

Ascension WI PMSR/RRA Residency Manual

2020/2021



Ascension



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CPME 320 and CPME 330 can be accessed on the CPME website: www.cpm.org

Introduction

The Podiatric Residency Program at Ascension Southeast Wisconsin is designed to be an extension of the four-year program which leads to the degree of Doctor of Podiatric Medicine (DPM). The purpose is to further train the graduate podiatric physician in the diagnosis and treatment of foot and ankle conditions. In addition, this residency program will expose each resident to other branches of medicine to provide a comprehensive medical and surgical training.

The resident will follow patients from admission to discharge and will work closely with a variety of attending staff. The resident will be expected to spend most of this time in the surgical suites and will also be expected to rotate through other departments of the hospital and outpatient departments. The resident will maintain a log of his/her activities and will be expected to attend scheduled lectures and teaching sessions.

Licensing/NPI Information

Each resident must hold a license to practice in the state of Wisconsin, with the 1st and 2nd year residents holding a temporary training permit that must be obtained prior to the start of the 1st year and renewed prior to the 2nd year expiration.

The 3rd year resident can obtain a full license to practice in the state of Wisconsin and may obtain this upon completion of the 2nd year.

The 3rd year resident is also able to obtain a DEA # upon obtaining a full state license. Information on obtaining licensure, NPI and DEA available at website sites listed below: NPI:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart> - Online registration

Wisconsin State License: <http://dsps.wi.gov/Licenses-Permits/Credentialing> - Obtain forms for Temporary Education License (1st /2nd yr.)

DEA #: <https://www.deadiversion.usdoj.gov/webforms/> - Online registration

Daily schedule

All residents on podiatric surgery are expected to work from 7:00am to 5:00pm. This does not include time needed to prepare for CPC, Journal Club, or X-ray conference. If there are no surgical cases the resident is expected to perform hospital rounds, go to clinic, work on research projects, and/or study at the library. This time also does not include on call activities or academic conferences. No resident will be mandated to work more than 80 hours per week.

Goals of PMSR/RRA program

PGY 1

- To complete all competencies for all rotations (see competency and evaluation section)
- To gain a thorough understanding of coordination of care between Podiatrists and other medical specialties
- To gain knowledge in podiatric medicine and surgery in hospital, surgery center, and clinic environment
- To obtain experience in inpatient management for podiatric patients and as part of team on specialty rotations
- To provide experiences that will aid the podiatric resident to develop skills, knowledge, and attitudes required for patient care management, business, and financial practice management, and the development of professional public relations of podiatric services in a community environment
- To provide the podiatric resident the opportunity for research and to prepare and submit at least one research project/case study or poster presentation during the three-year training cycle

PGY 2

- To successfully complete all competencies for required rotations
- To expand knowledge in other surgical specialties
- To gain insight and knowledge in emergency medicine
- To advance skills in podiatric surgery and medicine

PGY 3

- Focus skill in podiatric surgery with special attention to trauma, ankle, and complex reconstructive procedures
- Gain advanced clinical knowledge
- Understand how to manage an office and staff efficiently to better prepare for post graduate practice Gain a thorough understanding in research and teaching skills

Objectives of PMSR/RRA

PGY 1

- Become clinically competent in basic forefoot surgery
- Participate in weekly clinical topics related to surgical and medical principles
- Assist in instruction of podiatry student extern
- Participate in weekly teaching sessions and lecture series
- Attend and present during weekly x-ray conference
- Attend clinic weekly, one half-day per week, with core teaching attendings unless instructed otherwise
- Participate in research project assigned by program directors
- Submit research project/case study for publication or present poster at ACFAS ASC (2nd or 3rd year)

PGY 2

- Become proficient in forefoot surgery and gain exposure to rear foot, ankle, and trauma surgery
- Participate in weekly clinical topics related to surgical and medical principles
- Assist in instruction of podiatry student externs
- Attend and present during weekly x-ray conference
- Attend clinic weekly, one half-day per week, with core teaching attendings unless instructed otherwise

PGY 3

- Expand surgical skills in trauma, ankle, and reconstructive foot and ankle surgery
- Gain competencies in clinic and gain insight to manage a podiatric practice
- Assist in instruction of junior residents and students
- Participate in weekly teaching sessions and lecture series
- Attend and present during weekly x-ray conference

**Podiatry Residency Program
PMSR/RRA Curriculum**

- I. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
 - A. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem- focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gait analysis in the above.
 - B. Formulate an appropriate diagnosis and/or differential diagnosis.
 - C. 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, and 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, and compartment pressure studies
- II. Formulate and implement an appropriate plan of management including:
 - A. Direct participation in the evaluation and management of patients in a clinic/office setting.
 1. perform biomechanical cases and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
 2. Management, including:
 3. dermatologic conditions.
 4. manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity
 5. closed fractures and dislocations including pedal fractures and dislocations, and ankle fracture/dislocation
 6. cast management
 7. tape immobilization
 8. orthotic, brace, prosthetic, and custom shoe management
 9. footwear and padding
 10. injections and aspirations
 11. physical therapy
 12. 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, and anti-rheumatic medications

- B. Surgical management, including
 - 1. evaluating, diagnosing, and selecting appropriate treatment and avoiding complications
 - 2. Progressive development of knowledge, attitudes, and skills in preoperative, intraoperative, and postoperative assessment and management in surgical areas including, but not limited to: digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, reconstructive rearfoot/ankle surgery (for added credential), and other procedures
 - 3. Anesthesia management, including local and general, spinal, epidural, regional and conscious sedation anesthesia
 - 4. Consultation and/or referrals
 - 5. Lower extremity health promotion and education
 - 6. Assess the treatment plan and revise it as necessary.
 - 7. Direct participation in urgent and emergent evaluation and management of podiatric and non-podiatric patients.
- III. Assess and manage the patient's general medical and surgical status.
 - A. Perform and interpret the findings of comprehensive medical history and physical examinations (including pre-operative history and physical examination including:
 - 1. vital signs
 - 2. physical examination including head, eyes, ears, nose and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, and neurologic examination
 - B. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)
 - C. Recognize the need for (and/or order) additional diagnostic studies, when indicated, including:
 - 1. EKG
 - 2. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, and diagnostic ultrasound
 - 3. Laboratory studies including, hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, and urinalysis
 - 4. Other diagnostic studies
 - D. 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

Competencies in Program Rotations

- I. Participate actively in Internal 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

- A. Perform and interpret comprehensive medical history and comprehensive physical examination
- B. Order and interpret laboratory tests, understanding proper medications utilized for treatment and additional diagnostic studies
- C. Utilize information obtained from history and physical exam and ancillary studies to arrive at a different diagnosis and treatment plan with the medical team.
- II. Participate actively in General/Vascular Surgery and surgical subspecialty rotations that include surgical evaluation and management of non-podiatric patients, but not limited to:
 - A. Understanding management of preoperative and postoperative surgical patients with emphasis on complications
 - B. Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision
 - C. Understanding surgical procedures and principles applicable to non-podiatric surgical specialties
 - D. Able to evaluate noninvasive and invasive vascular studies, with some emphasis on the lower extremities.
- III. 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:
 - A. Local anesthesia
 - B. General, spinal, epidural, regional, and conscious sedation anesthesia
- IV. Participate actively in an emergency medicine rotation that includes emergent evaluation and management of podiatric and non-podiatric patients.
 - A. Understand and appreciate the principles of general emergency medicine and emergency room protocol
 - B. Recognize and be able to assist in the care of acute systemic emergencies (i.e. cardiac arrest, diabetic coma, insulin reactions, etc.)
 - C. Handling of common emergencies with emphasis on the lower extremity, (i.e. dirty and infected wounds, burns, lacerations, fracture, etc.)
 - D. Handling of orthopedic emergencies with emphasis on the lower extremity
 - E. Perform and interpret the findings of a comprehensive medical history and physical examination of the emergency room patient, including: comprehensive medical history, chief complaint, review of systems history of present illness, and social and family history
 - F. Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination
- V. Participate actively in an infectious disease rotation that includes, but is not limited to, the following training experiences:
 - A. Recognizing and diagnosing common infective organisms
 - B. Understanding appropriate antimicrobial therapy
 - C. Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiogram monitoring
 - D. Exposure to local and systemic infected wound care

- VI. Participate actively in a behavioral science rotation that includes, but is not limited to:
 - A. Understanding of psychosocial aspects of health care delivery
 - B. Knowledge of and experience in effective patient physician communication skills
 - C. Understanding cultural, ethnic and socioeconomic diversity of patients Knowledge of the implications of prevention and wellness
- VII. Participate actively in a Plastic Surgery rotation that includes, but is not limited to:
 - A. Knowledge in the more advanced surgical techniques and procedures involved in plastic surgery, including traumatic tissue handling, suturing techniques, and instrumentation
 - B. Understanding various techniques of soft tissue coverage, i.e. skin grafts, vascular flaps, etc.
 - C. Knowledge in the comprehensive team approach to medical & surgical management of diabetic foot ulcers
 - D. Management of basic and complex wounds and infections
- VIII. Participate actively in a Radiology rotation that includes, but is not limited to:
 - A. Understanding/observation of the interpretation of diagnostic studies, including: plain radiography, radiographic contrast studies, stress radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging
 - B. Understanding/observation of basic chest film pathology such as pulmonary edema and cardiomegaly
 - C. Understanding/observation of various bone and soft tissue tumors/masses
 - D. Recognizing the need for (and/or ordering) additional diagnostic medical imaging studies when necessary
- IX. Participate actively in a Wound Care rotation that includes, but is not limited to:
 - A. Understanding of and knowledge in diagnosis and treatment of different types of wounds, including: venous ulcers, arterial ulcers, diabetic and other neuropathic ulcers, pressure ulcers, infected ulcers with osteomyelitis, inflammatory ulcers, chronic ulcers secondary to any type of cutaneous condition
 - B. Assessment of the pertinence and the type of debridement to use
 - C. Application of knowledge related to wound healing for the selection of dressings and other topical wound-care products and devices
 - D. Understanding the role of investigation tools to evaluate the vascular status of some chronic wounds
- X. Participate actively in a Physical Medicine rotation that includes, but is not limited to:
 - A. Performing a comprehensive musculoskeletal history and physical examination
 - B. Understanding the basic electro diagnostic studies involving the musculoskeletal and nervous system, including EMG and NCV
 - C. Review and discussion of a WC16/WC16B for patient disability evaluations
 - D. Understanding usage of proper pain management modalities in dealing with chronic pain conditions
- XI. Participate actively in a Physical Therapy rotation that includes, but is not limited to:
 - A. Recognizing/observing a comprehensive musculoskeletal exam, with emphasis on the lower extremities
 - B. Knowledge of the indications and contraindications of physical therapy modalities, especially as they apply to the lower extremities

- C. Familiarity with the principles and ability to perform manipulation/mobilization of the foot/ankle joint to increase/reduce associated pain and /or deformity
 - D. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management
 - E. Understanding and observation of appropriate physical therapy intervention in patients in the immediate postoperative period or after injury
- XII. Participate actively in a Pathology rotation that includes, but is not limited to:
- A. Basic lab test interpretation
 - B. Understanding of joint fluid analysis
 - C. Identification of microbiological sources of infection
 - D. Understanding proper acquisition and preparation of tissue samples
 - E. Understanding inflammation, osteomyelitis, benign/malignancy, common soft tissue lesions histologically
- XIII. Participate actively in a Podiatric Medicine and Surgery Rotation that includes, but not limited to.
- A. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol
 - B. Understands and utilizes appropriate hospital protocol including appropriate admission and discharge procedures, maintains appropriate medical records, and adheres to hospital safety measures
 - C. Perform and interpret the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal examination
 - D. Evaluates a patient as to the appropriateness of a surgical and nonsurgical treatment, including in the history and physical exam, review of laboratory and radiologic studies, and performs a biomechanical examination where indicated
 - E. Assessment of appropriateness of a surgical procedure, includes assessment of efficacy and potential complications relating to procedure
 - F. Demonstrates progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases
 - G. Demonstrates progressive development of knowledge, attitude and skills in performance of podiatric procedures by performing as per CPME 320 requirements an appropriate volume and diversity of cases and procedures in the categories of digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, and reconstructive rearfoot/ ankle surgery
 - H. Application of knowledge /-participation in pediatric evaluations and treatment options
 - I. Application of knowledge/-participation in podiatric orthopedics: footwear, taping and padding, and form box impressions/-casting for orthotics

Common Competencies

- I. Practice with professionalism, compassion, and concern in a legal, ethical and moral fashion
 - A. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery
 - B. Practice and abide by the principles of informed consent
 - C. Understand and respect the ethical boundaries of interactions with patients, colleagues, and associates
 - D. Demonstrate professional humanistic qualities
 - E. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs
- II. Communicate effectively and function in a multi-disciplinary setting.
 - A. Communicate in oral and written form with patients, colleagues, payers and the public
 - B. Maintain appropriate medical records
 - C. Manage individuals and populations in a variety of socioeconomic and healthcare settings
 - D. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages - pediatric through geriatric
 - E. 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
 - F. Demonstrate an understanding of public health concepts, health promotion and disease prevention
- III. Understand podiatric practice management in a multitude of healthcare delivery settings
 - A. Demonstrate familiarity with utilization management and quality improvement
 - B. Understand healthcare reimbursement
 - C. Understand insurance issues including professional and general liability, disability and Workers' Compensation
 - D. Understand medical-legal considerations involving healthcare delivery
 - E. Demonstrate understanding of common business practice
- IV. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical experience
 - A. Read, interpret, and critically examine and present medical and scientific literature
 - B. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery
 - C. Demonstrate information technology skills in learning, teaching and clinical practice
 - D. Participate in continuing education activities

Rotations:

Anesthesiology -
Emergency Medicine -
Behavioral Science -
Medical Imaging -
Pathology and Lab Modalities -
Wound Care –
Infectious Disease –
Plastic Surgery –
Orthopedic Surgery –
General Surgery –
Vascular Medicine and Surgery -
Podiatric Surgery – ongoing for 36 months
Podiatric Medicine (Office) – 1 or 2 mornings/afternoons per week for 36 months
Out of state rotation - 1 month

The time spent in infectious disease, plus the time spent in internal medicine and/or family practice, plus time spent in medical subspecialties (physical medicine and rehab, wound care) must be equivalent to a minimum of three full time months of training.

Biomechanics Curriculum

- A. A biomechanics case must include the following three components
 - a. Diagnosis
 - b. Evaluation
- B. Complete biomechanical exam must include the following:
 - a. Static examination of area of chief complaint
 - b. Dynamic examination of area of chief complaint
 - c. Any other areas of potential abnormal biomechanical function contributing to chief complaint.
- C. Gait analysis on ambulatory patients must include one of the following:
 - a. Visual gait analysis
 - b. Demonstrate the thought process in determining a diagnosis and treatment as they relate to the evaluation.
- D. Treatment may include but not be limited to the following:
 - a. Taping
 - b. Padding
 - c. Orthotics
 - d. Shoe modifications

- e. Prosthetics
- f. Surgical correction
- E. 100 comprehensive biomechanical cases must be performed by each resident prior to completion of our podiatric medicine and surgery residency program. Each biomechanical exam must include all aspects of a biomechanics case as described above.
- F. Each resident must document all pertinent biomechanical information, as related to the chief complaint, in the patient's medical record. Each resident must also log each biomechanical case in Residency Resource as well as document on their spreadsheet as a quick reference guide.
- G. Each resident is given a handout that may serve as a template of pertinent biomechanical information that may be included in their examination and documented in the patient chart. The resident can use this template as a guide and document only the pertinent information as it pertains to the patient's chief complaint.



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Surgical Locations

- Ascension SE WI North
 - Ascension CSM Milwaukee
 - Ascension CSM Ozaukee
- Ascension SE WI South
 - Ascension St. Joseph
 - Ascension St. Francis
 - Ascension Franklin
 - Ascension Elmbrook
 - Ascension All Saints
 - Midwest Orthopedic Specialty Hospital
- Surgery Centers
 - Wisconsin Surgery Center
 - Milwaukee Surgical Suites, LLC
 - Northwest Surgery Center, Inc.
 - National Pedorthic Services, Inc.
 - Advanced Foot & Ankle of Wisconsin
 - Aspen Ortho & Rehab
 - Milwaukee Foot & Ankle Specialists
 - The Surgery Center, LLC
- Aurora Healthcare Facilities
 - Aurora West Allis Medical Center
 - Aurora St. Luke's South Shore
 - Aurora LakeShore

RESIDENT EDUCATION

Journal Club (Dr. Timothy Henke)

Held once every 4 weeks. Attending Supervised

Articles from JFAS and/or FAI will be picked from recent articles. This will be picked by the chief resident and sent out to the other residents and attending several days ahead of time. Articles will be presented and discussed in a concise fashion. Residents will know the level of clinical evidence for the article. Residents should be able to answer questions about the article and related topic. If questions are asked to the resident and he/she is unable to answer, the resident must get the correct answer with a reference to the attending prior to surgery the next day.

Case presentation (Ascension Faculty)

Held once every 4 weeks. Attending Supervised

Residents must present 1-2 cases per month. They should include an HPI, PMH, age, injury, etc. Adequate pre-op and post-op x-rays with appropriate angles should be presented. Residents should be prepared to answer questions about the related topic. If questions are asked to the resident and he/she is unable to answer, the resident must get the correct answer with a reference to the attending prior to surgery the next day.

Board Prep (Dr. Zachary Beth)

Held once every 4 weeks. Attending Supervised.

The supervising physician will ask each resident a series of board type questions of various topics. The resident will try to answer to the best of his/her ability. If questions are asked to the resident and he/she is unable to answer, the resident must get the correct answer with a reference to the attending prior to surgery the next day.

Practice Management (Dr. Lucinda Meier)

Held once every 4 weeks. Attending Supervised.

Medicine and Surgical Topic Review (Dr. Eoin Gorman)

Held once every 4 weeks. Attending Supervised.

Educational Session Attendance

Teaching sessions are not optional. Residents are required to be at these sessions at varied times and dates. If surgical cases are scheduled during the time of the educational session, the resident must call the surgical attending to alert them of their educational commitment and that he/she will be there as soon as possible. If a resident is on a rotation, and the start or end time for the rotation does not interfere with the educational session, the resident is expected to attend. There are **no exceptions unless cleared by the academic director.**

Conferences / Workshops

Within one month of returning from a major conference or workshop, the resident who attended is required to give a 15-30 minute lecture about what he/she learned. Also, he/she is to present new data obtained at the conference. The presentation will be made available to all staff attendings with advanced invitation given by the resident.

Trauma Rotation

After the resident completes their required trauma rotation they are to present a 15-30 minute lecture within one month of completion of rotation of the knowledge learned and cases of particular interest. The presentation will be made available to all staff attendings, with an advanced invitation given by the resident.

Research Expectation

Residents are to complete one poster for ACFAS Conference as the primary author in 3 years and/or one paper for submission to journal for publication in 3 years.

Poster Presentation

The poster topic can be chosen by the resident and one of the attending physicians. It must be approved by the residency director and assistant director. The resident will finish the poster at least one month prior to the submission deadline. The resident will then set up a time to meet with all attending physicians included on the poster as well as residency directors to discuss changes that need to be made. The poster must follow the guidelines put forth by the organization (ex. ACFAS). Money can be budgeted for poster expenses and must be discussed with the residency director.

Journal Article for submission

Each resident can elect to write an article for submission to a journal. This can be performed with any attending physician, but must be approved by the residency director and assistant director. If the article requires patient data/interviews, IRB approval is required. Deadlines for data collection and completion of the paper will be set by the attending and should be strictly followed. It is the resident's responsibility to meet regularly with the attending to discuss the progress of the article.

Research Methodology

Ascension Wisconsin Podiatric Medicine and Surgery Residency program provides a DVD Lecture Series for the purpose of training in Research Methodology. After viewing the DVD series each

resident is required to take a test on each section. This needs to be **completed within the first 6 weeks of residency training.**

Educational Allowance

\$1500 is available for conference attendance. All vacation/educational requests must be approved by program director and director of graduate medical education prior to making travel arrangements.

RESIDENT DUTIES

Ascension Email must be checked regularly and should be answered ASAP and must be within 24 hours as available. **All email correspondence needs to be through your Ascension email address.**

On Call

The on-call schedule will be developed prior to the beginning of the year. No resident is allowed to work more than 80 hours per week. If the on-call resident is approaching this they must be replaced by a co-resident and inform the attending physician.

Guidelines for Activation of Secondary Call Protocol:

- Communication between the on-call resident and the chief will be imperative to determine if any assistance is needed
- Use of the Google Document rounding log, or other documentation that is available to the other residents will be required to ensure proper sign offs/hand offs as well as maintaining the highest level of patient care and safety
- If the on-call resident has <5 inpatients M-F, no change to rounding plan will occur

Every Friday the on-call resident must call the chief and discuss patient list and plan for the weekend

- If the on-call resident has <8 inpatients Sat-Sun, no change to rounding plan will occur.
- If the on-call resident has >5 inpatients M-F, the following will take effect:
 - The on-call resident will not cover cases till 10 AM to finish rounding
 - If the resident has add-on cases early in the morning, other residents who are doing cases at facilities with inpatients will be asked to round on those patients to lighten the load of the on-call resident.
 - If non-call residents have patients getting admitted for observation or for transfer to rehab, they will keep their own patients and round on them.
- If the on-call resident had > 8 patients Sat-Sun, the on-call resident must call the chief to discuss the plan.
 - When the chief feels it is necessary, he/she will assign another non-call resident to assist the call resident with rounding/covering add-on cases throughout the weekend.
 - The chief will pick from individuals who have not requested off for the weekend.

- The chief will ensure that assignments will be fair, and in equal amounts for all residents.
- The on-call resident, along with the non-call resident, must then communicate on how to split up rounding/ covering add on cases on a daily basis.

Reports

All clinical reports including: Podiatry Residency Resources (PRR), Work hour summary, clinical reports, case logs and Biochemical exams are expected to be kept up to date and will be checked and reviewed monthly by the Residency Director. All logging should be done immediately after completion of the task and at least daily.

Contemporaneous documentation is a foundation of accurate recordkeeping, failure to log daily may result in disciplinary action.

Medical Records

Residents are expected to complete Medical Records regularly to sign charts. This will be monitored and if the resident is noncompliant, a conference with the program director will be mandated. **All consults and operative reports and clinical notes must be completed in 24 Hours in EPIC, Cerner and as well as at all affiliated training sites.**

Duty Hour Log

New Innovations is the program used for logging your duty hours. When using the Client Login link at www.new-innov.com the institution login is wfhc, and the default for both your username and password is the **first initial of your first name and your last name spelled out**, all lowercase with no spaces. You will be asked to change your password after you log in. Also, under the Help tab in the far-right hand corner of the screen there are training webinars which are short videos offered to assist users. It is expected that you will maintain this on a weekly basis.

PTO (paid time off)

Residents are allowed paid time off. This includes vacation time, sick time, and six legal holidays provided that the vacation time/conference schedule does not conflict with the hospital or individual.

Residents must submit a PTO approval form which has been signed by the Program Director and turned in to the Medical Education Office two weeks prior to the start of PTO. Paid time off is not allowed for the first two weeks or the last week of the academic year. Exceptions to this policy must be approved by the Program Director.

AMA/IPM

Competency training modules will be assigned to you at various times throughout the academic year. Please complete these by the specified deadline. Your compliance will be monitored and reported to your Program Director.

Dress Code

Residents at all Ascension Wisconsin facilities are required to present a professional appearance and inspire confidence in the patients they treat and staff with which they work. Appropriate attire includes a clean, long white coat with a name pin for identification, and good personal hygiene.

Deficiencies

Refer to Policy: ***Ascension Wisconsin Podiatric Medicine and Surgery Residency Program: Administrative Redress and Remedy (Due Process)***.

Surgery

RESIDENT EXPECTATIONS

Residents are expected to do the following while participating in surgery:

- Call attending the night before to go over specifics of case
- Read up on the case the night before, discuss the case with upper residents. Have preference cards per attending/case, developed from senior residents
- Be EARLY (at least 30 minutes) to the case for paperwork and room set-up
- Complete the pre-op and post-op paperwork with dates/times/your signature – have attending sign before they leave

Surgical Room Setup

- Mini C-ARM in room
- local drawn up before patient in room
- instrument setup per case/attending
- tourniquet on patient, thigh bump on sx side
- position patient for case
- have dressings ready for end of case
- have cast cart/splinting material outside of OR
- have Cam Walker/sx shoe in room to apply to LE before patient leaves the OR
- complete Rx and have attending SIGN before they leave!

Dictation for the surgical case is learned from senior residents' examples and discussed with attending physician. Residents are responsible for dictation they assisted in and must be completed the day of surgery. **All operative reports/consultations must be dictated within 24 Hours in EPIC or Cerner.**

**If you are going to be late for a case, call/txt the attending physician to advise him/her. The resident should also notify the surgical staff also.

Inpatient Management

Residents are expected to do the following while participating in inpatient management:

Consults

- Go into the hospital for all consults when on call (1st year residents will be directly supervised by senior year residents for the first 6 weeks after starting the residency program). After evaluating the patient during the consult, the resident should call the attending and if possible send pictures via Ascension Compliant modalities
- HPI, vascular status
- Pertinent PMH, SH, PSH
- Current meds
- Allergies
- Labs
- X-rays, MRI, CT
- Affected area of foot and/or ankle
- Cultures taken and any IV antibiotics started
- If no response from the voice message, leave a text or e-mail if preferred
- Present attending with differential diagnosis and treatment options during phone call

Residents shall not perform inpatient toenail trimming. There are a few exceptions including and limited to the following:

- Infected ingrown toenail(s).
- Ulcer associated with the toenail(s).
- Or the nail condition is adversely affecting the patient's health

The other toenails will not be debrided in order to prevent further infection or contamination of an open wound/ulcer. The attending receiving the consultation is responsible for the inpatient toenail trimming. This can be handled by the attending's discretion of either as an inpatient, outpatient setting once discharged or declining it all together. **Any questions with this mandate on NO resident coverage for inpatient toenail trimmings may contact the Program Director.**

Rounding

- Daily rounding **BEFORE 0730 sx cases** (unless arrangements made with attending for another time so they can be there for rounding)
- Dressing changes performed with students
- Phone call to attending after rounds (if no answer leave a detailed voice message, if no answer by afternoon send a text to the attending with pictures)
- All SOAP notes must be completed when rounding.
- Date, time, and sign all notes.
- Labs, cultures, IV antibiotics, anticoagulants, consults, x-ray findings in EPIC – note this in the Plan area of the electronic record SOAP note.
- If questions occur during rounding, contact the attending/upper residents for help.
- Conflicts with rounding need to be handled **the NIGHT before** with the attending

At the end of every resident dictation, the resident MUST include that “the evaluation/treatment plan was done in a teaching fashion with the attending, and that the attending agrees with the treatment course provided.”

Clinic

Residents are expected to do the following while participating in clinic:

- Provide the attending with a short synopsis of patient visit: HPI, pertinent PMH, meds, allergies, reviewed radiographic imaging/reports brought with patient, biomechanical/gait evaluation, previous treatments for condition, “do they go barefoot,” ROM/manual muscle testing (evaluate contralateral side)
- Present attending with differential diagnosis and treatment options during short synopsis
- Clinical records, billing/coding for clinic experiences are ultimately the attending faculty’s responsibility. The resident may be asked to prepare and complete written or electronic notes, r and submit billing and coding in a learning environment. Residents should review all records with attending before submitting.
- Dictation of clinic patients will be assigned by the supervising attending faculty and should be completed before the resident leaves the clinic as possible or within 24 hours. Dictation is to be thorough and to be completed according to the attending faculty direction.
- At the end of every resident dictation, the resident MUST include that “the evaluation/treatment plan was done in a teaching fashion with the attending, and that the attending agrees with the treatment course provided.”



MEDICAL EDUCATION MATERIAL ACKNOWLEDGEMENT

I acknowledge receipt of the following:

Ascension -Wisconsin Podiatry Medicine and Surgery Residency

Program-PMSR/RRA Manual CPME 320 and 330 Requirements & Policies

(please refer to web site at: www.cpme.org)

This confirms that I have received the documents indicated above for use while employed by Ascension Wisconsin. I understand it is important for me to read and understand the policies, practices and abide by the contents while acting in the scope of my residency at any Ascension Wisconsin facility or affiliated training site.

Ascension Libraries Electronic Resources Overview

Residents have access to the following electronic resources. Access is available through the library web page

Up-To-Date--One of our most popular databases, Up-To-Date features reviews by subject experts as well as patient handouts. Up to Date is available on the CSM network only – no password required. It is not available from home. To access it, please go to www.uptodate.com.

CSM libraries have several other options available for obtaining information online. Most are available from home or office as well as on campus.

EBSCO Databases-- are a combination of Badgerlink databases, provided by the State of Wisconsin, and our purchased databases. They can be accessed at home at <http://search.epnet.com>. The login is **csmlib** and the password is **library**.

Ovid Databases

This database includes all the Medline databases, Books @ Ovid, and Your Journals @ Ovid. It can be accessed at www.gateway.com. If you are on a CSM computer, you can skip the log-in and just hit the “Start Ovid” key. If you are not on a CSM computer, the log-in is **cst001**, and the password is **library**. For full text articles, go to Your Journals @ Ovid or at the citation level, click on “Ovid Full Text”.

Ebsco A to Z

This database offers electronic access to over 3000 full text journals at <http://atoz.ebsco.com/home.asp?Id=cgcsmlib>. Included are journals obtained through packages the library has purchased from some publishers such as Lippincott, Williams, & Wilkins, Wiley and Elsevier as well as full text received through subscriptions. Publishers control access to these journals, so some are only available on campus, while others can be obtained from anywhere. Whenever a password is called for, use the log-in **csmlib**, and the password **library**. This list is very fluid and changes frequently. Please feel free to inform the librarians if you are having a problem accessing the full text.

Cochrane databases

Evidence based reviews.

ACCESSING THE HEALTH SCIENCES LIBRARY CATALOG & DATABASES:

Sign on to the CSM Intranet. The Icon looks like this:

1. At the top of the Intranet page look for the tab marked “departments” – it is in the middle of the homepage.
2. Go to the alphabetical listing and choose “L”.
3. Click on the word “library” to get to the Library’s Intranet homepage.
4. Look for the list of items on the left-hand side of the page.
5. The first item is the Book and Journal catalog. This can be searched by keyword, title, author, subject heading or journal title. Note: the catalog does not contain the over 15,000 online journal titles that are covered in EBSCO, OVID and PubMed.
6. The third through fifth items on the list are a series of databases you can use to search for journal articles and full-text books. They include: EBSCOdatabases, OVID and PubMed. See separate pages for instructions on accessing these databases.
7. A-Z Journals is the eighth link on the list. Use it to find a particular journal or article in a journal when you have its title. The journals are listed alphabetically. Underneath the title there are links that show the subscription coverage by CSM.

HEALTH SCIENCES LIBRARY – ONLINE R E S O U R C E S :

[EBSCOdatabases](#) -

CINAHL *CINAHL* is the authoritative resource for nursing and allied health professionals, students, educators and researchers. This database provides indexing for more than 3,000 journals from the fields of nursing and allied health. The database contains more than 2.3 million records dating back to 1981.

MEDLINE *MEDLINE* provides authoritative medical information on medicine, nursing, dentistry, veterinary medicine, the health care system, pre-clinical sciences, and much more. Created by the National Library of Medicine, *MEDLINE* uses MeSH (Medical Subject Headings) indexing with tree, tree hierarchy, subheadings and explosion capabilities to search citations from over 5,400 current biomedical journals.

Consumer Health Complete - EBSCOhost *Consumer Health Complete* is a comprehensive resource for consumer-oriented health content. It is designed to support patients' information needs and foster an overall understanding of health-related topics. *Consumer Health Complete* provides content covering all areas of health and wellness from mainstream medicine to the many perspectives of complementary, holistic and integrated medicine. In addition, *Consumer Health Complete* includes the *Clinical Reference System* and the *Lexi-PAL Drug Guide*, which provides access to up-to-date, concise and clinically relevant drug monographs. The database is updated on a weekly basis.

Health Source - Consumer Edition This database is the richest collection of consumer health information available to libraries worldwide, providing information on many health topics including the medical sciences, food sciences and nutrition, childcare, sports medicine and general health. *Health Source: Consumer Edition* provides access to nearly 80 full text, consumer health magazines.

Health Source: Nursing/Academic Edition This database provides nearly 550 scholarly full text journals focusing on many medical disciplines. *Health Source: Nursing/Academic Edition* also features the *AHFS Consumer Medication Information*, which covers 1,300 generic drug patient education sheets with more than 4,700 brand names.

PubMed (NLM) - Podiatry residents have access to PubMed through the CSM Intranet. There are over 5000 journals (over 11 million citations) and hundreds of full-text books online available through this service. In order to use PubMed through CSM the resident must enter a user name and password. user name: **csmlib**
password: **library**

Some of the more widely accessed podiatry journals, with length of coverage, are listed below:

Ovid (Medline) - is a premier source for bibliographic and abstract coverage of the biomedical literature. It contains over 5700 journals, CINAHL for MeSH term searching, and over 200 full text books in many areas of medicine. In order to use PubMed through the CSM Intranet the resident must enter a user name and password. user name: **cst001** password: **library**

[A-Z Journals](#) – is the eighth item on Library Intranet list. Coverage includes thousands of titles of full-text articles in medical and health journals. Listed below are some of the podiatry titles, with dates of coverage, that can be accessed through this database.

The Foot

[ScienceDirect](#) 1991 to present Your
Access: 1995 to present Resource
Type: Journal
ISSN: 0958-2592 Online ISSN: 1532-2963

Foot and Ankle Clinics

[ScienceDirect](#) 2001 to present Your
Access: 2001 to present Resource
Type: Journal
ISSN: 1083-7515

Foot & Ankle International

[Sage Journals](#) 1980 to present Your
Access: 1/1/2005 -12/1/2013 Resource
Type: Journal
ISSN: 1071-1007 Online ISSN: 1944-7876

Foot & Ankle International (Date Trace)

[Data Trace Publishing Group](#) 1999 - 2012 Your Access:
1/1/2005 - 11/1/2012 Resource Type: Journal
ISSN: 1071-1007 Online ISSN: 1944-7876

Foot and Ankle Surgery

[ScienceDirect](#) 1994 to present Your
Access: 1995 to present Resource
Type: Journal
ISSN: 1268-7731 Online ISSN: 1460-9584

Journal of foot and ankle Surgery

[ScienceDirect](#) 1995 to present Your
Access: 1995 to present Resource
Type: Journal
ISSN: 1067-2516 Online ISSN: 1542-2224

Techniques in Foot & Ankle Surgery

[LWW Total Access Collection](#)

[2012](#) 2002 to present Resource

Type: Journal

ISSN: 1536-0644 Online ISSN: 1538-1943

[Cochran \(Evidence Based\) Library](#) – is the sixth item listed on the left-hand side of the Library Intranet page. It brings together research which looks at the effectiveness of different health care treatments and interventions.

Practice Guidelines - Government Agencies:

- [Clinical Practice Guidelines](#) : National Heart Lung and Blood Institute - National Institute Health
- [Consensus Development Statements](#) : National Institute of Health Consensus Development Program
- [Guidelines International Network](#) : G-I-N has the world's largest international guideline library. It is an international not-for-profit association of organizations and individuals involved in the development and use of clinical practice guidelines.
- [Health Services/Technology Assessment Text \(HSTAT\)](#): National Library of Medicine -- National Center for Biotechnology Information
- [National Guideline Clearinghouse](#): Agency for Healthcare Research and Quality
- [NHS Evidence - National Library of Guidelines](#) : National Health Service -- United Kingdom
- [Published Clinical Guidelines](#): National Institute for Health and Clinical Excellence (NICE) -- National Health Service -- UK
- [VA/DoD Clinical Practice Guidelines](#): United States Department of Veterans Affairs

Miscellaneous Websites:

Links to resources and other organizations information may be helpful.

- <http://www.epodiatry.com/resource/biomechanics.htm> - ePodiatry has a list of Internet links that cover many medical topics, current books in the field, a link to conferences, and many other great resources.
- http://freemedicaljournals.com/f.php?f=ip_ortho - a link to orthopedics free medical journals.
- <http://podpost.us/issue/april-may-2013/section/resident-and-student-resources>
- <http://podpost.us/issue/april-may-2013/section/obamacare-future-of-podiatry>

Professional Associations and Websites:

- [American Academy of Podiatric Sports Medicine](#)
[-American Podiatric Medical Association \(AAPSM \)](#)
- [American Association of Colleges of Podiatric Medicine \(AACPM \)](#)
- [American Association of Hospital and Healthcare Podiatrists, Inc. \(AAHHP \)](#)
- [American Board of Podiatric Surgery \(ABPS \)](#)
- [American Diabetes Association](#)
- [American Orthopaedic Foot & Ankle Society](#)
- [American Podiatric Medical Association](#)
- [American College of Foot and Ankle Surgeons \(ACFAS \)](#)
- [Council on Podiatric Medical Education](#)
- [The Society of Chiropractors and Podiatrists \(UK\)](#)