

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 6 1/2 months in the first year. All residents will be under the supervision of Dr. Georgios Kotzias and other faculty

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 inpatient and outpatient cases. 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 a 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, and

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 systems.
- 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 conferences and clinics.
- The resident is responsible for identifying appropriate reading to help with the understanding of the objectives listed above
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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. Georgios Kotzias and other faculty

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 rear foot and ankle surgery- Rear foot 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
- k) 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 socio-economic 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 conferences and clinic
- The resident is responsible for identifying appropriate reading to help with the understanding of the objectives listed above

Podiatric Surgery PGY III

This training resource will take place for 6 months in the third year all residents will be under the supervision of Dr. Georgios Kotzias and other faculty

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 rear foot and ankle surgery- Rear foot 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 Socio-economic 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 osteotomy
2. Subtalar arthroeresis
3. Midfoot, rear foot, 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, rear foot 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 rear foot reconstructive/ankle soft tissue.
13. Open repair of adult midfoot fracture
14. Open repair of adult rear foot 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 rear foot reconstructive/ankle osseous surgery .

Reviewed and revised 7/16
7/17, 7/18, 7/19, 7/20, 7/21

Rheumatology PGY I

Training resource takes place in the first year for two weeks under the supervision of Eugino Capitale, MD

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 and 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.

Reviewed and revised 7/16, 7/17, 7/18, 7/19 7/20

Pathology PGY I

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

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 and cultural background. .

Training Method

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

Reviewed 7/16

7/17, 7/18, 7/19, 7/20 5/21

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, arteriogram, 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 arteriogram, 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.

Reviewed and revised 7/16
7/17, 7/18. 7/19, 7/20, 5/21

Internal Medicine PGY I

This one-month Clinical rotation takes place in the first year. The training Director is the Internal Medicine Residency Program Director.

Overall Competencies

Residents 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 (Hospitalist) through daily discussions.

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) Understand fluid and electrolyte balance.
- d) Understand common pre and postoperative pulmonary disorders and cardiac and respiratory disease management.
- e) Be able to diagnose and consult Internists and Endocrinologists regarding the treatment for diabetes and thyroid disease including dietary and drug management of diabetics.
- f) Be familiar with common coagulation disorders and the indications for anticoagulant therapy.
- g) Be able to practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion
- i) Be able to communicate effectively and function in a multidisciplinary setting.
- j) Have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings
- k) Be a professional, inquisitive, lifelong learner and teacher, utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Clinical Teaching Rounds
 - 3 days per week with Teaching Attending
- Direct Patient Care
 - Residents will admit 2-3 patients each on-call day and follow 4-6 patients with the Team Leader on an ongoing basis
 - Write daily progress notes and enter orders, under the supervision of the Team Leader and Hospitalist.
 - Make patient management rounds with Team Leader and Hospitalist.

- Participate in Core Curriculum
 - Core lecture series
 - Morning Report
 - Present a case at weekly Chief of Service Rounds and attend on other days
 - Medical Grand Rounds and Morbidity/Mortality conference
- Directly supervised Procedures and Role Modeling.

Educational Resources

UptoDate is available on all hospital computers and on mobile devices.

Residents are encouraged to access and read Practice Guidelines relevant to the patients they see and topics discussed at Rounds.

Evaluation

At the end of the rotation, the faculty member who ran Teaching Rounds that month will complete an evaluation form provided by the Residency Office and discuss the residents' performance with them.

Reviewed and revised 7/16
7/17, 7/18, 7/19, 7/20, 5/21

Infectious Disease PGY II

The Infectious Disease Training Resource is a one-month rotation that takes place in the second year. The training resource Director is Dr. William Farrer. Other faculty are Clark Sherer, MD and Julius Salamera, MD.

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

By the completion of the rotation, the Resident will:

- a) Be able to recognize and diagnose common gram negative and gram positive infections.
- b) Be able to choose appropriate antimicrobial therapy.
- c) Be able to interpret laboratory data including blood cultures, gram stains, microbiological studies, and antibiotic level monitoring.
- d) Have had exposure to local and systemic care of infected wounds.
- e) Have a basic understanding of nosocomial infections, fever of unknown origin, pneumonia, catheter and device infections, endocarditis, infections in injection drug users, HIV infection, febrile neutropenia, and systemic inflammatory response syndrome.
- f) Be familiar with drug resistant organisms in general and the local patterns in our hospital and community.
- g) Be familiar with interpretation of culture results and the difference between infection and colonization.
- h) Begin to formulate appropriate treatment plans, including empiric and pathogen specific therapy.
 - i) Communicate effectively and function in a multidisciplinary setting.
 - j) Have the capacity to manage individuals and populations from a variety of socioeconomic and cultural backgrounds and in a variety of healthcare settings.

It is expected that the Resident will be a professional, inquisitive, lifelong learner and teacher, utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

Training Method

- Direct Patient Care
 - The resident will complete Infectious Disease consultations. After evaluating the patient, they will present the case to the faculty member and then enter a dictated consultation in the EMR.
 - The resident will perform follow-up visits when appropriate to the patient's care, and document them in the EMR after discussion with the involved faculty member.
 - The resident will participate in the twice monthly Infectious Disease Clinic.
 - Time permitting, the resident will observe in the faculty outpatient office.
- Core Curriculum
 - Attend Morning Report when one of the I.D. faculty is present
 - Attend noon conference when an I.D. topic is presented
- Directly supervised Procedures and Role Modeling.
- Readings as provided by the faculty, focusing on the relevant Infectious Disease Society of America Practice Guidelines

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7/17, 7/18, 7/19, 7/20, 5/21

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. Sergio Baerega

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

- Will begin to understand management of pre and postoperative general surgical patients with emphasis on complications.
- Will understand fluid and electrolyte balance.
- Will understand blood loss and replacement principles.
- Will become familiar with tissue handling techniques in the operating room such as suturing, retracting and performing minor portion of general surgical operations.
- Will begin to understand wound-healing principles.
- Will begin to understand splinting, casting and immobilization techniques and infection control.
- Will become familiar with various suture techniques.
- Will become familiar with prophylactic treatment of stasis disorders phlebitis and peripheral edema.
- Will become familiar with non-invasive and invasive techniques.
- Will be able to practice with professionalism compassion and concern in a legal and ethical and moral fashion
- .Will be able to communicate effectively and functions in a multidisciplinary setting.
- 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.

