Committee will try to facilitate informal discussions to resolve differences.

4. A resident dissatisfied by any discipline imposed by the Podiatric Training Committee may appeal, in writing, to the Program Grievance Committee. The Program Grievance Committee will be comprised equally of residents and faculty. Members of the committee should be broadly representative of the program faculty and residents. Appeals may be for any action considered to be arbitrary, capricious, or not in keeping with previously announced criteria. The resident may appear before this committee to testify on his/her behalf, with an advocate from the faculty or residency. This Committee will take into consideration the resident's overall performance when arriving at a decision. This committee will reach a decision and give written notice no longer than 14 days after receiving an appeal. The committee will be called by the Podiatric Training Committee when need arises.

5. Any party dissatisfied with the decision of the Program Grievance Committee may appeal in writing to the Chairman of the Graduate Medical Education Committee for review by the Graduate Medical Education Committee. This appeal must be made within one week of receipt of the written decision of the Program Grievance Committee, unless other arrangements have been made. The Graduate Medical Education Committee will review the appeal and provide notice of their decision to the resident no longer than 14 days after receiving the appeal.

C. THE RESIDENT:

1. Will be notified in writing by the program director of any negative evaluations, which may affect his/her, standing or progress in the training program.

2. Has the right to provide additional or explanatory information. If the Program Grievance Committee or the Graduate Medical Education Committee has requested the resident to provide or expand upon that information in person, he/she will be excused from committee deliberations after presenting his/her information.

3. Has a right to be accompanied by a faculty member or another resident to act as advocate during any personal appearance at an appeal procedure. A summary of proceedings will be made available to the resident. The resident may take notes at the meeting.

VIII. GRIEVANCE POLICY II (DISCIPLINE AND DISMISSAL POLICY)

1. Any resident who receives an unsatisfactory rating on any rotation or who is otherwise not performing in a satisfactory fashion, in the opinion of the program or as defined by the program standards of performance, should be reviewed for corrective action. Such corrective actions can include repeating a rotation(s), repeating a year, a special program, which might include special supervision, or termination, if previous corrective action has not been successful, if the resident has been placed on academic probation earlier during the training year. Any corrective action will require an affirmative vote of the Podiatric Training Committee and will be reported to the GME Committee.

2. The resident should have an opportunity to remediate unsatisfactory performance. The program will determine the length of the probationary period, and what must be accomplished in order for the resident to be removed from probation. In general, the probationary period will not extend past the end of the current contract year, unless the contract year ends within three months, in which case the program has the option of extending the probationary period into the next year, but that extension shall not exceed three months. Any house officer contract which may have been issued by a program for a subsequent year, will be considered invalid until the resident has fulfilled the probationary requirements and been removed from probation.

3. If the resident and the program director cannot agree on the terms of remediation, the resident can request review of his case by the GME Committee, as per the Grievance Policy.

4. Virtually all actions of a resident in connection with the performance of duties relate to the suitability of the resident as a medical practitioner. Therefore, issues of integrity: abusive behavior to patients, the public, or other health professionals; tardiness or unexcused absences; theft or abuse of property; substance abuse; or insubordination, will be considered as part of the comprehensive academic evaluation.

B. Resident Evaluation Policy

I. PURPOSE:

A. The Graduate Medical Education Committee of IMC has responsibility for the overall academic quality of each of the graduate medical training programs. A part of that quality can be

measured by the performance of the residents (a term used to identify interns, residents, and clinical fellows in CPME accredited training programs). The program expects a progression of knowledge in the specialty area from beginning to end of training, and such progress needs to be monitored. It is further expected that residents will be eligible for the specialty board examination upon completion of the training program, with an overall goal that all residents will pass the examination and become board certified.

B. In addition to achieving board certification, the training of effective and competent physicians is the goal of each training program, and all evaluations will be directed at that ultimate objective.

II. POLICY:

A. STANDARDS OF PERFORMANCE

The program will have a written set of standards of performance for residents. These standards include: A definition of clinical competence, including:

1. Appropriate behavior of the resident:
Towards patients, colleagues and staff while attaining the following competencies (see rotation specific competencies and indicators later in this manual)

a. Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.

b. Assess and manage the patient's general medical status.

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

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

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

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

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

2. Promotion/Graduation
The resident is eligible for promotion/graduation upon the satisfactory completion of the training program. During his residency program the resident shall maintain satisfactory academic performance, demonstrate clinical competence, complete responsibilities as outlined by the Residency Rotation/Training Manual, fulfill all the requirement set forth in CPME 320 for the appropriate category of residency training and fulfilled all financial obligations to all institutions affiliated with the program.

At least three months prior to the completion of the resident's training year, the Residency Training Committee will review the resident's performance and research proposals/paper(s). At this time, the Residency Training Committee will or will not recommend that the resident graduate or be promoted (have contract renewed). A negative recommendation may be accompanied by a proposed remediation plan including the type of remediation the location and expected duration. If the plan extends beyond the end of the current training appointment a statement regarding employee status of the position (i.e. with/without compensation) will be attached. However, in cases where corrective action/remediation has already been attempted the decision will be final subject to the institutional due process procedure.

Certification of completion of the residency will be made by an approval vote from the Residency Training Committee. Following approval the Director of Residency Training will cause to be issued to the resident a certification or diploma evidencing the successful completion of the residency.

3. Remediation

Any resident who fails to perform satisfactorily in a rotation will be given the opportunity to remediate the deficiencies identified in the evaluation of any rotation where the overall assessment is minimally acceptable or deficient.

If the grade of minimally acceptable is received one of the following remediation methods will be used:

1. If the specific objectives which were graded as 3 or less are part of another rotation in which the resident will participate before the end of the program, the director of the future rotation will be asked to emphasize those areas. If the resident performs satisfactorily in the areas in question the deficiency will be considered to have been satisfied.

2. Extra clinical and/or didactic work in the area will be assigned. The clinical work if needed will be worked into the resident's schedule. The resident must obtain a satisfactory rating on the work assigned

3. The resident will be assigned to repeat the rotation or an equivalent rotation (as defined by the Director). This rotation may be added to the end of the training program and may or may not be the same length as the original rotation (at the discretion of the residency training committee). Training beyond the end of the standard 36 month training period will be without compensation.

If the grade of deficient is received the following remediation method will used:

1. The resident will be assigned to repeat the rotation or an equivalent rotation (as defined by the Director). The rotation time will be added to the end of the training program and will be the same length as the original rotation.

Remediation will not extend beyond 3 months. Any resident still failing after that period will be dismissed without a certificate. A resident’s contract will not be renewed if failed /incomplete rotations constitute 25% or more of the year’s training, except where this percentage is exceeded because of leave under the Family Medical Leave Act, or if the committee deems that remediation attempts have failed (in any case a second failure of any rotation will constitute

failure of remediation). Training beyond the end of the standard 36 month training period will be without compensation.

A written copy of these standards will be given to each resident on or before the first day of training in that program, and a copy will also be filed with the Office of Graduate Medical Education. The policy shall spell out the method and frequency of evaluation for residents in the training program. If an In-Service examination is given, the purpose will be spelled out. If it is used as a performance measure, that will be clearly stated to the residents.

B. RENEWAL OF HOUSEOFFICER AGREEMENTS

Residents performing satisfactorily may have the resident agreement renewed for the subsequent year. The resident agreement is renewable annually as agreed among the resident, the program director, and IMC. Issuance of an agreement for one year does not imply the resident will complete the training program. Agreements for succeeding years of training will be issued only after specified conditions have been met.

C. ACADEMIC EVALUATION

1. In addition to regular contact with supervisors, each resident will be evaluated in writing at least quarterly, or at the end of each rotation. Rotations should have an interim evaluation, if resident progress is not satisfactory.

2. The written evaluations will be placed in the resident's file, and will be available for review by the resident upon request.

3. Residents new to a training program need special monitoring during the first six months of the program. Supervisors are responsible for early detection of problems, and remedial programs must be established by each program.

4. For any evaluation of less than satisfactory performance, for whatever reason, the program director will:

a. Discuss the evaluation with the resident.

b. Outline in written form and in the discussion any corrective action to be taken to remedy the deficiency, and how the resident will be evaluated to determine if the problem has been corrected.

c. Notify the program evaluation committee of the unsatisfactory evaluation.

5. The resident will be allowed to refute in writing any evaluation, which will be placed in the resident's file along with the evaluation.

6. The residency program will designate an evaluation committee, with resident representation, responsible for resident evaluation. That committee will meet at least quarterly to review performance of all residents not progressing satisfactorily. Residents having performance difficulty may need to be placed on a special program immediately, so the problem can be

resolved before it is time to renew the agreement for the coming year. The evaluation committee may make recommendations on corrective action as described below.

a. The Residency Evaluation committee: The Residency Evaluation Committee will be made up of the Director, the Chief Resident(s) and at least one other member of the residency training committee appointed by the Director. The Committee shall be chaired by the Director unless (s)he has appointed another committee member to assume chairmanship. The committee will review the progress of the residents at least annually to determine the promotion status of each resident. The committee will also review (self assess) the program on an annual basis and make recommendations to the Residency Training Committee regarding any needed changes or program enhancements. The committee will meet more frequently in cases where residents are having academic problems and will meet at least monthly when a resident is on academic probation. The committee will serve as the initial hearing body for any appeal of a resident evaluation.

7. The resident will meet with the program director quarterly to review the accumulated written evaluations of the year's performance.

8. A final written evaluation will be done for each resident who completes a program, or changes to another program. That evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final written evaluation will state whether a resident has successfully completed requirements for board eligibility, or list areas of deficiency for board eligibility. This final evaluation should be part of the resident's permanent record maintained by the Office of Graduate Medical Education.

D. ACADEMIC PROBATION

Any resident who receives an unsatisfactory rating on any rotation or who is otherwise not performing in a satisfactory fashion, as defined by the program standards of performance, should be reviewed for corrective action. Such corrective actions can include repeating a rotation(s), repeating a year, a special program, which might include special supervision, or termination, if previous corrective action has not been successful, or academic probation in addition to any of the above. Each program will designate who has authority for instigating corrective action, i.e., the evaluation committee or the program director. The Director of Graduate Medical Education should be notified at this time.

The resident will have an opportunity to remediate unsatisfactory performance. The program will determine the length of the probationary period, and what must be accomplished in order for the resident to be removed from probation. In general, the probationary period will not extend past the end of the current agreement year, unless the agreement year ends within three months, in which case the program has the option of extending the probationary period into the next agreement year, but that extension shall not exceed three months. Any houseofficer agreement which may have been issued by a program for a subsequent year, will be considered invalid until the resident has fulfilled the probationary requirements and been removed from probation. At the time the houseofficer is removed from probation, the program has the option to:

1. Allow the resident to complete the remainder of the training year,

2. Offer a houseofficer agreement for the next agreement year.

3. Not offer an agreement for the coming year.

Houseofficer agreements offered for a subsequent year may contain a written clause stating conditions under which the agreement may be terminated immediately. Usually that clause will refer to continuing problems of the kind that resulted in the first probationary period.

If the resident and the program director cannot agree on the terms of remediation, the resident can request review of his case by the program evaluation committee.

The decision of a program not to renew an agreement shall be made by the chair of the GME committee after consultation with the program director. Any decision to not renew shall be made and communicated in writing to the houseofficer no later than four months prior to the end of the agreement year, when possible.

Virtually all actions of a houseofficer in connection with the performance of duties relate to the suitability of the houseofficer as a medical practitioner. Therefore issues of integrity; abusive behavior to patients, the public, or other health professionals; tardiness or unexcused absences; theft or abuse of property, substance abuse, or insubordination, will be considered as part of the comprehensive academic evaluation.

C. Resident Supervision Policy

Resident Supervision Policy -- Summary of Main Points

Key principles

1. An attending physician must be identified for each episode of patient care involving a resident.

2. The attending physician is responsible for the care provided to these assigned patients.

3. The attending physician is responsible for determining the level of supervision required to provide appropriate training and to assure quality of patient care.

4. Resident supervision must be documented.

5. Program directors direct and supervise the program.

Key supervision issues

1. Attending physician/staff practitioner responsibilities

    a. Inpatient

        i. Attending physician is identified in the chart.

ii. Meet with the patient within 24 hours of admission

iii. Document supervision with progress note by the end of the day following admission.

iv. Follow local admission guidelines for attending notification.

v. Ensures discharge is appropriate.

vi. Ensures transfer from one inpatient service to another inpatient service is appropriate.

b. Outpatient

i. Attending physician is identified in the chart

ii. Discuss patient with resident during initial visit -- Document attending involvement by either an attending note or documentation of attending supervision in the resident progress note.

iii. Countersign note

c. Emergency Room

i. An attending physician must always be available.

d. Consultation

i. Discuss with resident doing consultation within 24 hours

ii. Document supervision of consultation by the end of the next working day.

e. Surgery/Procedures

i. Attending physician is identified

ii. Attending meets with the patient before procedure/surgery

iii. Documents agreement with surgery/procedures

iv. Countersign procedure note

f. Sign initial DNR orders and document compliance with local DNR policies

2. Program director/program coordinator

a. Establish and write program specific supervision policy

b. Orientation for residents

c. Education of attending physicians

d. Implementation and follow--up of policy

Policy For Supervision Of Podiatric Postgraduate Trainees At The IMC Affiliated Hospitals Salt Lake City, Utah

I. DEFINITIONS:

a. Graduate Medical Education. Postgraduate medical education is the process by which clinical and didactic experiences are provided to residents to enable them to acquire those skills, knowledge, and attitudes, which are important in the care of patients. The purpose of graduate medical education is to provide an organized and integrated educational program providing guidance and supervision of the resident, facilitate the resident's professional and personal development, and ensure safe and appropriate care for patients. Graduate medical education programs focus on the development of clinical skills, attitudes, professional competencies, and an acquisition of detailed factual knowledge in a clinical specialty.

b. Program Director. The Program Director is responsible for the quality of the overall affiliated education and training program in Podiatric Medicine & Surgery and for ensuring the program is in compliance with the policies of the Council on Podiatric Medical Education.

c. Residents. The term "residents" refers to individuals who are engaged in a postgraduate training program in podiatry. The term "resident" for the purposes of this policy includes individuals in their first year of training typically referred to as "interns" and individuals in advanced postgraduate education programs who are typically referred to as "fellows."

d. Attending Physician. Attending physician refers to licensed, independent physicians, who have been formally credentialed and privileged at the training site, in accordance with applicable requirements. The Attending physician may provide care and supervision only for those clinical activities for which they are privileged.

e. Supervision. Supervision refers to the dual responsibility that an attending physician has to enhance the knowledge of the resident and to ensure the quality of care delivered to each patient by any resident. Such control is exercised by observation, consultation and direction. It includes the imparting of the practitioner's knowledge, skills, and attitudes by the practitioner to the resident and assuring that the care is delivered in an appropriate, timely, and effective manner.

f. Documentation. Documentation is the written or computer--generated medical record evidence of a patient encounter. In terms of resident supervision, documentation is the

written or computer--generated medical record evidence of the interaction between a supervising practitioner and a resident concerning a patient encounter.

g. Supervising Practitioner. Supervising Practitioner must provide an appropriate level of supervision. Determination of this level of supervision is a function of the experience and demonstrated competence of the resident and of the complexity of the patients' health care needs.

II. POLICY:

a. In a health care system where patient care and the training of health care professionals occur together, there must be clear delineation of responsibilities to ensure that qualified practitioners provide patient care, whether they are trainees or staff. It is recognized that as resident trainees acquire the knowledge and judgment that accrue with experience, they will be allowed the privilege of increased authority for patient care.

b. The hospital must comply with the institutional requirements and accreditation standards of the Joint Commission and other health care accreditation bodies. Qualified health care professionals with appropriate credentials and privileges provide patient care and provide supervision of residents.

c. The intent of this policy is to ensure that patients will be cared for by clinicians who are qualified to deliver that care and that this care will be documented appropriately and accurately in the patient record. This is fundamental, both for the provision of excellent patient care and for the provision of excellent education and training for future health care professionals

d. The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Incumbent on the clinician educator is the appropriate supervision of the residents as they acquire the skills to practice independently.

e. The principles of good training and educational supervision are not likely to change radically over time. Rules governing billing and documentation, however, will inevitably evolve. This policy focuses on resident supervision from the educational perspective.

f. CPME requirement The residency program shall ensure that the resident is afforded appropriate faculty supervision during all training experiences. This process is the underlying educational principal for all podiatric residents. Clinician educators involved in this process must understand the implications of this principle and its impact on the patient and the resident.

g. The Podiatry program(s) which include residents within the IMC Affiliated Hospital System must be approved by CPME (Council for Podiatric Medical Education) or have special approval by the Graduate Medical Education (GME) committee.

RESPONSIBILITIES:

a. Residency Program Director. The Residency Program Director is responsible for the quality of the overall education and training program in Podiatry and for ensuring that the program is in compliance with the policies of CPME. The Residency Program Director defines the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform and those for which residents may act in a teaching capacity.

i. Assess the attending physician's discharge of supervisory responsibilities. At a minimum, this includes written evaluations by the residents and interviews with residents, other practitioners and other members of the health care team.

ii. Structure training programs consistent with the requirements of CPME and the affiliated sponsoring entity.

iii. Arrange for all residents entering their first rotation to participate in an orientation to policies, procedures, and the role of residents within the affiliated training program

iv. Ensure that residents are provided the opportunity to contribute to discussions in committees where decisions being made may affect their activities.

b. Attending physician. The attending physician is responsible for and must be personally involved in the care provided to individual patients in inpatient and outpatient settings as well as long--term care and community settings. When a resident is involved in the care of the patient, the responsible attending physician must continue to maintain a personal involvement in the care of the patient. The attending must provide an appropriate level of supervision. Determination of this level of supervision is a function of the experience and demonstrated competence of the resident and of the complexity of the patient's health care needs. The procedures through which the attending physician provides and document appropriate supervision is outlined below in section 5.

c. Resident. The residents, as individuals, must be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside of that scope of service. Each resident is responsible for communicating significant patient care issues to the attending physician. Such communication must be documented in the record. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible attending physician may result in the removal of the resident from patient care activities.

III. PROCEDURES:

a. Resident Supervision by the attending physician. Attending physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of such responsibility requires personal involvement

with each patient and each resident who is providing care as part of the training experience. Each patient will be assigned an attending physician whose name will be clearly identified in the patient's record. It is recognized that other attending physicians may, at times, be delegated responsibility for the care of a patient and provide supervision instead of, or in addition to, the assigned practitioner. It is the responsibility of the attending physician to be sure the residents involved in the care of the patient are informed of such delegation and can readily access an attending physician at all times. Such a delegation will be documented in the patient's record. The attending physician is expected to fulfill this responsibility, at a minimum, in the following manner:

i. The attending physician will direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. Medical, surgical or mental health services must be rendered under the supervision of the attending physician or be personally furnished by the attending physician. Documentation of this supervision will be by progress notes entered into the record by the attending physician or reflected within the resident's progress note at a frequency appropriate to the patient's condition. The medical record must reflect the degree of involvement of the attending physician, either by staff physician progress note, or the resident's description of attending involvement. . The resident note shall include the name of the attending physician with whom the case was discussed as well as a summary of that discussion. The attending may choose to countersign and add an addendum to the resident note detailing his/her involvement and supervision. Pathology and radiology reports must be verified by an attending physician. Attending physicians will be responsible for following the admitting procedures required by the institutions at which they are admitting patients is association with resident physicians.

ii. For patients admitted to an inpatient team, the attending physician must meet the patient early in the course of care (within 24 hours of admission including weekends and holidays). This supervision must be personally documented in a progress note no later than the day after admission. The attending physician's progress note will include findings and concurrence with the resident's initial diagnosis and treatment plan as well as any modifications or additions. The progress note must be properly signed, dated, and timed. Attending physicians are expected to be personally involved in the ongoing care of the patients assigned to them in a manner consistent with the clinical needs of the patient and the graduated level of responsibility of the trainee.

iii. Discharge from Inpatient Status. The attending physician, in consultation with the resident, ensures that the discharge of the patient from an inpatient service is appropriate and based on the specific circumstances of the patient's diagnoses and therapeutic regimen; this may include physical activity, medications, diet, functional status and follow--up plans. Evidence of this assurance must be documented by the attending physician countersignature of the discharge summary.

iv. Transfer from One Inpatient Service to Another, or Transfer to a Different Level of Care. The attending physician, in consultation with the resident, ensures that the transfer of the patient from one inpatient service to another or transfer to a different level of care is

appropriate and based on the specific circumstances of the patient's diagnoses and condition. The attending physician from the transferring service must be involved in the decision to transfer the patient. The attending physician from the receiving service must treat the patient as a new admission and write an independent note or an addendum to the resident's transfer acceptance note.

v. Intensive Care Units (ICU), including Medical, Cardiac and Surgical ICUs. For patients admitted to, or transferred into an ICU the attending physician must physically meet, examine, and evaluate the patient as soon as possible, but no later than 24 hours after admission or transfer, including weekends and holidays.

vi. Night Float Admissions. For patients admitted to an inpatient service of the medical center, a "night float" resident occasionally provides care before the patient is transferred to an inpatient ward team. In these cases, the supervising practitioner must physically meet and examine the patient within 24 hours of admission by the night float to the inpatient service, irrespective of the time the ward team assumes responsibility for the patient. In addition, the supervising practitioner for the night float must be clearly designated by local policy.

vii. Out Patient clinic. An attending physician must be physically present in the clinic area during clinic hours. All patients to the clinic for which the attending physician is responsible should be supervised by the attending physician. This supervision must be documented in the chart via a progress note by the attending physician or the resident's note and include the name of the attending physician or cosigned by the attending. New patients should be supervised as dictated by graduated level of responsibility outlined for each discipline. The supervision for new patients should be documented by either independent attending physician note, an addendum to the resident note or attending cosignature. Unless otherwise specified in the graduated levels of responsibility, new patients should be seen by and evaluated by the attending physician at the time of the patient visit. Return patients should be seen by or discussed with the attending physician at such a frequency as to ensure that the course of treatment is effective and appropriate. This supervision must be documented in the record via a note by the attending physician or the resident's note that indicates the nature of the discussion with the attending physician. The medical record should reflect the degree of involvement of the attending physician, either by staff physician progress note or the resident's description of attending involvement. The attending may choose to countersign and add an addendum to the resident note detailing his/her involvement. All notes must be signed, dated, and timed by the resident. The Attending's co--signature of the resident's note is an acceptable method for the attending physician to document resident supervision.

viii. The attending physician is responsible for official consultations on each specialty team. When trainees are involved in consultation services, the attending physician will be responsible for supervision of these residents. The supervision of residents performing consultation will be determined by the graduated levels of responsibility for the resident. The attending physician must document this official consultation supervision by writing a personal progress note, by writing his/her concurrence with the resident consultation note or by cosignature by the close next working day. The attending may choose to countersign and add an addendum to the resident note detailing his/her involvement.

ix. Emergency Department. An emergency department attending physician must be physically present in the emergency department. Each new patient to the emergency department must be seen by or discussed with an attending physician. The attending physician, in consultation with the resident, ensures that the discharge of the patient from the emergency department is appropriate.

x. Emergency room consultations. Emergency room consultations by residents may be supervised by a specialty attending physician or the emergency room attending physician. All emergency room consultations by residents should involve the attending physician supervising the resident's discipline specific specialty consultation activities for which the consultation was requested. After discussion of the case with the discipline specific attending physician, the resident may receive direct supervision in the emergency room from the emergency room attending physician. In such cases where the emergency room attending physician is the principal provider of care for the patient's emergency room visit, the specialty specific attending physician does not need to meet directly with the patient. However, the specialty specific attending physician's supervision of the consultation should be documented in the medical record by co--signature of the consultation note or be reflected in the resident physician consultation note.

xi. Assure all Do Not Resuscitate (DNR) orders are appropriate and assure the supportive documentation for DNR orders are in the patient's medical record. All DNR orders must be signed or countersigned by the attending physician.

b. Assignment and Availability of Attending physicians.

i. Within the scope of the training program, all residents, without exception, will function under the supervision of attending physicians. A responsible attending physician must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time (generally considered to be within 30 minutes of contact), if needed. Each discipline will publish, and make available "call schedules" indicating the responsible attending physician(s) to be contacted.

ii. In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the resident in the ambulatory setting, it is expected that an appropriately privileged attending physician will be available for supervision during clinic hours. Patients followed in more than one clinic will have an identifiable attending physician for each clinic. Attending physicians are responsible for ensuring the coordination of care that is provided to patients.

iii. Facilities must ensure that their training programs provide appropriate supervision for all residents as well as a duty hour schedule and a work environment that are consistent with proper patient care, the educational needs of residents, and all applicable program requirements.

c. Graduated Levels of Responsibility.

i. Each training program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.

ii. As part of their training program, residents should be given progressive responsibility for the care of the patient. The determination of a resident's ability to provide care to patients without a supervisor present or to act in a teaching capacity will be based on documented evaluation of the resident's clinical experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility. In general, however, residents are allowed to order laboratory studies, radiology studies, pharmaceuticals, and therapeutic procedures as part of their assigned levels of responsibility. In addition, residents are allowed to certify and re--certify certain treatment plans (e.g., Physical Therapy, Speech Therapy) as part of their assigned levels of responsibility. These activities are considered part of the normal course of patient care and require no additional documentation on the part of the supervising practitioner over and above standard setting--specific documentation requirements. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.

iii. The Residency Program Director will define the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform and those for which residents may act in a teaching capacity. The documentation of the assignment of graduated levels of responsibility will be made available to other staff as appropriate. These guidelines will include the knowledge, attitudes, and skills which will be evaluated and must be present for a resident to advance in the training program, assume increased responsibilities (such as the supervision of lower level trainees), and be promoted at the time of the annual review.

d. Supervision of Procedures.

i. Diagnostic or therapeutic procedures require a high level of expertise in their performance and interpretation. Although gaining experience in performing such procedures is an integral part of the education of the resident, such procedures may be performed only by residents with the required knowledge, skill, and judgment and under an appropriate level of supervision by attending physicians. Examples include operative procedures performed in the operating suite, angiograms, endoscopy, bronchoscopy, and any other procedures where there is the need for informed consent. Attending physicians will be responsible for authorizing the performance of such procedures, and such procedures should only be performed with the explicit approval of the attending physician. NOTE: Excluded from the requirements of this section are procedures that, although invasive by nature, are considered elements of routine and standard patient care. Examples are the placing of intravenous and arterial lines, nail procedures, simple skin biopsies, injections, aspirations, wound debridement, and drainage of superficial abscesses.

ii. Attending physicians will provide appropriate supervision for the patient's evaluation, management decisions and procedures. For elective or scheduled procedures, the attending physician must evaluate the patient and write a pre--procedural note or addendum to the resident's pre--procedure note describing the findings, diagnosis, plan for treatment, and/or choice of specific procedure to be performed. This pre--procedural evaluation and note may be done up to 30 days in advance of the surgical procedure. All applicable JCAHO standards concerning documentation must be done. A pre--procedure note may also serve as the admission note if it is written within 1 calendar day of admission by the attending physician with responsibility for continuing care of the inpatient, and if the notes meet criteria for both admission and pre--operatives notes. Other services involved in the patient's operative care (e.g., Anesthesiology) must write their own pre--procedure notes (such as for the administration of anesthesia) as required by JCAHO, but such documentation does not replace the pre--operative documentation required by the surgery attending physician.

iii. During the performance of such procedures, an attending physician will provide an appropriate level of supervision. Determination of this level of supervision is generally left to the discretion of the attending physician within the context of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and of the complexity of the specific case.

e. Emergency Situation. An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment of the health of a patient. In such situations, any resident, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and apprised of the situation as soon as possible. The resident will document the nature of that discussion in the patient's record.

f. Evaluation of Residents and Supervisors.

i. Each resident will be evaluated according to CPME requirements on the basis of clinical judgment, knowledge, technical skills, humanistic qualities, professional attitudes, behavior, and overall ability to manage the care of a patient. Evaluations will occur as indicated by the CPME at the end of the resident's rotation or every six months, whichever is more frequent. Written evaluations will be discussed with the resident.

ii. If a resident's performance or conduct is judged to be detrimental to the care of a patient(s) at any time, action will be taken immediately to ensure the safety of the patient(s).

iii. At least annually, each resident rotating through the will be given the opportunity to complete a confidential written evaluation of attending physicians and of the quality of the resident's training. Such evaluations will include the adequacy of clinical supervision by the attending physician. The evaluations will be reviewed by the program director.

iv. All written evaluations of residents and attending physicians will be kept on file by the Residency Program Director in an appropriate location and for the required time frame according to the guidelines established by CPME.

g. Monitoring Procedures.

i. The goal of monitoring resident supervision is to foster a system--wide environment of peer learning and collaboration among managers, attending physicians and residents. The monitoring process involves the use of existing information, the production of a series of evaluative reports, the accompanying process of public review of key findings, and discussion of policy implications. Monitoring of compliance with these procedures will be performed by the program director and as part of the scheduled internal program reviews.

ii. The basic foundation for resident supervision ultimately resides in the integrity and good judgment of professionals (attending physicians and residents) working collaboratively in well--designed health care delivery systems.

VII. Sexual Harassment

Sexual Harassment will not be tolerated by the residency program. Sexual Harassment will be dealt with by the method prescribed in the sexual Harassment policy of the institution where the problem occurred (policies available on request). At any site where no such policy exists the VA policy will be followed. In this case any complaints must be filed with the residency training committee through one of its members.

VIII. Resident logs

Clinical log - Must be kept on Residency Resource and each Monday must be current through the previous Friday. The program requires that all surgeries (all types) and at least one case from each ½ day clinic session (all specialties) be logged. The resident is required to log all cases, which would count toward an MAV requirement. The director at his/her sole discretion will determine the adequacy and completeness of the log. Repeated/chronic logging delinquency is grounds for dismissal without appeal.

Activity log (didactics only) - Must be keep on Residency Resource and each Monday must be current through the previous Friday.

IX. Teaching conferences/Seminars

Pre-op conference

Time: 11:30-2:30 pm Thursday

Place: VAMC

Topic: pre-op, m&m, case discussions.

Podiatry Grand Rounds

Time 6:30-8:30 1st Tuesday

Podiatry Conference

Time: 6:30-8:30 pm Monday or Wednesday of each week that Grand Rounds does not occur.

Place: VAMC 2nd Monday 4th Wednesday; St Marks 3rd Wednesday

Current year schedule (subject to change -- place updated schedules in the same directory this manual is in)

The residents shall also participate in all the teaching conferences and rounds provided by the services they rotate on (see schedule).

Seminars

The residents are required to attend the annual Utah Podiatry Association Seminar at Park City.

Residents are encouraged to attend an additional seminar from the approved list below.

Approved Seminars:

National APMA

ACFS

ACFOAM

Super Seminar

Midwest Seminar

Hershey

Additional programs are also options but must be approved by the Training Committee.

X. Academic requirements for residents

The following will be required of all residents in order to complete this residency:

1. One paper on a podiatry related subject of a quality consistent for publication. Outline with bibliography due by April 1 of 1st year; Rough draft complete by April 1of 2nd year; Completed article due by April 1 of 3rd year.

2. Two formal (including audiovisuals and all relevant data) presentations of cases seen in the clinics suitable for inclusion in a teaching file.

3. Two lectures per year on topics in Podiatry suitable for presentation at Wednesday conference (including audiovisual aids etc.).

4. A minimum of twelve case presentations for Podiatry conferences (short audiovisuals optional).

5. One research project to be approved by residency committee. Outline with bibliography submitted by 10-1 of first year; Section of project for which the resident is responsible completed by 1-1 of final year of training with formal write up complete by 4-1. The program will assign a mentor. The purpose of this exercise is to teach research methodology to the resident.

6. Satisfactory completions of all sections of the surgical review course.

XI. Policies for Patient Relation

A. Admission Procedure

Patients are admitted to the hospital and assigned beds through the Admitting Office. The attending physician or chief resident calls these offices to make a reservation and to give the admitting diagnosis and other preliminary information. An H&P and admitting orders must be completed at the time of admission.

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/or Admitting Office. Tranfers to other services require completion formal transfer orders and a transfer summary.

C. History and Physical Examination:

All podiatric patients admitted to the hospital will be given a complete diagnostic workup is considered essential to a case. The history should be as complete as possible and should include.

a. Chief compliant

b. History of present illness

c. Past medical history

d. Social history

e. 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 for 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 stated facts. Pelvic examinations are not routinely done. If the particular case requires such an examination the resident should seek assistance from the physician responsible for this aspect of care.

D. 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 data pertinent to the course of the disease. The frequent use of general statements such as "condition fair", "general condition, good", and "no complaints", is valueless. Progress notes should be written by the resident or if by a student reviewed by the resident. A note should be written at least once a day on all patients. An admitting progress note is to be written by the attending physician. A 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 he leaves the case. The person coming on the service should carry on the progress notes from that time. All notes should be signed by the person writing the note and cosigned as necessary.

E. Orders

The Resident can write orders for the patient. These orders may include necessary tests, therapy, etc. Orders changes by the resident should be discussed with the attending in a timely fashion.

F. Consultations

Any podiatric consultation requested by the medical staff is to be handled directly by the resident in consultation with an attending at the VAMC and by the members of the active podiatry staff at other affiliated institution. 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 wherein others collect compensation for the resident's services.

G. Discharges

When a patient is discharged, the attending physician writes the discharge except when the resident has been given responsibility of discharging podiatric patients on the attending podiatrist's authority. It is the resident's responsibility to discharge the patient with the following:

1. Post-operative instructions.

2. Post-operative shoes, walker, or crutches.

3. Instructions to call the doctor's office for an appointment

4. Prescriptions for necessary medications. The resident should check with the attending podiatrist for types of medications preferred and/or special instructions. The resident is to dictate or record a discharge summary following the discharge.

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 for the first post-operative visit.

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

The resident must in every case of discharge against medical advice do the following, which should be noted on the discharge summaries:

Occasionally, a patient may become dissatisfied 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 a form or note indicating they left against medical advice 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 attending physician must be notified immediately if at all possible. If the patient refuses to sign that fact must be documented by both the resident and the nursing staff.

H. Completeness and Accuracy

The value of the medical record is directly proportional to the thoroughness and accuracy with which it is written. It should be remembered that any record may be summoned for legal use. All entries in the medical record must be complete and accurate. Both the efficient of handling patients and 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. Correction to electronic medical records shall be made as an addendum to the note being corrected. Chart entries are permanent and must be in permanent ink. The original reports, not 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 certifying committees. 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 record; these may be written and attached to the outside of the chart, if desired.

J. Legibility

All entries must be readable, 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 abbreviations which are in common usage in the medical profession in general.

K. 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. Sign all electronic notes in a timely fashion. Record all information about your patients fully, including progress noted. Avoid the addition of extraneous materials to the charts, and never use humor or flippancy. Records are not to be removed from Medical records except for breif periods to complete documentation. The following rules must be followed:

1. Must not be removed from the hospital.

2. Must not be taken to 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.

5. Electronic charts must be closed if you walk away from them.

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 and in the case of research an IRB approval or waver..

3. For use by other authorized hospital personnel upon request.

4. For use in court upon subpoena (copies only).

5. Never give a patient or anyone else a copy of any part of a medical record. The patient should be sent to medical records to sign an appropriate release form.

Any record may be requisitioned by a resident or attending staff for use within the hospital building for teaching purposes only. No record should be removed from Medical Records without the knowledge of that department. If a record is required during hours when this department is closed, a request form should be in the record librarians office. Careful adherence to these regulations will facilitate the prompt location of records so that they may be made readily available when needed.

XII. Basic Hospital Charting

Admitting Orders

1. Admit Mrs. H, A. Valgus to Hospital.

2. List diagnosis including medical diagnosis when appropriate.

3. Labs: SMA 12, CBC with differential, PT, UA, others as appropriate.

4. Chest X-rays, PA and lateral (as necessary).

5. Foot X-rays (as desired).

6. EKG (as necessary).

7. H & P and medical consult by Dr. Coe Admit.

8. Diet

a. Regular diet.

b. Special instructions to dietician (eg: 1800 calorie ADA diet for diabetics).

9. Dalmane 30 my po hs sleep (or sleep medication of choice).

10. NPO after midnight.

11. Sterile below the knee bone prep.

12. Dr. (list names of resident and assistant surgeon) may write orders and assist in management.

13. Signature and degree

You may desire to include other orders for completion pre-operatively such as incentive spirometry or crutch training. It should be remembered, however, that all pre-operative orders become completely and immediately invalidated the moment the patient enters surgery.

Admitting Note

The chart of every patient admitted to the hospital should have an admitting note included in the chart.

1. Date of admission, time.

2. Mrs. I.P. Hallux, age 54, is admitted to Hospital for surgical/medical treatment of (list admitting diagnosis).

3. History of present illness/chief complaint. (HPI of C/C)

    a. Chief complaint

    b. Location and duration

    c. Previous therapy with effect

    d. Type of conservative treatment and proposed surgery.

4. Past medical history (PMH)

    a. Include serious illnesses-injuries

b. current medications

c. allergies.

d. past surgical history

e. review of systems

5. Full body examination including.

a. vital signs

b. biomechanical exam

6. Assessment and plan for all current medical and podiatric problems

7. Note any contraindications or state that no contraindications to surgery are evident.

8. Signature and degree.

Postoperative Note

Every hospitalized patient should have a post-op note recorded in the progress notes. This may be delegated to the resident. And, as always, all notations must be dated and timed.

1. Surgeon, 1st assistant, 2nd assistant

2. Pre-operative diagnosis

3. Post-operative diagnosis

4. Procedures performed

5. Primary anaesthetic: agents, route of administration, and amount.

6. Injectable: (steroid, type of local at close of case).

7. Hemostasis: type (thigh cuff), pressure (250 mm Hg), time.

8. Materials: type of sutures, pins or wire, implants, drains.

9. EBL (estimated blood loss).

10. Pathology (eg: soft tissue sent for gross and micro).

11. Dressing, splint, or cast.

12. Complications.

13. The patient tolerated the procedure well and left the OR for the R.R. in apparent satisfactory condition (this summary statement should be altered if the procedure was not well tolerated or the patient was not in satisfactory condition). Note on new vascular status.

14. Signature and degree.

Post-Operative Orders

The following list is only an outline and should be modified to meet the specific needs of the patient or the preferences of the surgeon. Order writing maybe delegated to the resident but must be countersigned. In general, experts agree, surgeons tend to under medicate post surgical patients with insufficient analgesics. It is preferable to give a little more medication a little more often to abolish pain during the first day or two. Remember, all pre-op orders have been discontinued and must be rewritten.

1. Monitor vital signs q 15 min. until stable, then q shift.

2. Activity level (CBR - complete bed rest, BRP - bathroom privileges).

3. Diet (liquid to regular diet as tolerated).

4. Elevate FOB, dispense foot cradle.

5. I.M. analgesic (Demerol 5Omg/Vistaril 5Omg I.M. q 3-4h prn severe pain).

6. Oral analgesic (Tylox caps, po q 3-4h prn moderate pain).

7. Antiemetic (Trilafon 5 mg I.M. TID prn N/V).

8. Sleep medication (Dalmane 30 mg po hs prn sleep).

9. P.O. X-rays

10. Orders for any I.V., antibiotics, anti-inflammatories, or other medications.

11. Therapeutic adjuncts such as mini-heparinization, incentive spirometry, breathing exercises, physical therapy.

12. Notify Dr. of any unusual circumstances.

13. Signature and degree.

Operative Report

This is a report of operative findings and of the procedures used by the attending doctor during surgery, and it should be dictated immediately after the operation. Details may be overlooked if there is a delay in completing the report. The resident may dictate the operative report if he participated and was scrubbed in for the case. The following is a detailed explanation of the contents of the operative report. All points are important for an accurate report of operation.

1. Name - Spell out completely for identification and clarification.

2. Hospital number - This is also important for identification and clarification.

3. Surgeon - The actual surgeon who performed the procedure.

4. First assistant/other assistant - Mention of these names will insure that these individuals receive copies of the report for the records.

5. Type of anesthesia - Local or general.

6. Date - Actual date of surgery.

7. Preoperative diagnosis

8. Postoperative diagnosis

9. Procedure - The exact operative procedures used during surgery, designated by the site. For example, arthroplasty, left foot, 5th digit. Include all procedures.

10. Operation and findings - This, which is the main body of the report, should be concise but must be complete to alleviate confusion and verbose reports. It describes the following:

a. The prepping and draping.

b. Administration of local anesthesia including type and amount and manner, or administration of general anesthesia.

c. Type of hemostasis (cuff, etc.)

d. Type and length of incision.

e. The procedures used in relationship to the disease entity, using correct medical terminology.

f. Any pathology related to the disease entity, using correct medical terminology

g. All methods of closure, including type and suture material.

h. Dressing.

i. Condition of patient upon completion of surgery. The information on this report must be consistent, i.e., the post-operative original reports must be signed by the surgeon. To insure that a report has been dictated accurately, listen to the entire report before signing off or reread the entire report before signing.

Progress Notes

The specific information that should be included in a proper progress note will be listed below. Many physicians prefer to use the SOAP method of recording progress notes. This technique

aids the physician in organizing his thoughts and then expressing them in the chart. It also aids any other readers of the chart in following the findings and the intents of the attending physician. The SOAP method provides for four sections in a progress note. Each is designated by the representative letter. "S" = subjective findings, "O" = objective findings, "A" = assessment, and "P" = plan.

1. Date

2. Time

3. Patient's general condition or comments.

4. Medications/Allergies

5. Vital signs

6. Condition of bandages

7. LE exam

    a. Neurovascular status of feet

    b. Evaluation for DVT

    c. Description of surgery site and or wound (if applicable)

8. Condition of lungs

9. Assessment of patient's progress

10. List proposed future plans for the patient or changes in treatment.

11. Note anything you did or said or anything the patient did or said that may be important to the case.

12. Sign with name and degree.

XIII. Medical License Information

1) Utah Podiatry License Application
2) Utah Controlled Substance Application

Both applications require a "take home test" which is included in the applications. View the documents to help answer the questions (these are from the DOPL website:www.dopl.utah.gov).

The application for licensure needs to be completed and awaiting Directors Signature the end of June.

You are also required to have an NPI number and DEA number; you need your state licenses in order to obtain a DEA license. You must apply for you NPI number at the beginning of your 1st year. Put “Resident” and/or “Pending” for your license number.

NPI info: https://nppes.cms.hhs.gov/NPPES/Welcome.do

DEA info: http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm

XIV. CPME Approval Requirements

CPME 320

CPME 330

XV. Rotation Information and Competencies

The following rotations are designed to give the resident graded experiences and responsibility in the management of patients and recognition and under-standing of clinical entities (this will have reference particularly to the field of foot 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. Included are the competencies to be achieved in each training experience. The resident will be responsible to the attending physician(s) and the chief resident (where applicable).

Anesthesiology - Anesthesia Service, VA Medical Center

Welcome to the V.A. Anesthesia Service!! This manual has been prepared to outline your rotation in the Anesthesia Service. During this rotation, you are directly under the supervision of the Chief of Anesthesia Service, who shall be responsible for your written evaluation at the end of your rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of the administration of anesthesia.

1. Competencies

Formulate and implement an appropriate plan of management, including: appropriate anesthesia management when indicated:

local anesthesia

general anesthesia.

spinal anesthesia
epidural anesthesia
regional anesthesia
conscious sedation

Perform and interpret the findings of an appropriate medical history and physical examination
Recognize the need for additional laboratory and diagnostic studies, when indicated.
Demonstrate ability to perform intravenous placement.
Demonstrate ability to manage an airway including intubation.
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

2. OR Structure and Rules

a. Operating rooms: The V.A. OR has six operating rooms numbered circularly 1 to 6.
b. Telephones: The Anesthesia phone 584-2512 (direct line).
c. Communication in the OR:
(1) Regular phone intercom (2 digit)
(2) OR intercom system (2 or 3 digit)

To make an "all over" announcement on the OR intercom --- hit 81, give your message and hit "C" to finish.

d. Hospital beeper system: dial "7", wait for the tone, then dial the three digit number, wait for the beeping to stop then give your message twice. If you are

outside the hospital, call the hospital operator at 582-1565 and ask for paging or leave a message.

e. Some routines: All the patients are brought into the room from the outside hallway surrounding the clean central core area. The patient going to room one is transferred directly from the holding area.

3. Scheduling

a. Requests for surgery are made with the CDCP computer system sheet and are ready for anesthesia assignment around 11:00 AM the day before surgery.

b. For cases starting at 8:00 AM, you are expected to take the patients into the room by 7:40 and proceed with the anesthesia.

4. Pre Operative

Assigned residents are responsible for their own preoperative evaluation and writing pre-op orders. During the pre-op visit, an anesthesia evaluation form is filled out. Discuss difficult or complicated cases with a staff anesthesiologist.

5. Documentation

a. Residents are responsible for completing a minimum of four (4) documents:

(1) Pre-op evaluation

(2) Anesthesia records

(3) Post anesthetic note (recovery room discharge note) -- Write any problems or complications in the progress note and make a discharge order in the order sheet for cases in which you would expect an uneventful recovery.

(4) Computer data input: All anaesthesia information must be entered in the computer. Details of procedure will be explained at beginning of your rotation.

(5) Post Anesthetic Follow-Up Note -- All anesthetized patients are to be followed up by residents who gave anesthetics, within 72 hours. The follow up note is written on the patients' progress note with a caption of "Post Anesthetic Follow-Up" including date and time. If one resident took over the case during the procedure, the resident who finished the case must take ultimate responsibility for the post-op follow up. Local and local stand-by cases do not require follow up by the anesthesiology resident unless the patients received heavy sedation during the procedure. If patients have been discharged before you make rounds, state so on the sheet. Delinquency of the post op follow up will result in serious credential problems in your residency.

b. Beyond this routine paperwork, you must complete a complication report whenever deviation from routine procedures is seen. You must also report any activities performed outside the O.R. such as emergency intubations, cardioversions, etc. by filling out a sheet located on a clipboard in the Anesthesia Workroom.

6. On Call

a. Podiatry residents are not expected to take on-call duty. However, interesting cases are frequently seen during the off-time. Notify the on-call anesthesia residents or staff if you wish to be called in for the emergency cases.

7. Controlled substances

Narcotics and other controlled substances (Valium, Versed, barbiturates, etc.) are dispensed from a computer operated dispensing machine (Pyxis). You will be given a temporary password to access the instrument during your rotation. But!! Check back unused controlled substances at the end of the day. Controlled substances loaded in the syringes should be wasted in front of a witness.

No drugs are to be left unattended at the end of the day in your cart or locker. All the drugs in the syringes or ampules must be disposed of day by day.

Once any violation of handling control substances is spotted, no excuse will be accepted. The FBI will be involved as a federal offense and criminal charges are inevitable.

8. General

Podiatry residents report to the O.R. every morning regardless of their case assignments. When leaving the O.R. suite, always inform someone, preferably either a staff anesthesiologist or the O.R. secretary, of where you are going and when you will return.

Refrain from wearing scrubs outside the hospital. Scrubs worn outside the OR (hallways, ICU, etc.) should be changed prior to return to sterile areas.

Behavioral Science

The resident will report to the attending at the various assigned sites

Competencies

Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages.

The podiatric resident will be able to discuss and describe the psychological issues related to the management of :

- Obesity
- Smoking cessation
- Behavior modification
- Dependency/addiction

Describe the treatment strategies for these conditions:

- Obesity
- Smoking cessation
- Behavior modification
- Dependency/addiction

Be able to identify patients who require referral to Mental health

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Biomechanics:

This rotation takes place in the main VAMC podiatry clinic under the direction of the chief of podiatry. The chief of podiatry shall be responsible for a written evaluation of the resident at the end of his rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of lower extremity biomechanics.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by biomechanical means. Perform and interpret the findings of a thorough problem-focused history and physical exam:

problem-focused history.
neurologic examination.
musculoskeletal examination.
biomechanical examination
gait examination

Order and interpret appropriate plain radiography
Formulate an appropriate diagnosis and/or differential diagnosis.
Formulate and implement an appropriate plan of management, including:

tape immobilization
orthotic, brace and prosthetic management.
footwear modification and padding.
custom shoes

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Dermatology

During this rotation, the podiatric resident is directly responsible to dermatology attendings. The dermatology attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of skin diseases.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult by nonsurgical and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including dermatologic examination.
Order and interpret appropriate diagnostic studies, including anatomic and cellular pathology
Formulate an appropriate diagnosis and/or differential diagnosis
Formulate and implement an appropriate plan of pharmacologic management, including the use of:

antibiotics
antifungals
corticosteroids
topical preparations

Formulate and implement an appropriate plan of management, including: excision or destruction of skin lesion (including skin biopsy and laser procedures).
Formulate and implement an appropriate plan of appropriate anesthesia management when indicated, including: local anesthesia.
Assess the treatment plan and revise it as necessary.
Recognize the need for (and/or orders) additional diagnostic studies, when indicated

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs.
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Emergency Department

During this rotation, the podiatric resident is directly responsible to the emergency department attending. The purpose of this rotation is to train the podiatric resident in all aspects of emergency medicine.

Competencies
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.
Perform and interpret the findings of a thorough problem-focused history and physical exam, including: neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination
Order and interpret appropriate diagnostic studies, including: medical imaging, including: plain radiography.
stress radiography
MRI
CT
Order and interpret appropriate diagnostic studies, including:
laboratory (blood) tests
non-invasive vascular studies
compartment pressure studies
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Formulate an appropriate diagnosis and/or differential diagnosis.
appropriate non-surgical management when indicated, including: closed management of fractures and dislocations: closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation
cast management
injections and aspirations
pharmacologic management
Formulate and implement an appropriate plan of management, including: appropriate medical/surgical management when indicated, including: repair of simple laceration (no neurovascular, tendon, or bone/joint involvement).
appropriate anesthesia management when indicated, including: local anesthesia.
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by

nonsurgical (educational, medical, physical, biomechanical) and surgical means. Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals
Assess and manage the patient's general medical status. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Problem focused medical history.
Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: problem focused physical examination, including: vital signs.

- head, eyes, ears, nose, and throat
- neck, chest/breast
- heart, lungs
- abdomen
- genitourinary, rectal
- upper extremities
- neurologic examination

Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: EKG.

- plain radiography
- nuclear medicine imaging
- MRI
- CT
- diagnostic ultrasound
- other diagnostic studies

Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention.
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate consultations and/or referrals.

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.
Maintains appropriate medical records.

General Surgery

During this rotation, the podiatric resident is directly responsible to the surgery attendings. The surgery attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of general surgery. The resident will actively participate in surgery cases from initial evaluation through to discharge. The resident is expected to involve themselves in admitting patients, history and physical examinations and on going hospital care. They will participate in surgical cases and scrub in at the discretion of the surgery attending.

Competencies
Assess and manage the patient's general medical status. Perform and interpret the findings of a

comprehensive medical history and physical examination (including preoperative history and physical examination), including: Problem focused medical history.
Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: problem focused physical examination, including: vital signs.

head, eyes, ears, nose, and throat
neck, chest/breast
heart, lungs
abdomen
genitourinary, rectal
upper extremities
neurologic examination

Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: EKG.

plain radiography
nuclear medicine imaging
MRI
CT
diagnostic ultrasound

Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention.
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.
Perform and interpret the findings of a thorough problem-focused history and physical exam,.
Order and interpret appropriate diagnostic studies, including: medical imaging,
Perform (and/or order) and interpret appropriate diagnostic studies, including: laboratory tests
Participate in surgical cases as appropriate
appropriate non-surgical management when indicated, including: pharmacologic management
Formulate and implement an appropriate plan of management, including: appropriate medical/surgical management when indicated

IMC Podiatry/Plastic/Orthopedics

During this rotation, the podiatric resident is directly responsible to the podiatry attendings. The podiatry attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with training in all aspects of podiatric surgery with an emphasis on surgical technique. The resident will actively participate in surgery cases. They will participate in surgical cases and scrub in at the discretion of the podiatry attending. They will also participate on a case by case basis in Plastic and Orthopedic surgery. See the description of these experiences later in this manual

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

Perform and interpret the findings of a thorough problem-focused history and physical exam, including:

- problem focused history
- neurologic examination
- vascular examination
- dermatologic examination
- musculoskeletal examination

Interpret appropriate medical imaging:

- plain radiography
- radiographic contrast studies
- stress radiography
- nuclear medicine imaging
- MRI
- CT

Interpret appropriate laboratory tests:

- hematology
- serology/immunology
- blood chemistries
- microbiology
- synovial fluid analysis
- urinalysis
- anatomic and cellular pathology

Interpret appropriate other diagnostic studies:

- electrodiagnostic studies
- non-invasive vascular studies

Formulate an appropriate diagnosis and/or differential diagnosis.

Formulate and implement an appropriate plan of management:

- cast management
- physical therapy

Perform appropriate pharmacologic management when indicated, including:

- NSAIDs
- antibiotics
- narcotic analgesics
- corticosteroids

Formulate and implement an appropriate plan of management, when indicated, including:

- debridement of superficial ulcer or wound
- excision or destruction of skin lesion including skin biopsy
- nail avulsion (partial or complete)
- matrixectomy (partial or complete)
- repair of simple laceration
- digital surgery
- first ray surgery
- other soft tissue foot surgery

other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)
reconstructive rearfoot and ankle surgery

Formulate and implement an appropriate plan of management, including:
appropriate consultation and/or referrals
appropriate lower extremity health promotion and education

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

IMC-Salt Lake Clinic Podiatry/McKay Dee Podiatry

During this rotation, the podiatric resident is directly responsible to the podiatry attending. The podiatry attending shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of podiatry. The resident will actively participate in surgery cases from initial evaluation through to discharge. The resident is expected to involve themself in admitting patients, history and physical examinations and on going hospital care when applicable. They will participate in surgical cases and scrub in at the discretion of the podiatry attending.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

Perform and interpret the findings of a thorough problem-focused history and physical exam, including:
problem focused history
neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination

Perform (and/or order) and interpret appropriate medical imaging:
plain radiography
radiographic contrast studies
stress radiography
nuclear medicine imaging
MRI
CT

Perform (and/or order) and interpret appropriate laboratory tests:
hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology

Perform (and/or order) and interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies
Formulate an appropriate diagnosis and/or differential diagnosis.
Perform appropriate non-surgical management when indicated:
palliation of keratotic lesions
palliation of toenails
manipulation/mobilization of foot/ankle joint(s)
closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation
Formulate and implement an appropriate plan of management:
cast management
tape immobilization
orthotic, brace or prosthetic management
custom shoe management
footwear selection and/or modification
padding
injections
aspirations
physical therapy
Perform appropriate pharmacologic management when indicated, including:
NSAIDs
antibiotics
antifungals
narcotic analgesics
muscle relaxants
medications for neuropathy
sedative/hypnotics
peripheral vascular agents
antihyperuricemic/uricosuric agents
tetanus toxoid/immune globulin
laxatives/cathartics
corticosteroids
antirheumatic medications
topicals
Formulate and implement an appropriate plan of management, when indicated, including:
debridement of superficial ulcer or wound
excision or destruction of skin lesion including skin biopsy
nail avulsion (partial or complete)
matrixectomy (partial or complete)
repair of simple laceration
digital surgery
first ray surgery
other soft tissue foot surgery
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)
reconstructive rearfoot and ankle surgery

Formulate and implement an appropriate plan of management, including:
- appropriate consultation and/or referrals
- appropriate lower extremity health promotion and education
- reassessment of the treatment plan with revision as necessary

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Infectious Disease

The infectious disease attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the Podiatric resident with clinical training in aspects of infectious disease. This rotation shall include direct participation of the resident. Training should include exposure to a variety of pathology. The rotation is 50% inpatient at IMC and 50% outpatient at LDS

IMC Infectious Diseases Orientation and Curriculum
Revised: 6/30/11

ORIENTATION
Faculty: Participating Faculty are required to review the written learning objectives and expectations for this rotation with each resident at the beginning of this assignment.
Members of the faculty:
John P. Burke, M.D.
Mark Oliver, M.D.
Wanda Updike, M.D.
Ina Amber, M.D.
Joel Trachtenberg, M.D.
David Pombo, M.D.
Jay Jacobson, M.D.
Kristen Dascomb, M.D., Ph.D.
Bert Lopansri, M.D.

Residents

This is an inpatient infectious diseases consultation service.

Contact: The Infectious Diseases office is in the Women's Center, LL2, located next to Human Resources office. This is at the east end of the hall that is immediately north of IMC Hospital Administration main office. The IMC division Executive Secretary Binmattie Sewnarain can help you with questions (801-507-7781). Additionally, Dr. John Burke, M.D., or Dr. Mark Oliver, M.D. of the I.D. Consultation Service can answer further questions. Contact numbers for the current consult attending are posted in the I.D. office.

Schedule: The resident is assigned to work with the assigned I.D. attending from 8:00 am to 5:00 pm, Monday-Friday. The resident will not work on weekends or holidays. On your 1st day please arrive at 8:45 am to the Infectious Disease Office for general orientation to the office. Computers are available for your use. You should then contact the I.D. consult attending for new consults. All resident notes must be countersigned by the attending physician. In general, mornings will be spent seeing new consultations, established patients, self-study, and visiting the microbiology lab. Afternoons are reserved for teaching rounds with a priority placed on new consults and established patients that are followed by house staff. Daily schedule will vary depending on the consult attending. Residents are limited to 2 new consults per day and care for a maximum of 8 patients.

Continuity Clinic: Residents are expected to attend their regularly assigned one half-day continuity clinic weekly throughout the duration of the rotation. Please alert the attending on service of your clinic day.

Conferences: You are expected to attend IMC morning report, noon conference, and Grand Rounds at IMC. Additionally, you are required to attend the following I.D. specific conference: 1. Thursday at 4:00 p.m . - This is the Clinical Infectious Diseases Conference – Stump the Stars. Patients with infectious disease problems are presented to the group as unknowns. A faculty member who is not familiar with the case is asked to come up with a differential diagnosis and a management plan based on the clinical information provided by the presenter, imaging studies, examination of gram stains, or histopathology. The attending physician or an ID fellow from the presenting hospital moderates the discussion and the medical resident or the Infectious Diseases fellow from the presenting hospital presents the clinical information. This is a popular and effective conference that teaches principles of diagnosis and management in infectious diseases. It is attended by infectious disease faculty, fellows, residents and medical students as well as microbiology laboratory staff. Attendance is mandatory when medical residents are assigned to the Infectious Diseases Service.

Self-Study: The resident is expected to read all of the MKSAP 15 Infectious Disease section during this rotation. A 50 question online examination will be assigned on the last Thursday of the rotation at 4:00 PM at the HSEB Computer lab. You are expected to score a minimum performance of 80%--if not, you will be required to repeat the exam to score at least 80%. The UofU I.M. housestaff office will notify you via email regarding this examination.
Microbiology Lab: The IMC Clinical Microbiology Laboratory is located on the second floor in the most southern building on the IMC campus. The resident will look at gram stains, bacterial cultures, etc, as determined by the I.D. attending. Lab Technicians are available to review the above every morning.

Evaluation: At the conclusion of the rotation, you are expected to evaluate the faculty teaching performances. The ID Faculty you worked with will evaluate your performance at the end of the rotation. Attainment of learning objectives will be documented by your attending in a written evaluation at the end of the I.D. rotation. The attending will base her or his evaluation on the quality of your performance on daily rounds, the quality of your written clinical notes, and on the effort you make to improve/refine your infectious diseases knowledge base.

CURRICULUM

A one-month rotation on the Infectious Diseases will introduce you to an ever-growing information base and will provide you with an experience that teaches principles to be applied in many difficult situations where infection may be involved in the clinical problems you deal with. We want you to develop a genuine interest in infectious diseases and to continue to refine your infectious diseases knowledge and skills throughout your career as a physician.

To that end we provide a list of minimal infectious diseases learning objectives that you should attain. You are responsible search for information that applies to your patients in guidelines published by the Infectious Diseases Society of America (IDSA) and the American College of Physicians (MKSAP). These provide you with an up-to-date and authoritative source for an annotated infectious diseases bibliography as well as a self-assessment test based on short case histories. In book I you will find Syllabus and self-assessment test and in book II answers, critiques and bibliographies to the self-assessment test. A copy of MKSAP is available in the IMC Housestaff office. We encourage you to discuss selected case histories in the MKSAP self-assessment test with your attendings. The following are topics that you should read about, and discuss with you attending, during this rotation:

1. CNS infections
2. Endocarditis
3. Pneumonia
4. Septic Shock/Toxic Shock Syndrome
5. Antibiotics
6. Infectious Diarrhea
7. Urinary tract infections
8. Sexually transmitted diseases
9. Infections of immunocompromised pts
10. Nosocomial infections
11. Skin andSoft tissue infections
12. Bone & joint infections
13. Fever of unknown origin
14. HIV disease
15. Unusual infections
16. Zoonosis
17. Immunizations

Responsibilities of the Resident on the Infectious Diseases Subspecialty Service:
Medical residents have contact daily with a faculty member during the inpatient infectious diseases rotation. All infectious diseases consultations are discussed with and examined by the faculty attending within 24 hours of being seen. Subsequent decisions are discussed daily.

Consults are seen on the day of the request and in order of patient need. For non-emergent consults late in the day, at least a preliminary note should be left in the chart indicating that the patient has been seen and the case discussed with the attending. After the patient has been

evaluated by the attending, the consult note must be annotated and signed by the attending. Recommendations should be explicit, and you should include pertinent references with your consultation note. Every effort should be made to contact and personally discuss the case with the individual who requested the consult. In some cases this can be done on a medical resident level, in others it may be necessary for the attending to discuss the case. Direct communication is very important in order to avoid unnecessary confusion or delay in implementing recommendations.

Follow-up visits should document the level of involvement in patient care, i.e. if the patient was examined and laboratory results or x-rays were reviewed, this should be stated in the note. The level of involvement must be documented by the attending for billing purposes.

Most patients will initially require daily notes until their problem has stabilized. After that, less frequent notes to monitor antibiotic therapy, adverse effects, laboratory data, etc, may be appropriate. A patient should be followed until discharge or until the ID problem initially consulted on has completely resolved.

Some patients will require one or more outpatient visits to assure resolution of their I.D. problem. You and the attending, and the referring physician will determine the appropriate follow-up plans.

Informal consultations in the absence of evaluation of the patient should be discouraged, as this can result in errors by the consultant, because of inadequate information.

Guidelines for Effective Consultation

1. You should put a note on the chart on the day of the consultation to acknowledge that the patient has been seen and to provide your initial recommendations.
2. The referring physician should be noted.
3. The reason for the contact should also be noted. Eliciting the precise reason for the request will make for a specific and relevant consultation.
4. You and your attending will determine whether or not to discuss findings and recommendations directly with the patient or the family. Defer to the primary physician and discuss findings with that physician to maintain non-conflicting communication with the family. The primary physician may ask the consultant to discuss the situation with the family directly.
5. Do not use the chart as a forum for debate or argument. Discuss recommendations with the primary physician before writing a note, as they may have good reasons for disagreeing with the recommendations.
6. If an error in patient care is detected, use diplomacy in correcting it.
7. Whenever possible, verbally discuss recommendations with the primary physician. This is a courtesy, which demonstrates interest, allows for amplification of the consult note and reinforces recommendations.
8. Direct the consultation note toward the infectious disease issues. The note should provide a concise summary of data pertinent to the consultation, including relevant points from the history, physical examination, and diagnostic tests. Title sections of the note so that areas of interest will be readily identified.

9. Recommendations should be labeled as such, and clearly stated in an organized format at the end of the note. Therapeutic measures should be spelled out with respect to drug, dose, route of administration, and monitoring of the desired effect and potential toxicity.
10. Impressions and recommendations should be supported with data. The consultant should review the patient's chart, take his or her own history as it relates to the consultation, perform relevant physical exam and personally review relevant gram stains, cultures, and x-rays. Reliance solely on the chart or primary physician for information and data may lead to faulty recommendations and adds little to what the primary physician already knows.
11. Pertinent points from the literature should be cited and an attempt made to teach the reader.
12. Do not make diagnoses that are not supported by the data. Recommend consultation by others who can deal with non-I.D. conditions, as needed.
13. The consult should include what progress is expected and should provide the opportunity to elaborate on impressions as the database expands. The I.D. team should follow patients until discharge or until resolution of the infectious problem since details such as drug dosage and frequency of monitoring for drug toxicity may be overlooked. You and your I.D. attending will determine which patients for you to follow.
14. At the end of the rotation, or for weekend coverage, arrange to meet with those who will be following the patients to review in detail the active cases to insure adequate follow-up.

Responsibilities of Infectious Disease Attending Consultants

The Infectious Disease attending is ultimately responsible for all consultations and teaching provided by the I.D. team. The consultant should conduct teaching rounds five days per week, when he or she should see all new consultations. The attending and the resident should determine the starting time and location of I.D. rounds. Every effort should be made to present relevant x-rays, to review gram stains and biopsy material. The attending physician should also review follow-up cases on a daily basis and see these patients if new problems develop. In general, notes should be written daily for patients in ICU beds, and as dictated by the clinical circumstances for other patients being followed by the team. The attending should add a note to the resident's note in order to qualify for reimbursement.

The I.D. attending should teach the resident how to run an efficient and productive service, including how to provide an effective consultation. The attending should insure that by the end of the rotation the residents are developing a core knowledge which will allow them to rigorously approach I.D. problems. In addition, the I.D. attending physician will be responsible for communicating on an attending-to-attending level about difficult or controversial opinions regarding specific patients.

A. Educational Purpose:

1. Provide experience and instruction in the care of patients with illness and complaints related to infectious disease, in both the inpatient and outpatient settings. You will serve as a consultant to both internal medicine and non-internal medicine specialties.

2. Patient Care
a. Understand and demonstrate basic physical exam and history taking skills needed to evaluate the infected patient using the history and physical examination, appropriate microbiological and serological tests, imaging studies, as well as other laboratory studies.
b. Maintain focus and timeliness in the evaluation and management of consults and ambulatory patients.
c. Recognize and be able to respond skillfully to the signs/symptoms of acute life threatening infectious diseases such as sepsis, septic shock, acute meningitis, and pneumonia.
d. Understand modes of transmission of communicable disease and modes of blocking that transmission

3. Medical Knowledge
a. Expand clinically applicable physiology knowledge base to the underlying care of the infected patient.
b. Access and critically evaluate current medical information relevant to the infected patient.
c. Understand the diagnostic approach and management of patients with HIV infection including the use of antiretroviral therapy and in the management of opportunistic infections in patients with AIDS.
d. Understand the diagnostic approach and management of patients with TB, community acquired pneumonia, endocarditis, central nervous system infections, urinary tract infections, nosocomial infections, soft tissue and bone infections, fever of unknown origin, and medical device associated infections.
e. Understand the sensitivity, specificity, and clinical application of laboratory and microbial tests in infectious disease.
f. Understand the mechanism of action, utility, and adverse effects of medications commonly used to treat infectious disorders. Understand importance of antibiotic resistance.
g. To be familiar with the diagnosis and management of infections occurring in different types of compromised hosts: diabetes mellitus, chronic renal and liver disease, neutropenia, cell-mediated immunodeficiencies and immunoglobulin disorders.

4. Practice-based Learning and Improvement
a. Identify and acknowledge gaps in personal knowledge and skills in the care of the patient with infectious disease.
b. Develop real-time strategies for filling care gaps that will benefit patients in a busy practice setting.
c. Become familiar with Infectious Disease literature through text, current guidelines, and online resources

5. Interpersonal Skills and Communication
a. Communicate effectively with patients and families across broad-range of socioeconomic and ethnic backgrounds.
b. Communicate effectively with physician colleagues and members of the health care professions to assure comprehensive patient care; both verbally and in the written record.

6. Professionalism
a. Behave professionally toward patients, families, colleagues, and all members of the health care team.

7. Systems-based Practice
a. Understand and utilize the multidisciplinary resources necessary to care optimally for patients with infectiousdisease.
b. Collaborate with other members of the health care team to assure comprehensive medical care.
c. Use evidence based, cost conscious strategies in the care of patients with infectious disease in the inpatient setting and in the outpatient setting.

B. Teaching Methods:
1. Educational Encounters
Each typical educational encounter consists of
1) the resident seeing the patient independently, followed by
2) the resident presenting the findings to the attending who will ask questions, followed by
3) brief teaching points/discussion, followed by
4) the resident and attending conducting a focused exam/history on the patient together at the bedside, followed by
5) brief teaching points/discussion, followed by
6) resident, attending, referring physician and patient, making decisions regarding medical plan and follow up.
2. Teaching Rounds
5 days per week.
3. Individual Attending:Resident Teaching
A considerable amount of time is also spent by the attendings teaching residents on an individual basis.
5. Self-Directed Study
All residents are expected to complete required reading on patients they have seen.
6. Reading List
The infectious disease reading list includes important topics with learning objectives and suggested readings (see above).
7. Radiologic Studies
CT, MRI, CXR and other radiologic studies along with echocardiograms, and Nuclear medicine studies are reviewed daily by the team when relevant to patient care.
8. Autopsies
Autopsies are reviewed by the medical team with the pathology team when indicated.

C. Mix of Diseases, Patient Characteristics, and Types of Clinical Encounters, Procedures, and Services:
1. Mix of Diseases
a. The rotation provides exposure to patients with a broad range of medical problems, such as evaluation and management of patients with TB, HIV, CAP, UTI, CNS infections, STDs, nosocomial infections, bone and soft tissue infections and fever of unknown origin.
2. Patient Characteristics

The patients include an even mix of men and women. Socioeconononomic classes vary considerably. We care for privately insured, self-pay, Medicare, Medicaid, and uninsured patient populations.

3. Clinical Encounter

The type of clinical encounter is a consultation to the inpatient wards or ICU (medicine, surgical or other subspecialty).

4. Procedures

Procedures that may be performed vary according to patient needs.

5. Services

The I.D. team does not directly admit patients. They serve as consultants to other teams and services and the ICU.

D. Pathological Material:

1. Surgical and nonsurgical pathology cases should be reviewed when indicated. Radiologic studies are reviewed on a daily basis.

E. Other Educational Resources:

1. All charting areas are equipped with computers and internet access to medical literature and online major I.D. and other texts. Our residents and preceptors routinely consult many Internet sites/resources to help with clinical decision making.

F. Method of Evaluation of Resident Performance:

1. The residents and attendings evaluate each other's performance using the ABIM standard evaluation form based on the six ACGME competencies. Attendings reach their evaluation conclusion via direct contact with each resident while reviewing the patient and review of the medical record. Each resident evaluation should be discussed in detail with the resident by a faculty member. All procedures are evaluated by the attending using the standardized ABIM form.

G. Method of evaluation of the Program Performance:

1. The I.D. rotation will be reviewed annually by the Housestaff-faculty committee. In addition, the attendings and rotation are evaluated by the resident at the end of the rotation using the standard ABIM form, and annually. Additional methods of evaluation include the resident's performance on the ITE, ABIM certifying exam, and feedback from graduating residents.

H. Definition of Resident's Supervision by Faculty:

1. The attending of record is responsible for the care provided to each patient, and must be familiar with each patient for whom they are responsible. Fulfillment of such responsibility requires personal involvement with each patient and the resident who provides care as part of the training experience. The attending of record is expected to fulfill this responsibility, at a minimum, in the following manner:

a. The attending will direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the resident being supervised. Medical services must be rendered under the supervision of the attending or be

personally furnished by the attending. Documentation of the supervision will be entered by progress note in the medical record.
b. The attending and the resident will ensure that follow-up is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen.
c. Within the scope of the training program, all residents, without exception, will function under the supervision of attending physicians. A responsible attending must be immediately available to the resident in person during the rotation.

Competencies

Evaluation and management of patients with the following disorders: Skin and soft tissue infection

Bone and joint infections

Infections of prosthetic devices
Infections related to trauma
Sepsis syndrome
Nosocomial infection

Basic knowledge of hospital epidemiology and infection control.
Basic knowledge of clinical microbiology
Knowledge of dosing and monitoring of antibiotics.
Exposure to the techniques in the evaluation and management of the following disorders:

Infections of reproductive organs
Infections in solid organ transplant patients
Infection in bone marrow transplant recipients
Sexually transmitted diseases
Viral hepatitis, including hepatitis B and C
Infections in travelers
Pleuropulmonary infections
Cardiovascular infections
Central nervous system infections
Gastrointestinal and intra-abdominal infections
Urinary tract infection
HIV infected patients with major impairment of host defenses.

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Medical Imaging

This rotation shall include the opportunity for review and identification of pathology in imaging studies under the direction of the radiology attendings.

Competencies

Interpret appropriate diagnostic studies, including: medical imaging, including:

plain radiography.

Perform and/or interpret appropriate diagnostic studies, including: medical imaging, including:
radiographic contrast studies.
stress radiography
Interpret appropriate diagnostic studies, including: medical imaging, including:
bone mineral densitometry
nuclear medicine imaging
MRI
CT
diagnostic ultrasound
Recognize the need for additional diagnostic studies, when indicated, including: medical imaging, including: plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, other diagnostic studies.
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Medicine Inpatient

During this rotation, the podiatric resident will be assigned to one of the medicine teams and is directly responsible to the senior medical resident and the general medicine attendings. The general medicine attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in aspects of internal medicine. This rotation shall include direct participation of the resident. Training should include exposure to a wide variety of general medical pathology.

Competencies
Assess and manage the patient's general medical status as inpatients. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including:
comprehensive medical history.
vital signs.
head, eyes, ears, nose, and throat exam
neck exam
chest/breast exam
heart exam
lung exam
abdomen exam
GU/rectal exam
upper extremity exam
neurologic exam
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s), with particular emphasis on the following diagnoses
Diabetes mellitus

Hypertension
Coronary artery disease
Kidney disease
Liver disease
Common Gastrointestinal disorders
Common genitourinary disorders
Infectious disease processes
Common oncology disorders

Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated

EKG
medical imaging

Order and interpret appropriate laboratory tests:

hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology

Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including:

appropriate therapeutic intervention
appropriate consultations and/or referrals
appropriate general medical health promotion and education.

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Medicine Outpatient

During this rotation, the podiatric resident will be assigned to one of the primary care clinics and is directly responsible to the primary care attendings. The primary care attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in aspects of internal medicine. This rotation shall include direct participation of the resident. Training should include exposure to a wide variety of general medical pathology.

Competency

Assess and manage the patient's general medical status both as inpatients and an outpatients. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including:

comprehensive medical history.

vital signs.

head, eyes, ears, nose, and throat exam
neck exam
chest/breast exam
heart exam
lung exam
abdomen exam
GU/rectal exam
upper extremity exam
neurologic exam

Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s), with particular emphasis on the following diagnoses

Diabetes mellitus
Hypertension
Coronary artery disease
Kidney disease
Liver disease
Common Gastrointestinal disorders
Common genitourinary disorders
Infectious disease processes
Common oncology disorders

Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated

EKG
medical imaging

Order and interpret appropriate laboratory tests:

hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology

Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including:

appropriate therapeutic intervention
appropriate consultations and/or referrals
appropriate general medical health promotion and education.

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Orthopedics

During the rotation the resident will be responsible to the attending Orthopedic surgeon.

Competencies
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including:
Interpret appropriate medical imaging:
plain radiography
radiographic contrast studies
stress radiography
nuclear medicine imaging
MRI
CT
Interpret appropriate laboratory tests
Interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies
Formulate an appropriate diagnosis and/or differential diagnosis.
Formulate and implement an appropriate plan of management:
cast management
physical therapy
Perform appropriate pharmacologic management when indicated, including:
NSAIDs
antibiotics
narcotic analgesics
corticosteroids
Formulate and implement an appropriate plan of management, when indicated, including:
digital surgery
first ray surgery
other soft tissue foot surgery
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)
reconstructive rearfoot and ankle surgery
hand surgery
other orthopedic surgery
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Plastic Surgery

During the rotation the resident will be responsible to the attending plastic surgeons at various affiliated institutions.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including:

Interpret appropriate medical imaging

Interpret appropriate laboratory tests

Interpret appropriate non-invasive vascular studies

Formulate an appropriate diagnosis and/or differential diagnosis.

Perform appropriate pharmacologic management when indicated, including:

NSAIDs
antibiotics
narcotic analgesics
corticosteroids

Formulate and implement an appropriate plan of management, when indicated, including:

debridement of superficial ulcer or wound
excision or destruction of skin lesion including skin biopsy
repair of simple laceration
other soft tissue surgery of the foot
flaps and grafts
other plastic surgery

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Primary Care Podiatry

During this rotation, the podiatric resident is directly responsible to the podiatric attending. The podiatry attending shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in aspects of podiatry. This rotation shall include direct participation of the resident. Training should include exposure to a wide variety of podiatric pathology.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including:

problem focused history

neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination

Perform (and/or order) and interpret appropriate medical imaging: plain radiography

radiographic contrast studies
stress radiography
nuclear medicine imaging
MRI
CT

Perform (and/or order) and interpret appropriate laboratory tests:
hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology

Perform (and/or order) and interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies

Formulate an appropriate diagnosis and/or differential diagnosis.

Perform appropriate non-surgical management when indicated:
palliation of keratotic lesions
palliation of toenails
manipulation/mobilization of foot/ankle joint(s)
closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation

Formulate and implement an appropriate plan of management:
cast management
tape immobilization
orthotic, brace or prosthetic management
custom shoe management
footwear selection and/or modification
padding
injections
aspirations
physical therapy

Perform appropriate pharmacologic management when indicated, including:
NSAIDs
antibiotics
antifungals
narcotic analgesics
muscle relaxants
medications for neuropathy
sedative/hypnotics
peripheral vascular agents
antihyperuricemic/uricosuric agents
tetanus toxoid/immune globulin
laxatives/cathartics
corticosteroids

antirheumatic medications
topicals

Formulate and implement an appropriate plan of management, when indicated, including:
debridement of superficial ulcer or wound
excision or destruction of skin lesion including skin biopsy
nail avulsion (partial or complete)
matrixectomy (partial or complete)
repair of simple laceration

Formulate and implement an appropriate plan of management, including:
appropriate consultation and/or referrals
appropriate lower extremity health promotion and education
reassessment of the treatment plan with revision as necessary

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Rehab Medicine

During this rotation, the podiatric resident is directly responsible to the rehab attendings. The rehab attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in aspects of rehab. This rotation shall include direct participation of the resident.

Competency
Demonstrate ability to perform an appropriate neurological examination.
Demonstrate knowledge of modalities used in amputees
Review of neuroanatomy and pathophysiology.
Understand the basic principles of neuro-diagnosis including EMG and radiological studies.
Demonstrate knowledge of the diagnosis and treatment of common central nervous system disorders. (ie CVA, low back pain)
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature

Rheumatology

During this rotation, the podiatric resident is directly responsible to the rheumatology attendings. The rheumatology attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in aspects of rheumatology. This rotation shall include direct participation of the resident. Training should include exposure to a wide variety of rheumatologic pathology.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.
Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.
Perform and interpret the findings of a thorough problem-focused history and physical exam, including: neurologic examination.
vascular examination.
dermatologic examination.
musculoskeletal examination.
Order and interpret appropriate diagnostic studies, including: medical imaging, including: plain radiography.
radiographic contrast studies.
nuclear medicine imaging.
MRI.
CT
Order and interpret appropriate diagnostic studies, including: laboratory tests, including: hematology.
serology/immunology.
blood chemistries.
microbiology.
Synovial fluid analysis.
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.
Formulate an appropriate diagnosis and/or differential diagnosis.
Formulate and implement an appropriate plan of management, including: appropriate non-surgical management when indicated, including: physical therapy,
appropriate non-surgical management when indicated, including: pharmacologic management, including the use of: NSAIDs.
antihyperuricemic/uricosuric agents.
antirheumatic medications.
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.
Assess the treatment plan and revise it as necessary.
comprehensive physical examination, including: physical examination, including: upper extremities.
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
Practice with professionalism, compassion, and concern, in a legal, ethical, and moral fashion.
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs.
Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.
Maintains appropriate medical records.

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

St Marks Medicine

During this rotation, the podiatric resident will be assigned to both inpatient and outpatient care The resident will report to the chief primary resident and the primary care attendings. The primary care attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in aspects of primary care. This rotation shall include direct participation of the resident. Training should include exposure to a wide variety of general medical pathology with an emphasis on pediatrics and women.

Competencies

Assess and manage the patient's general medical status both as inpatients and outpatients. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including:

comprehensive medical history.

vital signs.

head, eyes, ears, nose, and throat exam
neck exam
chest/breast exam
heart exam
lung exam
abdomen exam
GU/rectal exam
upper extremity exam
neurologic exam

Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s), with particular emphasis on the following diagnoses

Diabetes mellitus
Hypertension
Coronary artery disease
Kidney disease
Liver disease
Common Gastrointestinal disorders
Common genitourinary disorders
Infectious disease processes
Common oncology disorders

Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated

EKG
medical imaging

Order and interpret appropriate laboratory tests:

hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology

Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including:

appropriate therapeutic intervention
appropriate consultations and/or referrals
appropriate general medical health promotion and education.

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

Pathology

The resident will be supervised and evaluated by the pathology attendings.

Competency

Perform and interpret appropriate diagnostic studies, including: pathology, including: anatomic and cellular pathology.
Demonstrate general knowledge of histological techniques
Demonstrate knowledge of pathologic vs normal histology in skin, bone and soft
Demonstrate ability to determine when special studies/staining are necessary.
Demonstrate knowledge of various tissue handling techniques.
Demonstrates an understanding of methods for optimum tissue handling and preserving at the time of biopsy
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

St Marks Podiatry

During this rotation, the podiatric resident is directly responsible to the podiatry attendings. The podiatry attendings shall be responsible for a written evaluation of the resident at the end of their rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of podiatry. The resident will actively participate in surgery cases from initial evaluation through to discharge. The resident is expected to involve themself in admitting patients, history and physical examinations and on going hospital care when applicable. They will participate in surgical cases and scrub in at the discretion of the podiatry attending.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

Perform and interpret the findings of a thorough problem-focused history and physical exam, including:

problem focused history
neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination

Perform (and/or order) and interpret appropriate medical imaging: plain radiography
radiographic contrast studies
stress radiography
nuclear medicine imaging
MRI
CT

Perform (and/or order) and interpret appropriate laboratory tests:
hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology

Perform (and/or order) and interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies

Formulate an appropriate diagnosis and/or differential diagnosis.

Perform appropriate non-surgical management when indicated:

palliation of keratotic lesions
palliation of toenails
manipulation/mobilization of foot/ankle joint(s)
closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation

Formulate and implement an appropriate plan of management:
cast management
tape immobilization
orthotic, brace or prosthetic management
custom shoe management
footwear selection and/or modification
padding
injections
aspirations
physical therapy

Perform appropriate pharmacologic management when indicated, including:

NSAIDs
antibiotics
antifungals
narcotic analgesics
muscle relaxants
medications for neuropathy
sedative/hypnotics
peripheral vascular agents
antihyperuricemic/uricosuric agents
tetanus toxoid/immune globulin
laxatives/cathartics
corticosteroids
antirheumatic medications
topicals

Formulate and implement an appropriate plan of management, when indicated, including:
debridement of superficial ulcer or wound
excision or destruction of skin lesion including skin biopsy
nail avulsion (partial or complete)
matrixectomy (partial or complete)
repair of simple laceration
digital surgery
first ray surgery
other soft tissue foot surgery
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)
reconstructive rearfoot and ankle surgery

Formulate and implement an appropriate plan of management, including:
appropriate consultation and/or referrals
appropriate lower extremity health promotion and education
reassessment of the treatment plan with revision as necessary

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

St Marks Podiatry PGY-3/Salt Lake Regional Podiatry

During this rotation, the podiatric resident is directly responsible to the podiatry attendings. The podiatry attendings shall be responsible for a written evaluation of the resident at the end of their rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of podiatry. The resident will actively participate in surgery cases from initial evaluation through to discharge. The resident is expected to involve themself in admitting patients, history and physical examinations and on going hospital care when applicable. They will participate in surgical cases and scrub in at the discretion of the podiatry attending.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

Perform and interpret the findings of a thorough problem-focused history and physical exam, including:

problem focused history
neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination

Perform (and/or order) and interpret appropriate medical imaging: plain radiography
radiographic contrast studies
stress radiography
nuclear medicine imaging
MRI
CT

Perform (and/or order) and interpret appropriate laboratory tests:
hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology

Perform (and/or order) and interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies

Formulate an appropriate diagnosis and/or differential diagnosis.

Perform appropriate non-surgical management when indicated:

palliation of keratotic lesions
palliation of toenails
manipulation/mobilization of foot/ankle joint(s)
closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation

Formulate and implement an appropriate plan of management:
cast management
tape immobilization
orthotic, brace or prosthetic management
custom shoe management
footwear selection and/or modification
padding
injections
aspirations
physical therapy

Perform appropriate pharmacologic management when indicated, including:
NSAIDs

antibiotics
antifungals
narcotic analgesics
muscle relaxants
medications for neuropathy
sedative/hypnotics
peripheral vascular agents
antihyperuricemic/uricosuric agents
tetanus toxoid/immune globulin
laxatives/cathartics
corticosteroids
antirheumatic medications
topicals

Formulate and implement an appropriate plan of management, when indicated, including:

debridement of superficial ulcer or wound
excision or destruction of skin lesion including skin biopsy
nail avulsion (partial or complete)
matrixectomy (partial or complete)
repair of simple laceration
digital surgery
first ray surgery
other soft tissue foot surgery
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)
reconstructive rearfoot and ankle surgery

Formulate and implement an appropriate plan of management, including:

appropriate consultation and/or referrals
appropriate lower extremity health promotion and education
reassessment of the treatment plan with revision as necessary

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

IMC Podiatry

During this rotation, the podiatric resident is directly responsible to the podiatry attendings. The podiatry attendings shall be responsible for a written evaluation of the resident at the end of their rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of podiatry. The resident will actively participate in surgery cases from initial evaluation through to discharge. The resident is expected to involve themself in admitting patients, history and physical examinations and on going hospital care when applicable. They will participate in surgical cases and scrub in at the discretion of the podiatry attending.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower

extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.
Perform and interpret the findings of a thorough problem-focused history and physical exam, including:
problem focused history
neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination
Perform (and/or order) and interpret appropriate medical imaging: plain radiography
radiographic contrast studies
stress radiography
nuclear medicine imaging
MRI
CT
Perform (and/or order) and interpret appropriate laboratory tests:
hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology
Perform (and/or order) and interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies
Formulate an appropriate diagnosis and/or differential diagnosis.
Perform appropriate non-surgical management when indicated:
palliation of keratotic lesions
palliation of toenails
manipulation/mobilization of foot/ankle joint(s)
closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation
Formulate and implement an appropriate plan of management:
cast management
tape immobilization
orthotic, brace or prosthetic management
custom shoe management
footwear selection and/or modification
padding
injections
aspirations
physical therapy
Perform appropriate pharmacologic management when indicated, including:
NSAIDs
antibiotics

antifungals
narcotic analgesics
muscle relaxants
medications for neuropathy
sedative/hypnotics
peripheral vascular agents
antihyperuricemic/uricosuric agents
tetanus toxoid/immune globulin
laxatives/cathartics
corticosteroids
antirheumatic medications
topicals

Formulate and implement an appropriate plan of management, when indicated, including:
- debridement of superficial ulcer or wound
- excision or destruction of skin lesion including skin biopsy
- nail avulsion (partial or complete)
- matrixectomy (partial or complete)
- repair of simple laceration
- digital surgery
- first ray surgery
- other soft tissue foot surgery
- other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)
- reconstructive rearfoot and ankle surgery

Formulate and implement an appropriate plan of management, including:
- appropriate consultation and/or referrals
- appropriate lower extremity health promotion and education
- reassessment of the treatment plan with revision as necessary

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

VAMC Podiatry

During this rotation, the podiatric resident is directly responsible to the podiatry attendings. The podiatry attendings shall be responsible for a written evaluation of the resident at the end of their rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects of podiatry. The resident will actively participate in surgery cases from initial evaluation through to discharge. The resident is expected to involve themself in admitting patients, history and physical examinations and on going hospital care when applicable. They will participate in surgical cases and scrub in at the discretion of the podiatry attending.

Competencies

Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and

interpret the findings of a thorough problem-focused history and physical exam, including:
problem focused history
neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination
Perform (and/or order) and interpret appropriate medical imaging: plain radiography
radiographic contrast studies
stress radiography
nuclear medicine imaging
MRI
CT
Perform (and/or order) and interpret appropriate laboratory tests:
hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology
Perform (and/or order) and interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies
Formulate an appropriate diagnosis and/or differential diagnosis.
Perform appropriate non-surgical management when indicated:
palliation of keratotic lesions
palliation of toenails
manipulation/mobilization of foot/ankle joint(s)
closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation
Formulate and implement an appropriate plan of management:
cast management
tape immobilization
orthotic, brace or prosthetic management
custom shoe management
footwear selection and/or modification
padding
injections
aspirations
physical therapy
Perform appropriate pharmacologic management when indicated, including:
NSAIDs
antibiotics
antifungals
narcotic analgesics

muscle relaxants
medications for neuropathy
sedative/hypnotics
peripheral vascular agents
antihyperuricemic/uricosuric agents
tetanus toxoid/immune globulin
laxatives/cathartics
corticosteroids
antirheumatic medications
topicals

Formulate and implement an appropriate plan of management, when indicated, including:
debridement of superficial ulcer or wound
excision or destruction of skin lesion including skin biopsy
nail avulsion (partial or complete)
matrixectomy (partial or complete)
repair of simple laceration
digital surgery
first ray surgery
other soft tissue foot surgery
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)
reconstructive rearfoot and ankle surgery

Formulate and implement an appropriate plan of management, including:
appropriate consultation and/or referrals
appropriate lower extremity health promotion and education
reassessment of the treatment plan with revision as necessary

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

1. Podiatry Clinic Scheduling Information:

Days/Time Type of Patient Scheduled
Monday 8:30am-4:30pm General Podiatry
Monday 4:30pm-6:00pm ulcer conference
Tuesday 7:30am-4:30pm Surgery
Wednesday 8:00am-4:30pm Foot and leg ulcers
Thursday 7:30am- 11:00pm Special procedures
Thursday 2:30pm-4:00pm Post-op Clinic
Thursday 11:00am-2:30pm Pre-op conference

General Information:

A. Everyone needs a personal computer access codes. Contact Surgical Service for assistance.
B. Patients should be scheduled for the appropriate clinic, according to their specific problem.
C. Outpatient care is a team effort. It is an expectation that professionals treat other team members with courtesy and respect.

D. Patient education pamphlets are available on foot care, cast care, unna boot and postop care. Please check with clinic nurse to obtain education materials.
E. Surgical consent (Imed) needs to be obtained for all surgical procedures; if in doubt obtain consent.

2. Supplies:
Note: Cost containment is a reality in modern medicine. Use only those supplies that are necessary. Please keep supplies neat and orderly. You are expected to clean up after yourself.
A. Supply, Processing, and Distribution (SPD) is our Central Supply and can be reached by contacting ext. 1605.
1) Refills for the supply carts are completed on a routine basis. The small supply carts in each room should contain medications, dressings, and instruments. Pharmacy supplies can be found in room 4C17. For supplies not found or otherwise needed, check with your clinic nurse.
2) Keep clean and dirty instruments separated.
3) Instruments are sterilized in SPD daily. An adequate supply of sterile instruments is available. Please do not use one set of instruments on more than one patient to prevent cross contamination.
4) Use only VA supplied instruments. No personal instruments should be used. If personal instruments are used there is danger of cross contamination and violation of quality control. These instruments also may become mixed up with hospital supplies.
5) Place all disposable sharps in the special sharps containers (red plastic, puncture-proof jars) provided, not in the dirty instrument tray.
B. Special Podiatry Supplies:
1) Extra supplies are stored in room 4C09/11.
2) Special podiatry supplies are ordered through SPD (Chief resident)
3. Check with staff podiatrist (Dr. Young) regarding need for special supplies.

C. Pharmacy:
1) Stock Supplies:
a. Clinic nurse will order when needed.
b. Do not contaminate large jars of ointments. Use sterile applicators to dispense contents from these containers. Do not dip sterile applicator in a jar of ointment more than once.
c. Clinic supplies are for clinic use only. Do not dispense supplies to patients from stock.
2) All medications, dressing supplies, and ointments for patient use at home must be ordered on a prescription and dispensed by pharmacy.
3) Please fill out the appropriate prescription forms to include all required refills.
4) For non-formulary items use a reasonable substitute or discuss need with staff podiatrist.

3. Prosthetics:
Note: Prosthetic items include such things as; crutches, orthotics, shoes, canes, walkers, wheelchairs, and compression stockings.
A. Eligibility is required for some items coming from this department. Check with the clinic nurse or clinic clerk for patient eligibility. If you are still not sure regarding whether or not a patient is eligible for equipment, contact the Prosthetics Service, ext. 1220.
B. Fill out a Prosthetics/PT Consult for prosthetic items.

4. Consults:
A. Consult form to be filled out in CPRS.

B. Specialty clinics - patients may not be eligible for follow-up. Check with clinic clerk for regulations in specific clinics.
C. Diabetic Education: Consults can be directed to the library with follow-up to the Diabetes Clinical Specialist Nurse, if patient requires ongoing diabetes medications from VA physician.
D. Diet instruction can be obtained by consulting the Nutrition Clinic.

5. Lab/X-ray:
A. Labs are drawn in the blood drawing room, Monday-Friday, 8:00am - 4:30pm. There are a few exceptions to the above, so please check with the clinic nurse.
1) Results from labs are available on the computer.
2) Stat labs are to be ordered only when absolutely necessary (truly stat orders - life or death).
3) Minimum one hour before lab results available.
4) Chart checks may be ordered for lab results on uncommon labs not done daily (e.g. HgA1C, ANA, etc...).
5) Document results of chart check on the progress note.
B. X-ray is located in Building One on the first floor.
1) Requests are to be filled out by the podiatrist.
2) To obtain old films, please ask the clinic clerk to request them from the xray file room. Most old imaging studies are now on line use viewing station in 4C14
6. Vascular Lab:
A. Location: Building 1, 1st floor by PT.
B. Hours: A technician is available Monday-Friday, 8:00am-4:00pm. For after hours and when tech is on annual leave, patients go to HCH - Emergency only.
C. Requests: An x-ray request needs to be filled out in CPRS.
D. Scheduling: Call ext. 1544, to schedule appointment.
E. Dopplers are available for use in the clinics.
7. ED:
A. The ED is primarily an emergency/screening area for acute problems. When sending a patient to the ED, make sure the chart accompanies him. Call ED physician to inform him/her regarding patient referral/intended arrival.
B. PEU (Psychiatric Evaluation Unit) is located in the ED. Patients can be sent to this unit for evaluation Monday-Friday, 8:00am-5:00pm.
C. Security (Hospital Police) is located in the ED. Contact ext. 4444 for patient problems, locked doors, etc.
8. Social Worker:
A. Social worker is available. Ask the clinic clerk or the clinic nurse whom to contact.
9. Cultures:
A. Form: Fill out yellow microbiology form.
B. Specimen label: Be sure specimen is labeled with both the patient's name and their social security number. Make sure specimens are labeled correctly.
C. Specimen transport: Specimens need to be transported to the lab quickly. Please give specimens to the clinic clerk or clinic nurse.
D. Special sampling technique information can be obtained by calling microbiology lab, ext. 1474.
10. Biopsy:
A. Be sure to have patients sign a surgical consent form before taking a biopsy.

A. Fill out the tissue exam form and give to the clinic clerk or clinic nurse.

Vascular Surgery

During this rotation, the podiatric resident is directly responsible to the surgery attendings. The surgery attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects vascular surgery. The resident will actively participate in surgery cases from initial evaluation through to discharge. The resident is expected to involve themself in admitting patients, history and physical examinations and on going hospital care. They will participate in surgical cases and scrub in at the discretion of the surgery attending.

Competencies

Assess and manage the patient's general medical status. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Problem focused medical history.

Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: problem focused physical examination, including: vital signs.

- head, eyes, ears, nose, and throat
- neck, chest/breast
- heart, lungs
- abdomen
- genitourinary, rectal
- upper extremities
- neurologic examination

Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)

Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: EKG.

- plain radiography
- nuclear medicine imaging
- MRI
- CT
- diagnostic ultrasound

Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention.

Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.

Perform and interpret the findings of a thorough problem-focused history and physical exam, including: vascular examination.

Order and interpret appropriate diagnostic studies, including: medical imaging, including: vascular imaging.

Perform (and/or order) and interpret appropriate diagnostic studies, including: laboratory tests

non-invasive vascular studies
appropriate non-surgical management when indicated, including: pharmacologic management
Participate in surgical cases as appropriate
Formulate and implement an appropriate plan of management, including: appropriate medical/surgical management when indicated

Wound Care

During this rotation, the podiatric resident is directly responsible to the podiatry attendings. The surgery attendings shall be responsible for a written evaluation of the resident at the end of this rotation. The purpose of the rotation is to provide the podiatric resident with clinical training in all aspects wound care. TCC training is provided primarily by PT as a sequential 2 month ½ day rotation.

Competencies
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including:
problem focused history
neurologic examination
vascular examination
dermatologic examination
musculoskeletal examination
Perform (and/or order) and interpret appropriate medical imaging:
plain radiography
nuclear medicine imaging
MRI
CT
Perform (and/or order) and interpret appropriate laboratory tests:
hematology
serology/immunology
blood chemistries
microbiology
synovial fluid analysis
urinalysis
anatomic and cellular pathology
Perform (and/or order) and interpret appropriate other diagnostic studies:
electrodiagnostic studies
non-invasive vascular studies
Formulate an appropriate diagnosis and/or differential diagnosis.
Perform appropriate non-surgical management when indicated:
palliation of keratotic lesions
palliation of toenails
manipulation/mobilization of foot/ankle joint(s)
closed management of pedal fractures and dislocations.
closed management of ankle fracture/dislocation

Formulate and implement an appropriate plan of management:

- cast management including TCC
- compression therapy
- use of occlusion
- orthotic, brace or prosthetic management
- custom shoe management
- footwear selection and/or modification
- padding

Perform appropriate pharmacologic management when indicated, including:

- antibiotics
- antifungals
- medications for neuropathy
- peripheral vascular agents
- tetanus toxoid/immune globulin
- corticosteroids
- topicals

Formulate and implement an appropriate plan of management, when indicated, including:

- debridement of superficial ulcer or wound
- excision or destruction of skin lesion including skin biopsy
- application of skin substitutes/bioengineered tissues
- Use of negative pressure therapy
- repair of simple laceration primary wound closure

Formulate and implement an appropriate plan of management, including:

- appropriate consultation and/or referrals
- appropriate lower extremity health promotion and education
- reassessment of the treatment plan with revision as necessary

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs

Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.

XVI. Rotation Schedule

The following are the basic rotation schedules. The official schedule for this training year is here

PGY-1 schedule

Date	Resident 1	Resident 2	Resident 3
July	VA Podiatry	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*
Aug	VA Podiatry	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*
Sept	Anesthesia 1-15 /Gen Surg 16-30	Vasc Surgery	Dermatology**
Oct	Vasc Surgery	Anesthesia 1-14 /Gen Surg 15-31	Outpatient Med
Nov	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*	VA Podiatry
Dec	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*	VA Podiatry
Jan	Outpatient Med	Medical Imaging***	Vasc Surgery
Feb	Dermatology**	Outpatient Med	Inpatient Medicine
March	PC Podiatry/Emergency Med*	VA Podiatry	Pod Biomechanics/PT+
April	PC Podiatry/Emergency Med*	VA Podiatry	Pod Biomechanics/PT+
May	Inpatient Medicine	Dermatology**	Medical Imaging***
June	Medical Imaging***	Inpatient Medicine	Anesthesia 1-15 /Gen Surg 16-30

Date	Resident 4	Resident 5	Resident 6
July	Anesthesia 1-15/Gen Surg 16-31	Vasc Surgery	Dermatology**
Aug	Vasc Surgery	Anesthesia 1-15/Gen Surg 16-31	Outpatient Med
Sept	VA Podiatry	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*
Oct	VA Podiatry	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*
Nov	Outpatient Med	Medical Imaging***	Anesthesia 1-16 /Gen Surg 17-30
Dec	Dermatology**	Outpatient Med	Inpatient Medicine
Jan	PC Podiatry/Emergency Med*	VA Podiatry	Pod Biomechanics/PT+
Feb	PC Podiatry/Emergency Med*	VA Podiatry	Pod Biomechanics/PT+
March	Inpatient Medicine	Dermatology**	Medical Imaging***
April	Medical Imaging***	Inpatient Medicine	Vasc Surgery
May	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*	VA Podiatry
June	Pod Biomechanics/PT+	PC Podiatry/Emergency Med*	VA Podiatry

* Rheumatology on Friday PM;
EM 5-10 pm Mon, Tues, Wed, Thurs, Fri except the night of the conference

+ See detail on next page

Podiatry rotations include Wound care on Wednesdays

* Emergency medicine is M-F 5-10p except the evening of the conference; Rheumatology Friday 12-4:30p

Biomechanics/PT detail

	Monday	Tuesday	Wednesday	Thursday	Friday
Confer	X	Geriatric	X	X	X
AM	Biomech/Casting	Biomech/Casting	Rehab Amputee*	TCC/PT	Ortho/Prost
Confer	Med 12:30	Med 12:30	Med 12:30	Med 12:30	Med 12:30
PM	Shoe	Pod	Wound Care	X	Rehab EMG
Confer	Biomech 3:00	Biomech 3:00	X	Preop 1:30	X

*except 2nd Wound care

PGY-2 Schedule

Date	Name	Resident 1	Resident 2	Resident 3
July	North*	St Marks Family Prac	St Marks Podiatry	IMC/IHC Podiatry
Aug	North*	ID 13-24 IMC/ 1-12 & 25-31 LDS	VAMC Pod	IMC/IHC Podiatry
Sept	North*	IMC/IHC Podiatry	St Marks Family Prac	St Marks Podiatry
Oct	North*	IMC/IHC Podiatry	ID 8-19 IMC/ 1-7 & 20-31 LDS	VAMC Pod
Nov	North*	St Marks Podiatry	IMC/IHC Podiatry	St Marks Family Prac
Dec	North*	VAMC Pod	IMC/IHC Podiatry	ID 10-21 IMC/ 1-9 & 22-31 LDS
Jan	South*	VAMC BS 1-15 /Path 16-31	St Marks Podiatry	IMC Pod/Ortho/Plast
Feb	South*	St Marks Family Prac	VAMC Pod	IMC Pod/Ortho/Plast
March	South*	IMC Pod/Ortho/Plast	VAMC BS 1-15 /Path 16-31	St Marks Podiatry
April	South*	IMC Pod/Ortho/Plast	St Marks Family Prac	VAMC Pod
May	South*	St Marks Podiatry	IMC Pod/Ortho/Plast	VAMC BS 1-15 /Path 16-31
June	South*	VAMC	IMC Pod/Ortho/Plast	St Marks Family Prac

Date	Name	Resident 4	Resident 5	Resident 6
July	South*	VAMC BS 1-15/Path 16-31	VAMC	IMC Pod/Ortho/Plast
Aug	South*	St Marks Family Prac	St Marks Podiatry	IMC Pod/Ortho/Plast
Sept	South*	IMC Pod/Ortho/Plast	VAMC BS 1-15/Path 16-30	VAMC Pod
Oct	South*	IMC Pod/Ortho/Plast	St Marks Family Prac	St Marks Podiatry
Nov	South*	VAMC Pod	IMC Pod/Ortho/Plast	VAMC BS 1-16 /Path 17-30
Dec	South*	St Marks Podiatry	IMC Pod/Ortho/Plast	St Marks Family Prac
Jan	North*	St Marks Family Prac Ends 2-1	VAMC Pod	IMC/IHC Podiatry
Feb	North*	ID 4-15 IMC/ 16-28 LDS	St Marks Podiatry	IMC/IHC Podiatry
March	North*	IMC/IHC Podiatry	St Marks Family Prac	VAMC Pod
April	North*	IMC/IHC Podiatry	ID 16-26 IMC/ 1-15 LDS	St Marks Podiatry
May	North*	VAMC	IMC/IHC Podiatry Starts 4-29	St Marks Family Prac
June	North*	St Marks Podiatry	IMC/IHC Podiatry	ID 10-21 IMC/ 1-9&22-30 LDS

VAMC Podiatry rotation includes
Wound care on Wednesdays
North = Bountiful/Ogden etc South = Provo/American Fork

*Secondary case coverage assignment

PGY-3 Schedule

Date	Resident 1*	Resident 2	Resident 3
July	VAMC	IMC Pod/Ortho/Plastics	St Marks Ortho/Pod**
Aug	VAMC	IMC Pod/Ortho/Plastics	St Marks Ortho/Pod**
Sept	IMC Pod/Ortho/Plastics	VAMC	St Marks Ortho/Pod**
Oct	IMC Pod/Ortho/Plastics	VAMC	St Marks Ortho/Pod**
Nov	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	VAMC
Dec	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	VAMC
Jan	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	IMC Pod/Ortho/Plastics
Feb	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	IMC Pod/Ortho/Plastics
March	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**	McKay Dee Pod/Ortho**
April	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**	McKay Dee Pod/Ortho**
May	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**	McKay Dee Pod/Ortho**
June	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**	McKay Dee Pod/Ortho**

	Resident 4	Resident 5	Resident 6
July	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**
Aug	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**
Sept	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**
Oct	McKay Dee Pod/Ortho**	IMC/Salt Lake Clinic**	Salt Lake Regional Pod**
Nov	IMC Pod/Ortho/Plastics	Salt Lake Regional Pod**	St Marks Ortho/Pod**
Dec	IMC Pod/Ortho/Plastics	Salt Lake Regional Pod**	St Marks Ortho/Pod**
Jan	VAMC	Salt Lake Regional Pod**	St Marks Ortho/Pod**
Feb	VAMC	Salt Lake Regional Pod**	St Marks Ortho/Pod**
March	St Marks Ortho/Pod**	VAMC	IMC Pod/Ortho/Plastics
April	St Marks Ortho/Pod**	VAMC	IMC Pod/Ortho/Plastics
May	St Marks Ortho/Pod**	IMC Pod/Ortho/Plastics	VAMC
June	St Marks Ortho/Pod**	IMC Pod/Ortho/Plastics	VAMC

VAMC Podiatry rotation includes Wound care on Wednesdays

*Chief Resident

**Residents on these rotations rotate call for all these rotations

XVII. Evaluations

Evaluations need to be obtained at the end of each rotation. Residents need to make sure that the correct individual has an evaluation form and that they are willing to complete it. The evaluator may return the form to the resident or send it to the address on the bottom of the form.

Evaluations for PGY-2/3 podiatry/orthopedics/plastics case by case rotations

Residents must obtain and evaluation for the rotation director plus 2 additional attending with whom they worked. Residents must obtain at least one evaluation from both an orthopedic surgeon and a plastic surgeon during the first half and again during the second half of the training year. The IMC podiatry evaluation should be used for the podiatry portion of both IMC rotations and the VAMC rotation (a primary care podiatry and wound care evaluation should be obtained for the VA portion). The St Marks PGY-2 evaluation should be used for St Mark's podiatry PGY-2.

The PGY-3 rotation IMC Pod/Ortho/Plastics should have 3 IMC Podiatry evaluations from different attendings and at least one evaluation from both an orthopedic surgeon and a plastic surgeon.

VAMC Podiatry rotations

Residents must make sure they are evaluated in wound care, which is a separate evaluation form for each of these podiatry rotations. One wound care evaluation must be obtained from the TCC portion of the biomechanics rotation. The biomechanics evaluation is only required for the biomechanics rotation. There are different evaluation forms for VA Podiatry and PC Podiatry.

Faculty and rotation evaluations

At the end of the evaluation section is the form for these evaluations. You must fill out at least one for each rotation. Please fill out additional ones where you work extensively with more than one faculty member. These forms are due 2 weeks after the end of a rotation. If you wish them to be anonymous please return them to the IMC GME office. You may also send them to the VA podiatry department.

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Anesthesiology
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Formulate and implement an appropriate plan of management, including: appropriate anesthesia management when indicated: local anesthesia						
general anesthesia.						
spinal anesthesia						
epidural anesthesia						
regional anesthesia						
conscious sedation						
Perform and interpret the findings of an appropriate medical history and physical examination						
Recognize the need for additional laboratory and diagnostic studies, when indicated.						
Demonstrate ability to perform intravenous placement.						
Demonstrate ability to manage an airway including intubation.						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Behavioral Science
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates Inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages.						
The podiatric resident will be able to discuss and describe the psychological issues related to the management of : Obesity						
Smoking cessation						
Behavior modification						
Dependency/addiction						
Describe the treatment strategies for these conditions: Obesity						
Smoking cessation						
Behavior modification						
Dependency/addiction						
Be able to identify patients who require referral to Mental health						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Residency
Biomechanics
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by biomechanical means. Perform and interpret the findings of a thorough problem-focused history and physical exam: problem-focused history.						
neurologic examination.						
musculoskeletal examination.						
biomechanical examination						
gait examination						
Order and interpret appropriate plain radiography						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Formulate and implement an appropriate plan of management, including: tape immobilization						
orthotic, brace and prosthetic management.						
footwear modification and padding.						
custom shoes						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Dermatology
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult by nonsurgical and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including dermatologic examination.						
Order and interpret appropriate diagnostic studies, including anatomic and cellular pathology						
Formulate an appropriate diagnosis and/or differential diagnosis						
Formulate and implement an appropriate plan of pharmacologic management, including the use of: antibiotics						
antifungals						
corticosteroids						
topical preparations						
Formulate and implement an appropriate plan of management, including: excision or destruction of skin lesion (including skin biopsy and laser procedures).						
Formulate and implement an appropriate plan of appropriate anesthesia management when indicated, including: local anesthesia.						
Assess the treatment plan and revise it as necessary.						
Recognize the need for (and/or orders) additional diagnostic studies, when indicated						

Competency	1	2	3	4	5	N/A
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs.						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Practices and abides by the principles of informed consent.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Emergency Medicine
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.						
Perform and interpret the findings of a thorough problem-focused history and physical exam, including: neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Order and interpret appropriate diagnostic studies, including: medical imaging, including: plain radiography.						
stress radiography						
MRI						
CT						
Order and interpret appropriate diagnostic studies, including: laboratory (blood) tests						
non-invasive vascular studies						
compartment pressure studies						
Competency	1	2	3	4	5	N/A

Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Formulate an appropriate diagnosis and/or differential diagnosis.						
appropriate non-surgical management when indicated, including: closed management of fractures and dislocations: closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
cast management						
injections and aspirations						
pharmacologic management						
Formulate and implement an appropriate plan of management, including: appropriate medical/surgical management when indicated, including: repair of simple laceration (no neurovascular, tendon, or bone/joint involvement).						
appropriate anesthesia management when indicated, including: local anesthesia.						
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
Assess and manage the patient's general medical status. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Problem focused medical history.						
Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: problem focused physical examination, including: vital signs.						
head, eyes, ears, nose, and throat						
neck, chest/breast						
heart, lungs						
Competency	1	2	3	4	5	N/A

abdomen						
genitourinary, rectal						
upper extremities						
neurologic examination						
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)						
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: EKG.						
plain radiography						
nuclear medicine imaging						
MRI						
CT						
diagnostic ultrasound						
other diagnostic studies						
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention.						
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate consultations and/or referrals.						
Demonstrate the ability to communicate effectively and function in a multidisciplinary setting. Maintains appropriate medical records.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
General Surgery
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Assess and manage the patient's general medical status. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Problem focused medical history.						
Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: problem focused physical examination, including: vital signs.						
head, eyes, ears, nose, and throat						
neck, chest/breast						
heart, lungs						
abdomen						
genitourinary, rectal						
upper extremities						
neurologic examination						
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)						
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated,						

including: EKG.						
Competency	1	2	3	4	5	N/A
plain radiography						
nuclear medicine imaging						
MRI						
CT						
diagnostic ultrasound						
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention.						
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.						
Perform and interpret the findings of a thorough problem-focused history and physical exam.						
Order and interpret appropriate diagnostic studies, including: medical imaging,.						
Perform (and/or order) and interpret appropriate diagnostic studies, including: laboratory tests						
appropriate non-surgical management when indicated, including: pharmacologic management						
Participate in surgical cases as appropriate						
Formulate and implement an appropriate plan of management, including: appropriate medical/surgical management when indicated						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Infectious Disease
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Evaluation and management of patients with the following disorders: Skin and soft tissue infection						
Bone and joint infections						
Infections of prosthetic devices						
Infections related to trauma						
Sepsis syndrome						
Nosocomial infection						
Basic knowledge of hospital epidemiology and infection control.						
Basic knowledge of clinical microbiology						
Knowledge of dosing and monitoring of antibiotics.						
Exposure to the techniques in the evaluation and management of the following disorders: Infections of reproductive organs						
Infections in solid organ transplant patients						
Infection in bone marrow transplant recipients						
Sexually transmitted diseases						
Viral hepatitis, including hepatitis B and C						

Competency	1	2	3	4	5	N/A
Infections in travelers						
Pleuropulmonary infections						
Cardiovascular infections						
Central nervous system infections						
Gastrointestinal and intra-abdominal infections						
Urinary tract infection						
HIV infected patients with major impairment of host defenses.						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
IMC Podiatry
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						

Competency	1	2	3	4	5	N/A
microbiology						
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Formulate and implement an appropriate plan of management: cast management						
physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs						
antibiotics						
narcotic analgesics						
corticosteroids						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
excision or destruction of skin lesion including skin biopsy						
nail avulsion (partial or complete)						
matrixectomy (partial or complete)						
repair of simple laceration						
digital surgery						
first ray surgery						
other soft tissue foot surgery						
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						
reconstructive rearfoot and ankle surgery						
Competency	1	2	3	4	5	N/A

Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
appropriate lower extremity health promotion and education						
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery					
Practices and abides by the principles of informed consent					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
IMC/Salt Lake Clinic Podiatry
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						

Competency	1	2	3	4	5	N/A
microbiology						
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management						
tape immobilization						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
injections						
aspirations						
physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs						
antibiotics						
Competency	1	2	3	4	5	N/A

narcotic analgesics						
muscle relaxants						
medications for neuropathy						
sedative/hypnotics						
peripheral vascular agents						
antihyperuricemic/uricosuric agents						
tetanus toxoid/immune globulin						
laxatives/cathartics						
corticosteroids						
antirheumatic medications						
topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
excision or destruction of skin lesion including skin biopsy						
nail avulsion (partial or complete)						
matrixectomy (partial or complete)						
repair of simple laceration						
digital surgery						
first ray surgery						
other soft tissue foot surgery						
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						
reconstructive rearfoot and ankle surgery						
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
appropriate lower extremity health promotion and education						
reassessment of the treatment plan with revision as necessary						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets,						

critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
McKay Dee Podiatry
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						

microbiology						
Competency	1	2	3	4	5	N/A
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management						
tape immobilization						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
injections						
aspirations						
physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs						
antibiotics						
narcotic analgesics						

muscle relaxants						
Competency	1	2	3	4	5	N/A
medications for neuropathy						
sedative/hypnotics						
peripheral vascular agents						
antihyperuricemic/uricosuric agents						
tetanus toxoid/immune globulin						
laxatives/cathartics						
corticosteroids						
antirheumatic medications						
topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
excision or destruction of skin lesion including skin biopsy						
nail avulsion (partial or complete)						
matrixectomy (partial or complete)						
repair of simple laceration						
digital surgery						
first ray surgery						
other soft tissue foot surgery						
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						
reconstructive rearfoot and ankle surgery						
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
appropriate lower extremity health promotion and education						
reassessment of the treatment plan with revision as necessary						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets,						

critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Medical Imaging
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Interpret appropriate diagnostic studies, including: medical imaging, including: plain radiography.						
Perform and/or interpret appropriate diagnostic studies, including: medical imaging, including: radiographic contrast studies.						
stress radiography						
Interpret appropriate diagnostic studies, including: medical imaging, including: bone mineral densitometry						
nuclear medicine imaging						
MRI						
CT						
diagnostic ultrasound						
Recognize the need for additional diagnostic studies, when indicated, including: medical imaging, including: plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, other diagnostic studies.						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Orthopedic Surgery Case by Case
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including:						
Interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Interpret appropriate laboratory tests						
Interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Formulate and implement an appropriate plan of management: cast management						

physical therapy						
Competency	1	2	3	4	5	N/A
Perform appropriate pharmacologic management when indicated, including: NSAIDs						
antibiotics						
narcotic analgesics						
corticosteroids						
Formulate and implement an appropriate plan of management, when indicated, including: digital surgery						
first ray surgery						
other soft tissue foot surgery						
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						
reconstructive rearfoot and ankle surgery						
hand surgery						
other orthopedic surgery						
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Residency
Orthotics/Prosthetics
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Formulate and implement an appropriate plan of management, including:						
orthotic, brace and prosthetic management.						
footwear modification and padding.						
custom shoes						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Pathology
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Perform and interpret appropriate diagnostic studies, including: pathology, including: anatomic and cellular pathology.						
Demonstrate general knowledge of histological techniques						
Demonstrate knowledge of pathologic vs normal histology in skin, bone and soft						
Demonstrate ability to determine when special studies/staining are necessary.						
Demonstrate knowledge of various tissue handling techniques.						
Demonstrates an understanding of methods for optimum tissue handling and preserving at the time of biopsy						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Communicates effectively and establishes trust and rapport with histologists and pathologists					
Demonstrates moral and ethical conduct.					
Is well groomed and professionally dressed					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Plastic Surgery Case by Case
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including:						
Interpret appropriate medical imaging						
Interpret appropriate laboratory tests						
Interpret appropriate non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate pharmacologic management when indicated, including: NSAIDs						
antibiotics						
narcotic analgesics						
corticosteroids						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
repair of simple laceration						
other soft tissue surgery of the foot						
flaps and grafts						
other plastic surgery						

Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Competency	1	2	3	4	5	N/A
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Rehab Medicine
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Demonstrate ability to perform an appropriate neurological examination.						
Demonstrate knowledge of modalities used in amputees						
Review of neuroanatomy and pathophysiology.						
Understand the basic principles of neuro-diagnosis including EMG and radiological studies.						
Demonstrate knowledge of the diagnosis and treatment of common central nervous system disorders. (ie CVA, low back pain)						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Rheumatology
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.						
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: neurologic examination.						
vascular examination.						
dermatologic examination.						
musculoskeletal examination.						
Order and interpret appropriate diagnostic studies, including: medical imaging, including: plain radiography.						
radiographic contrast studies.						
nuclear medicine imaging.						
MRI.						
CT						
Order and interpret appropriate diagnostic studies, including: laboratory tests, including: hematology.						

serology/immunology.						
Competency	1	2	3	4	5	N/A
microbiology.						
Synovial fluid analysis.						
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Formulate an appropriate diagnosis and/or differential diagnosis.						
Formulate and implement an appropriate plan of management, including: appropriate non-surgical management when indicated, including: physical therapy.						
appropriate non-surgical management when indicated, including: pharmacologic management, including the use of: NSAIDs.						
antihyperuricemic/uricosuric agents.						
antirheumatic medications.						
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Assess the treatment plan and revise it as necessary.						
comprehensive physical examination, including: physical examination, including: upper extremities.						
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).						
Practice with professionalism, compassion, and concern, in a legal, ethical, and moral fashion. Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs.						
Demonstrate the ability to communicate effectively and function in a multidisciplinary setting. Maintains appropriate medical records.						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
St Mark's Medicine
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Assess and manage the patient's general medical status both as inpatients and an outpatients. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: comprehensive medical history.						
vital signs.						
head, eyes, ears, nose, and throat exam						
neck exam chest/breast exam						
heart exam						
lung exam						
abdomen exam						
GU/rectal exam						
upper extremity exam						
neurologic exam						
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s), with particular emphasis on the following diagnoses						
Diabetes mellitus						

Hypertension						
Competency	1	2	3	4	5	N/A
Kidney disease						
Liver disease						
Common Gastrointestinal disorders						
Common genitourinary disorders						
Infectious disease processes						
Common oncology disorders						
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated EKG						
medical imaging						
Order and interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						
microbiology						
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention						
appropriate consultations and/or referrals						
appropriate general medical health promotion and education.						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
St Marks Podiatry PGY-2
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						

serology/immunology						
blood chemistries						
Competency	1	2	3	4	5	N/A
microbiology						
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management						
tape immobilization						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
injections						
aspirations						
physical therapy						

Perform appropriate pharmacologic management when indicated, including: NSAIDs						
Antibiotics						
Competency	1	2	3	4	5	N/A
antifungals						
narcotic analgesics						
muscle relaxants						
medications for neuropathy						
sedative/hypnotics						
peripheral vascular agents						
antihyperuricemic/uricosuric agents						
tetanus toxoid/immune globulin						
laxatives/cathartics						
corticosteroids						
antirheumatic medications						
topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
excision or destruction of skin lesion including skin biopsy						
nail avulsion (partial or complete)						
matrixectomy (partial or complete)						
repair of simple laceration						
digital surgery						
first ray surgery						
other soft tissue foot surgery						
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						

reconstructive rearfoot and ankle surgery						
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
appropriate lower extremity health promotion and education						
Competency	1	2	3	4	5	N/A
reassessment of the treatment plan with revision as necessary						
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal and Regulatory Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal and Regulatory Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery					

Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
St Marks Podiatry PGY-3
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						

serology/immunology						
blood chemistries						
Competency	1	2	3	4	5	N/A
microbiology						
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management						
tape immobilization						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
injections						
aspirations						
physical therapy						
Perform appropriate pharmacologic management when indicated,						

including: NSAIDs						
antibiotics						
Competency	1	2	3	4	5	N/A
antifungals						
narcotic analgesics						
muscle relaxants						
medications for neuropathy						
sedative/hypnotics						
peripheral vascular agents						
antihyperuricemic/uricosuric agents						
tetanus toxoid/immune globulin						
laxatives/cathartics						
corticosteroids						
antirheumatic medications						
topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
excision or destruction of skin lesion including skin biopsy						
nail avulsion (partial or complete)						
matrixectomy (partial or complete)						
repair of simple laceration						
digital surgery						
first ray surgery						
other soft tissue foot surgery						
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						
reconstructive rearfoot and ankle surgery						

Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
Competency	1	2	3	4	5	N/A
appropriate lower extremity health promotion and education						
reassessment of the treatment plan with revision as necessary						
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal and Regulatory Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal and Regulatory Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Salt Lake Regional Podiatry
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						
serology/immunology						

blood chemistries						
microbiology						
Competency	1	2	3	4	5	N/A
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management						
tape immobilization						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
injections						
aspirations						
physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs						

	antibiotics						
	antifungals						
Competency		1	2	3	4	5	N/A
	narcotic analgesics						
	muscle relaxants						
	medications for neuropathy						
	sedative/hypnotics						
	peripheral vascular agents						
	antihyperuricemic/uricosuric agents						
	tetanus toxoid/immune globulin						
	laxatives/cathartics						
	corticosteroids						
	antirheumatic medications						
	topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound							
	excision or destruction of skin lesion including skin biopsy						
	nail avulsion (partial or complete)						
	matrixectomy (partial or complete)						
	repair of simple laceration						
	digital surgery						
	first ray surgery						
	other soft tissue foot surgery						
	other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						
	reconstructive rearfoot and ankle surgery						

Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
appropriate lower extremity health promotion and education						
Competency	1	2	3	4	5	N/A
reassessment of the treatment plan with revision as necessary						
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal and Regulatory Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal and Regulatory Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
VA Inpatient Medicine
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Assess and manage the patient's general medical status as inpatients. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: comprehensive medical history.						
vital signs.						
head, eyes, ears, nose, and throat exam						
neck exam						
chest/breast exam						
heart exam						
lung exam						
abdomen exam						
GU/rectal exam						
upper extremity exam						
neurologic exam						
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s), with particular emphasis on the following diagnoses						

Diabetes mellitus							
Competency	1	2	3	4	5	N/A
Hypertension							
Coronary artery disease							
Kidney disease							
Liver disease							
Common Gastrointestinal disorders							
Common genitourinary disorders							
Infectious disease processes							
Common oncology disorders							
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated EKG							
medical imaging							
Order and interpret appropriate laboratory tests: hematology							
serology/immunology							
blood chemistries							
microbiology							
synovial fluid analysis							
urinalysis							
anatomic and cellular pathology							
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including:. appropriate therapeutic intervention							
appropriate consultations and/or referrals							
appropriate general medical health promotion and education.							
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.							

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
VAMC Out Patient Medicine
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Assess and manage the patient's general medical status both as inpatients and an outpatients. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: comprehensive medical history.						
vital signs.						
head, eyes, ears, nose, and throat exam						
neck exam						
chest/breast exam						
heart exam						
lung exam						
abdomen exam						
GU/rectal exam						
upper extremity exam						
neurologic exam						
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical						

problem(s), with particular emphasis on the following diagnoses						
Diabetes mellitus						
Competency	1	2	3	4	5	N/A
Hypertension						
Coronary artery disease						
Kidney disease						
Liver disease						
Common Gastrointestinal disorders						
Common genitourinary disorders						
Infectious disease processes						
Common oncology disorders						
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated EKG						
medical imaging						
Order and interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						
microbiology						
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention						
appropriate consultations and/or referrals						
appropriate general medical health promotion and education.						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance						

professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
VA Primary Care Podiatry
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						

microbiology						
Competency	1	2	3	4	5	N/A
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management						
tape immobilization						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
injections						
aspirations						
physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs						
antibiotics						

	antifungals						
Competency		1	2	3	4	5	N/A
	narcotic analgesics						
	muscle relaxants						
	medications for neuropathy						
	sedative/hypnotics						
	peripheral vascular agents						
	antihyperuricemic/uricosuric agents						
	tetanus toxoid/immune globulin						
	laxatives/cathartics						
	corticosteroids						
	antirheumatic medications						
	topicals						
Formulate and implement an appropriate plan of management, when indicated, including:	debridement of superficial ulcer or wound						
	excision or destruction of skin lesion including skin biopsy						
	nail avulsion (partial or complete)						
	matrixectomy (partial or complete)						
	repair of simple laceration						
Formulate and implement an appropriate plan of management, including:	appropriate consultation and/or referrals						
	appropriate lower extremity health promotion and education						
	reassessment of the treatment plan with revision as necessary						
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs							
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.							

Legend for Attitudinal and Regulatory Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal and Regulatory Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Abides by state, federal laws and hospital bylaws/rules and regulation governing the practice of podiatric medicine and surgery					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
VA Podiatry
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						

microbiology						
Competency	1	2	3	4	5	N/A
synovial fluid analysis						
urinalysis						
anatomic and cellular pathology						
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management						
tape immobilization						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
injections						
aspirations						
physical therapy						
Perform appropriate pharmacologic management when indicated, including: NSAIDs						
antibiotics						

antifungals						
Competency	1	2	3	4	5	N/A
narcotic analgesics						
muscle relaxants						
medications for neuropathy						
sedative/hypnotics						
peripheral vascular agents						
antihyperuricemic/uricosuric agents						
tetanus toxoid/immune globulin						
laxatives/cathartics						
corticosteroids						
antirheumatic medications						
topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
excision or destruction of skin lesion including skin biopsy						
nail avulsion (partial or complete)						
matrixectomy (partial or complete)						
repair of simple laceration						
digital surgery						
first ray surgery						
other soft tissue foot surgery						
other osseous foot surgery (distal to the tarsometatarsal joints and exostectomies)						
reconstructive rearfoot and ankle surgery						
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
appropriate lower extremity health promotion and education						

reassessment of the treatment plan with revision as necessary						
Competency	1	2	3	4	5	N/A
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal and Regulatory Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal and Regulatory Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					
Abides by state, federal laws and hospital bylaws/rules & regulations governing the practice of podiatric medicine and surgery					
Practices and abides by the principles of informed consent					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Vascular Surgery
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competency	1	2	3	4	5	N/A
Assess and manage the patient's general medical status. Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Problem focused medical history.						
Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: problem focused physical examination, including: vital signs.						
head, eyes, ears, nose, and throat						
neck, chest/breast						
heart, lungs						
abdomen						
genitourinary, rectal						
upper extremities						
neurologic examination						
Assess and manage the patient's general medical status. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)						
Assess and manage the patient's general medical status. Recognize the need for (and/or orders) additional diagnostic studies, when indicated,						

including: EKG.						
Competency	1	2	3	4	5	N/A
plain radiography						
nuclear medicine imaging						
MRI						
CT						
diagnostic ultrasound						
Assess and manage the patient's general medical status. Formulate and implement an appropriate plan of management, when indicated, including: appropriate therapeutic intervention.						
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history.						
Perform and interpret the findings of a thorough problem-focused history and physical exam, including: vascular examination.						
Order and interpret appropriate diagnostic studies, including: medical imaging, including: vascular imaging.						
Perform (and/or order) and interpret appropriate diagnostic studies, including: laboratory tests						
non-invasive vascular studies						
appropriate non-surgical management when indicated, including: pharmacologic management						
Participate in surgical cases as appropriate						
Formulate and implement an appropriate plan of management, including: appropriate medical/surgical management when indicated						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Intermountain Medical Center Podiatric Medicine and Surgery Residency
Wound Care
Rotation Dates:
Resident:
Evaluator:

Legend for Competency Assessment

1	2	3	4	5	N/A
Demonstrates inadequate knowledge of the task.	Demonstrates knowledge but is unable to perform.	Performs only with constant direction.	Performs with minimal direction.	Performs the entire task independently.	Not Applicable

Competencies	1	2	3	4	5	N/A
Prevent, diagnose, and manage diseases, disorders, and injuries of the adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means. Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem focused history						
neurologic examination						
vascular examination						
dermatologic examination						
musculoskeletal examination						
Perform (and/or order) and interpret appropriate medical imaging: plain radiography						
nuclear medicine imaging						
MRI						
CT						
Perform (and/or order) and interpret appropriate laboratory tests: hematology						
serology/immunology						
blood chemistries						
microbiology						
synovial fluid analysis						
urinalysis						

anatomic and cellular pathology						
Competencies	1	2	3	4	5	N/A
Perform (and/or order) and interpret appropriate other diagnostic studies: electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Perform appropriate non-surgical management when indicated: palliation of keratotic lesions						
palliation of toenails						
manipulation/mobilization of foot/ankle joint(s)						
closed management of pedal fractures and dislocations.						
closed management of ankle fracture/dislocation						
Formulate and implement an appropriate plan of management: cast management including TCC						
compression therapy						
use of occlusion						
orthotic, brace or prosthetic management						
custom shoe management						
footwear selection and/or modification						
padding						
Perform appropriate pharmacologic management when indicated, including: antibiotics						
antifungals						
medications for neuropathy						
peripheral vascular agents						
tetanus toxoid/immune globulin						
corticosteroids						
topicals						
Formulate and implement an appropriate plan of management, when indicated, including: debridement of superficial ulcer or wound						
excision or destruction of skin lesion including skin biopsy						

application of skin substitutes/bioengineered tissues						
Competencies	1	2	3	4	5	N/A
Use of negative pressure therapy						
repair of simple laceration primary wound closure						
Formulate and implement an appropriate plan of management, including: appropriate consultation and/or referrals						
appropriate lower extremity health promotion and education						
reassessment of the treatment plan with revision as necessary						
Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care costs						
Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Legend for Attitudinal Assessment

1	2	3	4	N/A
Never	Some of the Time	Most of the Time	Always	Not Applicable

Attitudinal Assessment	1	2	3	4	N/A
Accepts criticism constructively.					
Acts as a patient advocate, involving the patient/family in the decision-making process.					
Communicates effectively with colleagues and staff					
Communicates effectively with the patient/family, recognizing their concern for safely, comfort, and medical necessity.					
Provides high quality, comprehensive care in an ethical manner.					
Demonstrates moral and ethical conduct.					
Respects and adapts to cultural differences.					
Establishes trust and rapport with patients and peers.					
Demonstrates primary concern for patient's welfare and well-being.					

Please rate this resident's overall competence.

Deficient: should repeat rotation	
Minimally acceptable: some remediation needed	
Acceptable for level of training	
Outstanding for level of training	

Faculty comments: What do you find striking (negative or positive) about this resident?

_____

_____

Signature: _____

Date: _____

Resident response (Circle one)

Accept Accept with comment* Protest without action* Appeal

_____

_____

Signature: _____

*Resident must include comments at time of review. Date: _____

Reviewed with Director on: _____ Signature: _____

Residency Director

Return this evaluation either directly to the resident or to:

Nan Hodge, DPM
VAMC 112
500 Foothill Blvd
Salt Lake City, UT 84148
VHASLCPodiatry@VA.gov

Evaluation of Faculty/Rotation by Trainee

I. Reviewer:** IDENTIFICATION:* Rotation Dates:

Faculty Member: Rotation: Location:

EVALUATION - FACULTY	POOR	SATISFACTORY	VERY GOOD	OUTSTANDING
A. Knowledge of Medicine General Medicine Sub-specialty				
B. Involvement in Patient Care (Interaction, judgment, follow up)				
C. Interest in Teaching				
D. Punctuality and Availability				
E. Personal Qualities as relates to Medical Care and Teaching				
F. Overall Rating				

G. Would you recommend this person for a similar assignment in the future?
YES( ) NO[+]( ) MAYBE[+]( )

H. Comments (Use other side if necessary)

III. EVALUATION - ROTATION	POOR	SATISFACTORY	VERY GOOD	OUTSTANDING
A. Teaching				
B. Patient load Clinic Inpatient				
C. Interest of Faculty				
D. Service to Education Ratio				
F. Overall Rating				

G. Would you recommend this rotation be continued in its present format in the future?
YES ( ) NO[+] ( ) MAYBE[+] ( )

G. Comments (Use other side if necessary)

Signature (optional)

* Type of trainee and year (i.e. PGY1 Podiatry, PMS-4, MS-4, PGY2 Fam Practice)
** Name is Optional [+]Please include comments; Please comment on how well the program competencies were met (see evaluation form above for competencies)
Please complete the faculty portion for every faculty member you worked with.
Return to Dr. Hodge at VAMC or to the IMC GME office

Resident Acknowledgement

I have received and read the IMC Podiatric Medicine and Surgery Residency manual. I understand that the manual is subject to change annually and at other times given reasonable notice and I agree to abide by the policies and procedures delineated in the manual and any subsequent changes.

Podiatric Resident