

Residents are formally assessed by the attending after each block of training resource. In addition the Program Director reviews each assessment.

Podiatric Surgery –PGY 1

This training resource will take place for 7 months in the first year. All residents will be under the supervision of Dr. Morteza Khaladj.

Overall Competencies

This training resource will provide a diversity of operative cases, techniques and procedures, and include direct participation of the resident as surgeon or primary resident on an acceptable number of cases both in the inpatient and outpatient. The resident will demonstrate a progressive development of knowledge and skills in surgical areas including, but not limited to, arthroplasties, arthrodesis, joint implants, tendon procedures osteotomies and internal and external fixation, knowledge and skills of management of surgical complications and infection, and management of podiatric trauma cases.

First Year

Competencies to achieve

- a) Will be able to evaluate, diagnose and treat local systemic conditions manifesting through the lower extremity especially those disorders affecting the foot and ankle.
- b) Will be able to execute forefoot procedures including common digital, lesser metatarsals and nail and soft tissue procedures.
- c) Will be able to perform all aspect of perioperative management of a patient undergoing surgery (including the preoperative evaluation and assessment and immediate care of the outpatient and inpatient)
- d) Will be able to manage the basic trauma of the foot and ankle. (including simple uncomplicated fractures/dislocations, puncture wounds, lacerations and other soft tissues)
- e) Will be able to demonstrate a logical thought process in the selection of the surgical or non-treatment options for commonly encountered diseases, disorders and or treatment of the foot and ankle.
- f) Will be able to complete a basic podiatric consultation for routine foot problems including a written report.
- g) Will be able to appreciate the role of other medical and surgical specialties.
- h) Be able to formulate and implement plan of management including surgical management for:
 - i. Matrixectomy
 - ii. Removal of hardware
 - iii. Repair of simple laceration
 - iv. Digital Surgery: Osseous procedures of phalanges

v. First Ray Surgery

vi. Soft Tissue Surgery- (soft tissue lesions in the subcutaneous or deep structures of the foot and ankle(excludes nail procedures, capsultomies, forefoot tenotomies, excision of verruca and minor skin lesions: includes endoscopic plantar fasciotomy procedures).

vii..Other Osseous Foot Surgery

viii.First metatarsal surgery-(osseous procedures of the first metatarsal and first metatarsophalangeal joint and first metatarsocuneiform joint.

- i) Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
- j) Will be able to communicate effectively and functions in a multidisciplinary setting.
- k) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- l) Has the capacity to manage a podiatric practice in a multitude of healthcare delivery.
- m) Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- The resident will perform duties and responsibilities as assigned
- The resident will attend and participate in all conference and clinic
- The resident is responsible for identifying appropriate reading to help with the understanding of the objectives listed above

Anesthesiology PGY I

This training resource will take place in the first year for two weeks, under the supervision of Leon Pirak, MD.

Overall Competencies

The resident will learn the procedures for the admission of various types of anesthesia. The resident will become competent in intubations, IV administration and the administration of local anesthesia. The resident will obtain knowledge in perioperative management.

Competencies to Achieve

- a) Will be able to classify a podiatric surgical patient with regard to anesthetic risk.
- b) Will be able to explain to a podiatric surgical patient the various anesthetic options and the appropriate recommendation.
- c) Will be knowledgeable of the various pharmacological inhalants used by the anesthesiologist.
- d) Will be able to discuss the various planes of anesthesia.
- e) Will be able to establish and maintain an airway.
- f) Will be able to recognize and institute appropriate treatment of the common anesthesia complications.
- g) Will be able to administer selective nerve blocs in order to achieve partial and complete foot anesthesia.
- h) Will be able to order and properly utilize PCA.
- i) Will be able to recognize malignant hyperthermia and follow appropriate protocol and treatment.
- j) Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
- k) Will be able to communicate effectively and functions in a multidisciplinary setting.
- l) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- m) Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series

Direct supervised Procedures and Role Modeling

Medical Imaging(Radiology) PGY I

Training Resource will take place in the first year for two weeks. The Rotation Director is Dr. Eugene Kennedy

Overall Competencies

The resident will become competent in the indications and interpretations of lower extremity imaging. The resident will become familiar with other imaging procedures and indications. The following are general area to be covered: soft tissue and bone tumors, chest films, arteriograms, fractures and trauma, biomechanical disorders.

Competencies to achieve

The resident will become competent in the indication and interpretation of lower extremity imaging such as:

- a) Will be able to interpret foot and ankle radiographs
- b) Will be able to interpret stress and ankle x-rays and various artriolgrams techniques
- c) The resident will become familiar with other imaging procedures and indications such as:
 - i. CT Scan,
 - ii. MRI
 - iii. White label bone scans
- d) Will be able to interpret some specific diagnosis such as:
 - i. Soft tissue bone tumors
 - ii. Chest films
 - iii. Arteriograms
 - iv. Fractures and traumas
 - v. Biomedical disorders
- e) Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
- f) Will be able to communicate effectively and functions in a multidisciplinary setting.
- g) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- h) Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Supervised interpretations of Radiology studies and indications for Radiological studies.

Pathology PGY I

Training Resource will be in the first year for two weeks. The rotation Director is Dr. John Protic.

Overall Competencies

The goal of this training resource is to provide the resident with the necessary knowledge and skills in pathology.

Competencies to Achieve

- a) Will become familiar with the necessary knowledge and skills in pathology as it relates to the podiatric practice.
- b) Will demonstrate knowledge in pathology including:
 - i.. Microbiology
 - ii. Laboratory values and microscopic evaluation of tissue samples
- c) Will observe skills in the collection of blood samples and cultures
- d) Will demonstrate skills on biopsy techniques and other tissue sampling procedures.
- e) Resident was able to communicate effectively and functioned in a multidisciplinary setting.
- f) Resident was able to practice with professionalism compassion and concern in a legal and ethical and moral fashion.
- g) Resident was able to manage individuals and populations from a variety of socioeconomic, cultural background and variety of settings.

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series
- Directly supervised Procedures and Role Modeling.

Behavioral Science PGY I

This training resource will take place in the first year for two weeks under the supervision of Dr. Purabi Bharatiya

Competencies

There will be direct participation of the resident. This training resource will include:

- Understanding of psychosocial aspects of the healthcare delivery.
- Knowledge of and experience inpatient-physician communication skills.
- Understanding cultural, ethnic and socioeconomic diversity of patients.
- Knowledge of the implications of prevention of wellness
- Utilizes effective methods to modify behavior and enhance compliance.
- Resident was able to practice with professionalism compassion and concern in a legal and ethical and moral fashion

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series
- Directly supervised Procedures and Role Modeling.

Internal Medicine PGY I

This training resource takes place in the first year. The training resource Directors are Dr. William Farrer and Dr. Ernest Federici.

Overall Competencies

Residents will rotate on a team with the Internal Medicine residents. All teams care for patients with both general medical and subspecialty problems across the full range of ages from 17 years and up. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record through daily discussion.

Competencies to Achieve

The rotation will include direct participation of the resident in patient care by the completion of the rotation, the resident will, at a minimum:

- a) Be able to perform history and physical examinations
- b) Be able to interpret pertinent lab data and grossly abnormal EKG findings
- c) Understands fluid and electrolyte balance.
- d) Understands common pre and postoperative pulmonary disorders and cardiac and respiratory disease management.
- e) Be able to diagnose and consult Internist and Endocrinologist regarding the treatment for diabetes and thyroid disease including dietary and drug management of diabetics.
- f) Familiar with common coagulation disorders and the indications for anticoagulant therapy.
- g) Understands indications for tests such as EMG, nerve conduction etc.
- h) Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
- i) Will be able to communicate effectively and functions in a multidisciplinary setting.
- j) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- k) Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series
- Directly supervised Procedures and Role Modeling.

General Surgery PGY I

This training resource takes place for one month in the first year. All residents will be under the supervision of Dr Rodolfo Colaco and Dr. Peter Mlynarczyk

Overall Competencies

This training resource shall include direct participation in the evaluation and treatment of pathology in nonpodiatric surgery cases.

Competencies to achieve

Resident training may include but not limited to

- a. Will begin to understand management of pre and postoperative general surgical patients with emphasis on complications.
- b. Will understanding fluid and electrolyte balance.
- c. Will understanding blood loss and replacement principles.
- d. Will become familiar with tissue handling techniques in the operating room such as suturing, retracting and performing minor portion of general surgical operations.
- e. Will begin to understand wound-healing principles.
- f. Will begin to understand splinting, casting and immobilization techniques and infection control.
- g Will become familiar with various suture techniques.
- h. Will become familiar with prophylactic treatment of stasis disorders phlebitis and peripheral edema.
- i. Will become familiar with non invasive and invasive techniques.
- j. Will be able to practice with professionalism compassion and concern in a legal and ethical and moral fashion
- k. Will be able to communicate effectively and functions in a multidisciplinary setting.
- l. Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- m. Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series
- Directly supervised Procedures and Role Modeling.

Rheumatology PGY I

Training resource takes place in the first year for two weeks under the supervision of Dr. Tariq Mahmood.

Overall Competencies

Residents will begin to have a foundation in Rheumatology which will allow them to approach the evaluation of the patient with musculoskeletal complaints in an organized an efficient manner.

Competencies to achieve

- a. Develop an understanding of the diagnostic criteria for rheumatoid arthritis, osteoarthritis, crystal induced arthritis, systemic lupus erythematosus, seronegative spondyloarthropathies, fibromyalgia and septic arthritis.
- b. Develop an understanding in synovial fluid analysis and its use in the diagnosis and management of acute and chronic arthritis.
- c. Develop an understanding of the indication, contraindications and techniques of arthrocentesis.
 - d. Develop an understanding of the use of immunologic laboratory studies in the diagnosis and management of patients with autoimmune disease.
 - e. Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
 - f)Will be able to communicate effectively and functions in a multidisciplinary setting.
 - g)Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
 - h)Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series
- Directly supervised Procedures and Role Modeling.

Podiatric Surgery PGY II

This training resource will take place for 8 months in the second year all residents will be under the supervision of Dr. Morteza Khaladj

Competencies to achieve

Objectives

- a) Will be able to refine skills in surgical procedures of the forefoot and rear foot and multiple osteotomies, fusions, tendon lengthening procedures.
- b) Will develop enhanced skills to manage trauma to the foot and ankle including major foot and ankle fractures soft tissue injuries and tendon ruptures.
- c) Will be able to diagnose and treat postoperative complications, make appropriate referral and or treatment when necessary.
- d) Will be able to complete a podiatric consultation.
- e) Will be able to provide meaningful presentation to podiatric audiences.
- f) Will be able to perform more comprehensive foot and ankle surgeries, with various forms of ORIF and external fixation.
- g) Will be able to use various techniques with internal and external fixators.
- h) Reconstructive rearfoot and ankle surgery- Rearfoot ankle surgery- osseous, articular, neurovascular and musculotendinous structures proximal to Lisfranc's joint.
- i) Will be able to perform first ray surgeries.
- j) Resident is able to appreciate the role of other medical and surgical specialties.
- k) Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
- l) Will be able to communicate effectively and functions in a multidisciplinary setting.
- m) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- n) Has the capacity to manage a podiatric practice in a multitude of healthcare delivery.
- o) Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- The resident will perform duties and responsibilities as assigned
- The resident will attend and participate in all conference and clinic
- The resident is responsible for identifying appropriate reading to help with the understanding of the objectives listed above

Emergency Medicine PGY II

This training resource takes place for one month in the second year. The Director of this rotation is Joseph Kushunski, DO

Overall Competencies

The resident will become familiar with common emergency department pathology including protocol, procedures, and technique. The resident will obtain working knowledge of lower extremity trauma and other emergent problems.

Residents will perform initial evaluation of adult, adolescent and pediatric patients presenting to ED with Medical and Podiatry problems.

Competencies to achieve

- a) Will be able to function as a member of the emergency room team and have the ability to triage a patient.
- b) Will be able to assist in the provision of life saving measures in the acute trauma of cardiac patients.
- c) Will be able to identify patients requiring a medical or surgical specialty consultation.
- d) Will be able to recommend and initiate appropriate treatment of musculoskeletal trauma dislocation, compartment syndromes, open fractures, etc. of the foot and ankle.
- e) Will be able to manage soft tissue wounds.
- f) Resident will participate and experience the common clinical presentations seen in the emergency room.
- g) Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
- h) Will be able to communicate effectively and functions in a multidisciplinary setting.
- i) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- j) Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
- Direct Patients care
- Core Curriculum
- Core Lecture series
- Directly supervised Procedures and Role Modeling

Infectious Disease PGY II

The Infectious Disease Training Resource is one-month that takes place in the second year. The training resource Director is Dr. William Farrer.

Overall Competencies

The resident will learn how to appropriately evaluate and manage common infectious disease problems of adults, primarily in the hospital setting. A focused approach to history taking, physical examination and ordering of diagnostic tests, with emphasis on the microbiology lab, will be stressed. This will occur in a thoughtful and logical manner in accordance with current standards of practice in Infectious Diseases.

Competencies to Achieve

- a) Will be able to recognize and (diagnose) common gram negative and gram positive infections.
- b) Will be able use appropriate antimicrobial therapy.
- c) Will be able to interpret laboratory data including blood cultures, gram stains, microbiological studies and antibiotic monitoring.
- d) Will have exposure to local and systemic infected wound care.
- e) Will have a basic understanding of nosocomial infections, fever of unknown origin, catheter and device infections, endocarditis, infections in injection drug users, HIV infection, febrile neutropenia and systemic inflammatory response syndrome.
- f) Will become familiar with drug resistant organisms.
- g) Will become familiar with interpretation of culture results and the difference between infection and colonization.
- h) Will begin to formulate appropriate treatment plans, including empiric and pathogen specific therapy.
- i) Will be able to communicate effectively and functions in a multidisciplinary setting.
- j) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum lecture series
 - Directly supervised Procedures and Role Modeling.

Podiatry office PGY II

This training resource will take place in the second year of residency for two month
All residents will be under the supervision of Faculty Podiatrist

Overall Competencies

Rotation will include direct participation of the resident in the treatment in clinical office setting of patients identified with podiatric pathology.

Competencies to Achieve

Documented training that emphasize diagnosis, preoperative evaluation, selection of appropriate procedure and treatment and avoidance of complications shall include but not limited to:

- a) Will be able to complete preoperative evaluation including history and physical examination, differential diagnosis and rational for proposed surgical intervention.
- b) Will be able to understand preoperative laboratory rational for proposed surgical intervention
- c) Will be able to perform Biomechanical evaluation of the patient when appropriate.
- d) Will be able to accurately do peroperative charting and dictation.
- e) Will perform appropriate postoperative management.
- f) Will be able to follow up in the immediate and post institutional care of a variety of cases.
- g) Will have familiarity with common coagulation disorders and the indications for anticoagulant therapy.
- h) Will understand indications for tests such as EMG, nerve conduction, etc.
 - i. blood chemistries
 - ii. microbiology
 - iii. synovial fluid analysis
 - iv. urinalysis
 - v. manipulation/mobilization of congenital foot deformity.
 - vi. closed management of pedal fractures and dislocations.
 - vii. closed management of ankle fractures and dislocations.
 - viii. cast management
 - ix. tape immobilization including
 - x. footwear and padding.
 - xi. orthotic brace, prosthetic and custom shoe management
 - xii injections and aspirations
 - xiii physical therapy
- i) Will be able to appropriately complete a plan of care of medical surgical management including:

- procedures)
- i. debridement of superficial ulcer or wound.
 - ii. excision or destruction of skin lesion (including skin biopsy and laser)
 - iii. nail avulsion (partial or complete)
 - iv. matrixectomy (partial or complete by any means)
 - v. repair of simple laceration (no neurovascular, tendon, or bone, joint involvement)
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- j) Will be able to formulate and implement appropriate consultations and/or referrals
 - k) Will be able to practice with professionalism, compassion, and concern in a legal and ethical and moral fashion
 - k) Will be able to communicate effectively and function in a multidisciplinary setting.
 - l) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
 - m) Resident will be professional, inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series
- Directly supervised Procedures and Role Modeling.

Podiatric Surgery PGY III

This training resource will take place for 8 months in the third year all residents will be under the supervision of Dr. Morteza Khaladj

Objectives

- A) Will execute more advanced surgical procedures of the forefoot and rear foot and multiple osteotomies, fusions, tendon lengthening procedures.
- B) Resident participates to a major extent reconstructive the foot and ankle including major foot and ankle fractures soft tissue injuries and tendon ruptures.
- C) Will be able to diagnose and treat postoperative complications, make appropriate referral and or treatment when necessary.
- D) Will be able to complete a podiatric consultation.
- E) Will be able to provide meaningful presentation to podiatric audiences.
- F) Will be able to perform more comprehensive foot and ankle surgeries, with various forms of Internal Fixation and external fixation, including Ilizarov and hybrid type frames.
- G) Reconstructive rearfoot and ankle surgery- Rearfoot ankle surgery- osseous, articular, neurovascular and musculotendinous structures proximal to Lisfranc's joint.
- H) Will be able to perform first ray surgeries.
- I) Resident is able to appreciate the role of other medical and surgical specialties.
- J) Will be able to practice with professionalism compassion and concern in a legal And ethical and moral fashion
- K) Will be able to communicate effectively and functions in a multidisciplinary setting.
- L) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- M) Has the capacity to manage a podiatric practice in a multitude of healthcare delivery.
- N) Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Residents will gain more experience in the following procedures

1. Detachment/reattachment of Achilles tendon with partial ostectomy
2. Subtalar arthroeresis
3. Midfoot, rearfoot, or, Tibial osteotomy
4. Coalition resection
5. Open management of talar dome lesion
6. Ankle arthortomy with removal of loose body or other osteochondral debridement

7. Corticotomy or osteotomy with callus distraction / correction of complex deformity of midfoot, lesser foot, ankle or tibia.
 8. Repair of acute tendon injury
 9. Microscopic nerve/vascular repair of the midfoot, rearfoot or ankle
 10. Excision of soft tissue tumor/mass of the foot(with reconstructive surgery)
 11. Excision of soft tissue tumor mass of the ankle
 12. Other non-elective rearfoot reconstructive/ankle soft tissue.
 13. Open repair of adult midfoot fracture
 14. Open repair of adult rearfoot fracture
 15. Open repair of adult ankle fracture
 16. Management of bone.joint infections
 17. Amputation proximal to the tarsometatarsal joints
 18. Other non elective rearfoot reconstructive/ankle osseous surgery
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Podiatry office PGY III

Overall Competencies

All residents will be under the supervision of faculty podiatrists for two months

Rotation will include direct participation of the resident in the treatment in clinical office setting of patients identified with podiatric pathology.

Competencies to Achieve

Documented training that emphasize diagnosis, preoperative evaluation, selection of appropriate procedure and treatment and avoidance of complications shall include but not limited to:

- a) Will be able to complete preoperative evaluation including history and physical examination, differential diagnosis and rationale for proposed surgical intervention.
- b) Will be able to understand preoperative laboratory rationale for proposed surgical intervention
- c) Will be able to perform Biomechanical evaluation of the patient when appropriate.
- d) Will be able to accurately do preoperative charting and dictation.
- e) Will perform appropriate postoperative management.
- f) Will be able to follow up in the immediate and post institutional care of a variety of cases.
- g) Will have familiarity with common coagulation disorders and the indications for anticoagulant therapy.
- h) Will understand indications for tests such as EMG, nerve conduction, etc.
 - i. blood chemistries
 - ii. microbiology
 - iii. synovial fluid analysis
 - iv. urinalysis
 - v. manipulation/mobilization of congenital foot deformity.
 - vi. closed management of pedal fractures and dislocations.
 - vii. closed management of ankle fractures and dislocations.
 - viii. cast management
 - ix. tape immobilization including
 - x. footwear and padding.
 - xi. orthotic brace, prosthetic and custom shoe management
 - xii. injections and aspirations
 - xiii. physical therapy

i) Will be able to appropriately complete a plan of care of medical surgical management including:

- i. debridement of superficial ulcer or wound.
- ii. excision or destruction of skin lesion (including skin biopsy and laser procedures)
- iii. nail avulsion (partial or complete)
- iv. matrixectomy (partial or complete by any means)
- v. repair of simple laceration (no neurovascular, tendon, or bone, joint involvement)

j) Will be able to formulate and implement appropriate consultations and/or referrals

k) Will be able to practice with professionalism, compassion, and concern in a legal and ethical and moral fashion

- n) Will be able to communicate effectively and function in a multidisciplinary setting.
- o) Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- p) Resident will be professional, inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
 - Direct Patient Care
 - Core Curriculum
 - Core lecture series
- Directly supervised Procedures and Role Modeling.

Vascular Surgery PGY III

The training resource takes place in the Third year under the supervision of the Cardiovascular Care Group

Overall Competencies

Resident will observe and assist preoperative and postoperative Vascular surgeries and procedures as they relate to peripheral arterial, and venous disease.

Competencies to achieve

- a)Resident will scrub in for lower extremity bypass surgeries.
- b)Resident will become familiar with different types of arterial and venous patient presentations and the physical exam and diagnostic testing required for particular disease states.
- c)Resident will order and read and interpret non-invasive testing as it relates to the diagnosis of peripheral vascular disease
- d)Resident will scrub in on angiograms with and without angioplasty as it relates to the diagnosis and treatment of peripheral arterial disease.
- e)Will be able to practice with professionalism compassion and concern in a legal and ethical and moral fashion
- f)Will be able to communicate effectively and functions in a multidisciplinary setting.
- g)Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- h)Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

. Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Directly supervised Procedures and Role Modeling
- Outpatient office hours

Wound Care Center –PGY III

Training will take place on an on going basis in the PGYI-III years. Under the supervision of Dr. Khaladj. If requested resident can attend a course to obtain certification in Hyperbaric Chambers.

Overall Competencies

Residents will become familiar with but not limited to

I Podiatric wounds

- Skin Grafts
- Rotational flaps
- Bone excision/osteotomy/charcot foot reconstruction

II Medical/Orthopedic related wounds

- Bacterial infections and proper use of antibiotics
- Viral Infections
- Fungal
- Malignancies-Squamous cell ca
 - Melanoma
 - Basal

III Etiology and path physiology of wounds

IV Competency in evaluations

- laboratory
- X-ray
- TCPO₂
- Vascular labs

V Competency in evaluating patients for HBO

- Recognizing physiology
- Patient indication
- Results
- Complications

VI Competency in use of

- Vac Treatment
- Growth factors
- Direct Patient care-supervise

VII Instruction and Competency in use of multiple compression dressing

VIII Will be able to practice with professionalism compassion and concern in a legal and ethical and moral fashion

IX Will be able to communicate effectively and functions in a multidisciplinary setting.

X Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings

XI Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series

Directly supervised Procedures and Role Modeling.

Podiatry PGY III Dermatology

The training resource will take place in the third year under the Supervision of Dr. Jon Wininger, Board Certified Dermatologist

Overall Competencies

Orthopedic Surgery PGY III

The training resource takes place in the Third year under the supervision of Union Orthopedic Group for two weeks

Overall Competencies

Resident will observe and assist preoperative and postoperative orthopedic surgery.

Competencies to achieve

- a)Resident will scrub in for foot/ankle surgeries.
- b)Resident will become familiar with different types of open and close reduction of fractures.
- c)Resident will use internal and external fixators
- d)Resident will scrub in with various limb salvage procedures and skin grafts.
- e)Will be able to practice with professionalism compassion and concern in a legal
And ethical and moral fashion
- f)Will be able to communicate effectively and functions in a multidisciplinary setting.
- g)Will have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- h)Resident will be professional inquisitive, life long learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

. Training Method

- Clinical Teaching Rounds
- Direct Patient Care
- Core Curriculum
- Core lecture series
- Directly supervised Procedures and Role Modeling.