The Ohio State University

Department of Orthopaedics

Division of Podiatry

Residency Manual

2022 - 2023

** Revised 12/2022 **

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INTRODUCTION

History

With the acquisition of Park Hospital in July of 1999, The Ohio State University and The Ohio State University Wexner Medical Center inherited a Podiatric Residency program. There were four residents total, three classified as PGY1's in a rotating podiatric residency, a program similar to an allopathic transition year. The fourth resident was beginning a twelve month podiatric surgical residency program. These residents were offered positions at The Ohio State University, and the podiatric program was changed to reflect the highest level of post graduate podiatric training possible.

The present plan, accepted by the Graduate Medical Education Committee, is to accept two new residents each year as PGY1's into the Podiatric Medicine and Surgery Residency with added credential in Reconstructive Rearfoot/Ankle Surgery. The curriculum for the PGY1 year is similar to the Orthopaedic Surgery's PGY1's (The Podiatric Residency Program exists within the Department of Orthopaedics). PGY2 and PGY3 rotations are primarily Podiatric clinic, and Surgery; with electives in Dermatology, Infectious Diseases, Orthopaedic Trauma, Emergency Medicine, Elective rotation, and Burn or Plastic Surgery.

This document contains the residency manual and includes goals, objectives, schedules, timetables, lectures, competencies, assessment documents policies and procedures.

The program is currently approved by the Council on Podiatric Medical Education. The program adheres to the requirements set forth by this accrediting organization. The CPME requirements for residency programs are outlined on the following pages.

Faculty

The following is a list of the teaching faculty for the PMSR/RRA program. C.V.'s for all faculty members are maintained in the residency coordinator's office.

1. *Erik Monson, DPM, Residency Program Director ABFAS*
2. *Said Atway, DPM, Clinical Associate Professor ABFAS*
3. *Michael Anthony, DPM, Clinical Assistant Professor, ABFAS*
4. *Kevin Springer, DPM, Clinical Assistant Professor, ABPM*
5. *Kimberly Barron DPM, Clinical Assistant Professor*
6. *Jason Labroo, DPM, Clinical Assistant Professor*
7. *David Kaplansky, DPM, Clinical Assistant Professor ABFAS*
8. *Macaira Dyment, DPM, Clinical Assistant Professor ABFAS & ABPM*
9. *Jennifer Trinidad, DPM, Clinical Assistant Professor ABFAS & ABPM*
10. *Alan Block, DPM, Clinical Assistant Professor ABFAS*
11. *Robert Vancourt, DPM, Clinical Assistant Professor ABFAS*
12. *Seth Holland, DPM, ABPM*
13. *Richard Schilling, DPM ABFAS*
14. *Scott Littrell, DPM, ABFAS*
15. *Tim Holmes, DPM, ABFAS*
16. *Anthony Cozzolino, DPM ABFAS*

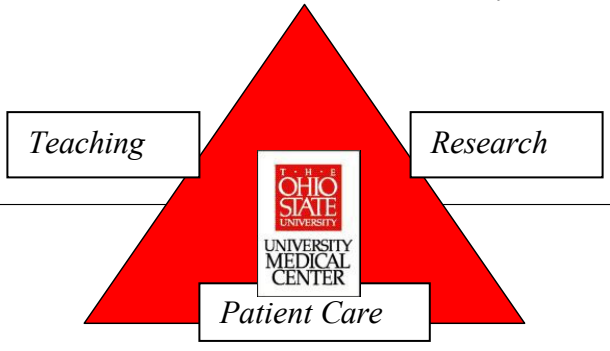
Training Sites

The first year residents will spend most of the year on the main campus of The Ohio State University Medical Center. Exceptions include Rheumatology at the Davis Center, Family Practice at the Rardin Center, and Podiatric Medicine/Surgery at various office locations and The Ohio State University Medical Center East. Podiatric office rotations may be at other locations, but all surgeries will be performed at the main OSU hospital, OSU-East hospital, and Taylor Station surgery center.

The second and third year residents will spend the majority of their time at the office of the assigned faculty member, with all surgery being done at OSU, OSU-East, and Taylor Station surgery center. Off-service rotations will be performed at OSU, OSU-East, or OSU outpatient clinic offices.

MISSION STATEMENT

The faculty of the Podiatric Surgical residency will educate residents, who, upon completion of the three years of training at The Ohio State University should exhibit the knowledge and psychomotor skills concerning foot and ankle surgery and medicine to be competent, compassionate podiatric surgeons and clinicians. Our role as educators is to instill residents with those traits essential to success including honesty and integrity, objectivity, self-motivation, curiosity, timeliness, and a sense of responsibility. The residency program will be conducted within the overall mission of The Ohio State University.



PREAMBLE

The Podiatric Medicine and Surgery with added credentials in Reconstructive Rearfoot/Ankle Training Program at The Ohio State University provides the recent graduate with the opportunity to gather experience in a general podiatric practice and to study advanced and related sciences essential for the practice of podiatric medicine.

The teaching program will attempt to demonstrate to the resident a more effective method for improving community foot health and to better prepare him/her for his/her position in the total community health structure.

- Since podiatric medicine may be defined as **"*that specialty of medicine and surgery which is concerned with the prevention, diagnosis, and treatment of diseases and disorders which affect the human foot and ankle in its contiguous lower extremity structures,"*** it is recognized that the podiatric resident will be one who specializes in the lower extremity.

Definition of Lower Extremity

Scope of Practice

Sec. 4731.51: Statues of the State of Ohio:

> *The practice of podiatry consists of the medical, mechanical, and surgical treatment of ailments of the foot, the muscles and tendons of the leg governing the functions of the foot; and superficial lesions of the hand other than those associated with trauma. Podiatrists are permitted the use of such preparations, medicines, and drugs as may be necessary for the treatment of such ailments. The podiatrist may treat the local manifestations of systemic disease as they appear in the hand and foot, but the patient shall be concurrently referred to a doctor of medicine or a doctor of osteopathic medicine and surgery for the treatment of the systemic disease itself. General anesthetics may be used under this section only in colleges of podiatry approved by the medical board pursuant to section 4731.53 of the Revised Code and in hospitals approved by the Joint Commission on Accreditation of Hospitals, or the American Osteopathic Association. The use of x-ray or radium for therapeutic purposes is not permitted.*

Fractures of the Tibia and Fibula:

Ruling of the Ohio State Medical Board:

- ***Ankle injuries are within the scope of the practice of podiatry if:***

  1) *The foot is involved in the trauma; and*

  2) *The structure injured is at or below the level of the attachment of the ligaments common to the foot and the tibia and fibula.*

Furthermore, podiatric surgical procedures performed and podiatric training given will be based on the delineation of privileges granted to the individual podiatric physician and orthopaedic surgeon by the Board of Trustees of The Ohio State University. However, it is the goal of the Podiatric Residency Training Program to strive to produce a well-rounded podiatric physician and surgeon who is well appreciative of the total patient's medical well being since certainly the total patient cannot be divorced from the foot or lower extremity.

This manual describes the Podiatric Residency Training Program at The Ohio State University. In its design, both the program and the manual fulfill the criteria and guidelines for Evaluating Podiatric Residency Program (Con Pod Ed: 320, January 1997) Council on Podiatric Medical Education of the American Podiatric Medical Association.

PURPOSE

The Podiatric Medicine and Surgery Residency, with added credential in Reconstructive Rearfoot/Ankle Surgery, is designed to:

A. Provide an opportunity for supervised advanced clinical experience in the recognition and management of pedal conditions. The resident will learn to recognize pedal manifestations of the various systemic cutaneous and functional diseases.

B. Emphasize the relationship of the basic sciences to clinical practice by affording the opportunities to study and utilize the complete physical record of the patient before, during and after podiatric treatment.

C. Familiarize the podiatrist with hospital procedures and the scope and functions of other divisions of health services.

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

The value and importance of a close liaison between the osteopathic, allopathic, and podiatric professions will be stressed to the residents. To help further this relationship and broaden the podiatric resident's knowledge of medical sciences as it applies to podiatry, lectures and demonstrations by personnel of the various departments of the hospital are scheduled for the podiatric resident.

To even further enhance this inter-professional relationship, consultation between the professions is encouraged and is available at all times.

The resident is assigned to a prescribed tour of duty in each of the major departments of the hospital for further observation and training in that particular branch of medicine and surgery.

The Residency Training Program will be guided by the recommendations of the Council on Podiatric Medical Education of the American Podiatric Medical Association and its' associated Councils and Committees.

- Council On Podiatric Medical Education
  9312 Old Georgetown Road
  Bethesda, MD 20814-1698
  Tel: (301) 571-9200
  Fax: (301) 571-4903

- American Association of Colleges of Podiatric Medicine
  1350 Piccard Drive, Suite 322
  Rockville, MD 20850
  Tel: (301) 990-2659
  Fax: (301) 990-2807

The Ohio State University
Division of Podiatry
Resident Rotation Schedule
PGY1 Residents – 2022 - 2023

Dates	**Block 1** **7/1 – 7/31**	**Block 2** **8/1 – 8/28**	**Block 3** **8/29 – 9/25**	**Block 4** **9/26 – 10/23**	**Block 5** **10/24 – 11/20**	**Block 6** **11/21 – 12/18**	**Block 7** **12/19 – 1/15**	**Block 8** **1/16 – 2/12**	**Block 9** **2/13 – 3/12**	**Block 10** **3/13 – 4/9**	**Block 11** **4/10 – 5/7**	**Block 12** **5/8 – 6/4**	**Block 13** **6/5 – 6/30**
PODIATRY Isaac Korb	**ACS**	**VASC**	**Anesth-** **8/29-9/11** **Podiatry-** **9/12-9/25**	**Podiatry-** **9/26-10/9** **Rheum-** **10/10-10/23**	**Fam Med-** **Inpatient** **10/24 – 11/6** **Fam Med-** **Outpatient** **11/7 – 11/20**	**Podiatry**	**Endo-** **12/19-1/1** **Podiatry-** **1/2-1/15**	**Podiatry-** **1/16-1/29** **Radiology-** **1/30-2/12**	**Podiatry-** **2/13-2/26** **Pathology-** **2/27-3/12**	**Podiatry**	**Podiatry** **Call**	**Podiatry-** **5/8-5/21** **Behavioral** **Medicine-** **5/22-6/4**	**Podiatry-** **6/5-6/18** **Wound** **Care-** **6/19-6/30**
	OSUWMC	OSUWMC	OSU East OSU East/Main	OSU East/Main OSU Main Upper Arlington	OSU East Rardin	OSU East/Main	CarePoint East Morehouse OSU Main/East	OSU Main/East OSU Main	OSU Main/East OSU Main	OSU Main/East	OSU Main/East	OSU Main/East OSU East	OSU Main/East OSU East
PODIATRY Russell Platt	**VASC**	**ACS**	**Podiatry-** **8/29-9/11** **Anesth-** **9/12-9/25**	**Rheum-** **9/26-10/9** **Podiatry-** **10/10-10/23**	**Podiatry**	**Fam Med-** **Inpatient** **11/21 – 12/4** **Fam Med-** **Outpatient** **12/5 – 12/18**	**Podiatry-** **12/19-1/1** **Endo-** **1/2-1/15**	**Radiology-** **1/16-1/29** **Podiatry-** **1/30-2/12**	**Pathology-** **2/13-2/26** **Podiatry-** **2/27-3/12**	**Podiatry** **Call**	**Podiatry**	**Behavioral** **Medicine-** **5/8-5/21** **Podiatry-** **5/22 – 6/4**	**Wound** **Care-** **6/5-6/18** **Podiatry-** **6/19 – 6/30**
	OSUWMC	OSUWMC	OSU East/Main OSU East	OSU Main Upper Arlington OSU Main/East	OSU Main/East	OSU East Rardin	OSU Main/East Carepoint East Morehouse	OSU Main OSU Main/East	OSU Main OSU Main/East	OSU Main/East	OSU Main/East	OSU East OSU Main/East	OSU East OSU Main/East

The Ohio State University
Division of Podiatry
Resident Rotation Schedule
PGY 2 – 3 Residents – 2022-2023

Dates	**Block 1** **7/1 – 7/31**	**Block 2** **8/1-8/28**	**Block 3** **8/29-9/25**	**Block 4** **9/26-10/23**	**Block 5** **10/24-11/20**	**Block 6** **11/21-12/18**	**Block 7** **12/19-1/15**	**Block 8** **1/16-2/12**	**Block 9** **2/13-3/12**	**Block 10** **3/13-4/9**	**Block 11** **4/10-5/7**	**Block 12** **5/8-6/4**	**Block 13** **6/5-6/30**
Hayden Wolford (PGY3)	CALL	ATWAY	MONSON	ORTHO TRAUMA	CALL	ATWAY	ANTHONY	MONSON	ANTHONY	ELECTVE/ PLASTIC SURGERY	ANTHONY	ATWAY	MONSON
	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	OSU Main	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	New Albany, Gahanna, CarePoint East, OSU Main, OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	OSU East	New Albany, Gahanna, CarePoint East, OSU Main, OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	Dublin, Gahanna, OSU Main, OSU East, Jameson Crane
Abshaar Narvel (PGY3)	ANTHONY	CALL	ATWAY	MONSON	ORTHO TRAUMA	CALL	MONSON	ANTHONY	ATWAY	ANTHONY	ELECTIVE/ PLASTIC SURGERY	MONSON	ATWAY
	New Albany, Gahanna, CarePoint East, OSU Main, OSU East	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	New Albany, Gahanna, CarePoint East, OSU Main, OSU East	OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	Dublin, Gahanna, OSU Main, OSU East, Jameson Crane
Deana Lewis (PGY2)	MONSON	ANTHONY	CALL	ATWAY	MONSON	ANTHONY	ATWAY	CALL	ID (2/13-2/26) CALL (2/27 – 3/12	DERM	MONSON	ED (5/8 – 5/21) CALL (5/21 – 6/4)	CALL (6/5 – 6/18) ANTHONY (6/19 – 6/30)
	CarePoint East, Dublin, Gahanna, OSU Main, OSU East,	New Albany, Gahanna, CarePoint East, OSU Main, OSU	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East,	CarePoint East, Dublin, Gahanna, OSU Main, OSU East,	New Albany, Gahanna, CarePoint East, OSU Main, OSU	CarePoint East, Dublin, Gahanna, OSU Main, OSU East,	OSU Main & OSU East	OSU Main & OSU East	New Albany	CarePoint East, Dublin, Gahanna, OSU Main, OSU East,	Dublin, Gahanna, OSU Main, OSU East, Jameson	New Albany, Gahanna, CarePoint East, OSU Main, OSU

	Jameson Crane	East		Jameson Crane	Jameson Crane	East	Jameson Crane				Jameson Crane	Crane	East
Cameron McMahen (PGY2)	ATWAY	MONSON	ANTHONY	CALL	ATWAY	MONSON	CALL	ATWAY	CALL (2/13 - 2/26) ID (2/27– 3/12)	MONSON	DERM	CALL (5/8-5/21) ED (5/21-6/4)	CALL (6/5-6/18) ANTHONY (6/19-6/30)
	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	New Albany, Gahanna, CarePoint East, OSU Main, OSU East	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	OSU Main & OSU East	CarePoint East, Dublin, Gahanna, OSU Main, OSU East, Jameson Crane	New Albany	OSU Main & OSU East	New Albany, Gahanna, CarePoint East, OSU Main, OSU East

Didactic Schedule: 2022 - 2023

Date	Presenter	Topic
5-Jul	Cameron	Necrotizing facilitis/gas gangrene
12-Jul	Deana	Open fractures
19-Jul	Abshaar/Journal Club	Talar fractures
26-Jul	Student Presentations	
2-Aug	Hayden	Neuropathy/EMG and NCV
9-Aug	Lab - Treace @4, no AM academics	
16-Aug	Deana/Journal Club	Charcot neuroarthropathy
23-Aug	Student Presentations	
30-Aug	Cameron	Pediatric fractures
6-Sep	Russell	Calcaneal fractures
13-Sep	Isaac	Lisfranc injuries
20-Sep	Lab - Integra @4, no AM academics	
27-Sep	Journal Club (Abshaar, Hayden, Cam)	Lateral ankle stabilization
4-Oct	Abshaar	Tarsal coalitions
11-Oct	Hayden	Achilles tendon ruptures
18-Oct	Russell/Journal Club	Ankle fractures
25-Oct	Student Presentations	
1-Nov	Isaac	5th metatarsal fractures
8-Nov	Journal Club (Deana, Cam, Abshaar)	Flatfoot Reconstruction
15-Nov	Cameron	Pes Cavus
22-Nov	Student Presentations	
29-Nov	Deana	Peroneal tendon tears/instability
6-Dec	Isaac	Bone tumors
13-Dec	Russell	Tarsal tunnel
20-Dec	Journal Club (Deana, Isaac, Russell)	Charcot and the Diabetic foot
27-Dec	Student Presentations	

Date	Presenter	Topic
3-Jan	Russell	Ex-fix
10-Jan	Deana	OCD
	(Beth Sheridan)	Beth Sheridan - Resarch Ethics
17-Jan	Journal Club (Cameron, Isaac, Russell)	Diabetic Charcot
24-Jan	Student Presentations	
31-Jan	Isaac	CRPS
7-Feb	Lab	4-6pm, No AM academics
14-Feb	Russell/Journal Club	5th metatarsal fractures
21-Feb	Student Presentations	
28-Feb	Cameron	DVT/prophylaxis
7-Mar	Isaac	Tarsal tunnel
14-Mar	Journal Club (Deana, Cameron, Isaac)	Flatfoot Reconstruction
21-Mar	Student Presentations	
28-Mar	Lab	4-6pm, No AM academics
4-Apr	Deana	Ankle arthroscopy
	Dr. Bates (Vice Chair for Research)	Research Methodology
11-Apr	Russell	ankle replacement
18-Apr	Student Presentations	
		Pediatric club foot, met
25-Apr	Cameron/Journal Club	adductus
2-May	Journal Club (Cameron, Deana, Russell)	Ex-Fix
9-May	Deana	Tarsal coalitions
16-May	Lab	4-6pm, No AM academics
23-May	Student Presentations	
30-May	Isaac	Wound care/grafts
6-Jun	Russell	Pilon Fractures
13-Jun	Lab	4-6pm, No AM academics
20-Jun	Student Presentations	
27-Jun	Journal Club (Cameron, Russell, Isaac)	Pediatrics

DIRECTOR OF RESIDENCY TRAINING

The position of the Director of the Residency Training is an annually appointed position. The Director of Residency Training must be a member in good standing in the Council of Podiatric Medical Education of the American Podiatric Medical Association.

The responsibility of the Director of Residency Training is to oversee the day by day functioning of the residents. It is the Director's responsibility to ensure that the residents follow the guidelines established for them within their contracts and within this manual. The Director will serve as an advisor to the residents and a liaison with the heads of various departments within the hospital. If the need arises, the Director of Residency training may establish committees and appoint members to serve on those committees to function as his/her advisory board within the framework of his/her responsibilities as director. The Director of Residency Training is directly responsible to the Chairman of the Department of Orthopaedics, and the general supervision of Director of Medical Education, and the Vice President of Medical Affairs at The Ohio State University.

- **Erik Monson, DPM**
  Residency Program Director

- **Andrew Glassman, M.D.**
  Chairman, Department of Orthopaedics

- **Scott Holliday, M.D.**
  Associate Dean for Graduate Medical Education

- **Andrew Thomas, MD**
  Chief Medical Officer

In addition to his/her supervisory capacity, the Director of the Residency Training will serve as chairman of the following committees:

- *Podiatric Residency Training Committee*
- *Podiatric Resident Selection Committee*

COMMITTEES

- ***Podiatric Residency Training Committee***
  This committee is responsible for the overall direction and regulation as well as the day to day functioning of the residency training program. It is composed of the Program Director of Podiatric Surgical Residency Training, two appointed members of the active podiatry staff, and the Director of Graduate Medical Education of the hospital. Appointments to this committee are made by the Program Director of Podiatric Surgical Residency. The function of this committee is to develop the course and objectives of the training program as recommended by the Continuing Education Committee. In addition, this committee will mediate and arbitrate conflicts arising within the teaching program, whether they are generated from the podiatry staff, medical staff, nursing staff, or administration. This committee will have the power to recommend the dismissal of the resident should the situation arise in accordance with the policies and procedures of The Ohio State University.

- ***Graduate Medical Education Committee***
  The Program Director, the Director of Graduate Medical Education, the Assistant Dean for Graduate Medical Education, The Associate Vice President for Health Sciences and Program Directors of all residency programs within the University (or their appointed representatives) are members of the Graduate Medical Education Committee. One purpose of this committee is to make recommendations to the Residency Training Committee concerning the training of the podiatry residents and to help correlate and delineate resident duties within the scope of the various departments they represent.

- ***Podiatric Resident Selection Committee***
  The Podiatric Resident Selection Committee will be made up of the present Program Director, at least one podiatry faculty member or physician appointed by the Residency Program Director, and the residents. The committee members must be in attendance to participate in ranking. 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 reevaluated and discussed in detail. The rank list will be a tally of all member rank lists.

Committee	When Committee Meets	Members
Residency Training Committee	Quarterly	All Faculty
Resident Selection Committee	January	All Faculty All Residents
Graduate Medical Education Committee	4th Wednesday of Each Month	TBA

TRAINING OBJECTIVES

The objective of The Ohio State University Podiatric Residency Program is to provide the resident with the education and training necessary to acquire the experience and develop the skills and attitude to assure the competence and judgment expected of today's podiatric specialist.

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

a) The overall goal of the residency program is to create a graduate that is competent to practice podiatric medicine and surgery. The resident should acquire skills and knowledge to be competent to diagnosis and treat any disorder affecting the foot and ankle. The resident should have appropriate skills to treat patients conservatively and surgically, when surgery is indicated.

b) Acquire skills appropriate for the examination, diagnosis, and recognition of abnormalities, diseases, and conditions of the foot and related structures of the pedal manifestations and system disease.

c) Acquire an understanding of systemic diseases, their treatment, prognosis, and prevention of complications.

d) Develop and exercise good surgical judgment. Determine appropriate surgical indications.

e) Develop understanding of the value and indications for hospitalization of patient's requiring podiatric services.

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

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

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

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

j) Be competent and proficient at ordering and reading appropriate radiology studies.

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

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

m) Increase experience in the application of pharmacology and therapeutics.

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

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

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

q) Improve knowledge of hospital protocol.

r) Develop a greater appreciation of the utilization of consultative services.

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

t) Acquire skills in all phases of foot surgery, including surgical treatment of trauma and forefoot/rearfoot reconstruction.

u) Acquire experience in muscular and neurological evaluation.

v) Acquire experience and develop knowledge of good podiatric practice management.

w) Develop skills in performing complete history and physicals.

x) Develop and practice skills of public speaking.

y) Increase writing abilities through authoring of articles.

z) Develop skills in palliative care.

aa) Receive formal training in cardiopulmonary resuscitation and be re-certified at the beginning of each year of training.

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

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

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

ee) Communicate effectively and function in a multi-disciplinary setting.

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

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

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

The program will also incorporate the following six goals for each resident:

1. ***Clinician:*** Develop competence in the clinical science and art of podiatric medicine and surgery, including evaluation, consultation, communication and treatment.

2. ***Surgeon:*** Develop the ability and confidence to competently execute the techniques and skills necessary to perform podiatric surgery.

3. ***Researcher***: Produce an individual capable of analyzing and utilizing medical literature and current research techniques to contribute to the existing podiatric medical literature.

4. ***Educator:*** Provide the resident with the knowledge and communication skills which will enable him/her to share concepts, techniques and experience through literature and practical demonstration.

5. ***Manager:*** Provide the resident with exposure and experience in business administration and office management; provide the resident with exposure and experience in patient rapport and management in an office setting.

6. ***Humanitarian:*** Instill in the resident, by example and counsel, the necessary qualities of leadership, compassion, humility and dedication to service, necessary for the well being of the individual, the patient and the profession.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Core Competencies: Podiatric Surgery and Clinic Rotation PGY1

By the end of the PGY1 year in Podiatric Surgery and Clinic Rotation, the resident should be gaining proficiency in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident proceeds through the residency program. It is expected that these skills and competencies should continue to improve as they progress through the PGY3 year.

By the end of first year the resident is expected to demonstrate basic proficiency in the performance of forefoot surgery and minor procedures of the rearfoot, i.e.:

Soft tissue and nail procedures
Toe surgery
First Ray procedures
Metatarsal procedures
Basic non-reconstructive midfoot-rearfoot procedures
A.O. fixation of the forefoot
Laser surgery
Debridement – wounds & soft-tissue

Part 1- Clinic Competencies

1. Interact well and appropriately with attending, staff, and other members in clinic.

2. Consistently show up on time, dress appropriately, and act professionally.

3. Perform a problem focused history and physical examination, and present to the patient in a verbal and written format.

4. Develop an appropriate differential diagnosis and treatment plan for common pathologies. Understand appropriate surgical management when indicated.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities and tests appropriately (MRI, CT, bone scan, EMG, etc).

7. Perform appropriate biomechanical exam and correlate with treatment plan. Utilize appropriate prosthetics, orthotic devises, and footwear. Adequately document this biomechanical exam.

8. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management. Also able to fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthoptist.

9. Appropriate knowledge of pharmacological medications used in podiatric medicine.

10. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and verruca treatment.

11. Perform injections, nail avulsions, and other minor procedures in clinic.

12. Formulate an appropriate surgical plan when indicated.

13. Recognition and management of postop complications (infection, DVT, hematoma, etc).

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

Part 2- Surgery Competencies

1. Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.

2. Assessment of appropriateness of a surgical procedure. Includes assessment of efficacy and potential complications relating to procedure.

3. Perform adequate perioperative paperwork and ensure patients are properly managed preoperatively by ordering appropriate labs when indicated. Demonstrate progressive competency in preoperative, intraoperative, and postoperative, assessment and management of podiatric surgical cases by adhering to hospital safety measures.

4. Come prepared to surgery having read on and familiarized themselves with planned procedures.

5. Manage and perform local anesthesia.

6. Perform appropriate surgical planning and incision placement for common procedures.

7. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

8. Apply postoperative splint and dressings.

9. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol.

10. Ability to perform hammertoe surgery, excision of soft tissue masses, and other less involved forefoot surgery.

11. Ability to perform hallux valgus and hallux limits surgery.

12. Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc).

13. Ability to perform rearfoot and ankle surgery.

14. Ability to take constructive criticism and show improvement on rotation.

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Goals and Objectives: Pathology (PGY1)

By the end of the PGY1 rotation in Pathology, the resident should be able to:

Core Competencies:

- Interact well and appropriately with attendings, residents, and other members of the team.
- Understand the general process from how specimen is obtained, appropriately labeled, and how it is processed, and eventually read in the laboratory.
- Demonstrate an understanding of basic laboratory values in blood chemistry, serology, hematology, coagulation studies and urinalysis.
- Understand processing of routine surgical specimens and recognize when additional procedures may be of value.
- Describe frozen section methods and their use when working with surgical specimens. Be exposed to this process.
- Discuss appropriate collection of bacterial and fungal cultures. Discuss appropriate storage and transportation of these specimens.
- Understand joint aspiration techniques and processing. Being able to discuss pathology characteristics of gout, pseudogout, and septic arthritis.

Additional Competencies:

1. Understand general principles for discriminating degenerative, inflammatory, and neoplasmic diseases.
2. Discuss appropriate collection of bacterial and fungal cultures. Discuss appropriate storage and transportation of these specimens.

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Competencies: Anesthesiology (PGY1)

By the end of the PGY1 rotation in Anesthesia, the resident should be able to:

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Classify the surgery patient with regard to anesthetic risk according to ASA guidelines.
- Be knowledgeable of the various pharmacological IV medications and inhalants used by anesthesia.
- Recognize and understand appropriate treatment of the common anesthesia complications.
- Understand and administer selective nerve blocks in order to achieve anesthesia of the foot and ankle.
- Discuss the pharmacology of the various local anesthetics including dosing, toxicity, and other side effects.
- Understand principles of airway management and potential complications of general anesthesia.

Additional Competencies:

1. Perform a pre-anesthetic consultation, including history and physical, and determine the anesthetic risk of the patient.
2. Discuss systemic diseases and impacts on anesthesia.
3. Demonstrate knowledge of choice of anesthesia, drug interaction, and use of pre-medications.
4. Demonstrate knowledge of anesthetic agents and their use including inhalation, intravenous, and local anesthetics. Be familiar with general anesthesia, intubation, LMA. Participate in these activities if possible.
5. Discuss mechanisms of action, maximum dose, onset, and duration of different anesthetic agents as well as indications and contraindications to

using certain anesthetic agents.

6. Discuss the use, indications, and contraindications (such as fall risks) for various regional blocks. Gain experience with ultrasound guided injections. Demonstrate knowledge of lower extremity dermatomes and regional blocks utilized to anesthetize those areas. Understand catheters and appropriate uses.

7. Demonstrate the ability to initiate an intravenous line, management and administer fluids.

8. Discuss the anatomy of the oral pharynx and demonstrate the techniques of intubation and airway management.

9. Demonstrate the ability to diagnose and institute proper emergency therapy and use of emergency medications.

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Competencies: Endocrinology (PGY1)

By the end of the PGY1 rotation in Endocrinology, the resident should be able to:

Core Competencies:

- Interacts well and appropriately with attending, residents, and other members of the team.
- Performs a thorough history and physical for an endocrinology patient.
- Discuss the pathophysiology of Diabetes Mellitus and understand basic treatment principles.
- Discuss common thyroid disorders and basic treatment principles.
- Understand diabetes-related comorbidities.
- Interpret laboratory studies associated with the diagnosis and treatment of the endocrinopathic patient.

Additional Competencies:

1. Perform a thorough history and physical for an endocrinology patient.
2. Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetic ketoacidosis including pathophysiology and management.
3. Discuss common thyroid disorders and their management.
4. Identify relationships between lower extremity disorders and a patient's endocrinopathy.
5. Explain basic pharmacological management of endocrinopathies.
6. Recognize the effects of endocrinopathies on wound healing
7. Show proficiency in the management of hyperglycemic and hypoglycemic crises.

8. Show proficiency in the management of perioperative management of patients with endocrinopathies.

9. Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the endocrinopathic patient.

10. Recognize when to refer to an endocrinologist.

11. Interact with other medical specialties in a professional and knowledgeable manner.

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Competencies: Family Medicine (PGY1)

By the end of the PGY1 rotation in Family Medicine, the resident should be able to:

Core Competencies:

- Interact well and appropriately with attendings, residents, and other members of the team.
- Perform a complete history and physical examination and present the patient in a verbal and written format.
- Understand the pathophysiology and basic treatment principle of diabetes mellitus.
- Understand hypertension and the rationale behind different therapeutic regiments.
- Understand cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease.
- Understand renal/liver pathophysiology and treatment.
- Discuss GI pathophysiology, including ulcer disease and inflammatory bowel disease.

Additional Competencies:

1. Perform a complete history and physical examination and present to the patient in a verbal and written format.
2. Discuss the pathophysiology of Diabetes Mellitus: (a) perioperative management; (b) long term management and effects on other organ systems; (c) understand and write sliding scale insulin orders; (d) discuss hyperglycemic nonketotic coma and diabetic ketoacidosis including pathophysiology and management.
3. Discuss hypertension and the rationale behind different therapeutic regimens, including interaction with other medications.
4. Discuss cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease.

5. Discuss renal/liver pathophysiology including the interpretation of abnormal lab values, dosage adjustment of medications and disease processes including acute and chronic renal failure, acute and chronic hepatitis, alcoholic liver disease and end stage liver disease.

6. Discuss basic hematopathology including evaluation of anemia, sickle cell disease and disorders of blood coagulation.

7. Discuss GI pathophysiology, including ulcer disease, inflammatory bowel disease, and all malignancies.

8. Discuss fluid and electrolyte management as it pertains to: (a) pre-operative and post-operative patient management; (b) diabetes; (c) acute fluid loss.

9. Discuss drug interactions and side effects of drugs commonly used in lower extremity disorders: (a) NSAIDS; (b) steroids; (c) narcotic analgesics (including treatment of overdose); (d) antibiotics; (e) local anesthetics; (f) anticoagulants.

10. Interact with other medical specialties in a professional and knowledgeable manner.

11. Discuss the principles of effective consultation.

12. Discuss the diagnosis and treatment of neurological disorders, including seizure disorders, stroke and neuropathy.

13. Identify and discuss treatment options in acute and chronic pain management.

14. Explain the approach to the patient on chronic corticosteroids including stress dose corticosteroid therapy and the relative patencies of corticosteroid preparations.

15. Discuss the management of the heparinized patient, including titration of IV drips and conversion to long term oral anticoagulant therapy using Coumadin.

16. Discuss indications for pre-operative lab, x-ray and electrocardiographic assessments, identify abnormal results and discuss the approach to management.

17. Discuss common thyroid disorders and their management.

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Competencies: Radiology (PGY1)

By the end of the PGY1 rotation in Medical Imaging, the resident should be able to:

Core Competencies:

- Interact well and appropriately with attendings, residents, and other members of the team.
- Interpret appropriate diagnostic studies including plain radiography.
- Interpret appropriate diagnostic studies of MRI.
- Order and interpret appropriate diagnostic studies of CT.
- Identify indications for nuclear medicine studies (focused on the foot & ankle) and interpret these studies.

Additional Competencies:

1. Demonstrate the ability to interpret extremity films and identify common pathology. Be proficient at radiology principles in reading musculoskeletal plain films.

2. Describe the techniques used in each radiology exam, and their indications. Be familiar with the appropriate indications for various diagnostic techniques such as ultrasound, radionuclide scanning (i.e., technetium, gadolinium, etc.) xeroradiography, MRI and CT scanning. Recall the potential complications of each test. Understands when each exam may be indicated over ordering another exam.

3. Interpret and describe findings on specialized radiology studies including radionucleotide imaging studies, CT scans, tomograms or MRI studies. Understand the principles/sequence in bone scans.

4. Recognize common benign and malignant bone tumors. Discuss common findings to distinguish benign vs malignant tumors both in radiographs and MRI studies.

5. Correlate pre-operative x-rays with patient's complaints when known.

6. Perform and interpret stress ankle x-rays and various arthrographic techniques. Discuss and perform appropriate positioning for lower

extremity radiographs.

7. Show familiarity with techniques and indications for lower extremity angiostudies.

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By the end of the PGY1 rotation in Rheumatology, the resident should be able to:

Competencies: Rheumatology (PGY1)

Core Competencies:

- Interact well and appropriately with attendings, residents, and other members of the team.
- Perform a history and physical with special emphasis on the rheumatology process.
- Demonstrate understanding and knowledge of the pharmacological management of rheumatic disease. Be familiar with typical treatment options for various rheumatologic conditions. Understand DMARDS and other options.
- Be familiar with the pathophysiology and disease process of rheumatoid arthritis and other inflammatory arthropathies.
- Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the rheumatic patient.
- Understand appropriate labs to order prior or with placement of rheumatology referral.

Additional Competencies:

1. Perform a comprehensive history and physical with special emphasis on the rheumatology process. Present to the patient in a verbal and written format.
2. Identify relationship between lower extremity disorders and the patient's rheumatic conditions.
3. Interact with rheumatologists in order to treat patients in a more comprehensive manner.
4. Demonstrate understanding and knowledge of the pharmacological management of rheumatic disease. Be familiar with typical treatment options for various rheumatologic conditions. Understand DMARDs and other options.

5. Show familiarity with the pathophysiology and disease process of various rheumatology conditions.

6. Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the rheumatic patient.

7. Demonstrate understanding and knowledge of when to refer to a rheumatologist.

8. Discuss the principles of effective consultation.

9. Interact with other medical specialties in a professional and knowledgeable manner.

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By the end of the PGY1 rotation in Trauma Surgery, the resident should be able to:

Competencies: Trauma Surgery (ACS Rotation) (PGY1)

Core Competencies:

- Interact well and appropriately with attendings, residents, and other members of the team.
- Perform a comprehensive history and physical for the trauma surgery patient.
- Interpret appropriate diagnostic studies including blood chemistry, coagulation studies, EKG, and X-rays.
- Understand the preoperative and postoperative management of the surgery patient.
- Understand principles and management of blood loss/blood products, fluids, and electrolyte balance.

Additional Competencies

1. Perform a thorough history and physical for a trauma patient, tertiary exam. Provide care of post-trauma patients throughout the entire spectrum of care from the trauma bay to the floor to discharge. Demonstrate the ability to coordinate consultants involved in the care of multiple trauma patients.

2. Discuss the indications for central venous access, arterial access, nasotracheal and oral tracheal intubation, mechanical ventilation, nasogastric intubation, foley catheter insertion, peritoneal lavage, trauma ultrasound, cricothyroidotomy, chest tube thoracostomy, venous cut down, rapid infusion and suture techniques.

3. Rapidly and thoroughly assess victims of major and minor trauma. Gain handling with ultrasound and FAST scans. Manage fluid resuscitation of the trauma victim. Calculate the Glasgow Coma scale and discuss its role in the evaluation and treatment of head injured patients.

4. Interpret radiographs in trauma patients, including chest: cervical, thoracic and lumbar spine, pelvis and extremity films. Discuss the diagnosis and management of compartment syndrome.

5. Discuss the evaluation and management of spinal cord injuries. Use spine immobilization techniques in trauma victims. Flex radiographs.

6. Manage soft tissue injuries including lacerations. Assess and manage facial trauma. Demonstrate appropriate use of antibiotics and tetanus prophylaxis in trauma patients. Demonstrate appropriate use of analgesics and sedatives in trauma patient

7. Manage acutely burned patients including minor and major injuries. Diagnose and treat smoke inhalation. Manage fluid resuscitation of burn patient. Calculate TSA % of burn patient.

8. Assess and manage both penetrating and blunt chest trauma, abdominal trauma, anterior neck injuries, and the ability to diagnose and treat pelvic fractures. Discuss the diagnosis and management of urogenital injuries.

9. Become proficient at inpatient hospital management and floor work. Become proficient at evaluating and treating hypertension, chest pain, fluid management, evaluating lab values, blood transfusion indications, etc. Document results appropriately in medical records.

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Competencies: Behavioral Medicine (PGY1)

By the end of the PGY1 rotation in Behavioral Medicine, the resident should be able to:

The primary emphasis of this rotation will be on behavioral science, especially as it relates to patient/physician communications. Working in conjunction with members of the Psychiatry Department, the podiatric residents will obtain exposure to the management of inpatient and/or outpatient in need of psychiatric care. They will obtain exposure to the differential diagnosis and treatment of mental illness in the in-patient setting. They will obtain exposure to the use of medication, psychotherapy, and psychosocial interventions

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Perform a history and physical with special emphasis on the behavioral medicine process. Present the patient in a verbal format.
- Demonstrates an understanding of the psychiatric approach to the management of in-patients with mental illness.
- Understand the common psychiatric disorders and basic treatment principles.
- Demonstrates knowledge of how various mental illnesses may impact ability to effectively communicate with patients and how to better communicate with these patients.
- Understand how to proceed when a patient refuses a recommended intervention or requests ineffective or harmful treatment.

Additional Competencies

1. Perform a comprehensive history and physical with special emphasis on the behavioral medicine process. Present to the patient in a verbal and written format.
2. Interact well with specialists in behavioral medicine in order to treat patients in a more comprehensive manner.
3. Demonstrate an understanding of the psychiatric approach to the management of in-patients with mental illness

4. Demonstrate knowledge of how various mental illnesses may impact the ability to effectively communicate with patients and how to better communicate with these patients.

5. Discuss the principles of effective consultation.

6. Interact with other medical specialties in a professional and knowledgeable manner.

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Competencies: Vascular Surgery (PGY1)

By the end of the PGY1 rotation in Vascular Surgery, the resident should be able to:

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Perform comprehensive history and physical exam for the vascular surgery patient.
- Interpret appropriate diagnostic studies including non-invasive vascular studies.
- Interpret appropriate diagnostic studies including hematology, blood chemistries, and coagulation studies.
- Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively and postoperatively, order appropriate labs when indicated.

Additional Competencies

1.
2. Perform a comprehensive history and physical for the vascular surgery patient. Evaluate patients with vascular disease in both outpatient and inpatient settings.
3. Provide care of vascular patient throughout the entire spectrum of care from the admission, floor, surgery, and to discharge. Demonstrate the ability to coordinate consultants involved in the care of patients.
4. Perform and interpret noninvasive vascular laboratory tests.
5. Understand contrast studies and interventional radiologic techniques useful in the management of vascular disease (including vena caval interruption, percutaneous balloon angioplasty, intravascular stents, and thrombolytic therapy) and gain a knowledge base of patients which would benefit of such procedures.
6. Interpret computerized axial tomography and magnetic resonance imaging as it applies to vascular disease.
7. Possess technical skills requisite of vascular surgery involving the arterial,

venous, and lymphatic systems. Discuss treatment options for disease involving various systems from conservative to surgical intervention.

8. Understand the current vascular surgery literature and its relevance to the clinical discipline. Discuss approach to wound care in patient with vascular disease.

9. Establish good interpersonal and humane relationships with patients, families, medical and paramedical professionals.

10. Understand venothrombolemboic events. Show proficient understanding of DVT, Doppler studies, and management of DVT. Understand management of PE.

11. Become proficient at inpatient hospital management and floor work. Become proficient at evaluating and treating hypertension, chest pain, fluid management, evaluating lab values, blood transfusion indications, etc. Document results appropriately in medical records.

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Core Competencies: Podiatric Surgery and Clinic Rotation PGY2

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Understand the general process from how specimen is obtained, appropriately labeled, and how it is processed, and eventually read in the laboratory.
- Demonstrate an understanding of basic laboratory values in blood chemistry, serology, hematology, coagulation studies and urinalysis.
- Understand processing of routine surgical specimens and recognize when additional procedures may be of value.
- Describe frozen section methods and their use when working with surgical specimens. Be exposed to this process.
- Discuss appropriate collection of bacterial and fungal cultures. Discuss appropriate storage and transportation of these specimens.
- Understand joint aspiration techniques and processing. Being able to discuss pathology characteristics of gout, pseudogout, and septic arthritis.

By the end of the PGY2 year in Podiatric Surgery and Clinic Rotation, the resident should be gaining proficiency in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident proceeds through the residency program. It is expected that these skills and competencies should continue to improve as they progress through the PGY3 year.

By the end of the second year, the resident is expected to demonstrate increased proficiency in the first year procedures and demonstrate basic proficiency in the performance of more advanced procedures of the rearfoot and ankle including but limited to:

Arthrodesis
Nerve decompressions
Tendon transfer and repair procedures
Osteotomies

Debridement - bone & soft- tissue
Flat foot surgery
Pes cavus surgery
Fracture repair - forefoot
A-0 fixation - rearfoot

Part 1- Clinic Competencies

1. Interact well and appropriately with attending, staff, and other members in clinic.

2. Consistently shows up on time, dresses appropriately, and act professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format.

4. Develop an appropriate differential diagnosis and treatment plan for common pathologies. Understand appropriate surgical management when indicated.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities and tests appropriately (MRI, CT, bone scan, EMG, etc).

7. Perform appropriate biomechanical exam and correlate with treatment plan. Utilize appropriate prosthetics, orthotic devises, and footwear. Adequately document this biomechanical exam.

8. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management. Also able to fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthoptist.

9. Appropriate knowledge of pharmacological medications used in podiatric medicine.

10. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, verruca treatment.

11. Performs injections, nail avulsions, and other minor procedures in clinic.

12. Formulate an appropriate surgical plan when indicated.

13. Recognition and management of post-op complications (infection, DVT,

hematoma, etc).

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

Part 2- Surgery Competencies

1. Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated

2. Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications related to procedure.

3. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and order appropriate labs when indicated. Demonstrate progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases which adhere to hospital safety measures.

4. Come prepared to surgery having read on and familiarized themselves with planned procedures.

5. Manage and perform local anesthesia.

6. Perform appropriate surgical planning and incision placement for common procedures.

7. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

8. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol

9. Ability to perform hammertoe surgery, excision of soft tissue masses, other less involved forefoot surgery.

10. Ability to perform hallux valgus and hallux limits surgery.

11. Ability to perform other forefoot and mid foot surgery (lesser metatarsal

osteotomies, ORIF, arthrodesis, etc).

12. Ability to perform rear foot and ankle surgery.
13. Ability to take constructive criticism and show improvement on rotation.

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Core Competencies: Podiatric Surgery Inpatient Call Rotation PGY2

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Perform a problem focused history and physical examination and present the patient in a verbal and written form.
- Develop an appropriate differential diagnosis and treatment plan.
- Order and evaluate appropriate imaging studies.
- Perform appropriate bio mechanical exam and correlate with treatment plan.
- Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, injections, nail avulsions and minor procedures in clinic.
- Formulate an appropriate surgical plan when indicated.
- Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively, order appropriate labs when indicated.
- Comes prepared to surgery having read on and familiar with planned procedures.
- Ability to perform basic surgical skills such as skin incision, dissection, and closure, application of postoperative splint and dressing.
- Ability to perform hammertoe surgery, excision of soft tissue masses, and other less involved forefoot surgery.
- Ability to perform forefoot surgery
- Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc.).
- Ability to perform rear foot and ankle surgery.
- Ability to take constructive criticism and show improvement on rotation.

- Maintains appropriate medical records in a timely fashion.

- Understands and respects the ethical boundaries with patients, colleagues, and employees.

- Reads, interprets, critically examines, and presents medical scientific literature.

By the end of the PG2 year in Podiatric Surgery Inpatient Call Rotation, the resident should be gaining proficiency in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident proceeds through the residency program. It is expected that these skills and competencies should continue to improve as they progress through the PGY3 year.

1. Interact well and appropriately with attending, consulting services, and other healthcare professionals in the inpatient setting.

2. Consistently shows up on time, dresses appropriately, and acts professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format. Be able to adequately describe an inpatient over the phone to the attending physician on call.

4. Develop an appropriate differential diagnosis and treatment plan for common inpatient consults.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc).

7. Effectively manage patient list and follow up appropriately.

8. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and ulcer debridement.

9. Perform injections, nail avulsions, bone biopsy, incision and drainage at bedside.

10. Returns pages in an appropriate time period, makes self available to attending physicians.

11. Communicate with attending physicians and hospital teams in an appropriate and timely fashion.

12. Arrives to ED and return patient calls in a timely manner with appropriate amount of direction in patient care.

13. Works with outside physicians and communicates with co-residents to cover surgeries and manage patient care.

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

15. Comes prepared to surgery having read on and familiarized themselves with planned procedures.

16. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and ordering appropriate labs when indicated.

17. Manage and perform local anesthesia.

18. Perform appropriate surgical planning and incision placement.

19. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

20. Apply postoperative splint and dressings.

21. Ability to perform surgery applicable to this inpatient call rotation.

22. Takes constructive criticism and shows improvement on rotation.

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Competencies: Dermatology (PGY2)

By the end of the PGY2 rotation in Dermatology, the resident should be able to:

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Perform a problem focused history and physical examination for the dermatology patient and present the patient in a verbal format.
- Discuss the pathophysiology and treatment of common dermatology conditions affecting the lower extremity.
- Understand different biopsy techniques and their application. Understand when some techniques are indicated over others.
- Understand topical corticosteroid indications, strengths, and side effects in common dermatology conditions.

Additional Competencies

1. Perform a problem focused history and physical examination for the dermatology patient and present the patient in a verbal and/or written format.
2. Understand different biopsy techniques and their application. Understand when some techniques are indicated over others.
3. Understand proper tissue handling, biopsy techniques, closure that are most appropriate based on biopsy location and type of biopsy taken.
4. Understand pathophysiology and typical treatments for basal cell carcinoma, squamous cell carcinoma, and melanoma. Understand basic staging.
5. Be familiarized with Mohs surgery and technique.
6. Identify and be familiar with skin lesions or findings that are normal, transient, or clinically insignificant from those that may need to be

observed, evaluated, or treated.

7. Develop a logical and sound approach to the evaluation of skin findings. Be able to describe skin lesions appropriately.

8. Discuss the principles of effective consultation.

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Competencies: Emergency Medicine (PGY2)

By the end of the PGY2 rotation in Emergency Medicine, the resident should be able to:

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Performs a thorough history and physical for an EM patient.
- Evaluate and manage soft tissue trauma injuries including lacerations, burn, contusions, avulsions, etc. Demonstrate appropriate use of antibiotics and tetanus prophylaxis in trauma patients. Demonstrate appropriate use of analgesics.
- Be proficient in management of acute fractures and understand treatment principles of open fracture injuries.
- Be proficient in management of musculoskeletal infection presenting to the Emergency Department. Understand when a patient should be admitted and when patients can be managed as an outpatient.
- Understand treatment principles for managing septic patients.
- Reads, interprets, critically examines & presents medical scientific literature.

Additional Competencies:

1. Perform a thorough history and physical for an EM patient.
2. Be familiarized with and have basic reading skills with radiographs including chest, cervical, thoracic and lumbar spine, pelvic and extremity films.
3. Be familiar in the management of chest pain. Understand the typical workup for chest pain.
4. Be proficient in management of acute fractures. Proficiency in management of open fracture injuries.

5. Understand the importance of appropriate referral and consultation in the emergency department.

6. Recognize what emergencies/situations potentially seen in the office should be immediately taken to the emergency department and understand how these emergencies are managed.

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Competencies: Infectious Diseases (PGY2)

By the end of the PGY2 rotation in Infectious Diseases, the resident should be able to:

Core Competencies:

- Interacts well and appropriately with attendings, residents, and other members of the team.
- Perform a comprehensive history and physical with special emphasis on the infectious disease process. Present the patient in a verbal format.
- Interpret diagnostic techniques associated with infectious disease. Interpret appropriate radiology and lab studies.
- Develop a treatment plan specific to the disease process.
- Understand the uses, indications, and potential complications of pharmacological agents specific to infectious disease. Be familiar with the empiric antibiotics used in musculoskeletal infections.
- Demonstrate understanding in the area of clinical microbiology, such as bacteriology, mycology, virology, and parasitology.
- Understand antibiotic usage, indications, drug resistance, and potential complications.

Additional Competencies

1. Demonstrate understanding of the physiological impact of the infectious disease process from both a molecular and clinical perspective
2. Interpret diagnostic techniques associated with infectious disease. Order and interpret appropriate radiology studies.
3. Develop a treatment plan specific to the disease process
4. List the uses, indications, and potential complications of pharmacological agents specific to the disease
5. Show familiarity with typical empiric options for antibiotics and then adjust

those based on culture results. Be very familiar with empiric antibiotics used in musculoskeletal infections.

6. Demonstrate understanding in the area of clinical microbiology, such as bacteriology, mycology, virology, parasitology, cellular and humeral immunology

7. Discuss the principles of effective consultation.

8. Interact with other medical specialties in a professional and knowledgeable manner.

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Core Competencies: Podiatric Surgery and Clinic Rotation PGY3

By the end of the PG3 year in Podiatric Surgery and Clinic Rotation, the resident should be proficient in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident proceeds through the residency program.

By the end of the third year, the resident is expected to demonstrate increased proficiency in the performance of first and second year procedures and demonstrate proficiency in the performance of more advanced procedures of the rearfoot and ankle including but not limited to:

Arthrodesis - ankle
Midfoot and rearfoot fracture repair
Ankle fracture repair
Ankle arthroscopy
Diabetic foot reconstruction
Flat foot and cavus foot reconstruction
External fixation

Part 1- Clinic Competencies

1. Interact well and appropriately with attending, staff, and other members in clinic.

2. Consistently shows up on time, dresses appropriately, and act professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format.

4. Develop an appropriate differential diagnosis and treatment plan for common pathologies. Understand appropriate surgical management when indicated

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities and tests appropriately (MRI, CT, bone scan, EMG, etc).

7. Perform appropriate biomechanical exam and correlate with treatment plan. Utilize appropriate prosthetics, orthotic devises, and footwear. Adequately document this biomechanical exam.

8. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management. Also able to fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthoptist.

9. Appropriate knowledge of pharmacological medications used in podiatric medicine.

10. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and verruca treatment.

11. Performs injections, nail avulsions, and other minor procedures in clinic.

12. Formulates an appropriate surgical plan when indicated.

13. Recognition and management of post-op complications (infection, DVT, hematoma, etc).

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

Part 2- Surgery Competencies

1. Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.

2. Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications relating to procedure.

3. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and ordering appropriate labs when indicated. Demonstrate progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases which adhere to hospital safety measures.

4. Come prepared to surgery having read on and familiarized themselves with planned procedures.

5. Manage and perform local anesthesia.

6. Perform appropriate surgical planning and incision placement for common procedures.

7. Ability to perform basic surgical sills such as skin incision, dissection, and closure and apply postoperative splint and dressings.

8. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol

9. Ability to perform hammertoe surgery, excision of soft tissue masses, other less involved forefoot surgery.

10. Ability to perform hallux valgus and hallux limits surgery.

11. Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc).

12. Ability to perform rear foot and ankle surgery.

13. Ability to take constructive criticism and show improvement on rotation.

The Ohio State University
Department of Orthopaedics
Division of Podiatry

Core Competencies: Podiatric Surgery Inpatient Call Rotation PGY3

By the end of the PG3 year in Podiatric Surgery Inpatient Call Rotation, the resident should be proficient in all of the following competencies. It is understood that these skills and competencies will be gradually improved and developed as the resident proceeds through the residency program.

1. Interact well and appropriately with attending, consulting services, and other healthcare professionals in the inpatient setting.

2. Consistently shows up on time, dresses appropriately, and acts professionally.

3. Perform a problem focused history and physical examination and present to the patient in a verbal and written format. Be able to adequately describe an inpatient over the phone to the attending physician on call.

4. Develop an appropriate differential diagnosis and treatment plan for common and complicated inpatient consults.

5. Order and evaluate radiographs.

6. Order and evaluate other imaging modalities appropriately (MRI, CT, bone scan, etc.). Be proficient at reading all of these studies independently.

7. Effectively manage patient list and follow up appropriately.

8. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, and ulcer debridement.

9. Perform injections, nail avulsions, bone biopsy, incision and drainage at bedside. Be able to manage complex cases and procedures at bedside when indicated.

10. Returns pages in an appropriate time period, makes themselves available to attending physicians.

11. Communicate with attending physicians and hospital teams in an appropriate and timely fashion.

12. Arrives to ED and returns patient calls in a timely manner with appropriate direction in patient care.

13. Works with outside physicians and communicates with co-residents to cover surgeries and manage patient care.

14. Resident comes to didactic meetings prepared and having left with appropriate level of participation.

15. Come prepared to surgery having read on and familiarized themselves with planned procedures.

16. Perform adequate perioperative paperwork, ensuring patients are properly managed preoperatively, and ordering appropriate labs when indicated.

17. Manage and perform local anesthesia.

18. Perform appropriate surgical planning and incision placement.

19. Ability to perform basic surgical sills such as skin incision, dissection, and closure.

20. Apply postoperative splint and dressings.

21. Ability to perform surgery applicable to this inpatient call rotation. Be able to perform complex cases.

22. Takes constructive criticism and show improvement on rotation.

Faculty Evaluation of a Resident - Anesthesiology - New

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attendings, residents, and other members of the team*

☐ No
☐ Yes

2. Comments (if needed): _____

	0	1	2	3	4	5
3. Classify the surgery patient with regard to anesthetic risk according to ASA guidelines.*	☐ Not Applicable	☐ 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
4. Be knowledgeable of the various pharmacological IV medications and inhalants used by anesthesia*	☐ Not Applicable	☐ 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
5. Recognize and understand appropriate treatment of the common anesthesia complications.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of	☐ Demonstrates knowledge, but is unable	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
6. Understand and administer selective nerve blocks in order to achieve anesthesia of the foot and ankle.*	☐ Not Applicable	☐ 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
7. Discuss the pharmacology of the various local anesthetics including dosing, toxicity, and other side effects.*	☐ Not Applicable	☐ 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
8. Understand principles of airway management and potential complications of general anesthesia.*	☐ Not Applicable	☐ 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

9. Additional Comments. * _____

10. Evaluator Signature (please type your name into this box): * _____

11. Date (Please type the date of your evaluation into this box): * _____

12. Resident Signature and Date:

Faculty Evaluation of a Resident - Behavioral Medicine NEW

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attendings, residents, and other members of the team*

☐ No
☐ Yes

2. Comments (if needed): _____

	Level 1	Level 2	Level 3	Level 4	Level 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	
3. Perform a history and physical with special emphasis on the behavioral medicine process. Present the patient in a verbal format.	☐	☐	☐	☐	☐	☐

	Level 1	Level 2	Level 3	Level 4	Level 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	
4. Demonstrates an understanding of the psychiatric approach to the management of in-patients with mental illness	☐	☐	☐	☐	☐	☐
5. Understand the common psychiatric disorders and basic treatment principles	☐	☐	☐	☐	☐	☐
6. Demonstrates knowledge of how various mental illnesses may impact ability to effectively communicate with patients and how to better communicate with these patients.	☐	☐	☐	☐	☐	☐
7. Understand how to proceed when a patient refuses a recommended intervention or requests ineffective or harmful treatment	☐	☐	☐	☐	☐	☐

8. Evaluator Signature (Please type your name into this box): * _____

Faculty Evaluation of a Resident - Call New

Evaluator: _____

Evaluation of: _____

Date: _____

	0	1	2	3	4	5
1. Interacts well and appropriate with attending, staff, and other members in clinic.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently

2. Comments (If Needed): _____

	No	Yes
3. Perform a problem focused history and physical examination and present the patient in a verbal and written format.*	☐	☐

	0	1	2	3	4	5
4. Develop an appropriate differential diagnosis and treatment plan.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently

	Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates adequate knowledge, but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
5. Order and evaluate appropriate imaging studies*	☐	☐	☐	☐	☐	☐
6. Perform appropriate bio mechanical exam and correlate with treatment plan.*	☐	☐	☐	☐	☐	☐
7. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, injections, nail avulsions and minor procedures in clinic*	☐	☐	☐	☐	☐	☐
8. Formulate an appropriate surgical plan when indicated.*	☐	☐	☐	☐	☐	☐
9. Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively, order appropriate labs when indicated.*	☐	☐	☐	☐	☐	☐
10. Comes prepared to surgery having read on and familiar with planned procedures.*	☐	☐	☐	☐	☐	☐
11. Ability to perform basic surgical skills such as skin incision, dissection, and closure, application of postoperative splint and dressing*	☐	☐	☐	☐	☐	☐
12. Ability to perform hammertoe surgery, excision of soft tissue masses, and other less involved forefoot surgery.*	☐	☐	☐	☐	☐	☐
13. Ability to perform forefoot surgery*	☐	☐	☐	☐	☐	☐
14. Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc.).*	☐	☐	☐	☐	☐	☐
15. Ability to perform rear foot and ankle surgery.*	☐	☐	☐	☐	☐	☐
16. Ability to take constructive criticism and show improvement on rotation.*	☐	☐	☐	☐	☐	☐

	1	2	3	4
17. Maintains appropriate medical records in a timely fashion.*	☐	☐	☐	☐
18. Understands and respects the ethical boundaries of interactions with patients, colleagues, and employees.*	☐	☐	☐	☐
19. Reads, interprets, critically examines, and presents medical scientific literature.*	☐	☐	☐	☐

20. Clinical Comments. *

_____
_____
_____
_____
_____

Faculty Evaluation of a Resident - Emergency Medicine NEW

Evaluator: _____

Evaluation of: _____

Date: _____

	No	Yes
1. Interacts well and appropriately with attendings, residents, and other members of the team*	☐	☐

2. Comments (if needed):

_____
_____
_____
_____
_____

	0	1	2	3	4	5
	Not Applicable	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
3. Performs a thorough history and physical for an EM patient*	☐	☐	☐	☐	☐	☐
4. Evaluate and manage soft tissue trauma injuries including lacerations, burn, contusions, avulsions, etc. Demonstrate appropriate use of antibiotics and tetanus prophylaxis in trauma patients. Demonstrate appropriate use of analgesics.*	☐	☐	☐	☐	☐	☐

	0	1	2	3	4	5
5. Be proficient in management of acute fractures and understand treatment principles of open fracture injuries.*	☐ Not applicable	☐ 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
6. Be proficient in management of musculoskeletal infection presenting to the Emergency Department. Understand when a patient should be admitted and when patients can be managed as an outpatient.*	☐ Not applicable	☐ 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
7. Understand treatment principles for managing septic patients*	☐ Not applicable	☐ 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
8. Reads, interprets, critically examines & presents medical scientific literature*	☐ Not applicable	☐ 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

9. Comments: * _____

10. Evaluator Signature (Please type your name into this box): * _____

11. Date (Please type the date of your evaluation into this box) * _____

Faculty Evaluation of a Resident - Endocrinology NEW

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attending, residents, and other members of the team* ☐ Yes ☐ No

2. Comments (if needed): _____

	0	1	2	3	4	5
3. Performs a thorough history and physical for an endocrinology patient.*	☐ Not applicable	☐ 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
4. Discuss the pathophysiology of Diabetes Mellitus and understand basic treatment principles*	☐ Not applicable	☐ 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
5. Discuss common thyroid disorders and basic treatment principles*	☐ Not applicable	☐ 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

6. Understand diabetes-related comorbidities*

Not applicable	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
☐	☐	☐	☐	☐	☐

7. Interpret laboratory studies associated with the diagnosis and treatment of the endocrinopathic patient.*

Not applicable	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
☐	☐	☐	☐	☐	☐

8. Comments: *

9. Evaluator Signature (Please type your name into this box): *

10. Date (Please type the date of your evaluation into this box): *

11. Resident Signature and Date:

Faculty Evaluation of a Resident - Family Medicine Inpatient Updated

Evaluator:

Evaluation of:

Date:

1. Interacts well and appropriately with attendings, residents, and other members of the team*

No	Yes
☐	☐

2. Comments (If Needed)

3. Perform a complete history and physical examination and present the patient in a verbal and written format.*

0	1	2	3	4	5
☐ Not applicable	☐ 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

4. Understand the pathophysiology and basic treatment principle of diabetes mellitus*

0	1	2	3	4	5
☐ Not Applicable	☐ 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

5. Understand hypertension and the rationale behind different therapeutic regimens*

Not Applicable	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
☐	☐	☐	☐	☐	☐

6. Understand cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease.*

0	1	2	3	4	5
☐ Not applicable	☐ 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

7. Understand renal/liver pathophysiology and treatment*

Not applicable	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
☐	☐	☐	☐	☐	☐

8. Discuss GI pathophysiology, including ulcer disease and inflammatory bowel disease

Not applicable	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
☐	☐	☐	☐	☐	☐

9. Additional Comments. *

10. Evaluator Signature (Please type your name into this box): *

Faculty Evaluation of a Resident - Family Medicine Outpatient Updated

Evaluator: _____

Evaluation of: _____

Date: _____

	No	Yes
1. Interacts well and appropriately with attendings, residents, and other members of the team*	☐	☐

2. Comments (If Needed) _____

	0	1	2	3	4	5
3. Perform a complete history and physical examination and present the patient in a verbal and written format.*	☐ Not applicable	☐ 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
4. Understand the pathophysiology and basic treatment principle of diabetes mellitus*	☐ Not Applicable	☐ 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

5. Understand hypertension and the rationale behind different therapeutic regimens*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates knowledge but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the er independe

	0	1	2	3	4	5
6. Understand cardio-pulmonary pathophysiology, including coronary disease, asthma, and chronic lung disease.*	☐ Not applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the er independe

7. Understand renal/liver pathophysiology and treatment*	☐ Not applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the er independe
8. Discuss GI pathophysiology, including ulcer disease and inflammatory bowel disease	☐ Not applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the er independe

9. Additional Comments. * _____

10. Evaluator Signature (Please type your name into this box): * _____

Faculty Evaluation of a Resident - Ortho Trauma NEW

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attendings, resident, and other members of the team* ☐ No ☐ Yes

2. Comments (If needed): _____

	0	1	2	3	4	5
3. Perform a problem focused history and physical examination and present the patient in a verbal format.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
4. Understand principles of fracture management including splinting, internal fixation, and external fixation*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
5. Understand principles of and participate in fracture reduction	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently

6. Interpret appropriate radiology studies*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
7. Understand principle of open fracture management*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently

8. Comments. *

9. Evaluator Signature (Please type your name into this box): *

10. Date (Please type the date of your evaluation into this box): *

11. Resident Signature and Date

Faculty Evaluation of a Resident - Pathology NEW

Evaluator:

Evaluation of:

Date:

1. Interacts well and appropriately with attendings, residents, and other members of the team*

☐ Yes
☐ No

2. Comments (if needed):

	0	1	2	3	4	5
3. Understand the general process from how specimen is obtained, appropriately labeled, and how it is processed, and eventually read in the laboratory	☐ Not applicable	☐ 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
4. Demonstrate an understanding of basic laboratory values in blood chemistry, serology, hematology, coagulation studies and urinalysis.	☐ Not applicable	☐ 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
5. Understand processing of routine surgical specimens and recognize when additional procedures may be of value.	☐ Not applicable	☐ 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	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
6. Describe frozen section methods and their use when working with surgical specimens. Be exposed to this process.	☐	☐	☐	☐	☐	☐
7. Discuss appropriate collection of bacterial and fungal cultures. Discuss appropriate storage and transportation of these specimens.	☐	☐	☐	☐	☐	☐
8. Understand joint aspiration techniques and processing. Being able to discuss pathology characteristics of gout, pseudogout, and septic arthritis.	☐	☐	☐	☐	☐	☐

9. Additional Comments _____

10. Evaluator Signature (Please type your name into this box): * _____

11. Date (Please type the date of your evaluation into this box): * _____

Faculty Evaluation of a Resident - Podiatry New

Evaluator: _____

Evaluation of: _____

Date: _____

	0	1	2	3	4	5
	Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates adequate knowledge, but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
1. Interacts well and appropriate with attending, staff, and other members in clinic.*	☐	☐	☐	☐	☐	☐

2. Comments (If Needed): _____

	No	Yes
3. Perform a problem focused history and physical examination and present the patient in a verbal and written format.*	☐	☐

	0	1	2	3	4	5
	Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates adequate knowledge, but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
4. Develop an appropriate differential diagnosis and treatment plan.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates adequate knowledge, but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
5. Order and evaluate appropriate imaging studies*	☐	☐	☐	☐	☐	☐
6. Perform appropriate bio mechanical exam and correlate with treatment plan.*	☐	☐	☐	☐	☐	☐
7. Perform minor skills such as nail debridement, hyperkeratotic tissue debridement, injections, nail avulsions and minor procedures in clinic*	☐	☐	☐	☐	☐	☐
8. Formulate an appropriate surgical plan when indicated.*	☐	☐	☐	☐	☐	☐
9. Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively, order appropriate labs when indicated.*	☐	☐	☐	☐	☐	☐
10. Comes prepared to surgery having read on and familiar with planned procedures.*	☐	☐	☐	☐	☐	☐
11. Ability to perform basic surgical skills such as skin incision, dissection, and closure, application of postoperative splint and dressing*	☐	☐	☐	☐	☐	☐
12. Ability to perform hammertoe surgery, excision of soft tissue masses, and other less involved forefoot surgery.*	☐	☐	☐	☐	☐	☐

	Not Applicable	Demonstrates inadequate knowledge of the task	Demonstrates adequate knowledge, but is unable to perform	Performs only with constant direction	Performs with minimal direction	Performs the entire task independently
13. Ability to perform forefoot surgery*	☐	☐	☐	☐	☐	☐
14. Ability to perform other forefoot and mid foot surgery (lesser metatarsal osteotomies, ORIF, arthrodesis, etc.).*	☐	☐	☐	☐	☐	☐
15. Ability to perform rear foot and ankle surgery.*	☐	☐	☐	☐	☐	☐
16. Ability to take constructive criticism and show improvement on rotation.*	☐	☐	☐	☐	☐	☐

	1	2	3	4
17. Maintains appropriate medical records in a timely fashion.*	☐	☐	☐	☐
18. Understands and respects the ethical boundaries of interactions with patients, colleagues, and employees.*	☐	☐	☐	☐
19. Reads, interprets, critically examines, and presents medical scientific literature.*	☐	☐	☐	☐

20. Clinical Comments. * _____

Faculty Evaluation of a Resident - Radiology NEW

Evaluator: _____

Evaluation of: _____

Date: _____

	No	Yes
1. Interacts well and appropriately with attendings, residents, and other members of the team*	☐	☐

2. Comments (if needed): _____

	0	1	2	3	4	5
	Not Applicable	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
3. Interpret appropriate diagnostic studies including: plain radiography.*	☐	☐	☐	☐	☐	☐
4. Interpret appropriate diagnostic studies: MRI*	☐	☐	☐	☐	☐	☐
5. Order and interpret appropriate diagnostic studies: CT*	☐	☐	☐	☐	☐	☐
6. Identify indications for nuclear medicine studies (focused on the foot & ankle) and interpret these studies*	☐	☐	☐	☐	☐	☐

7. Additional Comments. * _____

8. Evaluator Signature (Please type your name into this box): * _____

9. Date (Please type the date of your evaluation into this box): * _____

10. Resident Signature and Date _____

Faculty Evaluation of a Resident - Rheumatology NEW

Evaluator: _____

Evaluation of: _____

Date: _____

	No	Yes
1. Interacts well and appropriately with attendings, residents, and other members of the team*	☐	☐

2. Comments (if needed): _____

	0	1	2	3	4	5
3. Perform a history and physical with special emphasis on the rheumatology process.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
4. Demonstrate understanding and knowledge of the pharmacological management of rheumatic disease. Be familiar with typical treatment options for various rheumatologic conditions. Understand DMARDS and other options.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
5. Be familiar with the pathophysiology and disease process of rheumatoid arthritis and other inflammatory arthropathies*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
6. Interpret laboratory and radiographic studies associated with the diagnosis and treatment of the rheumatic patient.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
7. Understand appropriate labs to order prior or with placement of rheumatology referal.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently

8. Additional comments. * _____

9. Evaluator Signature (Please type your name into this box). * _____

10. Date (Please type the date of your evaluation into this box): * _____

11. Resident Signature and Date: _____

Faculty Evaluation of a Resident - Trauma Surgery (ACS) NEW

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attendings, residents, and other members of the team*

☐ No
☐ Yes

2. Comments (if needed): _____

	0	1	2	3	4	5
3. Perform a comprehensive history and physical for the trauma surgery patient*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
4. Interpret appropriate diagnostic studies including blood chemistry, coagulation studies, EKG, and X-rays*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
5. Understand the preoperative and postoperative management of the surgery patient*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently

7. Comments. * _____

8. Evaluator Signature (Please type your name into this box). * _____

9. Date (Please type the date of your evaluation into this box). * _____

10. Resident Signature and Date: _____

11. Program Director Signature and Date: _____

Faculty Evaluation of a Resident - Vascular Surgery NEW

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attendings, residents and other members of the team*

☐ No
☐ Yes

2. Comments (if needed): _____

	0	1	2	3	4	5
3. Perform comprehensive history and physical exam for the vascular surgery patient.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
4. Interpret appropriate diagnostic studies including non-invasive vascular studies.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
5. Interpret appropriate diagnostic studies including hematology, blood chemistries, and coagulation studies.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
6. Perform adequate perioperative paperwork, ensure patients are properly managed preoperatively and postoperatively, order appropriate labs when indicated.*	☐ Not Applicable	☐ Demonstrates inadequate knowledge of the task	☐ Demonstrates adequate knowledge, but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently

7. Additional Comments. * _____

8. Evaluator Signature (Please type your name into this box): * _____

9. Date (Please type the date of your evaluation into this box): * _____

10. Resident Signature and Date: _____

11. Program Director Signature and Date: _____

Faculty Evaluation of a Resident - Wound Care

Evaluator: _____

Evaluation of: _____

Date: _____

	No	Yes
1. Interacts well and appropriately with attendings, residents, and other members of the team*	☐	☐

2. Comments (if needed): _____

	Never	Rarely	Sometimes	Often	Always
	1	2	3	4	5
3. Understands basic wound care classifications*	☐ N/A	☐ Never	☐ Sometimes	☐ Most Times	☐ Always

	0	1	2	3	4	5
4. Differentiate and understand treatment principles for difficult types of wounds (arterial, venous, deculitis, and neuropathic*	☐ Not applicable	☐ 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
5. Perform wound debridement*	☐ Not applicable	☐ 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
6. Interpret radiology and vascular studies for the wound care patient*	☐ Not applicable	☐ 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
7. Understand principle of hyperbaric oxygen treatment, wound vacs, and total contact cast therapy*	☐ Not applicable	☐ 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

8. Comments: * _____

9. Evaluator Signature (Please type your name into this box): * _____

10. Date (Please type the date of your evaluation into this box) * _____

11. Resident Signature and Date: _____

Faculty Evaluation of Resident - Dermatology Updated

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attendings, residents, and other members of the team*

☐ Yes
☐ No

2. Comments (if needed): _____

	0	1	2	3	4	5
3. Perform a problem focused history and physical examination for the dermatology patient and present the patient in a verbal format.	☐ Not applicable	☐ 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
4. Discuss the pathophysiology and treatment of common dermatology conditions affecting the lower extremity.	☐ Not applicable	☐ 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
5. Understand different biopsy techniques and their application. Understand when some techniques are indicated over others	☐ Not applicable	☐ 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

	0	1	2	3	4	5
6. Understand pathophysiology and typical treatments for basal cell carcinoma, squamous cell carcinoma and melanoma. Understand basic staging.	☐ Not applicable	☐ Demonstrates inadequate knowledge	☐ Demonstrate knowledge but is unable to perform	☐ Performs only with constant direction	☐ Performs with minimal direction	☐ Performs the entire task independently
7. Understand topical corticosteroid indications, strengths, and side effects in common dermatology conditions.	☐ Not applicable	☐ 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

8. Additional Comments _____

9. Evaluator Signature (Please type your name into this box) * _____

10. Date (Please type the date of your evaluation into this box). * _____

11. Resident Signature and Date: _____

Faculty Evaluation of Resident - Infectious Diseases NEW

Evaluator: _____

Evaluation of: _____

Date: _____

1. Interacts well and appropriately with attendings, residents, and other members of the team*

☐ Yes
☐ No

2. Comments (if needed): _____

	0	1	2	3	4	5
3. Perform a comprehensive history and physical with special emphasis on the infectious disease process. Present the patient in a verbal format.*	☐ Not applicable	☐ 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
4. Interpret diagnostic techniques associated with infectious disease. Interpret appropriate radiology and lab studies.*	☐ Not applicable	☐ 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
5. Develop a treatment plan specific to the disease process*	☐ Not applicable	☐ 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
6. Understand the uses, indications, and potential complications of pharmacological agents specific to infectious disease. Be familiar with the empiric antibiotics used in musculoskeletal infections*	☐ Not applicable	☐ 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
7. Demonstrate understanding in the area of clinical microbiology, such as bacteriology, mycology, virology, and parasitology.*	☐ Not applicable	☐ 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

	0	1	2	3	4	5
8. Understand antibiotic usage, indications, drug resistance, and potential complications	☐	☐	☐	☐	☐	☐

9. Additional Comments _____

10. Evaluator Signature (please type your name into this box): * _____

11. Date (Please type the date of your evaluation into this box): * _____

12. Resident Signature and Date: _____

13. Program Director Signature and Date: _____

REQUIREMENTS FOR RESIDENCY

- Residents *are required* to maintain a satisfactory level of scholarship, performance, and competence. Residents are required to be graduates of a podiatric medical college approved by the *Council on Podiatric Medical Education of the American Podiatric Medical Association*. Residents are expected to be worthy in character, manner, and ethical conduct.

- Appointees to the Residency *must be eligible for and obtain* a training certificate for the first year of residency and a permanent license to practice podiatric medicine in the State of Ohio by the second year.

PHYSICAL FACILITIES

The hospital shall provide a physical plant, free from hazards and properly equipped to provide a postgraduate training program. These facilities include a library, pathology laboratory, and related clinical facilities and personnel to meet the requirements of the *Council on Podiatric Medical Education of the American Podiatric Medical Association.*

THE PODIATRY STAFF

The podiatry staff consists of those men and women privileged to work in the hospital, as defined by the By-Laws and in accordance with The Ohio State University Medical Center, the Council on Education, and Council on Hospital Podiatry Services of the American Podiatric Medical Association. *The program for podiatric residents is supervised by the Graduate Medical Education Department; in conjunction with the Department of Orthopaedics.* The Ohio State University Podiatry Staff participate in teaching the Podiatric Resident. The specific areas of responsibilities are assigned to represent all areas of the clinical and surgical podiatric practice.

PROGRAM

Education

Since this is the primary purpose of the Residency Program, residents are encouraged to attend all scientific and professional meetings sponsored by the various departments and committees of the hospital when it is possible. These required professional educational programs shall be posted and the residents shall attend when so notified. Attendance is required at all rounds made by heads of departments on the assigned services, all teaching conferences, all clinical pathological conferences, emergency and disaster planning, tissue, tumor, professional board and mortality review committees as well as staff and departmental meetings.

The resident will attend Orthopaedic Grand Rounds, Journal Clubs, Fracture Conferences, and Teaching Conferences when appropriate and possible.

- In addition, the resident **must** attend podiatric specific educational programs including shared conferences with Grant Hospital, podiatric journal club, anatomy lab, board review and case presentation sessions.

Parking, Meals, Lab Coats, Recreation

These amenities will be the same as all Ohio State University residents as defined in the uniform Resident Agreement. Salary and benefits information follows in this manual.

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 functions and administration of the hospital podiatry department. The Department of Orthopaedics will have an orientation period specific to the Orthopaedic and Podiatric Resident and The Ohio State Medical Center will have a general orientation for all program residents.

Duties and Responsibilities

1. The Resident must be familiar with and abide by the rules and regulations of the hospital staff, departments, and committees.

2. Resident shall report as a member of the house staff on an assigned date or before June 30th to the Residency Program Director of the hospital and begin duties on July 1st.

3. 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.

    a. Members of the resident staff are expected to abide by the policies of the hospital and to be cooperative, well groomed, and professional at all times.

    b. Cooperate in the conservation of supplies.

    c. Be alert to the paging system. If during duty hours you are going to be where you cannot hear the paging system, notify the operator. Each resident will be issued a pager.

    d. Residents are not to accept fees or gratuities from patients, their relatives, or friends. You will not, of course, practice your profession or assist any physician outside the hospital except by special assignment or permission for educational purposes, which will only be granted through the Program Director and the Director of Graduate Medical Education after appropriate affiliation agreements have been prepared.

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

    f. Smoking in the hospital is prohibited.

    g. Visit each of your patients 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 of the case. Residents should try to conduct rounds each day with the attending physician so that they may be cognizant of the condition of the patient and have a better understanding of the form and mode of treatment which is being employed.

    h. Provide complete privacy for each patient during dressings and examinations in which he/she might be exposed. Curtains are furnished in the multiple-bed rooms.

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

    j. Do not prop feet on beds, desks, or chairs.

    k. Protect your patient by refusing information about him/her to lawyers, insurance companies, and press unless he/she specified that he/she wishes to see them. Refer such inquiries to the Risk Management Office.

l. Refer any questions about your patient's financial arrangements to the business office.

m. Refer any request for extra visiting privileges to the Charge Nurse on the floor, request for transfer to other accommodations to the Admitting Office, and inquiry about discharge from the hospital to the patient's attending physician.

n. Report promptly on the Incident Report form any unusual occurrences in the hospital such as accidents, fire, or a disturbed patient.

o. Guard against unnecessary or unwise comments in the presence of a patient coming out from anesthesia or from alcoholic or other stupor. Patients sometimes hear and remember surprisingly well.

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

q. The resident may make long distance telephone calls if they pertain to the residency program and prior approval is obtained from the Program Director, the Residency Coordinator, and/or the hospital administrator. Personal long distance calls may be made but must be charged to a credit card or a third party number.

r. The resident may use hospital duplicating equipment to copy articles and periodicals, lectures for staff or as it pertains to the residency program.

s. The resident will not order materials, supplies, or surgical equipment directly from outside vendors. Request for additional surgical equipment should be made through the program director

t. A voice dictation system will be offered for assistance in research projects, etc.

u. The Resident is under the supervision of the Program Director.

Dress Code

Long white lab coats and ID Badges are to be worn on duty at all times. Lab coats must be kept as clean as possible. If unduly soiled through the normal wear of working, residents are required to change linen, and must present a well-groomed appearance at all times. Surgical scrubs – pants and shirts – shall not be worn by the resident off the hospital area, but may be worn when on the floor or making rounds. Only those residents assigned to the surgical service are permitted

to wear surgical scrubs while performing their duties. A lab coat must also be worn over the scrubs.

Hours of Duty

The Resident is required to be on call from home 24 hours a day during the assigned time of call duty. The call schedule will be published by the residency coordinator. The call schedule can and may change according to coverage needs. The first year resident will be on call according to the protocol of the assigned rotation; this will in some cases require in-house call.

The Resident will be excused from his/her official duties only:

1) While attending an **approved** meeting, conference, seminar, etc.

2) While absent due to illness. The resident will notify the residency coordinator and chief resident of any absence due to illness.

3) While observing or participating in a special **approved** orthopedic or podiatric surgery. The Program Director plus the attending physician at the specific rotation will be notified prior to missing the rotation. The resident should attempt to make up any missed rotations or duties upon his/her return to the hospital.

The Resident may be notified and is to report for all emergency department cases involving the lower extremity.

Hours on duty shall include those listed on the resident's schedule. Leave at times other than specified above may be granted under reasonable circumstances by the Program Director. This permission for leave is made in writing.

The duty hours requirements/rules from the CPME are included on the following pages. You are responsible for knowing and following these duty hours rules/restrictions.

Relation of Resident to Faculty & Staff

The resident will accompany members of the staff, when possible, while they are making rounds. The resident will make careful notes of orders given by the staff. The resident cannot change the treatment without the permission of the staff members.

Supervision, control, and discipline of the resident are vested in the Program Director. Disagreement or criticism of any member of the nursing staff must be discussed with the Program Director who will take any necessary action. Questions or criticisms relating to general hospital operation or personnel may be brought to the Program Director who may discuss them with the hospital administration. Those questions relating to the podiatry residency program will be discussed with the Program Director.

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

Cooperate in every way possible and maintain friendly relations with all professional services, administrative departments, and other hospital personnel. You have no disciplinary jurisdiction over nurses and other hospital employees. If any personnel difficulties arise, talk them over with the Program Director. All formal complaints are to be in writing.

Remember, always, that the attending physician is in full charge of his/her patient. Inform him/her promptly of any major change in the patient's condition. Work closely and conscientiously under his/her direction and let him/her know that you want to learn from him.

All complaints must be in writing and will be considered by the Program Director and the Director of Graduate Medical Education. The mechanism for appeal in the event of a grievance follows is outlined in the Resident Agreement.

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

Resident's Surgery Logs and Daily Log

Residents are required to keep daily logs as described below. The surgical log is available on disk and copies of the daily activity log and summary sheet follow in this manual. The Residents will:

1. Maintain a surgical log- containing patient's name, hospital number, procedures performed, date of operations, level of participation and attendings' name. *(JRRC 651)* The resident will be given a ledger book to affix adhesive patient labels for each surgery.

2. Maintain a log of daily activities. *(JRRC 650)*

3. Surgical and activity logs must be updated ***by the 10th day of the following month.***

CURRICULUM

The PGY1 year is spent on rotations in medicine and general surgery. The following rotations take place during the PGY1 year.

PGY1 Year
- Family Medicine In-Patient
- Family Medicine Out-Patient
- Behavioral Medicine
- Endocrinology
- Medical Imaging
- Rheumatology
- Pathology
- Anesthesiology
- Vascular Surgery
- Trauma Surgery

During the PGY2 and PGY3 years, the Podiatry Resident will rotate through podiatric surgery at The Ohio State University Medical Centers under the direction of participating podiatric surgeons

PGY2 and PGY3 Years
- Podiatric Surgery – PGY2 and PGY3
- Podiatric Clinic/Office – PGY2 and PGY3
- Podiatric Clinic/Wound Care Center – PGY2 and PGY3
- Infectious Diseases – PGY2
- Dermatology – PGY2
- Emergency Medicine – PGY3
- Orthopaedic Trauma – PGY 3
- Plastic Surgery or Burn – PGY3

RULES AND REGULATIONS REGARDING ROTATIONS

- All Residents will follow the prescribed residency program schedule.
- All Residents will report to their designated assignments at the prescribed time.
- All unexcused absences may be made up during or at the end of the program before certification of completion of the prescribed program can be made.
- Rotations will be mandatory.
- Arrangements for any departure from the schedule with the person to whom you report and from whom you take your assignments must be made, ***after*** first being approved by the Program Director.

ROTATIONS

Rotation schedules follow in this manual. The rotations are designed to give the resident in the Residency Program experiences and responsibility in the management of patients and recognition and understanding of clinical entities (this will have reference particularly to the field of foot surgery, but will also refer to all related medical and surgical areas). The residents will be given an educational program on the postgraduate level which will emphasize the basic and clinical sciences. Instruction will be provided primarily by the medical, surgical, and podiatric staff of *The Ohio State University Wexner Medical Center.* **Rotation Schedules are Subject To Change.**

Evaluations

Policy on Evaluation of Trainees:

Rotation Evaluations

- Each resident shall receive an evaluation for each rotation performed. Written comments from attending's as well as suggestions for improvement are an integral part of the rotation evaluation form. Each resident has the opportunity to discuss his/her evaluation with the attending and/or with the Program Director. All evaluations are kept in the resident's permanent file. Evaluation forms correspond to the Goals and objectives are year-in-training specific.
- A set of core competencies for each rotation has been established. Evaluation forms for each rotation correspond to the competencies for that rotation. Residents are able to see each evaluation via the E-Value system at any time.

Mid-Year Review

- Residents shall receive from the Program Director or designee a formal, written evaluation twice each year. The evaluation shall be reviewed and discussed with the resident and retained in his/her file. The written evaluation shall be accessible to the Resident upon request. The Program Director may conduct and record more frequent evaluations as needed.

Final Evaluation Summary

- Each resident at the completion of his/her training will be given a final evaluation. This evaluation will be done by the Program Director. The evaluation will be done in the final month of residency training and will be discussed with the resident prior to his/her graduation. The evaluation will contain the following information:

    - Medical School History
    - Summary of all rotation evaluations/mid-year reviews
    - Character/personality/leadership qualities
    - Strengths and weaknesses
    - Technical/clinical abilities
    - Future job plans
    - Summary of resident potential/recommendation

Policy on Evaluation of Program

Educational Effectiveness of the Program

- It is the obligation of each resident to evaluate the educational effectiveness of the resident program and this is accomplished by summarizing the resident's evaluation of each rotation, including faculty.
- Each resident is required to complete a rotation evaluation form. A copy follows, at the end of each rotation, and for each faculty member in the rotation.

RESIDENT CASE LOGS

Logging one's activities is an essential part of any training program. Historically, timely completion of paperwork has been a source of frustration for the physicians-in-training, as well as trainers and institutional personnel. We all tend to procrastinate with paperwork. It is an essential part of practice in the future to adequately document one's clinical behavior. It is a principal adopted by medicare, third party carriers, as well as they legal profession that ***"if it is not documented, it did not happen."*** To avoid frustration at the end of the year and to enhance the satisfaction within a training program, assertive posture will be taken to assure all parties that timely logging of clinical activities will take place.

It is important to realize the essential nature of logging. The principal objectives for this are:

1. To document to certifying agencies that the resident has accomplished significant amount of clinical exposure and expertise to be graduated, certified, or credentialed.

2. To document for the Department of Graduate Medical Education, residency program director, and trainers that the educational program is serving their individual educational goals and providing the trainee with adequate opportunity to learn. Outside inspection agencies, namely the residency review committee of the Council on Podiatric Medical Education, do, in the normal course of their review process, examine trainee logs.

3. To document experience for the purpose of applying for hospital privileges in the future. *This point is the most important and concrete for the individual trainee. It is your personal future!* Do not assume that by doing rotations at any particular institution that privileges will automatically flow so logs need not be kept. Documentation is frequently important when providing letters of reference for future training programs and/or when applying for staff privileges. Frequently, individuals relocate on several occasions, and each new institution requires documentation of prior experiences.

   Points to remember:

   1. The responsibility of logging lies exclusively on the shoulders of the individual trainee.

   2. Log entries should be easily verifiable. It is in a normal course of the residency program inspection for an inspector to request records. Charts are pulled for verification that the trainee participated in the care of a patient. Therefore, the logs should include some evidence of the level of involvement in the case. The medical record as well should reflect some documentation of participation. Therefore, if multiple people are attending a particular patient on a day that all parties contribute to the care, it should be noted.

3. The responsibility for archiving the logs falls primarily on the shoulders of the trainee. The fact that the original copies are handed to the Department of Graduate Medical Education should not give the trainee a false sense of security that the documentation is safely stowed away. Records' catastrophes do happen. It is, therefore, strongly emphasized that all logs and records be copied and copies be retained in the trainee's personal possession. Photocopies are your personal insurance policy!

Policy Statement

To underscore the importance of this activity and to insure timely compliance, the policy on log and evaluation completion will be on the same basis as any medical record within the hospital. The educational objective here exceeds assuring mechanical compliance with submitting logs. It is designed to encourage a physician early in his/her career the ability to follow through with the medical record in a timely manner. This is a shared expectation of all institutions with which a resident will be involved so it is appropriate to establish good habits from the beginning.

1. Logs and preceptor evaluations are expected updated by the 10th day of the following month.

2. If logs are not completed in this timely manner, suspension of the educational program will immediately take place.

3. Any unapproved time lost from the educational program will be then made up with compensatory time at the end of the educational program. A reminder that suspension also means that time off is not compensable time. Adjustments will be made on the next pay check.

Responsibility

The resident is responsible directly to the Program Director. The resident's actions are governed by the rules and regulations stated in this manual and in the general policies and procedures of The Ohio State University Medical Center.

Any questions or problems concerning the resident, whether they are from the podiatric, medical, administrative, or nursing staff, should be brought to the attention of the Program Director.

Licensure Requirements, DEA, Malpractice Coverage

Residents must take and pass the PMLexis. Residents must apply for and obtain a training certificate for the first year of training and apply for an Ohio license by the second year of training. Institutional licenses, DEA and malpractice coverage are provided by The Ohio State University and ***will only be honored while the resident is performing duties relating to the residency program at The Ohio State University***. Any activities outside of the residency program (i.e. moonlighting) will not be covered. It is the policy of the Department of Orthopaedics to discourage any moonlighting (see moonlighting policy in this handbook).

SOCIAL AND ATHLETIC ACTIVITIES OF RESIDENTS

Residents are cordially welcome and encouraged to participate in social and athletic activities sponsored by The Ohio State University Hospital when it does not interfere with the training schedule.

TEACHING CONFERENCE, MEETINGS, LECTURE SERIES, JOURNAL CLUB

Ø Quarterly meetings will be held between the residents and the Program Director to evaluate the resident's performance and to evaluate the training program. The evaluation will be based on input from the attending podiatric staff, hospital administrator, and department heads. What a resident learns during the course of the Program results from a collective effort of the teaching staff, the educational opportunities provided, and the resident's own desire to learn. It should be understood by the teaching staff and residents alike that the acquisition of knowledge is ultimately the resident's responsibility. The attending staff is encouraged to be a facilitator primarily, and a source of knowledge secondarily. Demonstration and evaluation of competency are prime considerations of the institution as well as accrediting bodies of the program.

Ø Meetings will be held between the residents, Program Director, and faculty members for purposes of curriculum development and evaluation. Meetings will be regular scheduled and held every Tuesday morning from 6:00 and 8:00am. Every resident is expected to attend these didactic meetings. If a resident is unable to attend secondary to demands placed on them by an outside rotation he or she must notify the program director of this. Outside rotation responsibilities may take precedence over these didactic meetings at times.

Ø The podiatric resident is required to attend all appropriate lectures and conferences conducted by the various hospital departments and to participate whenever a podiatric case is presented. If the resident is on an outside rotation, prior approval from the Program Director is required to attend.

Ø The podiatric resident is required to attend all podiatry staff and general meetings. These meetings are generally held Tuesday mornings, but may be held at other times during the week.

Ø The podiatric resident is required to attend all appropriate conferences conducted under the medical education programs. The resident will attend all appropriate in-hospital training, lectures, allopathic, osteopathic, and podiatric.

1. Journal Club for Podiatric Surgical Residency Training Program will be held monthly. The Journal club will be held on the 3rd Tuesday of the month.

2. Resident must attend and may present at weekly board review session, case studies, and/or lab sessions.

3. Resident must attend Radiology Conferences, if offered.

4. Resident must attend quarterly scheduled anatomy labs

5. Resident must attend M and M meetings

Additional Meetings / Lectures / Workshops may be added to the calendar that will require resident attendance. These additions will be posted to the calendar and announced at regular meetings.

Ø The resident may attend all local, state, and regional official podiatric seminars and meetings. Approval by the Program Director is required if this meeting takes place during scheduled duty hours.

Ø Each resident may be required to give a scientific report at staff meetings and at the Ohio Podiatric Medical Association (OPMA) meeting. Residents are to provide a schedule of assignments. Copies of all reports will be placed in the resident's hospital permanent record.

DEPARTMENT OF ORTHOPAEDICS LIBRARY

Resident Library Policy

Policy: The Department of Orthopaedics recognizes the value of access to current educational materials. Resources are available through the Prior Health Sciences Library. All residents have access with their employee credentials.

Residents are encouraged to begin a personal library for themselves as early as their first year and recognize that this needs to be a life-long commitment.

RESIDENT RESEARCH AND MEDICAL PAPERS

As part of their educational experience, all residents in the Ohio State Podiatric Residency Program are required to perform a clinical or laboratory project culminating in the presentation of that work at a regional or national conference. The project will be presented at the Mallory-Coleman Orthopaedic Research Day and/or at another conference deemed appropriate. In addition, all residents will participate in the submission and follow through on the publication of a project to a peer-reviewed journal prior to leaving the program.

It is understood that research projects take a considerable amount of time and effort from the initial IRB submission until the final approval for publication. Given that, it is encouraged that senior residents partner with junior residents on certain projects to see that these projects do get published.

Residents are encouraged to work with attending faculty on projects and use as a mentor/contributor to the project. Residents are also encouraged to participate in multiple research projects if they wish. However, at a minimum, the requirement for research is two-fold:

-Be involved from the start or contribute significantly to a clinical or laboratory project which results in presentation at a regional or national conference.

- Participate in the submission and/or editing of a paper to a peer reviewed journal and see this process through publication. Ideally residents would be named on 2 papers- the clinical or research project he/she starts and another project that he/she may complete with a senior resident (often times a senior resident may graduate before the project is published).

Resident research is treated similar to graduate students' research projects and, as such, each resident has primary responsibility for completion of his or her project. Residents are encouraged to begin their research projects as early as possible. An advisory committee consisting of core faculty will be formed to guide and assist with the project.

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

Research Advisors:

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

Resident participation in research is a driving force behind the academic productivity of the Department and is supported and encouraged to the full extent of available resources.

Research Facilities

In addition to the complete clinical facilities available at University Hospitals, a number of resources devoted specifically to research are available to orthopaedic residents.

- The ***Orthopaedic BioMaterials Laboratory***, under the direction of Alan Litsky, MD, ScD, is a 1000 square foot laboratory dedicated to the exploration of hard-tissue materials science and the development of new materials for treating musculoskeletal disorders. The laboratory is centered surrounding a MTS Bionix 858 biaxial materials testing frame which can support axial and/or torsional testing. This instrument is digitally controlled using TestStar software to maintain consistent loading parameters and to facilitate data acquisition. Recent projects include the in vitro and in vivo evaluation of reduced modulus bone cement, the development of a metal-ceramic composite material for improved implant fixation, and the exploration of shape-memory alloys for use in fracture fixation. Implant evaluation research is also conducted in the Orthopaedic BioMaterials Laboratory and has included studies in micromotion between the polyethylene liners and metal cups of a acetabular prostheses, comparative studies of various fracture fixation devices, and fatigue studies of dental implants and external fixation rings.

- Collaborative projects constitute a large and important part of the Department's research efforts. The OSU College of Veterinary Medicine is well known for its strength in veterinary orthopaedics and has numerous faculty members who work on collaborative projects with faculty and residents in the Department of Orthopaedics in the areas of total joint, fracture fixation, bone healing, and cartilage biology. An EXAKT sectioning/grinding/polishing system, purchased through a gift to the Department of Orthopaedics, is being installed in a ***Bone Histology Laboratory*** in the College of Veterinary Medicine and will be a research resource for a wide range of projects. Dr. Alicia Bertone in the Dept. of Veterinary Clinical Sciences has established a research laboratory in the area of cartilage biochemistry and continues to work closely with members of the Department of Orthopaedics.

- The musculoskeletal section of the ***Department of Radiology***, under the direction of Dr. Joseph Yu, has become closely associated with our Department. Several clinical studies have been performed with a substantial input from Dr. Yu's expertise in CT and MRI imaging of musculoskeletal tissues.

DISCIPLINE AND INFRACTIONS OF HOSPITAL POLICY OR RULES

Disciplinary Action

The employment agreement may be terminated by The Medical Director of The Ohio State University Hospitals for reasons of unsatisfactory performance or objectionable behavior. Due process is provided according to the applicable Medical Staff Bylaws. Under no circumstance will either party terminate the Employment Agreement without providing the other party an opportunity to discuss and review any dissatisfactions or grievances that may exist. An appeal process is described in the House staff Agreement (Appendix 1).

Substance Abuse

The Department of Orthopaedics and affiliated institutions are drug and alcohol free workplaces. All residents must abide by the Hospital's drug testing policy. By signing the Employment Agreement, the resident attests that he/she is not now impaired, nor does he/she abuse alcohol or other drugs.

The following rules, if broken will be penalized:

- Leaving early (before duty hours are over)
- Being late (severely or consistently)
- Leaving the hospital with no adequate reason
- Not wearing the required uniform
- Being sloppily dressed
- Lacking respect for doctors, nurses, or other hospital personnel
- Not coming in when scheduled
- Taking off days without permission
- Not attending required lectures, conferences, and meetings
- Not performing assigned duties and readings

Penalties

1. Warning, in writing, for first offense
2. Suspension for one to fifteen days, ***without pay***, with make up at the end of the year
3. Cancellation of contract

GRADUATION

The Podiatric Resident is eligible for certification and graduation upon the satisfactory completion of the training Program. During his/her residency program, the resident shall maintain satisfactory academic performance, demonstrate clinical competence and complete responsibilities as outlined by his/her Residency Training Manual. Toward the completion of the resident's thirty-sixth calendar month, the Residency Training Committee will review the resident's performance and research papers. At this time, the Residency Training Committee will or will not recommend that the resident graduate from his/her training program.

Certification of completion of the Residency will be made by an approval vote from the active podiatric staff, Director of Medical Education, the Board of Trustees of the Hospital. With the approval of the above mentioned groups, the Program Director of Residency Training will have cause to issue to the resident a certification of diploma evidencing the completion of the residency in the hospital. A copy of the certificate follows in this manual.

With the unsatisfactory recommendation by the Residency Training Committee and a similar vote by the above mentioned groups, the resident will meet with the Residency Training Committee to determine what must be done to complete the resident graduate requirements. Appropriate appeal procedures will be made available as stated in Medical Education Departments Policies & Procedures, should the need arise.

HOUSESTAFF SALARIES/BENEFITS

Salaries are determined through the office of the Medical Director. In general, salaries increase approximately 3-4% per year with advancement up to the PGY-7 year. Salaries are subject to changes yearly. Increments in salaries are made upon satisfactory advancement to the next primary level and may be modified by the Medical Director's office.

House Officer Salaries

2022 - 2023:

PGY1:	$61,141
PGY2:	$62,982
PGY3:	$64,996

BENEFITS:

The following benefits are provided to limited staff (residents)

Provided by Department:

- □ 3 Weeks paid vacation
- □ One week professional leave with pay for attendance at a National or International conference
- □ Reimbursement for attendance at above conference

Provided by Medical Center/OSU

- □ **Comprehensive medical, dental and vision coverage**. Limited medical staff members are eligible for enrollment in one of several University-sponsored health insurance plans including single and dependent coverage. Prescription drug coverage is included in all plans. Coverage, deductibles and co-payments vary by plan
- □ **Disability coverage**. Limited medical staff receive prepaid long-term disability income insurance with benefits of $2000 per month in case of total and/or residual disability lasting beyond 90 days . The contact has portability features upon completion of training.
- □ **Worker's Compensation.** Worker's compensation is prepaid providing 100% of all medical expenses and for a percentage of wage-loss, which results from job-related injuries or occupational diseases.
- □ **Life Insurance**. Limited medical staff members are automatically entitled to prepaid term life insurance in the amount of 2 ½ times their annual stipend, plus accidental death and dismemberment benefits. Dependents are eligible for enrollment in optional dependent group life plans. A variety of plans with varying premiums and limits of coverage are available.
- □ **Malpractice Insurance**. The University administers a self-indemnification insurance program. All residents are covered for their activities within the scope of the duties and responsibilities of the training program. It is an occurrence policy. Coverage is at least $1 million per occurrence and $3 million annual aggregate.
- □ **Sick Leave**. Limited medical staff begins accruing sick leave benefit hours upon employment. This benefit gives the resident full pay for up to the total number of hours accrued. Full-time employees accrue 10 hours per month of service.
- □ **Paternal Leave.** For the birth of a child, birth mothers are provide with six weeks maternity leave to be paid from accumulated sick leave and/or accumulated vacation. Birth fathers or

domestic partners (as defined in the University Policies) are provided with three weeks of paternity leave to be paid from accumulated sick leave and/or accumulated vacation. If maternity or paternity leave is taken beyond the sum of accumulated sick leave and vacation, it will be unpaid leave. Additional leave is available if individuals are eligible for Family Medical Leave. Notice of pregnancy should occur in the first trimester, to ensure proper scheduling and receipt of benefits. Because the length of the leave may impact the amount of time allowed away from a training program by a certifying board, the program director may use vacation, sick leave, personal days, or conference leave to accomplish completion of the training requirements training period. No moonlighting is permitted during maternity or paternity leave

- □ **Retirement Benefits.** Are provided through the State of Ohio Teachers Retirement System (STRS) or through one of the Alternative Retirement Program (ARP) plans available. Contribution rates can vary from year to year based on program policies. For more information on the STRS and/or the ARP program, contact Human Resources.
- □ **Flexible spending accounts**. Can be used for additional health care expenses for employee or dependent. Can also be used for child care expenses
- □ **On-Call Facilities**. Residents on call are provided with access to the vending, lounge, and study facilities. Individual call rooms include televisions, bathrooms and computers in each room, as well as 24 hour access to linens and towels.
- □ **On-Call Meals.** A stipend of $50 per month is added to each resident's paycheck to pay for on-call meals. Residents may sign up for payroll deduct for meal purchases at the hospital cafeteria and giftshop. Additionally, evening snacks (i.e.pizza) are provided on Friday, Saturday, and Sunday nights.
- □ **Lab Coats and Laundering**. Two white lab coats with the OSU insignia are provided per year. Scrubs are also provided free of charge by the medical center. There is free laundry service for all work-related clothing located in the Arboretum in Doan Hall.
- □ **Parking**. Limited medical staff members have the right to purchase faculty "A" parking permits for use in hospital garages.
- □ **Library and Learning Resources**. The Prior Health Sciences library is located next to the hospital. Overall, the Ohio State University has 27 libraries. The medical center houses a learning center for residents with PC's, laser printers, and free access to the internet.
- □ **Counseling and Support**. The OSU Medical Center provides opportunities for counseling and consultation referral related to personal problems arising out of the trainee's participation in the program. The University Staff and Faculty Assistance Program provides a confidential avenue for the discussion and resolution of personal problems. Residents are also eligible to utilize the confidential services of the Medical Staff Committee for Physician Health, as well as the Employee Assistance Program.
- □ **Recreation.** Many athletic facilities and individual, team, and tournament sports are available across the campus

Additional Policies

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Medicare Compliance Training

In order to satisfy institutional Medicare requirements, The Ohio State University Medical Center Compliance Office requires each resident to complete 3 Mandatory, and 7 Self-Selected modules by their graduating year.

These sessions are done on-line via the GME Competency Education Program through the AMA.

Residents who are graduating are required to complete the courses by May 1. Residency certificates will not be signed until completion of these modules is verified by the Compliance Office.

The residency coordinator will notify all residents via e-mail when they have been added to the AMA site and may begin completing the modules.

Policy and Procedure on Industry-Supported and Resident Travel

First things first…

Procedures for residents to attend these types of courses/conferences vary depending upon the company that is supporting it. General procedures are below, but you must first check with the program manager before making any plans to attend one of these. Specific procedures will be communicated to you at that time.

In accordance with OSU's vendor policy, companies such as Stryker, DePuy, Zimmer, Synthes, Smith & Nephew, etc are not permitted to pay directly for any resident to attend any of their courses or conferences. They are also not permitted to pay directly for you to go to any third-party course/conference with which they are not formally affiliated. Bottom line- There is no direct payment by industry for ANYTHING.

We, as a department, recognize the value of these conferences and wish to allow our residents to attend them. However, we must follow strict medical center guidelines in order to make this happen. To accomplish this,

1. Resident may first speak with the local company representative to express interest in attending one of their courses/conferences

2. Resident must then contact the program manager before making any travel plans or registering for any of these types of courses. Resident is also asked to have the local company representative contact the program manager to discuss request

3. Our department must work with the commercial representative to procure an educational grant from the company.

4. Funds from that educational grant are received and deposited into our department accounts

5. A travel request is initiated **prior to the travel** by our department **through the internal system**

6. Resident attends course and brings receipts to our department
   We will not reimburse any travel that does not have a prior Tnumber in place.

7. Resident is reimbursed through OSU travel system, under OSU travel policy, reimbursement is direct deposited for resident
   Note! Resident will not be reimbursed until funds are received by our department from the company providing the grant.

8. Residents must remember that vacation and/or conference days must be used in order to attend these courses/conferences. Attending these does not constitute "free days". Attendance will be tracked. Leave days are limited to 20 per year (15 vacation, 5 conference)

Take home point is that you are being reimbursed by OSU, not by the company that provided the grant; Therefore, OSU travel policies apply. OSU travel policies are strict and departments are regularly and randomly audited for compliance. Our department is no exception, so we must ensure we have 100% compliance in regard to OSU travel policies regarding travel reimbursement procedures, reasonable reimbursement amounts, etc.

A few points regarding OSU travel policy are below. Everyone will be reminded via email of travel policies throughout the year. It is in your best interest to actually read this info. Failure to read and adhere to this info could result in receipts being denied by the travel office and the possibility that you may not be reimbursed the same amount that you spent.

1. You are required to stay at the hotel in which the conference takes place or the nearest hotel. If the conference hotel is full, you must provide an explanation of that and attempt to get the same rate that the conference hotel offers

2. Hotel rates must be reasonable. There is a federal daily limit on hotel rates. This rate differs for each city. If you choose to stay somewhere other than the conference hotel, the federal maximum hotel rate will apply and that is the rate you will be reimbursed. Please contact me for the federal maximum hotel rate. Take home point here is to make your reservations very early so you can make sure you get in the conference hotel. The federal rate may be lower that what you paid!

3. If you find a hotel that is cheaper, you are certainly permitted to book that hotel, however, it must be close enough to the conference hotel that you do not incur extra transportation fees, such as excessive cab fares or the need for a rental car.

4. **Transportation (Airfare, Rental Cars, and Personal Vehicles)**

   Flights:

   ALL flights for business travel **MUST** be booked through the OSU travel partner, CTP. OSU employee travelers will **NOT** be reimbursed for any flights booked outside of CTP.

   Please contact the residency program office to book flights through our travel partner, CTP. Note that this new procedure will not require you to pay up front for flight costs and then wait to be reimbursed.

   Any flight not made through the travel agent will **NOT** be reimbursed.

5. **Rental Cars:**

   University policy states that you can rent a car only when it is absolutely necessary. For example, if your conference is at the same hotel that you are staying at, then you don't need to rent a car.

   ALL car rentals must be arranged through the travel agent, PRIOR TO the trip. Please contact the residency program office to book a rental car.

Any rental cars not booked with the travel agent will **NOT** be reimbursed

When picking up the car, if you are asked about damage waivers, please note that you **MUST** accept the Damage Waiver (DW)/Collision Damage Waiver (CDW)/Loss Damage Waiver (LDW) and liability insurance.

Residents are permitted to use their own vehicles to drive to conference locations. You are permitted to give me a total of miles traveled which will be checked against mileage estimates from sources such as Mapquest. You will be reimbursed at the current federal mileage reimbursement rate. However, you will only be reimbursed up to the amount of the lowest published airfare for the dates you traveled. If you choose to drive instead of fly, you must notify me as soon as you register for the conference. I am required to then document the price of an airline ticket as of that day. That amount must be submitted to the travel office and that amount is the maximum that you will be reimbursed for mileage.

Other Travel Expenses

These expenses include such items as airport parking, cab/uber rides, gas for rental cars, etc. **Original receipts** that show the method of payment must be given to the residency coordinator in order for the traveler to be reimbursed.

6. The department will **NOT** reimburse incidental costs; such as Mini-Bar use, videos or any other entertainment expenses. Any room service charges to the room will be removed for reimbursement, as you are getting per-diem for that. For additional lists of non-reimbursable expenses, please refer to the OSU Travel policy.

7. Additionally, food reimbursement will be reimbursed at the government's per diem rate; **No food receipts are needed for reimbursement.**

Traveling in Groups

Note that if there are more than one of you going to a particular conference and you share expenses, I am required to put the travel reimbursement forms for all "sharers" in together. Example, resident A and resident B share a room and each want reimbursed half. Resident A gives me all of his receipts right away, but resident B doesn't get them in for another three weeks. Resident A's reimbursement cannot be put in until resident B has his receipts in, thus resident A's reimbursement is delayed and resident A may be angry!

Deadlines for getting travel receipts to me

Travel reimbursement closes sixty days after return from the trip. What that means to you is that if you don't get your receipts to me in enough time to send them in within **60 days of your trip**, you will not be reimbursed. There are no exceptions to this

one, not even by the Dean. If all documentation submitted to me is thorough and correct, you will receive your reimbursement directly into your bank account within approximately 5-10 days.

Please note that "reasonable" rates are set by the federal government in some instances, but are also at the discretion of the travel office. Also note that it is up to the department's discretion to decide whether certain travel expenditures are reasonable and <u>NOT the company's rep</u>. Therefore, although the company rep may tell you that *THEY* will reimburse our department up to a certain amount for the flight/hotel/food, etc, that may not be the same amount that we, as a department under OSU travel policy, may reimburse you (For example, the rep tells you that his company can pay up to $250 a night for a hotel, but OSU travel policy only allows us to pay up to $200 a night for a hotel).

The Ohio State University Medical Center

GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE

Policy: RESIDENT DUE PROCESS POLICY
Effective: 11/28/01
Revised: 6/28/06, 12/17/03
In this policy, the term "resident" includes all interns, residents and fellows in GME training programs.

Procedure:
The purpose of the policy is to describe the Graduate Medical Education due process and to establish appeals/grievance procedures consistent with the principles of due process related to both evaluations and academic/administrative adverse actions. These procedures provide guidance for the fair resolution of disputes regarding the resident's performance and conduct.

I. General Guidelines:

A. Promotion and re-appointment of a resident as well as completion of a training program is contingent upon the resident's satisfactory performance in meeting knowledge, performance and behavior standards and expectations as set by the institution and program within various program, institutional and University policies, and the annual Limited Staff Agreement.

B. If a resident does not satisfactorily meet the standards and expectations, the resident may be subject to a variety of adverse actions as outlined in the policy entitled "Academic and Administrative Adverse Actions."

II. Challenging a Performance Evaluation:

A. The resident has the right to challenge the accuracy of a written or electronic evaluation of his/her performance.

B. As a first step, the resident should meet with the Program Director to discuss the evaluation. The resident should present their concerns with the evaluation in as objective a manner as possible. For example, a concern may be that the faculty member did not have sufficient exposure to the resident during the evaluation period to form an objective opinion or complete an evaluation.

C. As a result of that conversation, the Program Director may decide:

1. to uphold the evaluation and include it in the resident's record
2. may decide to not act on the evaluation at that time but to keep it in the resident's record for future reference
3. may decide to not act on the evaluation and to purge it from the resident's record.

D. The Program Director should document the date of the meeting, the stated reasons that the resident is challenging the evaluation, and their final

decision regarding the disposition of the complaint in a memo in the resident's file for future reference.

E. If the resident's concerns about the evaluation are not satisfactorily resolved after talking with the Program Director, the resident may choose to meet with the program education committee and or housestaff competency committee to present rebuttal evidence.
   1. The committee shall hear the resident's concerns and provide direction back to the Program Director regarding the disposition of the evaluation.
   2. After receiving the input of the committee, the Program Director will make a final decision on the disposition of the evaluation.
   3. This final decision should be documented in the resident's file.

III. Appealing an Adverse Action:

A. The appeals process for adverse academic and administrative actions taken under the policy entitled "Academic and Administrative Adverse Actions" are dealt with in this policy. The appeals process for adverse actions taken under the Medical Staff Bylaws is defined in the Medical Staff Bylaws.

B. Academic adverse actions are defined in the "Academic and Administrative Adverse Actions" policy to include the following:

   1) Focused review that does not extend the length of the training. This action is not eligible for appeal under any circumstances.
   2) Focused review that does extend the length of training.
   3) Probation
   4) Suspension
   5) Non-promotion
   6) Non-renewal
   7) Termination

C. An appeal of an adverse action must be made in writing by the Resident to the Program Director within fourteen days after receipt of the written notice of the adverse action. If the Resident does not make a timely appeal, the decision of the Program Director regarding the adverse action is final and adverse action will be implemented.

D. If a Resident or Fellow is enrolled in the combined program for Internal Medicine/Pediatrics, the due process and appeals procedures for academic-related adverse actions will be those delineated in the guidelines, handbook or policies of the training program that take into account the oversight of the faculty from both OSU and Children's. This will ensure that appropriate due process occurs and will ensure that there is not duplication of processes in both institutions.

E. If an appeal is made, an appeal committee will be appointed by the Associate Dean for GME. The composition of the appeal committee will be as follows:

1) The Associate Dean for GME will function as the chair of the appeal committee.
2) Three program directors not from the clinical department of the program in question (preferably members of the GME Committee).
3) One resident not from the clinical department of the program in question (preferably a member of the Residents Advisory Council).
4) Individuals selected to be on the appeal committee should not have first-hand knowledge of the resident's performance (e.g., appeal committee members should not have directly supervised or been supervised by the resident in the past).

F. The basis of the resident's appeal may include, but not be limited to, one of the following concerns:
1) The Program Director did not follow appropriate procedures in the consideration of the original adverse action decision.

G. The appeal committee will function using the following procedures:
1) The appeal committee will meet within **fourteen days** of the receipt of the written appeal.
2) The appeal committee meeting will be scheduled to provide sufficient time for the committee members to receive the information necessary to make a final decision regarding the appeal. If a majority of committee members feel that additional time is necessary to either gather additional information or to deliberate, an additional meeting will be scheduled by the chair.
3) A complete copy of the resident's evaluation file and the written notification of the adverse action should be supplied to the appeal committee in advance of the committee meeting.
4) The recommendation of the program education committee or housestaff competency committee to the Program Director regarding the original adverse action shall be presented to the appeal committee.
5) During an appeal hearing, the Resident may submit written or oral evidence in support of an appeal, may call others with substantive knowledge of the case to present evidence, and may choose to be represented by a member of the teaching faculty acting as an advocate for the Resident.

6) The Program Director may also submit additional written or oral evidence beyond items (3) and (4) above and may call others with substantive knowledge of the case to present evidence in support of the adverse action.
7) The hearing is not controlled by legal rules of evidence nor procedure. No formal transcript of appeal committee meeting is required. Neither party may be represented by legal counsel at the hearing.
8) While the resident is presenting his/her case, the Program Director shall not be in the room. While the Program Director is presenting his/her case, the Resident shall not be in the room. After their respective presentations, the appeal committee may ask both the Resident and the Program Director to be present for further clarification of any facts.
9) At the conclusion of the presentations by the Resident and the Program Director, the members of the appeal committee will deliberate on the final disposition of the appeal with neither the Resident nor the Program Director in the room.
10) At the conclusion of the appeal committee's deliberations, the committee chair will call for a vote to uphold, modify or reverse the original adverse action.
11) If additional meetings are required after the initial committee meeting as described in G above, a final determination by the appeal committee must be made within **fourteen days** of the first hearing committee meeting.
12) The chair of the appeal committee will notify both the Resident and the Program Director in writing regarding the committee's decision within **seven days** of the decision.
13) The decision of the committee is final and may not be further appealed.
14) The final appeal committee decision must be properly documented in the resident's file.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Resident Selection Process

Selection of trainees for entry into the PMSR/RRA program will be through participation in CASPR (Central Application Service for Podiatric Residencies) in accordance with the CPME 320 document guidelines which are the Standards, Requirements and Guidelines for Approval of Residencies in Podiatric Medicine.

As stated in CPME 320 standard 2.3, *"The process of interviewing, selecting and appointing podiatric medical college graduates shall be conducted equitably and in accord with ethical standards. An institution that sponsors more than one podiatric residency program shall inform the prospective resident of the selection process established for each program. An institution that sponsors an entry-level candidate status and/or an approved entry-level residency program shall participate in a national resident application matching service (such as is operated currently by the American Association of Colleges of Podiatric Medicine). The sponsoring institution shall not obtain binding commitment from the prospective resident prior to the match results announcement."*

The selection committee will consist of the current program director and at least one other training faculty member appointed by the program director. It will be the responsibility of all committee members to screen each application prior to attending the interview session. During the post interview meeting the applicants under consideration will be reevaluated and discussed in detail. Each participating member of the interview team will rank the candidates from one to ten. An over all rank list will be derived according to compilation of the individual rank lists. The final rank list will be forwarded to the CASPR office by the required deadline.

No interviewee will be required to divulge to the program how they ranked the program. Offers will be made to the candidates that match with the program. Candidates outside of the CASPR application process will not be considered unless or until the program does not match.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Supervision

The director of the residency program is vested with overall supervisory responsibilities for all podiatric residents. Additional supervision of residents is as follows:

- The attending on each assigned rotation will have direct supervision of the resident while on that rotation.

- The PGY3 residents will be the chief residents and will take on a supervisory capacity to the extent that the director deems appropriate.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Promotion

At the end of the third quarter the promotion review committee, consisting of the program director, chief resident and core training faculty, will meet to discuss and review candidates for promotion. Successful promotion will be based on review of academic performance, completion of program requirements, rotation evaluations, clinical competence and overall performance. Residents being promoted will be notified in writing by the program director.

In the event the promotion review committee reaches a consensus not to promote a candidate, the resident will be notified via certified mail. A time will then be set for the resident to meet with the committee to discuss deficiencies and develop a remediation plan for the resident. Minutes will be recorded in the meeting and the plan will be put in writing and given to the resident and director. A time schedule will be devised and adhered to for the completion of the remediation. Policies for appeal and due process will be as stated in The Ohio State University Resident's Agreement.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Dismissal

Dismissal of trainees will ordinarily be based on section IIIV paragraph 4 and section 1X of the Resident Agreement document. This action may result after unsuccessful remediation, serious violation of University policy and procedures, in the event of serious medical/ethical misconduct, or at the recommendation of the residency advisory committee following unsatisfactory rotation and mid year evaluations. A decision to dismiss a resident will take into account the best interests of the overall educational goals of the training program, the care of patients in University Hospitals and the career aspirations of the resident.

The residency director will meet with the residency advisory committee to discuss the recommended action. If a consensus of the committee is for dismissal, the program director will then meet with the Department Chairman. The resident will be informed in writing and in a joint meeting with the Director and the Department Chairman.

Due process for the resident is made available in accordance with section IX and X of the Resident Agreement document which define the provisions for due process and appeals.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Moonlighting

Moonlighting by residents in the podiatric residency program is permitted. However, moonlighting activity must not adversely affect the education and training of any podiatric trainee.

1. If the moonlighting resident is deficient in his/her program requirements, the Program Director reserves the right and the responsibility to limit or prohibit that resident's moonlighting activities in order to concentrate on his/her education.

2. Resident moonlighting hours must be tracked and reported to the Program Director in order to ensure that time spent away from the program is not adversely impacting the resident's progress in the training program.

3. Residents are prohibited from moonlighting if they are on in-house call, home call, or during any daytime assigned clinical duties within their training program that might overlap with the moonlighting shift. Trainees may not moonlight while on family, medical, paternity, or maternity leave.

II. Requirements in Order to Moonlight

1. **The resident must obtain a permanent State of Ohio Medical License. Residents may not practice outside of the residency program under a State of Ohio Training Certificate.**

2. The resident must obtain a personal DEA certificate/number. Residents are not permitted to prescribe medication outside of their residency program under the institutional DEA number they are issued at the beginning of their residency.

3. The resident must obtain their own malpractice insurance for any moonlighting activity. Residents are not covered by the institutional malpractice insurance plan when they are working outside the scope of their residency program.

III. Approval/Monitoring of Moonlighting

1. Any resident wishing to moonlight must have the approval of the Program Director. The resident must inform the program director by e-mail of the planned locations of moonlighting and an estimate of number of hours per week/month. A copy of the e-mail will be kept in the resident's permanent file.

2. Residents who are already moonlighting must also notify the program director annually (in July) of the moonlighting activity location(s) and frequency.

3. If excessive moonlighting which adversely impacts the resident's education is suspected, the Program Director reserves the right to request that the resident turn in a monthly report of moonlighting activity.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Policy on Resident Fatigue

In order to promote physician wellness, high quality education, and to promote safe patient care, the Department of Orthopaedics strives to recognize the signs of resident fatigue and implement changes to alleviate such fatigue. In the event that a resident experiences excessive sleep loss, fatigue or stress that is interfering with their ability to safely perform their duties, they are strongly encouraged and obligated to report this to their senior resident, attending, and/or program director.

All attendings and residents are instructed to closely observe other residents for signs of undue stress and/or fatigue. Faculty and other residents are to report concerns of sleepiness, tardiness, absence, inattentiveness, or other indicators of possible fatigue and/or excessive stress to supervising attendings and or the program director. The resident will be relieved of his/her duties until the effects of fatigue and/or stress are no longer present.

Appropriate back up support will be provided when patient care responsibilities are especially difficult or prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

In order to educate residents and faculty to recognize the signs of fatigue, residents and faculty must both complete training in this area. All residents are required to view an online module entitled “sleep deprivation”. This must be done in the first year of training. All faculty are required to view a powerpoint presentation on the effects of fatigue once a year and then discuss this topic during one faculty meeting per year.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Conference Attendance Policy

Policy: The Department of Orthopaedics recognizes the importance of leave from duties to attend and/or present at podiatric conferences and courses. To that end, the Department allows each resident one week of paid vacation for conference attendance per year. Time cannot be carried over from year to year.

Procedures to Attend Conferences:

Resident trainees may attend local, regional, and national conferences with the permission of the program director of the residency program. This permission must be obtained in advance of the meeting.

The Department will reimburse all actual reasonable costs up to the following:

PGY1 – PGY3: $2,000

Once permission is obtained, residents must inform and work with the chief resident to ensure that all of their clinical obligations are covered during the period of absence.

The resident coordinator must be notified of any changes in clinical responsibilities, e.g. modification to the call schedule so that all effected areas are notified.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Book Allowance

Any remaining funds from the conference stipend can be applied to the purchase of books. Residents may check their account balance with the program manager at any time during the year.

Residents are not permitted to use their book allowance to purchase any item other than books and other media resource. Residents may not use their funds to purchase computers, digital cameras, or to pay for other types of applications or memberships.

In summary, the only approved purchases for reimbursement are books and digital media resources. Funds do not carry over to the next year.

Procedure:

1) Resident may purchase book and submit the paid receipt for reimbursement to the residency program manager. The method of payment that was used must be shown on the receipt. If this is not possible, you may submit a bank statement along with the order showing the transaction. Reimbursement will be direct deposited into resident's bank account

2) Under some circumstances, the residency program manager may purchase books on behalf of the resident. Please contact program manager to inquire.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Parental Leave Policy

1. Parental leave is available to all residents regardless of length of service at OSU. When possible, notice of pregnancy (or spouse's pregnancy) or adoption and plans for parental leave should be provided to the program director as soon as possible – preferably by the end of the first trimester – in order to ensure that schedule changes can be made in a timely manner and that receipt of benefits can be accommodated. For new, incoming residents who are aware of a pregnancy, notification to the program director is expected as soon as possible after the position is offered to the resident.

2. Parental leave consists of six weeks of full pay for birth mothers and three weeks of regular pay for fathers, domestic partners and adoptive parents.

3. The maximum amount of sick leave that can be used in combination with paid parental leave by a birth mother is based on the employee's Family Medical Leave eligibility, not to exceed six weeks. For example, a birth mother is eligible for six weeks of paid parental leave. If more time is needed, they are eligible for up to six additional weeks of leave if they qualify for family medical leave.

4. **However, residents must be aware that the amount of leave taken may affect their ability to meet the requirements of the residency program and the requirements of the Podiatric Board. To this end, the program will permit a total of three months total leave during the entire residency.** This breaks down to four weeks per PGY year.

5. If a resident takes maternity leave during any given year, it is at the Program Director's discretion to deny remaining vacation time for that year, so that the resident does not use more than the allowable five months of leave during the five year program (i.e. if a resident takes 6 weeks of leave during a year, he/she may be required to forfeit his/her three weeks of vacation for that year.)

6. If a resident exceeds three months of leave from the program during the residency, arrangements will be made by the Program Director for that resident to stay on for additional training in order to make up the deficiency. This is at the discretion of the Program Director.

7. The resident must inform the Program Director and the Residency Coordinator of the beginning and ending dates of parental leave.

8. No moonlighting during parental leave will be permitted.

9. Please refer to the Resident Agreement for more information on the Parental Leave Policy offered by the OSU Medical Center.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

ACLS Certification:

1. The Department of Orthopaedics and the CPME require that all residents maintain certification in ACLS. Certification is good for two years.

2. Each resident is responsible for knowing when it is necessary to renew their own certification.

3. There is no cost to OSUWMC employees who receive the training here.

4. Course registration must be done online. Coordinators do not have access to your personal login and therefore are not permitted to register you for any courses. Residents must sign up via the BuckeyeLearn website on Onesource. http://go.osu.edu/BuckeyeLearn. You will search ACLS Retrain and select the course time to register which best fits your needs. Most all courses are held at the Ackerman Complex. (This must be done at least two weeks in advance of the course, as there is a pre-requisite they will ask you to fill in before you come.)

5. Please e-mail or bring in copies of the updated ACLS cards to the Program Coordinator, or Assistant, when you receive a new one.

The Ohio State University
Department of Orthopaedics
Podiatric Residency Program

Important Dates for 2022 - 2023

Departmental Events:

EVENT	DATE	LOCATION
ABPS In-Training Examination (PGY1s-PGY3s)		Pearson Test Centers
ABPM In-Training Exam (PGY2s only)		Pearson Test Centers
Residency Interviews - CRIP	January 15 – 17. 2023	Frisco, Texas
Mallory-Coleman Day Resident Research Day	June 2, 2023	Fawcett Center
Resident Graduation Dinner	June 9, 2023	TBA

OSU Holidays:

HOLIDAY	DATE
Independence Day	July 4, 2022
Labor Day	September 5, 2022
Veteran's Day	November 11, 2022
Thanksgiving	November 24, 2022
Columbus Day (observed)	November 25, 2022
President's Day (observed)	December 23, 2022
Christmas	December 26, 2022
New Year's Day	January 2, 2023
Martin Luther King Day	January 16, 2023
Memorial Day	May 29, 2023
Juneteenth	June 19, 2023

CPME 320 and CPME 330

CPME 320 (Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies)

And

CPME 330 (Procedures for Approval of Podiatric Medicine and Surgery Residencies

Can be found on the CPME website at

https://www.cpme.org/residencies/content.cfm?ItemNumber=2444

CPME 320: https://www.cpme.org/files/CPME/2022-4_CPME_320.pdf

CPME330: https://www.cpme.org/files/CPME/CPME_330_Procedures_for_Approval_of_Podiatric_Medicine_and_Surgery_Residencies.pdf