

## **Resident Manual**

**Podiatry Medicine & Surgery Residency**

**Carilion Clinic**

**Roanoke, VA**

**Revised 6/2017**

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Rotational, Program and Faculty

Introduction

Welcome to the Podiatric Medicine & Surgery Residency program. This manual is to provide a general overview of the expectations and requirements of the podiatry program and is supplemental to the Graduate Medical Education Resident Handbook which may be found online at <http://insidecarilion.org/hubs/graduate-medical-education/resident-manual> . A complete listing of GME policies and procedures may be found online at <https://www.carilionclinic.org/graduate-medical-education/forms-policies>

Organization, program content, responsibilities and procedures will be defined in this manual. Specific questions regarding matters addressed herein should be directed to Dr. J. Randy Clements, Director of Podiatric Education. This manual is not intended to state and does not state or reflect the standard of care with respect to any specific patient or category of patients. The Podiatry Residents render patient care, regardless of point of service (ER, OR, inpatient, outpatient, clinic), under the supervision of the Attending. The Attending Surgeon is directly responsible for care of all patients.

**Podiatry Education- Administrative staff**

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This grid shows a representative sample of the complete curriculum for our residency program. Your actual schedule will vary from this due to scheduling issues with the various off service departments.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Block = 4 weeks | Sample Block Dates | PGY3-1 | PGY3-2 | PGY2-1 | PGY2-2 | PGY1-1 | PGY1-2 |
|
|  |  |  |  |  |  |  |  |
| Block 1 | 7/1 - 7/29 | Orthopaedics | Podiatry | Plastics | Vascular Sgy | Podiatry | Podiatry |
|
| Block 2 | 7/30 - 8/26 | Orthopaedics | Podiatry | Vascular Sgy | Plastics | Radiology 1 | Interventional Radiology |
| Interventional Radiology | Radiology 1 |
| Block 3 | 8/27 - 9/23 | Orthopaedics | Podiatry | Podiatry | Podiatry | Internal  Medicine | Infection Disease |
|
| Block 4 | 9/24 - 10/21 | Pediatric Orthopaedics | Podiatry | Podiatry | Orthopaedics | Infection. Disease | Internal  Medicine |
|
| Block 5 | 10/22 - 11/18 | Podiatry | Pediatric Orthopaedics | Podiatry | Orthopaedics | Surgery ACS | Emergency Medicine |
|
| Block 6 | 11/19 - 12/16 | Podiatry | Podiatry Research | Podiatry | Orthopaedics | Internal  Medicine | Emergency Medicine |
| Podiatry Research | Podiatry |
| Block 7 | 12/17 - 1/13 | Podiatry | Orthopaedics | Podiatry | Podiatry | Emergency Medicine | Surgery ACS |
|
| Block 8 | 1/14 - 2/10 | Podiatry | Orthopaedics | Podiatry | Podiatry | Emergency Medicine | Internal  Medicine |
|
| Block 9 | 2/11 - 3/10 | Podiatry | Orthopaedics | Podiatry | Podiatry | Surgery ACS | POD |
|
| Block 10 | 3/11 - 4/7 | Podiatry | Podiatry | Orthopaedics | Podiatry | Beh. Health | Anesthesia |
| Anesthesia | Beh Health |
| Block 11 | 4/8 - 5/5 | Podiatry | Podiatry | Orthopaedics | Podiatry | Pathology | Radiology 2 |
| Radiology 2 | Pathology |
| Block 12 | 5/6 - 6/2 | Podiatry | Podiatry | Orthopaedics | Podiatry | Podiatry | Surgery ACS |
|
| Block 13 | 6/3 - 6/30 | Podiatry | Podiatry | Podiatry | Podiatry | Podiatry | Podiatry |
| Administration | Administration |

**Competencies - CPME**

**CPME Competency requirements (CPME –document 320, 6.1)**

1. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
   1. Perform and interpret the findings of a thorough problem-focused history and physical ex, including problem-focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gait analysis.
   2. Formulate an appropriate diagnosis and/or differential diagnosis.
   3. Perform (and/or order) and interpret appropriate diagnostic studies, including:
      1. Medical imaging, including plain radiography, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, vascular imaging,
      2. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, and urinalysis.
      3. Pathology, including anatomic and cellular pathology.
      4. Other diagnostic studies, including electro-diagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.
   4. Formulate and implement an appropriate plan of management, including:
2. direct participation of the resident in the evaluation and management of patients in a clinic/office setting.
3. perform biomechanical cases and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
4. Management when indicated, including - dermatologic conditions.
5. manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity.
6. closed fractures and dislocations including pedal fractures and dislocations and ankle fracture/dislocation.
7. cast management.
8. tape immobilization.
9. orthotic, brace, prosthetic, and custom shoe management.
10. footwear and padding.
11. injections and aspirations.
12. physical therapy.
13. pharmacologic management, including the use of NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, anti-rheumatic medications.
14. Surgical management when indicated, including - evaluating, diagnosing, selecting appropriate treatment and avoiding complications.
15. progressive development of knowledge, attitudes, and skills in preoperative, intraoperative, and postoperative assessment and management in surgical areas including, but not limited to, the following: Digital Surgery, First Ray Surgery, Other Soft Tissue Foot Surgery, Other Osseous Foot Surgery, Reconstructive Rearfoot/Ankle Surgery (added credential only), Other Procedures (see Appendix A regarding the volume and diversity of cases and procedures to be performed by the resident).
16. Anesthesia management when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.
17. Consultation and/or referrals.
18. Lower extremity health promotion and education.
    1. Assess the treatment plan and revise it as necessary.
19. Direct participation of the resident in urgent and emergent evaluation and management of podiatric and non-podiatric patients.
20. Assess and manage the patient’s general medical and surgical status.
    1. Perform and interpret the findings of comprehensive medical history and physical examinations (including pre-operative history and physical examination), including:
       1. Comprehensive medical history.
       2. Comprehensive physical examination.
       3. vital signs.
       4. physical examination including head, eyes, ears, nose, and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.
    2. Formulate an appropriate differential diagnosis of the patient’s general medical problem(s).
    3. Recognize the need for (and/or order) additional diagnostic studies, when indicated, including (see also section A.3 for diagnostic studies not repeated in this section).
       1. EKG.
       2. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
       3. Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
       4. Other diagnostic studies.
    4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
    5. Participate actively in medicine and medical subspecialties rotations that include medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.
    6. Participate actively in general surgery and surgical subspecialties rotations that include surgical evaluation and management of non-podiatric patients including, but not limited, to:
       1. Understanding management of preoperative and postoperative surgical patients with emphasis on complications.
       2. Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.
       3. Understanding surgical procedures and principles applicable to non-podiatric surgical specialties.
    7. Participate actively in an anesthesiology rotation that includes pre-anesthetic and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences must include, but not be limited to:
       1. Local anesthesia.
       2. General, spinal, epidural, regional, and conscious sedation anesthesia.
    8. Participate actively in an emergency medicine rotation that includes emergent evaluation and management of podiatric and non-podiatric patients.
    9. Participate actively in an infectious disease rotation that includes, but is not limited to, the following training experiences:
       1. Recognizing and diagnosing common infective organisms.
       2. Using appropriate antimicrobial therapy.
       3. Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiosis monitoring.
       4. Exposure to local and systemic infected wound care.
    10. Participate actively in a behavioral science rotation that includes, but is not limited to:
        1. Understanding of psychosocial aspects of health care delivery.
        2. Knowledge of and experience in effective patient-physician communication skills.
        3. Understanding cultural, ethnic and socioeconomic diversity of patients.
        4. Knowledge of the implications of prevention and wellness.
21. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
22. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
23. Practice and abide by the principles of informed consent.
24. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
25. Demonstrate professional humanistic qualities.
26. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.
27. Communicate effectively and function in a multi-disciplinary setting.
    1. Communicate in oral and written form with patients, colleagues, payors, and the public.
    2. Maintain appropriate medical records.
28. Manage individuals and populations in a variety of socioeconomic and healthcare settings.
    1. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.
    2. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one’s patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one’s own.
    3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.
29. Understand podiatric practice management in a multitude of healthcare delivery settings.
    1. Demonstrate familiarity with utilization management and quality improvement.
    2. Understand healthcare reimbursement.
    3. Understand insurance issues including professional and general liability, disability, and Workers’ Compensation.
    4. Understand medical-legal considerations involving healthcare delivery.
    5. Demonstrate understanding of common business practices.
30. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
    1. Read, interpret, and critically examine and present medical and scientific literature.
    2. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
    3. Demonstrate information technology skills in learning, teaching, and clinical practice.
    4. Participate in continuing education activities.

**Competencies - Program**

**Podiatry Program General Competencies**

The following are competencies identified by the Council on Podiatric Medical Education {CPME} in document 320, 6.1 for clinical and didactic experiences within the curriculum developed by the Residency Director of Podiatry at Carilion Clinic. This curriculum is designed to provide the resident with appropriate training experiences in the management of patients with a variety of diseases, disorders, and injuries through achievements of various competencies.

The overall Goals and Objectives of this Program are directly linked to help facilitate the resident’s sequential and progressive achievement of specific competencies. The following general competencies are to be evaluated for each resident while on clinical rotations or in didactic course work. Each rotation and educational experience for the residents has more specific competencies to be achieved:

The following represent required competencies:

* Prevent, diagnose and manage diseases, disorders, and injuries of the lower extremities in both pediatric and adult patients
* Assess and manage the patient’s general medical status
* Practice with professionalism, compassion and concern in a legal, ethical, and moral fashion
* Communicate and function in a multi-disciplinary setting
* Practice and abide by the principles of informed consent
* Practice and abide by state and the local laws including Health Insurance Portability & Accountability Act (HIPAA) as it pertains to the practice of podiatric medicine and surgery
* Provide sensitive and responsive care to all patient's
* Provide superior care to all patients despite cultural values, patient behavior, race, ethnicity, patient origin, religion, gender and /or sexual orientation.
* Demonstrate familiarity with utilization management and quality improvement
* Manage individuals and populations in a variety of socioeconomic and healthcare settings
* Understand podiatric practice management in a multitude of healthcare delivery settings
* Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice
* Communicate in oral and written form with all patients, colleagues, payors, families and public.
* Demonstrate interpersonal skills of superior professionalism and communication
* Accept criticism constructively and make appropriate changes based on attending and colleagues recommendation
* Maintain medical records
* Demonstrate an understanding of the psychosocial and healthcare needs of all patient's and all lives stages: Pediatric to death

**Competencies – Rotation Specific**

**Podiatric Medicine and Surgery**

**Carilion Roanoke Memorial Hospital**

The following represents clinical competencies for Podiatric Medicine and Surgery rotations:

* The resident should understand and utilize appropriate hospital protocols including appropriate admission and discharge procedures.
* The resident should maintain appropriate medical records and documentation in both inpatient and outpatient settings.
* Perform and interpret the findings of a thorough problem focused physical ex for all podiatric patients that include vascular, dermatologic, musculoskeletal examination.
* The resident must demonstrate competency and perioperative assessment in management of podiatric surgical cases. The resident must demonstrate basic principles of podiatric surgery to include suturing techniques aseptic technique universal precautions fixation techniques basic instrumentation nomenclature proper tissue handling hemostasis and appropriate operating room behavior.
* The resident must also identify and diagnose diseases, disorders, and injuries of the pediatric and adult foot and ankle by nonsurgical and surgical means.
* The resident should understand appropriate consultation protocols to either hospital specialties
* The resident should understand professionalism and demonstrate the ability to communicate effectively and function and a multidisciplinary academic setting
* Perform and interpret findings of a comprehensive medical examination to include vital signs head, chest and thorax, heart, lung, abdomen, neurologic and a problem focused lower extremity ex.
* Resident should demonstrate competency in interpretation of appropriate diagnostic medical imaging studies to include nuclear medicine scans MRI, plain film radiography, bone scintigraphy and CT scan.
* The resident should understand and interpret noninvasive arterial studies
* The resident should perform an adequate lower extremity mechanical ex
* The resident should safely provide palliative care to include nail and callus debridement.
* The resident should understand basic shoe gear management, orthosis and foot and ankle specific bracing techniques
* Demonstrate appropriate management of local anesthetics for podiatric specific office and hospital-based procedures
* Should demonstrate appropriate closed management of foot fractures and dislocations
* Should demonstrate adequate knowledge in open and closed management of all foot and ankle fractures and dislocations
* Should understand
  + digital surgical techniques,
  + first ray surgery
  + soft tissue surgery
  + tarsometatarsal surgery and foot surgery
  + tendon surgery
  + major rearfoot reconstructive and ankle surgery
  + simple laceration repair
  + foreign body retrieval.

**Foot and Ankle Orthopaedics**

**Carilion Roanoke Memorial Hospital**

During the foot and ankle orthopaedic rotation the resident should demonstrate the following competencies:

* Perform and interpret appropriate diagnostic studies.
* Perform and interpret appropriate hematological pathological serological microbiological and synovial analysis of patients as they pertain to the chief complaint.
* Understand and recognize the management of foot and ankle fractures including splinting casting and immobilization techniques
* Understand closed management of fractures of the foot, ankle
* Understanding and management of all foot and ankle fractures
* Demonstrate knowledge in treatment of infections of soft tissue and bend of the foot and ankle
* Formulate and implement appropriate surgical management for digital surgery, first ray surgery, and foot surgery, ankle surgery.
* Perform a problem focused foot and ankle ex to include vascular, neurologic, musculoskeletal, radiographical.

**Vascular Surgery**

**Carilion Roanoke Memorial Hospital**

During the vascular surgery rotation the resident should be competent in the following:

* Perform and interpret basic vascular studies
* Understand and interpret noninvasive vascular studies
* Understand and interpret angiography as it pertains to the lower extremity
* Understand and formulate revascularization plans based on noninvasive and invasive arterial testing
* Recognized and managed superficial and deep vein thromboses
* Practice in an ethical, legal and moral fashion, understand indications and functional differences and various putation levels
* Understand management of dialysis access grafts
* Understand various options for indwelling catheter access

**Radiology**

**Carilion Roanoke Memorial Hospital**

During the radiology rotation, the resident should demonstrate the following core competencies:

* Correctly identify osseous anatomy on plain radiography
* Understand basic chest x-ray findings and demonstrate ability to recognize basic anatomic landmarks on chest radiography
* Understand need and value of contrasted imaging studies versus non contrasted studies
* Understand foot and ankle MRI and should be competent in identifying common soft tissue and osseous pathology (i.e.; tendonitis, tendon and ligament injury, osteomyelitis, stress fracture)
* Understand diagnostic ultrasound
* Recognize and become familiar with various bone and soft tissue tumors in masses
* Recognize the need for additional diagnostic studies when necessary

**Pain Management**

**Carilion Roanoke Memorial Hospital**

During the pain management rotation, the resident will demonstrate the following core competencies:

* Understand the importance of response and all narcotic prescribing
* Understand management of chronic pain syndromes
* Demonstrate competency and management of acute post injury and post surgical pain
* Identifying and differentiate drug seeking behavior from legitimate chronic pain conditions
* Understand alternatives to narcotic prescribing in patients with chronic pain conditions
* Understand the role of pill counting, monitoring patient's urine drug screens, understanding the use of the prescription monitoring program, implementation of narcotic contracts
* Understanding the role of sympathetic nerve blocks and epidural spinal injections

**Emergency Medicine**

**Carilion Roanoke Memorial Hospital**

The following core competencies should be met resident during the emergency medicine rotation.

The resident should:

* Understand and appreciate the principles of emergency medicine and emergency room protocol
* Recognize and assist in acute systemic emergencies
* Handle common emergencies with lower extremity emphasis
* Handle noticed orthopedic emergency with emphasis in lower extremity
* Perform and interpret appropriate diagnostic laboratory tests to include hematology toxicology microbiology and serology
* Formulate inappropriate differential diagnosis and definitive diagnosis prior to discharge from the emergency department
* Formulate an implement an appropriate discharge management planned to include appropriate disposition
* Formulate appropriate inpatient management plan and appropriate consultation to the admitting physician
* Recognized the need for diagnostic modalities
* Understand appropriate fluid and electrolyte management
* Maintain appropriate medical records
* Effectively communicate with consultants
* Understand and respect apical boundaries and interactions with patient's, colleagues and employees.
* Assess and manage the patient's general medical status an implement an appropriate plan of management
* He able to interpret a chief complaint and appropriately performed a history and physical ex directed towards the patient's chief complaint. This workup should include appropriate diagnostic, imaging, laboratory studies to arrive a provisional diagnosis.

**Internal Medicine**

**Carilion Roanoke Memorial Hospital**

During the internal medicine rotation the resident should demonstrate the following competencies:

* The resident should perform and interpret a comprehensive medical history and physical ex to include chief complaint review of systems history of present illness social history family history. The physical ex should include vital signs HEENT, neck, chest, lung, heart, abdomen, genitourinary, rectal, extremity, neurological.
* The resident should motor and interpret appropriate laboratory tests based on the chief complaint and medical history
* Pharmacologic management of patients including the proper ordering of medications dosages interactions and side effects
* Interpret and evaluate EKGs
* Understand fluid management and blood transfusion management
* Understand perioperative surgical optimization
* Formulate appropriate differential diagnoses and patients with general medical problems
* Formulate an admission diagnosis and inpatient treatment protocol and appropriate discharge planning
* Demonstrate the ability to communicate effectively and function and a multidisciplinary setting.
* Recognized the need for diagnostic studies and have basic understanding and relevant findings on EKG, chest x-ray, nuclear scans, plain radiography.
* Understand pharmacologic management to include nonsteroidal anti-inflammatories, antibiotics, analgesics, muscle relaxers, peripheral vascular agents, anticoagulants, medication, tetanus toxoid, cardiovascular disease medications, laxatives, steroids.
* Understand and demonstrate compassion towards family and patient during end of life situations

**General Surgery**

**Carilion Roanoke Memorial Hospital**

During the General Surgery rotation, the resident should meet the following competencies:

* Understand perioperative management of fluid and electrolytes.
* Understand perioperative management of blood products
* Understand operative room protocol and appropriate surgical and sterile technique
* Understand surgical emergencies
* Understand and successfully performed a primary and secondary survey on a trauma patient
* Understand indications and contraindications and functional discrepancies and various putation levels
* Understand and respect the apical boundaries and interaction with patient's, colleagues, and employees
* Interpret necessary imaging and at laboratory data pertaining to general surgical conditions
* Admit, formulate an inpatient treatment plan, and appropriate discharge planning for a general surgical
* Understand medical legal considerations when delivering healthcare
* The compassion and towards patient's and patient family's bearing end of life situations

**Infectious Disease**

**Carilion Roanoke Memorial Hospital**

During the Infectious Disease rotation the resident should be competent in the following:

* Perform and interpret basic culture and sensitivies results
* Understands appropriate antibiotic selection based on culture results and MIC
* Understands the process and procedure for appropriate tissue biopsy
* Understands appropriate antibiotic therapy and duration for bone and skin infections
* Understands post mortem management and autopsy process.
* Understands bacteriological testing, ( i.e. gram stains, cultures), in the bacteriology laboratory
* Understand drug pharmacology, potential interactions with other medications, side effects, and cost factors

**Surgery- Plastic Surgery**

**Carilion Roanoke Memorial Hospital**

Objectives - Knowledge

Plastic Surgery Principles

* + - Describe the physiology and biochemistry of normal healing.
    - Discuss the physiology and biochemistry of abnormal wound healing including hypertrophic scars and keloids.
    - Describe the management of dressings, splints and other techniques utilized in wound management.
    - Describe the various lines of the skin (such as relaxed skin tension) and their importance in placement of incisions for maximum aesthetic result.
    - Discuss the role of nutrition in the wound healing process and the standard methods for diagnosis and treatment of nutritional deficiencies.
    - Describe the differences in suture materials and indications for the use of different materials.

Flaps and Grafts

* + - Discuss the terminology of flap movement including advancement flap, rotation flap, transposition of flap, etc.
    - Describe flap vascular supply including random flap, island flap, free flap, etc.
    - Identify the variations in flap anatomy including cutaneous flap, fasciocutaneous flap, musculocutaneous flap, etc.
    - Explain the specific physiology of split and full thickness skin grafts
    - Explain the differences in wound contraction versus contracture.
    - List the common pathogens producing infections of the skin, head and neck structures, breast and hand.
    - List the special pathogens related to infections caused by human and animal bites and infections.
    - List the principles of use (including dosage and complications) of common analgesics (oral and parenteral).
    - Discuss the pharmacology of the major types of antibiotics and the indications for their use.
    - Discuss the commonly used anti-inflammatory agents including dosage and mechanism of action.

Plastic Surgery of the Trunk

• Discuss the principle of sternal wound infections and reconstructions

• Discuss the congenital chest wall deformities

• Describe the etiology and pathogenesis of ventral hernias and the principles of repair

• Describe the anatomy of the chest wall and abdomen

Aesthetic Plastic Surgery

• Describe the common cosmetic surgery operations

Patient Care

* + - Perform the work up of Plastic Surgery inpatients including the history and physical examination and be aware of the special investigations of imagining required for different subsets of Plastic Surgery patients
    - Evaluate patients with facial trauma including laceration and facial fractures and be first call responder for trauma consultations in the Emergency Room
    - Evaluate hand trauma patients including soft tissues and burn injuries and be first call responder to hand trauma in the Emergency Room
    - Participate in the outpatient evaluation and treatment of Pediatric Plastic Surgery patients including cleft lip and palate and craniofacial patients
    - Participate in the pre operative, operative, and post operative care of adult Plastic Surgery patients involving reconstructive surgery of the breast, trunk, upper and lower extremities, and head and neck
    - Skills to be learned:
      * Suturing simple lacerations in the Emergency Room under supervision
      * Make hand splints for hand trauma patients in the Emergency Room under supervision of senior residents
      * Participate as second and with possible first assistance in operative procedures in the operating room
      * Perform suturing in the operating room under supervision
      * Perform debridement of wounds
      * Perform dressing changes of various wounds
      * Apply VAC dressings

Practice Based Learning and Improvement

* + - The resident will investigate and evaluate his or her own patients care practices, appraise and assimilate scientific evidence, and improved patient care practices.
    - Use information technology to prepare for surgical cases, bringing to the OR the knowledge of current modalities of care for patients and the scientific evidence for that care.
    - Educate medical students and other healthcare professional in the practices of surgical patients.
    - Function independently with graduated advancement and appropriate faculty supervision in the evaluation and treatment of patients.

Interpersonal and Communication Skills

* + - The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.
    - Educate patients and families in pre- and post-operative care of surgical patients.
    - Listen to patients and their families.
    - Assimilate data and information provided by other members of the health care team.

System Based Practice

* + - The resident will demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.  • Function within the organization of specialty clinics including the coordination of all special services in the evaluation of patients.
    - Direct the overall care of patients with complicated wounds by partnering with the following:
      * Nutritionists
      * Wound care specialists
      * Occupational therapists

Professionalism

* + - The resident will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
    - Develop a sensitivity of the unique stress placed on families under care for surgery.
    - Exhibit an unselfish regard for the welfare of patients.
    - Demonstrate firm adherence to a code of moral and ethical values.
    - Provide appropriately prompt consultations when requested.
    - Demonstrate sensitivity to the individual patient’s profession, life goals, and cultural background as they apply to their surgical diagnosis.
    - Be reliable, punctual, and accountable for own actions in the OR and clinic.
    - Effectively deal with dissatisfied patients.
    - Understand the benefits and functionality of multidisciplinary health care teams.
    - Refer patients to the appropriate practitioners and agencies.
    - Facilitate the timely discharge of patients.

**Pathology**

**Carilion Roanoke Memorial Hospital**

During the pathology rotation the resident should be competent in the following:

* Perform and interpret basic culture and sensitivities results in microbiology lab
* Understand and interpret cellular pathology, with emphasis on the lower extremity
* Understands the process and procedure for appropriate tissue biopsy
* Understands and can interpret basic gross pathology and cellular pathology
* Understands post mortem management and autopsy process.

**Behavioral Health**

**Carilion Roanoke Memorial Hospital**

During the behavioral health rotation, the resident should demonstrate the following core competencies:

* In understanding of psychiatric management of any patient's
* Demonstrate familiarity with psychiatric conditions and established a differential diagnosis and the treatment of patient's mental illness
* Demonstrate familiarity with various medications used in the treatment of patients with mental illness and potential interactions and side effects
* Assess and manage the patient's general medical status.
* Perform effective communication in an interdisciplinary setting
* Communicate and oral and written form with patient's colleagues and family's regarding the patient's condition
* Understand informed consent protocols based on state statutes it in patients who are mentally impaired
* Understand substance abuse and drug abuse tendencies with particular focus in narcotics and alcohol
* Understand the process of temporary detention order (TDO)

**Orthopaedic Surgery**

**Carilion Roanoke Memorial Hospital**

During the orthopedic surgery and trauma rotation the resident should demonstrate the following competencies:

* Understand management of poly-traumatized patient
* Formulate and implement appropriate surgical management when indicated
* Understand management of open fracture and open fracture antibiotic protocols
* Understand closed and open management of all orthopedic injuries including foot and ankle
* Understand basic physeal fracture management and management of pediatric fractures
* Demonstrate proficiency and surgical principles including suturing techniques atraumatic tissue handling and instrumentation as it applies to orthopedic surgery
* Knowledge of orthopedic techniques and instrumentation
* Understand AO/ASIS technique fixation techniques
* Understand external fixation and internal and orthopedic care
* Understand total joint arthroplasty and management of infection and complicated total joint arthroplasty
* Understand various bone grafting options and when bone graft is most appropriate
* Understand management of joint and bone infections
* Understand various fixation techniques and options for skeletal stabilization in all fractures
* Understand various fixation techniques for high risk patient's including: Diabetes, obesity, tobacco abusers, noncompliant patients, osteoporosis.
* Understand fracture classification and open fracture classification
* Demonstrate ability in communicating successfully with other orthopaedic colleagues

**Anesthesiology**

**Carilion Roanoke Memorial Hospital**

During the resident's anesthesia rotation, the resident should demonstrate the following core competencies:

* Understand ASA classification
* Understand pertinent perioperative laboratory and imaging studies
* Maintaining appropriate medical records
* Understand regional anesthesia
* Understand various anesthesia options and the value and risks associated with each. For expel, understand the indications for general versus LMA versus spinal
* Understand pharmacologic agents used in general anesthetic cases
* Understand mechanisms of action of anesthesia gases, induction agents, paralytics, muscle relaxers.
* Understand reversal agents and mechanisms of action
* Understand indications and contraindications to various anesthesia techniques
* Understand anatomy and be able to successfully perform a distal sciatic (popliteal) nerve block

The residency director will conduct quarterly meetings with each resident to review resident performance in an attempt to assure resident is achieving competencies. These will be written and submitted electronically per CPME requirements. Standard hospital and CPME documents will be utilized.

**Roanoke Ambulatory Surgery Center**

**Daily Surgery Assignments – ELA**

Objective: The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

Goals: The addition of facility will be to broaden the resident’s surgical exposure by creating additional surgical opportunities with multiple surgeons.

**Carilion New River Valley Medical Center (CNRVMC)**

**Daily Surgery Assignments – ELA**

Objective: The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

Goals: The addition of facility will be to broaden the resident’s surgical exposure by creating additional surgical opportunities with multiple surgeons.

**New River Valley Surgery Center (NRV SC)**

**Daily Surgery Assignments – ELA**

Objective: The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

Goals: The addition of facility will be to broaden the resident’s surgical exposure by creating additional surgical opportunities with multiple surgeons.

**Carilion Franklin Memorial Hospital (CFMH)**

**Daily Surgery Assignments – ELA**

Objective: The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

Goals: The addition of facility will be to broaden the resident’s surgical exposure by creating additional surgical opportunities with multiple surgeons.

**Carilion Stonewall Jackson Hospital (CSJH)**

**Daily Surgery Assignments – ELA**

Objective: The objective of this experience will be to expose the podiatric surgical resident to multiple procedures by multiple providers. The resident is responsible for maintaining a high level of participation and professionalism during this experience. The resident should continue to develop as a surgeon and meet training milestones.

Goals: The addition of facility will be to broaden the resident’s surgical exposure by creating additional surgical opportunities with multiple surgeons.

**Resident Duties – General**

#### General Responsibilities

The residents are directly responsible to the attendings on each of the services. Their duties, in part, are as follows:

1. Participate in patient care, operating room procedures, and post-op care including post-op checks on all patients.
2. Take night call in rotation with other residents. Responsibility includes all ED trauma each day and night. On weekend call days, the resident should call into the operating room early at 7:00 – 7:30 a.m. to find out if any cases have been posted so they can read up for that case and be available. The expectation is that one resident will be on call each weekend and will remain in Roanoke. It is also expected that when the resident is on “service” at SVC, that resident , depending on the schedule, will also cover the CRMH floor and ED Calls from 5pm -7. That se resident will also cover the CRMH inpatient service on the weekends. The residents not on call can be out of town.
3. Evaluate, formulate and carry out a treatment plan for patients from the Emergency Room and discuss consultations along with a specific attending.
4. Provide prompt service with minimal delay to patients in the Emergency Department.
5. Attend emergency or semi-emergency operative procedures and all cases of when on call.
6. Attend assigned out-patient clinics. For CRMH responsibilities when resident staff is out of town or unavailable the “Chief Resident or Dr Clements” should be notified and the resident resources will be dispensed at the discretion of the Chief or Dr Clements to cover the priorities of trauma and CRMH clinics. Elective surgery takes a secondary role. The resident should take the responsible step of notifying the attending physician on any elective cases where resident coverage may not be available.
7. Attend all Roanoke conferences and as directed on the appropriate schedule ( i.e. Journal Club, Fracture Conference, and any rotation specific conference) For example, if you are on your Emergency Medicine rotation, the resident is expected to attend the Emergency Medicine conferences
8. Participate in the clinical education of podiatric resident colleagues, other house staff, medical students, and other Allied Health professionals (PA’s, etc.).
9. Complete all medical records before leaving each service. Should medical records become delinquent during a rotation, OR privileges will be revoked until records are completed. This information will be included in the resident’s evaluation should OR privileges have to be revoked.
10. Complete rounds by 11:00 a.m.
11. The resident should be in contact with the attending physician to determine his/her protocol for discharge planning and patient management on a day to day basis. (Patients staying past 12:00 midnight are charged for the prior day. For example, if you came in Monday at 7:00 p.m. and left Tuesday at 3:00 p.m., you would only be charged for Monday.)
12. Sign out. All patients must be signed out to another resident, and attending’s must be notified regarding time out of town. Sign out should include a written sign out on the charts of all patients the resident is following indicating the dates they will be out and the responsible resident covering his/her patients. All patients should be covered on every day.
13. All vacations must be approved through the Program Director (Dr. Clements).
14. Sign out to the resident on night call and provide complete information about existing or anticipating problems on his or her particular service should occur before 10 each day.
15. Participate in and facilitate ongoing faculty and resident research protocols. See later description

#### On Call Responsibilities

The on-call schedule is a combined orthopaedic call schedule. Orthopaedic trauma call, unassigned patient call, hand, and foot and ankle call. The podiatry resident will be on ‘Foot and Ankle call” when the resident is on “Podiatry RMH or SVC(only from 5pm-7). When the podiatry resident is on orthopedic specific services, the podiatry resident will function in the call schedule with the UVA orthopedic residents. Orthopaedic trauma call is for all patients who are Gold Alert and Trauma Alert patients. If the Gold Alert or Trauma Alert patient is awake and alert and expresses a physician preference, every effort should be made to honor that preference. However, the attending physician on call for orthopaedic trauma is in charge and should be notified of this situation. Consults from the General Surgical Trauma Service to Orthopaedics will go to the orthopaedic trauma call roster, and all in-house consults directly from the Trauma Service should go to the Orthopaedic Trauma Call roster. An unassigned patient is a patient that has no preference for an orthopaedic attending or group. A patient that comes in initially as an unassigned patient and sees an orthopaedic physician and then the orthopaedic physician obtain a trauma consult does not automatically make that patient an Orthopaedic Trauma patient. However, should the unassigned orthopedist want to consult the Orthopaedic Trauma attending that is always an option for that attending.

Assigned patients are patients with a specific preference for an orthopaedic surgeon/group or who are current patients of that group practice. Taking a few moments to sort out these logistics will be helpful in preventing confusion. If there are any questions, please do not hesitate to discuss further with Dr. Shuler for orthopedic service or Dr Clements for Podiatry service related questions.

#### Maintaining a Surgical Log

#### Each resident must maintain a log of all surgical cases in Residency Resource. The importance of accurate records cannot be overemphasized. This is important for the resident’s personal case list and for viability of the residency program according to CPME standards. This log must be kept current at all times. The residents must log all clinic and surgical activity within one week of the date on the service was rendered.

#### If logs are not completed within 14 days, you will receive a 1st notice.  If not completed by 30 days, you will receive a 2nd notice.  If not completed by 42 days, you will be given a written reprimand.

#### Medical Records

Electronic Medical Record – EPIC

1. It is your responsibility to keep your charts up to date at all times.
2. You need to leave a footprint note every time you see a patient. Pay particular attention to this in the ED. If you consult on a patient, even if you never see the patient, put in a short note. Nurses like to leave “ortho consulted” notes that cause grief. Do this prior to end of shift.
3. You must have a brief procedure note on the chart immediately after a procedure has been performed.
4. Never let deficiencies stay in your in-basket. Clear these daily. If you have trouble clearing an item, call HIM at 981-7842 for assistance. A weekly report is generated by HIM indicating residents who have deficiencies. You will be emailed to notify you that you are on the deficiencies list and you will be requested to clear them immediately. If you make the “red” list it means you are two weeks delinquent and subject to being pulled from duty until the deficiencies are cleared.
5. Check your staff messages often (in your in-basket). This is how HIM communicates with you.
6. If using smart text or free text to do reports in EPIC, you must check the co-sign required button. This ensures the attending will be able to co-sign effectively in a timely manner
7. When in EPIC, if you are renewing orders and use the “renew all” function, it will literally renew EVERY old order on the patient’s chart that has ever been entered. DO NOT USE this function.
8. Therapies requests that physicians provide information related to orders in the “Answer” field and not in the “Comment” field when entering orders. Ex: Pt awaiting PT eval then ready to go home” This allows them to prioritize the case load.

FYI:

* It is the resident responsibility to notify HIM if they are having an issue with EPIC or their charts. (Do not ignore this-Please call HIM at 981-7842.)
* Residents need to notify HIM before they go on vacation.
* When a resident is notified and he/she only works the delinquent charts and ignore the others then they take a chance of getting another e-mail the next week. Encourage residents to complete all charts in their in-basket.
* Any dictations are delinquent 15 days after discharge. (Ex: Patient is discharged on the 1st of the month. The 16th day of the month this chart is delinquent.)
* Signatures are delinquent 30 days after discharge. (Ex: Patient is discharge on the 1st. The 30th day after discharge the chart is delinquent.)
* Failure to complete dictations can result in the attending of the chart to be held accountable for the dictation. This can put the attending in jeopardy of being suspended.(HIM does not like to take this route.)
* Sometimes dictations are passed around from one resident to another. When this happens we end having to get the attending involved. The attending will advise who should do the dictation. (Some attendings do not like when this happens.)

## Dictations

The Carilion Roanoke Memorial Hospital dictation numbers are as follows:

Inpatient: 981-8200 (7-8200 using a system phone) or 1-877-496-1161

ambulatory: 866-311-5739

These numbers should be used for inpatient history and physicals, operative notes and discharge summaries.

Levels of Competency in Podiatry Residency

The following summary competency list is authorized for each podiatry resident and the procedures listed may be performed without supervision at the PGY level indicated. The formal list is maintained on Med Hub.

Procedures that are not listed below should be supervised by a credentialed provider (Faculty or Resident)

|  |  |
| --- | --- |
| PGY Level | Mandatory Procedure |
| 1 | Arthrocentesis (adult and pediatric) |
|  | Wound debridement |
|  | Primary and delayed wound closure |
|  | Arthrotomy for irrigation or debridement |
|  | Open and closed reduction/internal fixation of ankle fractures |
|  | Closed reduction/internal fixation of all foot fractures |
|  | Closed reduction/casting of extremity all foot and ankle fractures |
|  | Tendon repairs |
|  | Tenotomy |
| 2 | Arthroscopy of the ankle |
|  | Open reduction and internal fixation of major fractures |
|  | Ligament repair or reconstruction |
|  | Osteotomy or ostectomy |
|  | Bone grafting (including harvest of autogenous graft) |
|  | Soft tissue procedures |
|  | Small joint arthroplasty or fusion |
| 3 | Major Hindfood fusion: Triple and Ankle |
|  | Tendon transfers |
|  | Nerve Surgery |
|  | Practice Clinical Management |
|  |  |
|  |  |

**Educational Experience**

###### Conferences - Mandatory attendance

1. Orthopaedic Fracture Conference is held weekly, Wednesdays 7:15 am- 8 a.m. in the Medical Education Conference Room - Classroom 2 at CRMH. This conference focuses on presentation of fracture cases and presents two topics per week. Preoperative, operative, and postoperative care, surgical indications and complications are discussed in a case study format. The resident is expected to attend this conference unless the resident is off service. Residents may be assigned presentation topics during the year. A PowerPoint, reference article(s) and case summary are required for these presentations.

2. Radiology Conference is held weekly on Mondays from 6:30 – 7:15 am in the 9 Physical Therapy Conference Room.

3. Foot and Ankle Conference lectures are held weekly on Tuesdays from 6:30 – 7:30 am in the Physical Therapy Conference room in CRMH 9th floor. This is our didactic conference.

4. Orthopaedic Peer Review - The peer review is held approximately every 6 weeks in place of the Fracture Conference. These weeks, the conference runs from 6:30 – 8:00 am. Residents are asked to present a case.

5. Optional attendance: Orthopaedic Weekly Trauma Fracture Review Fridays 6:30 – 7:30am in the Medical Education Building- Classroom 2. Trauma cases from the week are reviewed. This may be attended on days the topic reviewed is applicable to podiatry.

Sample topics from Foot and Ankle Didactic Conference – previous and current year schedule.

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| |  | | --- | | Achilles Rupture- Non operative v Operative treatment | | Achlles- Platelet rich plasma, Microdebridement | | Achlles Tendinopathy/ Haglunds Deformity | | Ankle Arthritis | | Ankle Arthritis- Ankle fusion: technique and fixation options | | Ankle Arthritis- intrameduliary nailing | | Ankle Arthritis- Total Ankle Arthroplasty | | Ankle Arthritis-Ankle arthroscopy | | Ankle Instability | | Ankle Instability- Osteochondral Defects: microfracture, OATS, Allograft | | Ankle Instability- Other: Allograft, Peroneal Tendon Transfer | | Ankle Instability- Surgical treatment | | Ankle Instability-Physical examination, imaging, nonsurgical care | | Biomechanics - Gait | | Calcaneal Fracture | | Calcaneal Fracture- Injury and physical exam: classification | | Calcaneal Fracture- ORIF, joint depression, tongue-type | | Calcaneal Fracture- revision of malunion and subtalar arthritis | | Cancelled by JRC as F&A topic in Wed. conference 7/1 email | | Cavo Varus Foot -Extra articular surgical reconstruction and tendon transfer | | Cavo Varus Foot--Phys Exam( plantar flexed 1st ray, varus heel, Coleman block) | | Charcot Arthropathy | | Charcot Deformity - Bracing and Surgical Treatment | | Charcot Deformity- Etiology and classification | | Claw Toe etc - PIPJ Arthroplasty, Fusion (Fixation options) | | Claw Toe/Hammer Toe/ Other Toe Deformities | | Clinical Examination - Normal Foot Exam, Diabetic Foot Exam | | Diabetic Foot - Diabetic wounds/ foot infection | | Diabetic Foot - Vascular evaluation | | Diabetic Foot - Amputations/prophylactive procedures | | Diabetic Foot - Charcot Cancelled - special speaker on Wed 5:15 pm see above. | | Diabetic Foot - Clements / Foot ulceration classification | | Diabetic Foot- Vascular evaluation | | Diabetic Foot- foot and ankle amputations | | Diabetic Foot-Surgical treatment for wounds | | External Fixation - Illizarov, TSP, Hydrid, Mitre | | Flat foot - Adult required flatfoot | | Flat Foot - Tibialis Posterior Dysfunction | | Flat foot- Extra-Articular Treatment for PTTD | | Flat Foot - Planal Donimance (transverse, frontal, sagittal | | Flat foot - Stages of posterior tibial tendon dysfunction | | Flat foot- Triple Arthrodesis | | Flat foot- Pediatric flatfoot reconstruction, subtalar arthroereis | | Forefoot - Brachymetatarsia | | Forefoot - Bunionettes | | Forefoot - Hallux Valgus | | Forefoot - Hammertoe | | Forefoot - Metatarsus adductus | | Forefoot - Plantar plate injury | | Forefoot - Toe Deformities - Syndactyly, Polydactyly | | Forefoot -Freiberg's | | Hallux Valgus - Angles, IM, Joint Congruety | | Hallux Valgus- Distal Metatarsal - Shaft and Base Procedures | | Hallux Valgus -Distal Metatarsal Osteotomy | | Hallux Valgus- Fusion:1st MPJ, Lapidus | | Lisfranc Fractures- Injury and physical exam: classification, ligamentous, osseous | | Lisfranc Fractures-ORIF | | Lisfranc Fractures-Primary fusion | |  | | Midfoot and rear foot fusion Miscellaneous - Post surgical Complications | | Miscellaneous - Sx procedures for RA | | Miscellanious - OS trigonum | | Modified Brostrom | | Neurologic Disorders- Neuroma | | Neurologic Disorders- Tarsal tunnel and other entrapments | | Peds- Most common congenital foot deformities | | Peds-Ankle fractures | | Peds-Coalitions | | Peds-Juvenile Hallux Valgus | | Peds-Physeal injuries and repair | | Post Mall & Pilon Fractures | | Postural Deformities- Cavus | | Postural Deformities-Pediatric | | Postural Deformities-Pes Planus-Adult acquired flat foot | | PRP, Microdebridement, FHL Transfer, Retrocalc Exostectomy | | Rearfoot- Haglunds/ insertional achilles pain | | Rearfoot- Subtalar DJD- Fusion | | Rearfoot-Ankle DJD -TAR | | Rearfoot-Ankle DJD-Fusion | | Rearfoot-Heel pain | | Rearfoot-Supramalleolar Osteotomities | | Sports- Acute Achilles/gastroc rupture | | Sports- Arthroscopy | | Sports- Lateral ankle instability | | Sports- OCD- denovo, microfracture, OATs | | Sports- Sprains-ankle, subtalar, syndesmosis | | Sports- Turf Toe | | Sports-Chronic tendon injury | | Talar Fractures | | Taylor Spatial Frame in deformity correction | | Trauma - Ankle Fractures | | Trauma - Calcaneal Fracture | | Trauma - Pilon | | Tumors- Lower extremity bone tumors | | Tumors- Lower extremity soft tissue tumors | | Weil Osteotomy, FDL Transfer | |
|  |

Research Requirements

Original research topic to be submitted for publication in a peer review journal prior to graduation

1. Identify original research topic by January 1 of first year.
2. Will meet with residency director every 3 months to review research project status ( first week of January, March, July and October)
3. Required courses, intern year: Cornerstone on Demand (COSD)
   1. Data Management In Research IROR102E
   2. Introduction to Clinical Research ICT 100E
   3. Informed Consent Process IC 101E
   4. Introduction to Roles and Responsibilities RTR100E
4. CITI online training (www.citiprogr.org ) as well as online research modules are mandatory . Completion of 2-3 modules is required yearly. The Cornerstone training modules include:

* Introduction to Clinical Trials
* Introduction to Clinical Research (ITC100E)
* Submitting a New Study at Carilion Clinic (ICT101E)
* Study Startup and Project Management (ICT102E)
* Research Protocol Resources
* Tips for Using the Health Sciences Library(RPR100E)
* Developing and Writing Research Protocol (RPR101E)
* Data Management in Research (RPR102E)
* Research Te Responsibilities
* Clinical Researchers Roles and Responsibilities (RTR100E)
* Record Keeping and Regulatory Documentation (RTR101E)
* Reporting Adverse Events, Unanticipated Problems and Protocol Violations (RTR102E)
* Project Management
* Pre-Award Procedures for Grants and Contracts (PM100E)
* Administrative Management of Grants and Contracts (PM101E)
* Financial Management of Grants and Contracts (PM 102E)
* Informed Consent
* Recruitment of Study Subjects (IC100E)
* Informed Consent Process for Clinical Research (IC101E)
* Tips for Writing Better Research Consents (IC102E)

1. Will work closely with the Institutional Review Board and Office of Sponsored Projects to meet system requirements.

5. Attendance is strongly encouraged for all research oriented classes offered by Carilion. Most of the classes are presented from 12:00 – 1:00 pm. The following classes are offered yearly based on the current schedule. Titles are followed by the month in which they are generally offered:

* Introduction to Medical Research - July
* Quality Improvement: Common Tools & Project Designs
* Knowledge-Based Resources- September
* Turning Ideas into Research - September
* Research Design and Methods, Part 1- October
* Identifying Funding Sources for Research Projects- November
* Research Design and Methods, Part 2- December
* Introduction to Office of Sponsored Projects (OSP)- January
* Grant Proposal Writing- February
* Overview of Statistical Applications- March
* Clinical Research: A Statistical Perspective- April
* IRB and Research Ethics- April
* Publishing and Presenting Research Findings- May

6. Participation/attendance is required in the Carilion Research Days, an annual poster presentation conference. This poster may be one of the resident’s case reports or the resident may present his/her original research work.

1. Publication of a case report/study is required each year. This will total 1 original research project and 2 case study reports during the residency program.

### Meetings and Vacations

1. Scheduling will be coordinated with the Department of Orthopaedics.

2. All vacations must be approved by Dr. Clements, Program Director or Rhea Jordan, Program Coordinator.

3. No more than one resident should be away at any one time for the work week.

4. The Podiatry residency adheres to the Carilion GME Resident Vacation Policy noted in the House staff Manual and your resident contract. Currently that policy reads “A minimum of two calendar weeks of vacation and seven additional days off usually during winter holiday (total twenty-one days).

5. The winter holiday schedule will be carried out as per the rest of the house staff on the Carilion schedule. This varies on a year-to-year basis depending on the date of Christmas and New Year’s. The Graduate Medical Education Manager and Carilion Medical Education can provide the Carilion policy for the resident staff for each particular year.

6. To comply with 80-hour workweek regulations, the resident on call will be off the following day. The resident staff will also have two full weekends off every month. Modification in coverage will be arranged as needed by the Administrative office.

Disaster Codes

*Code Green*

A disaster is described as any situation that results in an unusually large number of casualties and/or significant number of critically injured (internal/external) brought to a Carilion hospital for medical treatment and/or admission. It is an expectation that all contract services and personnel meet the needs of the institution during a disaster.

Notification within each facility will take place simultaneously by the Switchboard Operator as follows:

* Code Green - (A disaster situation is reported and patients are either expected or may have already arrived.) An overhead announcement “Code Green” will be paged three times.
* Disaster Drills - An overhead announcement “Code Green Drill” will be paged three times.

## What to Do

* In the event of a disaster – real or drill - all Podiatry residents are to call Rhea Jordan, Residency Program Coordinator and give their location and availability, then return to regular duties. The program coordinator will report your information to the command center. You will be called / paged by the command center if needed. DO NOT report to ED unless called upon by coordination staff.

***Emergency Codes***

You may frequently hear the operator make announcements over the public address system. The following codes and their meaning are for your information only and should not be shared with patients, family members or visitors unless they ask.

***General Codes***

Code Red Fire situation that requires a facility-wide response

Code Grey Bomb threat situation that requires a facility-wide response

Code Orange Hazardous materials or contamination (internal/external)

Code Green Disaster situation (internal/external)

Code EVAC Partial or total evacuation of an area, department, or the facility

Code Siege Hostage situation within the facility

Code Secure Aggressive, psychological, abusive situation within the facility that requires police/security response

Cold Weather Alert Designation by the National Weather Service that severe weather may be affecting the area

Cold Weather Warning Designation by the National Weather Service that severe weather is approaching the area

***Patient Care Codes***

Code Blue Cardiac arrest in an adult

Code Kinder Cardiac/respiratory arrest in a child

Code Lindbergh :

Newborn- Actual or attempted infant abduction within the facility

Pediatric- Actual or attempted abduction of a pediatric patient (ages 0-18 years)

within the facility

## ***Emergency Department Alerts***

Gold Alert Patient in the Emergency Department with unstable multi-system injuries

Trauma Alert Patient in the Emergency Department with stable multi-system injuries

Code Yellow (CMC only) Extreme increase in Emergency Department patient volume and requires additional staff

Code Silver (CMC only) Increase security measures in the Emergency Department

**Miscellaneous Departmental Information**

## Radiology

The X-Ray Department, located on 2 west, is staffed on a 24-hour basis; however, after 5:00 p.m., staffing is limited. Films are available in the x-ray file room for you to review at any time. In order to take these films out of the department, you must sign for them at the file room. Films taken out of the department should be returned promptly.

Develop the habit of reviewing all of the films on your patients and of using the radiologists as consultants in selecting the type/sequence of imaging procedures for clinical situations.

Laboratory

Carilion has a full-service laboratory serving Carilion Clinic. With a core labo­ratory located at Carilion Roanoke Memorial Hospital, Carilion operates rapid response laboratories at key hospital sites, a central pathology and cytology lab, and several patient service centers. Although the Carilion-owned hospitals anchor their client list, services are also provided to many physician offices, nursing homes, home health agencies and other healthcare providers in southwest Virginia.

The hospital computer system EPIC is the gateway for placing orders and accessing test results. Tests are ordered on a STAT, routine or timed basis so that resources can be effectively used to give physicians the information they need, when they need it, in a cost-effective manner. Requests for service are typically very heavy at 6:00 a.m., 11:00 a.m., and 4:00 p.m., so physicians are urged to consider alternatives to these traditional order times.

The 300 technical and support personnel of labs at Carilion are di­rected by pathologists with specialty training in many areas of laboratory and surgical pathology. Clinicians are encouraged to call upon members of the CCL professional team for help in utilizing available resources to serve patients. Key phone numbers are:

* Client Services 77157
* Pathology, Carilion Roanoke Memorial 77271
* Pathology, Carilion Roanoke Community 88020
* Rapid Response lab, Carilion 88400
* Administration 77878

Paychecks

Payday is every other Friday. Direct Deposit should be set up through Human Resources via the My Total Access site on the intranet. An automatic teller machine is located in the Lobby of Carilion Roanoke Memorial Hospital. Pay stub copies for direct deposits may be found on My Total Access.

Pharmacy

The central pharmacy is located on the 14th Floor of Carilion Roanoke Memorial Hospital. The Rehab Pharmacy is located on the 1st floor of the Rehabilitation Center. Personnel in the Pharmacy are available to answer any questions you might have regarding medications, dosages, etc. Questions regarding specific situations such as hyper alimentation, home IV therapy, etc. can also be directed to the Pharmacy Department at Carilion Roanoke Memorial Hospital or the Rehabilitation Center. Carilion Employees may obtain personal prescriptions from the Medical Center Pharmacy, Monday-Friday, 8:30 a.m. to 5:30 p.m., and on Saturdays 9:00 a.m. - 12 p.m. Refills may be called in on the refill line (853-0912) or sent by-mail tomcp@carilion.com.

## Pastoral Care Service

The Pastoral Care Service is staffed by ordained clergy of their respective religious affiliations who also have education and training as counselors and chaplains. They are available from 7:00 a.m. - 4:30 p.m. Monday through Friday and are on call after regular working hours.

The ministry provides support and counsel primarily to patients and their families. Much of the attention is focused on critical and serious situations. The Pastoral Care Department assists patients and family members in clarifying their anxieties, accepting the reality of their situations and helping them to utilize constructively the resources of their religious traditions.

Liaison and interpretation is possible between physicians and families. The Pastoral Care Service will be happy to as­sist physicians, patients or families when you feel that this ministry would be appropriate.

## Home Health Service

## The Home Health Service operates on a 24-hour basis. Office hours are Monday-Friday from 8:00-4:30 (981-7482). After office hours or on weekends or holidays, a registered nurse is on call 24 hours per day and can be reached through the hospital switchboard. The following services are offered by the Home Health Service: skilled nursing care, physical therapy, speech therapy, IV therapy, occupational therapy, medical social services and home health aides. These services are covered under most private insurance plans, Medicare and Medicaid.

## Employee Health

## Employee Health (981-7206 or 77206) is located on 5 South. In addition to the department's responsibility for onsite emergencies and illnesses of employees of Carilion Roanoke Memorial Hospital, Employee Health supervises PPDs, makes available flu and hepatitis B vaccine and investigates exposure to various contagious diseases.

All residents and faculty on CRMH payrolls will be required to complete an annual health assessment. The assessment is performed annually during your birth month. At that time you will be given a PPD if appropriate and will be required to return in 48-72 hours for reading.

In the month prior to your birth month, you will receive a notice that your health assessment is due. Please call Employee Health at 77206 to schedule an appointment. Failure to comply can result in being pulled from service until requirements are met.

## Parking

Residents are issued access cards (ie. prox cards) that will allow you to enter the designated Rooftop Resident parking at CRMH, the Medical Education Building and the Libraries at CRMH and CRCH..

* Please do not park in the Attending Physicians' area on the First level of the CRMH garage.
* It is permissible for Residents to enter the CRMH Parking Garage and park on levels 4, 5, and 6 when there is snow or ice on the rooftop and that area is closed.
* Residents parking inside the main garage during normal conditions will be ticketed. Vehicles are towed after three offenses.
* Residents may also park in the Riverwalk Garage.

## 

## Safety and Security

## Residents may contact Carilion Campus Police (981-7140 or 77140) and request an escort when returning to either hospital late at night or at other times if there is a safety concern. The emergency number is 981-7911 (or 7-7911)

## Health Sciences Library

The librarians will provide reference work and literature searches upon request. Articles and books not available can be ordered on an inter-library loan from other libraries. Limited copying is available, and information regarding this can be obtained from the librarians.

Hours: Monday-Thursday 8:00a.m.-8:00p.m.

Friday 8:00a.m.-4:30p.m.

Saturday 1:00p.m.-5:00p.m.

Sunday 5:00p.m.-8:00p.m.

Access: 24-hour by key card

Event Reports (ED)

ER reports provide documented, comprehensive informa­tion on any occurrence considered contrary to established hospital or departmental policy. Medication errors, procedure variances, therapeutic questions and patient complaints are examples of occurrences that can be identified through ER reports. ER reports pertaining to the professional performance of residents are reported to the appropriate program director, who investigates the reported variance and discusses the report with the involved resident. If you think an ER report should be generated, tell the charge nurse yourself. Do not write an order on the chart for an ER.

# Paging/Telephone Calls

A. Employee Internal Calls

Internal calls may be placed from any extension in the hospital system by dialing the appropriate extension after receiving a dial tone. Internal telephone directories are available in each department, at nursing stations and on the Intranet.

B. Employee Outside Calls

Local calls for hospital business may be made from any ex­tension in the hospital system by dialing "9" and the 7-digit telephone number after receiving a dial tone (does not include patient rooms).

C. Long Distance

Long-distance calls are restricted to hospital-related business and should be placed from the nursing station if at all possible. Long-distance calls cannot be processed from courtesy tele­phones or patient rooms. Most nursing stations/departments have at least one telephone with long-distance access, and use of these is encouraged. If using a long-distance-approved tele­phone, dial 9, 1, area code and number. If you are not utilizing a telephone with long-distance access, dial "0" and the Operator will place the call for you. The Hospital Director/designee monitors long-distance calls. Any employee or student found misusing long-distance will be subject to disciplinary action and payment for calls.

D. Personal Calls

Personal calls and paging requests should not be routed through the hospital operator. Personal long-distance calls, should they be necessary in an emergency, must be made Collect or charged to a personal credit card. Use of pay telephones for all personal calls is encouraged.

## 

## E. Paging

You have two internal paging options. You can page through Web X-change which allows text messaging (if applicable) or you can page via phone which only accepts numeric messages.

Internally Paging through Web X-change – from any Carilion terminal with Carilion Intranet access. All nursing stations have Intranet Access.

Instructions for Accessing Web X-change (the CHS Phone/Pager Listing)

* Go to the Carilion Intranet http://chsweb.carilion.com
* Look under the “Links” column located on the left-hand side.
* Click on the CHS Phone/Pager Listing hyperlink.
* Look under the Quick Links section located on the right-hand side.
* Select “Access the CHS Phone/Pager Listing”.
* Web X-change with our Staff Directory will appear. Web X-change is designed with various access levels. Logging in will give you access to view the Staff Directory and On-Call Schedules. You will also be able to page anyone on staff that is marked as pageable (marked with a green dot beside their pager ID number). You will only have Directory Access (not able to quick page, page from a profile or page from the on-call schedule) if you do not log in.
* Log In
* User ID: (The first letter in your first name, plus your last name example: JDoe)
* Password: (your badge number – omitting the first zero)
* Enter the last name of the person that you want to page in the box under “Search by Category”. Click on “Name”
* A list of people with that last name will appear. Select the correct person by clicking on their name. Their profile should open.
* Enter your numeric or text message in the box at the bottom of their profile and then click on yellow “Page” button beside the message box.
* You should receive a confirmation that your page was sent.

We strongly encourage the use of Web X-change verses telephone paging. It is more reliable and better enables us to track paging volumes and information related to patient care.

Internally - dial 78900. A voice prompt informs you that you have entered the system for a digital pager. The prompt indicates it is time to enter the four digits of the pager you wish to dial. You must wait for the tone. You are instructed to enter the telephone number you wish the carrier of the pager to call using the telephone keypad. Hang up after entering your number. (As you become familiar with the system, you may disregard the voice prompts by dialing a \* on the telephone keypad as soon as the voice prompts begin. Then you will hear the tone for the dialing of the pager number. As the voice prompts begin again, press \* and wait for the tone to put in the number you wish the carrier to call.) The carrier of the pager will receive readout of the number to call and should return your call promptly.

Externally - dial 981-8900. Listen for voice prompts and follow the procedure described above. Pager listings are mailed to departments/nursing stations monthly.

Employees should exercise care in the use of telephone equipment. Telephone repair problems should be reported to the Network Services Help Desk at Extension 71599. Transmission problems should be reported to the CRMH Switchboard.

Do Not Use Abbreviations

Drug names:

ARA A Do not use for Vidarabine

CPZ Do not use for Compazine

DPT Do not use for Demerol-Phenergan-Thorazine (outdated)

FOLINIC ACID Do not use for Folinic Acid. Use Leucovorin.

HCT Do not use for Hydrocortisone

MSO4 Do not use for Morphine Sulfate

MS Do not use for morphine sulfate

MgSO4 Do not use for magnesium sulfate. Write “magnesium sulfate”

TAC Do not use for tricinolone

ZnSO4 Do not use for zinc sulfate

“nitro” Use “nitroglycerine”

“Norflox” use “ norfloxacin”

Abbreviations, Dose Expressions:

Apothecary Symbols use metric system

AU can be mistaken for OU (each eye)

cc do not use for milliliter or cubic centimeter. Use “ml” for milliliter

mg use “mcg”

TIW or tiw/BIW use “times per week”

Q.D or QD use “ daily “

QOD or Q.O.D. use “every other day”

Per os use “PO,” “by mouth: or “orally”

qn use “nightly” or “qhs”

U or u use “unit”. May be misread as ‘0’resulting in 10-fold overdose.

IU use “units”

X3d use “for three days” or “for three doses”

BT use “hs”

Zero after a decimal point Do not use zero after a decimal for doses expressed in whole numbers.

No zero before decimal dose Always use zero before a decimal when the dose is less than a whole unit.

**Resident Call Meal Allowances**

Meal allowance allotments are determined by the GME office and those allotments are posted to the resident ID badges. In the podiatry program it has been determined by the residents that the annual allotment will be divided equally and posted by block. Residents will use their badge for on-call meals with the allotted amount for that block. . If you go over the maximum allowable amount for any period, you will be expected to pay out of pocket at the time of purchase. Amounts do NOT carry over to the next month if not used, nor can amounts from the coming month be used in advance of the load date. No additional monies will be added to your account.

You may sign up with dining services to be able to “charge” your meals to you paycheck. This will kick in as you reach a zero balance on your call meal allotment. When the next month’s allotment is loaded, the funds will come out of the allotment first and then revert to your pay check. Forms are usually available in the cafeteria, speak with the cashier.

Mountain View Café Hours (3rd floor)

Monday – Friday (Closed on Weekends & Holidays)

Breakfast 7:00am – 9:45am

Lunch 11:00am – 1:45pm

Dinner 3:00pm – 6:30pm

Menus for the various cafeterias can be found on the intranet – departments/dining and nutrition, menus.

**Resident Wellness**

Carilion Clinic is committed to addressing resident wellness for individuals. The creation of a learning environment with a culture of respect and accountability for resident well-being is crucial to the ability of those working in it to deliver the safest, best possible care to patients. By supporting our residents and focusing on their personal health, we are able to maintain a high standard of care for our patients.

The GME web page contains a section on resident wellness with multiple resource options available. Please consult this page: <https://www.carilionclinic.org/graduate-medical-education/wellness>

### The Carilion Employee Assistance Program (EAP) is available to you free of charge at all times. Phone: 800-992-1931 or 540-981-8950 An EAP consultant can be reached after hours in case of an emergency by calling the Carilion Clinic Switchboard at 540-981-7000 and requesting to page the EAP Counselor on-call. 24 Hour Contact Information: Phone: 540-981-8154 or 1-800-992-1931 \*After hours, there will be a voicemail message that provides the phone number of the person on call

CRMH Departmental Phone Listing

Main Number: 981-7000

DIAL 981 UNLESS OTHERWISE NOTED:

|  |  |  |
| --- | --- | --- |
| ADMINISTRATION (UNTIL 5PM) 7798  ADMISSION UNIT 7660  ADMITTING OFFICE (PATIENT ACCESS)  (BED PLACEMENT) 7108  (EMERGENCY DEPT) 8249  (LOBBY/CASHIER’S OFFICE) 7119  ANESTHESIA 7268  (SURGERY CALL ROOM) 7216  BLOOD BANK 7877  CANCER CENTER  ONCOLOGY/HEMATOLOGY 982-0237  RADIATION ONCOLOGY 7377  CARDIAC CATH LAB (6 S PAV) 7085  CARDIAC REHAB 7619,7620  CARDIAC SURGERY OR (6 S PAV) 8912  CARES/PRESURG TESTING 853-0924  CASE MGMT 8360  CONNECT………… …………….……….8181  CYTOLOGY 985-9046  DENTISTRY 7128  DIABETES CLINIC 224-4360  ECHOCARDIOGRAPHY LAB 7618  EEG 7102  EKG 7285  EMERGENCY DEPT 7337  EMPLOYEE HEALTH 7206  ENDOSCOPY 7170  GIFT SHOP 7980  HEALTH INFO MGMT 7145  HEARTNET 7910  HELP DESK 224-1599  HEMODIALYSIS 7662  HUMAN RESOURCES 7305  INFECTION CONTROL 7813  LABORATORY 7157  LIBRARY 8039  LOGISTICS 224-3040  MEDICAL EDUCATION  DIRECTOR 50318  GME ADM DIR 50319  FILY PRACTICE 562-5702  INTERNAL MEDICINE 7120  OB/GYN 985-9977  ORTHOPEDICS…………………………....7-8345  PEDIATRIC 985-8230  PSYCHIATRY Residency Program…. ……7695  Outpatient Program….……8025  SURGERY……… ……………………….7244  TRANSITIONAL 7776  TRAUMA……………………………………… 7441  NUCLEAR MEDICINE 7274  O.R. POSTING 7494  PAGING SYSTEM 8900  PASTORAL CARE 7255  PATHOLOGY 7271  PATIENT ACCOUNTING 224-5500  PATIENT INFORMATION 7118,7143  PHARMACY 7275  PHYSICAL/OCCUPATIONAL/SPEECH  THERAPY (MAIN) 7284  (REHAB) OUTPATIENT PT/OT 7443 | POLICE DISPATCH 7911  POST ANESTHESIA RM.(Recovery) 7173  PSYCHIATRIC SERVICES 7097  PULMONARY FUNCTION LAB 7661  RADIOLOGY  (CT SCAN) 7093  (DIAGNOSTIC) 7122  (FILE ROOM) 7126  (INTERVENTIONAL) 7083  (MRI) 7576  RESPIRATORY CARE SERVICES 7218  SLEEP LAB 985-8526  SOCIAL SERVICES 7678  SURGERY/OR (4 S PAV) 7244  TRANSCRIPTION 224-6838  ULTRASOUND 7088  UTILIZATION MANAGEMENT 7503  VASCULAR LAB 7544  WAREHOUSE 224-3050  **NURSING STATIONS**  12 WEST (1200 – 1228) 7386  11 WEST (1100 – 1127) 7166  10 WEST (1000 – 1027) 7240,8620  10 MTN (SPCU 1080 - 1099) 2940  10 MTN (SICU 1068 - 1079) 2950  9 WEST (900 – 928) .7394,7395  9 SOUTH (CARD. PCU 931 – 950) .8250  9 MTN (NTPCU 980 - 999) 2939  9 MTN (NTICU 968 - 979) 2949  8 WEST (801 – 828) 8362  8 SOUTH (CARD PCU 831 – 850) 7189  8 MTN (MSPCU 880 - 899) 2938  8 MTN (MSICU 868 - 879) 2948  7 EAST (752 – 776) 7986  7 SOUTH (CCU CC01 – CC12) 7316  7 SOUTH (MCPCU 731 - 750) 7286,7287  7 MTN (VASCULAR PCU 779 - 790) 2947  6 WEST (CCDU 600 - 627) 7236  6 SOUTH (CSICU CS01 - 12) 7631,7632  6 MTN (VASCULAR ICU 630 – 639) 2946  5 WEST (501 – 526) 7498  4 WEST (OP SURG 401 – 417) 7178 WAITING ROOMS 2 SOUTH EMERGENCY ROOM 8751  4WEST 8934  5 CENTRO 7355  6 SOUTH 8850  6 MTN 2924  7 SOUTH 70846  7 MTN 2925  8 SOUTH 7820  8 MTN 2926  9 SOUTH 7794  9 MTN………………………………………….2927  **REHAB**  1ST FLOOR (DAY REHAB) 853-0656,0657  2 ND FLOOR 7425,7426  3RD FLOOR 7433,7434  4TH FLOOR 7448,7449  5TH FLOOR 7417,7418 | **BULATORY CARE**  CARILION BRBLETON CENTER  (BULATORY SURGERY) 772-7440  (RADIOLOGY DEPT) 772-7401  NORTHWEST 224-3870  ROANOKE/SALEM 562-5700  SOUTHEAST 427-9200  SCREENING MMOGRAPHY N.RKE 265-5545  **MISCELLANEOUS**  ARCHIVE CENTER 224-4778  CARILION BIOMEDICAL INST. 581-0123  CARILION EAP . . . . . 981-8950  CARILION HOME CARE/DME 224 (8) 4700  CARILION HOME CARE PV.DUTY 224-4875  CARILION OCCUP.HEALTH. 985-8529  CARILION DIRECT 981-7641  CARILION TRANSPORTATION. . . 345-7628  CRYSTAL SPRING IMAGING  RECEPTION 7600  DIAGNOSTIC AREA 7203  PROCESSING AREA 7535  ULTRASOUND 7202  FILEROOM 7250  MRI 7109  CT 7153  FOOD SVCS(FRANKLIN RD)……. 344-0399  HOME HEALTH 224 (8) 4800  HOSPICE 224 (8) 4753  INFORMATION SERVICES ………….. 224-1400  LIFE-GUARD 10  (OFFICE) 342-7637  (EMERGENCY) 344-4357  MEDICAL CTR PHARMACY…… 853(7)0905  PAYROLL 224(5)5039  RONALD MCDONALD HOUSE 857-0770  **BILLING**  C.CONSOLIDATED LAB BILLING 342-2772  ELIGIBILITY ASST. 224-2020  (OR 1-800-365-2445)  PATIENT ACCOUNTING 224-5500  (HOSPITAL BILLS)  PROFESSIONAL BILLING 224-5688  (PHYSICIAN SERVICES) 1-800-540-1487  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS:  BELLEVIEW AT JEFFERSON STS.  ROANOKE, VA. 24014  MAILING ADDRESS:  P.O. BOX 13367  ROANOKE, VA. 24033 |

**Appendix 1: Sample Resident Contract**

A copy may also be found on the following GME website: <https://www.carilionclinic.org/graduate-medical-education/forms-policies>

**CARILION CLINIC**

**RESIDENT CONTRACTUAL AGREEMENT**

**Podiatric Medicine and Surgery Residency (PMSR)**

**July 1, XXXX through June 30, XXXX.**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, accept appointment as a \_\_\_\_\_\_\_ Year Resident in Podiatric Medicine and Surgery Residency (PMSR) with reconstructive rearfoot/ankle credential option with Carilion Clinic from July 1, XXXX through June 30, XXXX.
2. I will conscientiously fulfill my responsibilities and obey all applicable rules, regulations, and policies of Medical Education and the hospitals, medical staff and educational affiliates of my program. I will not prematurely resign my appointment except for reasons of health or circumstances over which I have no control; or by mutual agreement with Carilion Clinic. I will adhere to all policies attached to this agreement. I understand and agree that my appointment is contingent upon my ability to begin it on a timely basis and that if I am unable to begin it within sixty (60) days of the start date, I will be deemed to have resigned my appointment.

I further understand that a criminal background check will be conducted before my arrival at Carilion Clinic. A successful background check is needed for acceptance into the residency program.

1. I accept the following responsibilities:
   1. Develop a program for professional growth with guidance from the teaching staff
   2. Participate in safe, effective, and compassionate care under supervision, commensurate with my level of advancement and responsibility
   3. Participate fully in the educational activities of the program and assume responsibility for teaching and supervising other residents and students
   4. Participate in committees, institutional programs and activities involving the Medical Staff
   5. Adhere to established practices, procedures, and policies of the institution and participate in committees as requested
   6. Utilize cost containment measures in the provision of patient care where medically appropriate
   7. Participate in the required documentation and compliance with duty hours regulations.

I understand that failure to meet these responsibilities may result in sanctions, suspension, probation or dismissal.

1. Carilion Clinic agrees to provide:
   1. Annual salary of: $XXXX payable bi-weekly.
   2. Health insurance as set forth in the applicable Summary Plan Description (“SPD”) – choice of HMO or PPO coverage (effective on the first official day of employment). The HMO and PPO premiums are subsidized in part by Carilion Clinic, but residents will be responsible for the payment of partial premiums in an amount determined by the particular plans(s) and coverage(s) offered and selected.
   3. Dental insurance as set forth in the applicable SPD basic coverage for the Resident and, if married, for the Resident’s spouse and dependent children paid by Carilion Clinic. Comprehensive coverage requires premium to be paid by the resident.
   4. Salary continuation for up to 150 days per rolling contract year for covered illness and/or injury, as per Carilion Clinic policy.
   5. Eligibility for long-term disability as set forth in the SPD.
   6. Group life insurance of one and one-half times annual salary and payable as set forth in the applicable SPD.
   7. Carilion provides, under its corporate medical professional and general liability insurance program, claims-made insurance coverage of a continuous nature with respect to all clinical activities and employment activities undertaken by residents under the aegis of the educational program. This claims-made coverage is applicable, with respect to specific dates of employment, beyond the dates of employment of any resident so employed by Carilion. It is of a continuous nature and unlimited in duration.
   8. A minimum of two calendar weeks of vacation and seven additional days off usually during winter holiday (total twenty-one days), in accordance with the department-specific Resident Vacation Policy. (See policy).
   9. Parking in designated areas without charge.
   10. Call rooms along with meals, subject to specified dollar limits, for designated resident call groups.
   11. Uniform jackets
   12. Documented moving expenses for new residents, reimbursed up to $850.00
2. Call and duty hours are consistent with Carilion Duty Hour Standards, as applicable.

Program Offices will provide residents with Program appropriate duty hours policies and procedures.

1. Individual programs provide a description of the educational program, educational leave for upper level residents, rotations, call responsibilities, and policies concerning leave, evaluation, reappointment, and advancement.
   1. First year residents may not engage in extramural clinical activities (“moonlighting”). After successful completion of the first year, moonlighting may be permitted at a frequency and at locations approved by the Program Director and Carilion Clinic. All moonlighting hours must be reporting in weekly duty hours reporting. Residents are required to disclose moonlighting activities to their Program Director. Carilion Clinic’s professional liability insurance does not cover such professional activities by residents. The DEA number for Carilion Medical Center is to be used for approved program activities and cannot be used for moonlighting. A resident must apply for a federal DEA license in order to practice outside the educational program.
2. Carilion Clinic has formal policies for Academic Behavioral Discipline and Redress of Grievances.

Oversight is the responsibility of the Graduate Medical Education Committee. The Academic Behavioral Discipline policy covers such things as administrative sanction, probation, suspension, dismissal, appeal of dismissal, and conduct of hearings.

1. Carilion Clinic has a formal policy on workplace harassment, including sexual harassment.
2. Carilion Clinic has a formal policy on Compliance.
3. Carilion Clinic has Employee Use of Tobacco and Drug-Free Workplace Policies. Residents undergo a post-offer health assessment, including a test for illegal drugs. A positive result is sufficient cause for revocation of this appointment and immediate termination of this agreement.
4. Carilion Clinic recognizes the need for residents in Medical Education to occasionally request an extended period of time away from work during the course of employment. Carilion Clinic has a Leave of Absence Policy, including Family Medical Leave benefits applicable to residents.
5. Carilion Clinic provides residents and their families with an Employee Assistance Program (“EAP”). EAP offers a variety of counseling services, including family and personal counseling, stress management, and substance abuse. Carilion Clinic has a formal policy on the Employee Assistance Program for Residents
6. Carilion Clinic has a formal policy on physician impairment.
7. In the event that Carilion Clinic would need to reduce the size or close a residency program, residents would be informed as soon as possible. For residents already in the program, Carilion Clinic will make every reasonable effort to allow the resident to complete their education or be assisted in enrolling in a PMSR accredited program in which they can continue their education. (See policy).
8. Carilion Clinic does not request or require residents to sign a Restrictive Covenant, guaranteeing non-competition.
9. I have read, understand and agree to adhere to the attached policies and procedures.

RESIDENT:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

John Randolph Clements, D.P.M.

Director of Podiatric Medicine and Surgery Residency

Carilion Clinic

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Donald W. Kees, M.D.

Designated Institutional Official

Carilion Clinic

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nancy Howell Agee

President and CEO

Carilion Clinic

The following policies can be accessed on the internet at:

<https://www.carilionclinic.org/graduate-medical-education/forms-policies>

Benefits – Disability for Residents

Benefits – Employee Assistance Program

Benefits – Malpractice

Discipline – Administrative Sanction

Discipline – Appeal Process

Discipline – Institutional Probation

Discipline – Non-Renewal of Contract

Discipline – Dismissal by the DIO

Drug Free Workplace

Duty Hours

Impaired Physician

Leave of Absence

Moonlighting

Program Closure and Reduction

Reappointment of Residents and Fellows

Redress of Grievances

Resident Responsibilities

Vacation

USMLE Step 3 / COMLEX Level 3 Policy

Workplace Harassment

Information related to eligibility for Specialty Boards can be found at:

<https://www.abpmed.org/>

<https://www.abfas.org>

**Appendix 2: Departmental and GME Select Policies**

Selected Podiatry Residency Policies:

* Resident Supervision
* Transitions of Care.

GME list of policies on the Web :

<https://www.carilionclinic.org/graduate-medical-education/forms-policies>

* [ACGME Extraordinary Circumstances (pdf)](https://www.carilionclinic.org/sites/default/files/ACGME%20Extraordinary%20Circumstances.pdf)
* [AOA Internal Review (pdf)](https://www.carilionclinic.org/sites/default/files/AOA%20Internal%20Review.pdf)
* [Benefits - Disability for Residents (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Benefits_Disability_Residents.pdf)
* [Benefits - Employee Assistance Program (pdf)](https://www.carilionclinic.org/sites/default/files/Benefits%20-%20Employee%20Assistance%20Program.pdf)
* [Benefits - Malpractice (pdf)](https://www.carilionclinic.org/sites/default/files/MalpracticeCoverageforResidents_January2015_0.pdf)
* [Central Venous Catheter (CVC) Placement (pdf)](https://www.carilionclinic.org/sites/default/files/Central%20Venous%20Catheter%20%28CVC%29%20Placement_0.pdf)
* [C](https://www.carilionclinic.org/sites/default/files/Duty%20Hours.pdf)[linical and Educational Work Hours (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/ClinicalandEducationalWorkHours.pdf)
* [Compliance Plan](http://insidecarilion.org/hubs/corporate-compliance/corporate-compliance-plan)
* [Developing a New Training Location (pdf)](https://www.carilionclinic.org/sites/default/files/DevelopingaNewTrainingLocation_January2015.pdf)
* [Discipline - Academic Remediation (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Discipline_Remediation.pdf)
* [Discipline-AdminitrativeSanction (pdf)](https://www.carilionclinic.org/sites/default/files/Discipline-AdminitrativeSanction.pdf)
* [Discipline - Appeal Process (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Discipline_Appeal_Process_0.pdf)
* [Discipline - Institutional Probation (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Discipline_InstitutionalProbation_0.pdf)
* [Discipline - Institutional Suspension (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Discipline-InstitutionalSuspension.pdf)
* [Discipline - Non-Renewal of Contract (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Discipline_Non-RenewalofContractPolicy.pdf)
* [Discipline - Dismissal (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Discipline_Dismissal_0.pdf)
* [Dress Code (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Dress_Code_Residents_2015.pdf)
* [Drug Free Workplace (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Drug_Free_Workplace_Protocol.pdf)
* [Duty Hours Exception (pdf)](https://www.carilionclinic.org/sites/default/files/Duty%20Hours%20Exception.pdf)
* [Establishing a Residency or Fellowship Program (pdf)](https://www.carilionclinic.org/sites/default/files/Establishing%20a%20Residency%20or%20Fellowship%20Program.pdf)
* [Evaluation and Advancement - ACGME (pdf)](https://www.carilionclinic.org/sites/default/files/Evaluation%20and%20Advancement%20-%20ACGME.pdf)
* [Evaluation and Advancement - CPME (pdf)](https://www.carilionclinic.org/sites/default/files/Evaluation%20and%20Advancement%20-%20CPME_0.pdf)
* [Evaluation and Advancement, Dental GPR (pdf)](https://www.carilionclinic.org/sites/default/files/Evaluation%20and%20Advancement%2C%20Dental%20GPR_0.pdf)
* [Faculty Evaluation\_(pdf)](https://www.carilionclinic.org/sites/default/files/FacultyEvaluation_January2015.pdf)
* [Fraternization (pdf)](https://www.carilionclinic.org/sites/default/files/Fraternization_0.pdf)
* [Graduate Medical Education Committee (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/GraduateMedicalEducationCommittee.pdf)
* [Impaired Residents & Fellows (.pdf)](https://www.carilionclinic.org/sites/default/files/Impaired_Residents_Fellows_09182015.pdf)
* [Increasing Trainees in Accredited Training Programs (pdf)](https://www.carilionclinic.org/sites/default/files/Increasing%20Trainees%20in%20Accredited%20Training%20Programs.pdf)
* [Institutional Supervision (pdf)](https://www.carilionclinic.org/sites/default/files/Institutional%20Supervision%20Policy_2014.pdf)
* [Leave of Absence (pdf)](https://www.carilionclinic.org/sites/default/files/Leave%20of%20Absence.pdf)
* [Life Support Training (pdf)](https://www.carilionclinic.org/sites/default/files/Life%20Support%20Training.pdf)
* [Moonlighting (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Moonlighting%20Policy.pdf)
* [Non-Competition\_Policy (pdf)](https://www.carilionclinic.org/sites/default/files/Non-Competition_Policy.pdf)
* [Out Rotation Policy (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/OutRotation.pdf)
* [Posting Procedure Certifications (pdf)](https://www.carilionclinic.org/sites/default/files/Posting%20Procedure%20Certifications.pdf)
* [Professionalism Boundaries-Resident (pdf)](https://www.carilionclinic.org/sites/default/files/Professionalism%20Boundaries-Resident.pdf)
* [Program Closure and Reduction (pdf)](https://www.carilionclinic.org/sites/default/files/Program%20Closure%20and%20Reduction.pdf)
* [Reappointment of Residents and Fellows (pdf)](https://www.carilionclinic.org/sites/default/files/Reappointment%20of%20Residents%20and%20Fellows.pdf)
* [Record Retention Policy\_(.pdf)](https://www.carilionclinic.org/sites/default/files/RecordRetentionPolicy_September2015.pdf)
* [Recruitment and Appointment (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/RecruitmentandAppointment.pdf)
* [Redress of Grievances (pdf)](https://www.carilionclinic.org/sites/default/files/Redress%20of%20Grievances.pdf)
* [Resident\_Responsibilities (.pdf)](https://www.carilionclinic.org/sites/default/files/Resident_Responsibilities.pdf)
* [Resident Transfer (pdf)](https://www.carilionclinic.org/sites/default/files/Resident%20Transfer.pdf)
* [Salary – Residents and Fellows (pdf)](https://www.carilionclinic.org/sites/default/files/Salary%20%E2%80%93%20Residents%20and%20Fellows.pdf)
* [Special Review Process-ACGME only (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Special_Review_Process_2016.pdf)
* [Transitions of Care (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Institutional%20Transitions%20Care%20Policy_2016.pdf)
* [Vacation (pdf)](https://www.carilionclinic.org/sites/default/files/Vacation.pdf)
* [Vendor Relations (pdf)](https://www.carilionclinic.org/sites/default/files/Vendor_Relations_Medical_Education_May_2015.pdf)
* [Visiting Resident Policy (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/VisitingResidentPolicy.pdf)
* [USMLE STEP 3 AND COMLEX LEVEL 3 Policy (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/USMLE-COMLEX-III_2016.pdf)
* [Well-Being Policy (pdf)](https://www.carilionclinic.org/sites/default/files/asset/document/Well-BeingPolicy.pdf)
* [Workplace Harassment (pdf)](https://www.carilionclinic.org/sites/default/files/Workplace%20Harassment%20Nov%202014.pdf)

**Podiatry Specific Policies**

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| Department of Podiatry Education | | | |
| Topic: Supervision Policy- Podiatry Residency | | | Eff. Date: 7/1/2011 |
| Program Director: J. Randolph Clements D.P.M. | | |  |
| Revision/Review Dates: | 8.25.2014 | 6.5.2017 |  |

**Supervision Podiatry Resident**

Supervision: Residents are expected to assume progressively increased responsibility under appropriate supervision according to the level of their training, ability, and experience. In all cases, residents work under the supervision of a member of the attending staff or his or her designee who retains responsibility for the management of the patient.

Residents are permitted to perform only those specific treatments or procedures authorized by the program director and as conferred according to the policies and procedures of the graduate medical education department of the Carilion Clinic and the Department of Surgery, Section of Orthopaedics. Residents may, when privilege is so conferred: take and record histories and perform physical examinations, perform treatments and procedures for which they are specifically privileged; write other diagnostic tests, medications and/or treatments, devices and immunizing agents; and request consultative services on patients on the neurosurgical service. Decisions on management or changes therein will be under the supervision of the responsible attending staff member or designee.

Senior residents may supervise junior residents if the patient’s attending physician is readily available in person when needed.

All operative procedures requiring other than local anesthesia must be supervised by a member of the attending staff. At a minimum the attending staff will supervise the case and perform the pre- and post-operative examination and assessment.  The attending will also be present for the critical portion of the operation.

Nothing in this requirement precludes a responsible member of the attending staff from writing orders on patients under his or her care.

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| Department of Podiatry Education | | | |
| Topic: **Clinical and Educational Hours Policy (Duty Hours)** | | | Eff. Date: 6.5.2017 |
| Program Director: J. Randolph Clements D.P.M. | | |  |
| Revision/Review Dates: |  |  |  |

The Carilion Clinic Podiatry Medicine and Surgery Residency program fully adheres to the Medical Education Policy: Clinical and Educational Work Hours policy, revision date April 2017.

As defined in that policy:

**Maximum hours of clinical and educational work per:** Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting (both external and internal). Vacation time or other leave taken during a four-week period may not be counted towards the days off for the reporting period and cannot be counted in the averaging.

**Mandatory Time Free of Clinical Work and Education**: Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical and educational work. This must occur within the context of the 80-hour and 1-in-7 requirements. Residents must have at least 14 hours free of clinical and educational work after 24 hours of in-house call. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks. At-home call cannot be assigned on these free days.

**Maximum Clinical Work and Education Period Length:** Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education. Additional patient care responsibilities must not be assigned to the resident during this time.

**Clinical and Educational Work Hour Exceptions:** In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient to provide humanistic attention to the needs of a patient or family to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

**Review Committee Exceptions:** A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours per week averaged over four weeks to individual programs based on a sound educational rationale. The Program Director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures in preparing their request. Prior to submission of the request, the Program Director must obtain approval from the GMEC and DIO.

**In-House Night Float:** Must comply with the 80-hour and 1-in-7 requirements. Maximum number of consecutive weeks and maximum number of months of night float per year may be further defined by the Review Committee. Please refer to the ACGME program requirements for specialty-specific guidelines.

**Maximum In-House On-Call Frequency:** Residents must be scheduled for in-house call no more frequently than every third night when averaged over a four-week period. It is desirable that days off be distributed throughout the month, but some residents may prefer to group their days off to have a consecutive Saturday and Sunday free from work. Programs are encouraged to distribute days off in a fashion that optimizes resident well-being and educational and

personal goals.

**At-Home Call:** At home call must satisfy the requirement for one-day-in-seven free of clinical work and education when averaged over four weeks. Time spent on patient care activities by residents on at-home call must count toward the 80 hour maximum weekly limit. At-home call activities that must be counted include responding to phone calls and other forms of communication as well as documentation such as entering notes in an electronic health record. Return to the hospital for direct care of new or established patients is permitted while on at-home call. These hours of inpatient patient care must be included in the 80-hour weekly limit. At-home call must not be so frequent or taxing as to preclude rest or

reasonable personal time for each resident.

**Reporting Clinical and Educational Hours:** Residents are required to maintain an accurate log of clinical and

educational hours and must input their hours worked into MedHub at least weekly. Failure to do so will be seen as a violation of the Clinical and Educational Work Hours policy. Residents who falsify clinical and educational hour entry will be subject to disciplinary action and possible dismissal from the Program.

**Monitoring Clinical and Educational Hours:** The Program Director must monitor clinical and educational hours on a

regular basis and address any violations and trends with the residents who are not in compliance. Details regarding each violation must be documented in MedHub. The DIO will review clinical and educational work hour compliance individually with each Program Director on a monthly basis. The GMEC will review clinical and educational work hour compliance

on a monthly basis.

**Enforcement:** Each resident should report and discuss all clinical and educational work hour violations with their program Director as soon as possible. The goal of the discussion will be to identify possible solutions and

changes that can be implemented to facilitate and ensure ongoing compliance. The Program and Institution must support resident education and implement reasonable changes in the educational program to optimize compliance. Residents with repeated violations of the Clinical and Educational Work Hours policy will be subjected to disciplinary action and possible dismissal from the program. Residents are required to complete online sleep deprivation training yearly and sign an attestation stating that they have received and agree to abide by the Clinical and Educational Work Hours policy.

**Resident Reporting Program non-compliance:** Residents shall have the option of reporting Program non-compliance

with clinical and educational hour scheduling without reprisal. Residents may report non-compliance directly to the DIO or the Administrative Director of Medical Education. Residents may report non-compliance in an anonymous fashion

through the medical education intranet.

**Contact Information:**

**DIO office: 521-0318 Dr. Don Kees**

**Administrative Director office: 581-0319 Rhonda Miller**

**Anonymous Report: On the intranet, select Graduate Medical education. On the main page you will find a link to the anonymous Comment/ Complaint line. It creates an anonymous, untraceable email to the DIO.**

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| Department of Podiatry Education | | | |
| Topic: Transitions of Care (Handovers) | | | Eff. Date: 8.20.2014 |
| Program Director: J. Randolph Clements D.P.M. | | |  |
| Revision/Review Dates: | Revision 8.25.2014 | Review: 6.5.2017 |  |

**General information:**

The orthopaedic and podiatry services work closely together, are attending driven and have no resident driven services.  The resident staff are most heavily involved in trauma and fracture related care.  The orthopaedic unit on 9W is mainly managed by midlevel providers providing most of the day to day care for the patients.

The on call team is divided into trauma call, unassigned call, foot and ankle call and hand call.  The attending is responsible for those patients depending on the type call they are on.

**Attending/Resident Communication:**

For the trauma and fracture patients, communication is resident to attending by phone and EPIC.  The attending manages the f/u, etc via the department schedulers and the in basket function.   For example, if a sports attending has been on call and has a hand problem, he routes that to the hand in basket that is screened at 0700 and at regular intervals throughout the day.  Anything urgent or complicated is supplemented with a phone call attending to attending.  The fracture room runs each weekday and the residents post inpatient cases for the next day at the direction of the on call attending.  Then, at 0630 there is attending to attending communication as to the cases.

Any outstanding work from call: labs, medical clearance issues etc., are signed out either to the resident covering the fracture room if that patient is anticipated for OR that day or the floor midlevel provider on call that day.

**Nursing Staff Communication:**

The post-call resident and the on-call ED resident will meet with the 9W nurses in person for their am nursing huddle and handoff at 8:15 am.  Pertinent questions about patients admitted from the previous evening going to the OR and other questions will be addressed.

A note on the weekends:  the NP covering the day phone calls should be there to participate.  Essentially they are first call for the floor problems and operators and you could hand off specific tasks as needed. If you are tied up with other duties/emergency then a phone call to the 9 west nurse in charge should work in those cases.  
  
For days when the ED resident is post-call, only the post-call Ortho resident needs to go to the huddle. The Ortho ED resident does not need to be at the huddle.

To improve communication, the nursing director is getting the daily call schedule and will post at the nursing minimize confusion as to the correct contact person for the day.

**Appendix 3: CPME 320 and 330**

The CPME 320 and CPME 330 documents may be found at: <http://www.cpme.org/residencies/content.cfm?ItemNumber=2444&navItemNumber=2245>

You may also find a copy in Med Hub under resource documents/ program specific documents.

**Appendix 4: Evaluations**

Resident evaluations will be sent electronically via Med Hub at the appropriate intervals.

Copies of the current rotational evaluation forms for the podiatry residency follow:

Bottom of Form