The Reading Hospital
and Medical Center

PART I

Graduate Medical Education

General Resident Policies
Podiatric Residency Program

2013 – 2014

Graduate Medical Education
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Graduate Medical Education

THE READING HOSPITAL AND MEDICAL CENTER

Institutional Statement of Support

The Reading Hospital and Medical Center (TRHMC) has a firm commitment and dedication to the training programs in graduate medical education. Driven by the Mission of TRHMC, graduate medical education plays an integral role in providing compassionate, accessible, high-quality, cost-effective health care to the community.

The Graduate Medical Education Committee (GMEC), along with the department of Academic Affairs, provides oversight and direction for all Accreditation Council for Graduate Medical Education (ACGME)-, American Osteopathic Association (AOA)-, and Council on Podiatric Medical Education (CPME)-accredited graduate medical education training programs at TRHMC, to ensure that all programs meet or exceed all institutional and program accreditation requirements.

TRHMC's graduate medical education programs provide, through their faculty, comprehensive, coordinated, cost-effective graduate medical education that is responsive to the trainee and embodies the ethical and humanistic qualities necessary for all health care professionals.

TRHMC has a long history of financial, educational and human resources investment in the essential components of a successful graduate medical education program. This tradition of support is carried forward as a commitment to the future of TRHMC's provision of graduate medical education. This commitment is supported by TRHMC's Board of Directors, its Medical Staff, GMEC, the Director of Graduate Medical Education, and its graduate medical education Program Directors.

Allocation of Institutional Resources

The Board of Directors of TRHMC is ultimately responsible for all educational programs conducted by the Hospital. Recommendations are made to the Board by the Chief Medical Officer (CMO), with advice from the Director of Medical Education, the Program Directors, and the GMEC.

Financing needed to expand programs, initiate new programs, provide educational resources and any other approved expense is provided by TRHMC's general operating budget, which is coordinated by the President of TRHMC, under the direction of TRHMC's Board of Directors.

TRHMC's GMEC meets monthly, and maintains minutes of its meetings in the central Graduate Medical Education office. Voting membership on the GMEC includes: the CMO, each residency's Program Director, faculty members, the CAO (Chief Academic Officer), the accountable institutional designee, and residents selected by their peers. The GMEC makes every effort to function in compliance with ACGME, AOA, and CPME requirements, acknowledging these organizations' dedication and contribution to improving health care by assuring and improving graduate medical education.

TRHMC's GMEC is responsible for:

- establishment and implementation of policies affecting its residency programs;
- oversight of and liaison with the residency Program Directors regarding their respective program responsibilities;
- regular reviews of all residency programs to determine their compliance with national review board requirements;
- assurance of an appropriate educational environment;
- directing appropriate funding for resident positions, benefits, and support services;
- assuring appropriate hours of duty and work environment for residents;
- overseeing residents' curriculum to assure provision of a regular review of critical issues;
- assurance that all programs develop and follow formal policies and processes for selection, evaluation, promotion, and dismissal of residents in accordance with appropriate program requirements;
- assuring an environment for residency education that promotes safe, high quality patient care.

Appointment of Teaching Staff

In order to maintain an environment that encourages continued acquisition of knowledge and improvement in skills, all newly appointed physicians to the staff are required to be board eligible or board certified. Each physician on the staff of a department that conducts a residency is considered a potential member of the teaching staff, and only those physicians who demonstrate continued interest and aptitude are selected for this privilege by the residency Program Directors.

Apportionment of Resident Positions Among Programs

Quotas are established for each year of each residency as approved by the the CPME. Adequacy of teaching patients, faculty, space, and equipment for the volume of trainees is assured.

Institutional Agreements

These affiliations are academic and do not relate to clinical rotations for any residency; therefore, they need no agreements.

TRHMC currently participates in Inter-Institutional Agreements with:

- Thomas Jefferson University / Jefferson Medical College;
- Drexel University College of Medicine and Medical College of Pennsylvania Hospital;
- Pennsylvania State University College of Medicine;
- Temple University of the Commonwealth System of Higher Education;
- Philadelphia College of Osteopathic Medicine.

Agreements Dealing with TRHMC Resident Experiences at Affiliate or Non-Affiliate Medical Sites

TRHMC continues to have responsibility for the quality of education and retains authority over residents' activities when residents are involved with the institutions with which TRHMC has Inter-Institutional Agreements.

An Inter-Institutional Agreement will be developed when TRHMC residents receive training at another institution. This agreement shall:

- identify the officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for residents;
- outline the educational goals and objectives to be attained;
- specify the period of assignment of residents to the participating institution, financial arrangements, and details for insurance benefits;
- determine the participating institution's responsibilities for teaching, supervision, and formal evaluation of the residents' performance;
- and establish with the participating institution the policies and procedures that govern the residents' education while rotating to the participating institution.

Accreditation for Patient Care

TRHMC is committed to providing quality health care to the community it serves. It is accredited by JCAHO, and strives to maintain the highest standards as outlined by the JCAHO accreditation process.

Resident Eligibility

Graduates of schools of podiatric medicine in the United States that are accredited by the Council of Podiatric Medical Education. All applicants shall have passed Parts I and II examinations of the National Board of Podiatric Medical Examiners. Applicants must meet eligibility requirements for graduate training license through the Pennsylvania State Board of Podiatry.

Resident Selection

Residents are selected from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities, such as motivation and integrity. Non-eligible residents will not be considered for enrollment at TRHMC. TRHMC does not discriminate on the basis of race, color, religion, creed, sex, age, national origin, disability, sexual preference, or veteran status.

All candidates must complete an application for through the Central Application Service for Podiatric Residencies / Centralized Residency Interview Program.

Enhancing criteria for selection include: election to honorary academic organizations (Phi Beta Kappa, Alpha Omega Alpha); positive evaluations for experiences during medical school; high

scores on USMLE Steps 1 and 2, or the corresponding osteopathic or podiatric examinations; strong letters of endorsement from deans and/or department chairs; and documentation of academic success (i.e., class standing, research publications, student awards).

All candidates must complete a successful personal interview with the appropriate Program Director or a designated faculty member and a senior resident. A faculty-resident group contributes to final rankings for match selection after review based on consideration of the above criteria.

TRHMC strongly supports the Match programs. At the discretion of the Program Director, however, some positions may be filled outside the Match, based on the above-listed criteria and established guidelines.

To determine the appropriate level of education for residents who are transferring from another residency program, the Program Director must receive written primary source verification of previous educational experiences and a statement regarding the performance evaluation of the transferring residents, including assessment of competence in the six competencies (see page I – 10), prior to acceptance into the program.

A Program Director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

Residents shall not be accepted for advanced standing from programs not accredited by. CPME.

Resident Participation in Educational Activities

In accordance with CPME guidelines, TRHMC training programs assure that residents are at the center of an educational process that allows them to develop a personal program of growth under careful staff supervision in order to assure competence in their chosen fields.

The resident will participate in a program that will develop skills and define competence in the areas of Patient Care, Medical Knowledge, Interpersonal Skills and Communication, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice. (See page I – 10.) Program reviews serve to evaluate and assure that each resident is involved in safe, effective, and compassionate care under appropriate supervision for his or her level of competence. The educational program includes active involvement of the resident in scholarly activity and in the process of teaching and supervising others. In order to develop an understanding of the care of patient groups, residents are involved in institutional committees that have an impact on the care they provide their patients, as well as on their education. As a part of the process of continuous improvement, each program obtains from its residents a formal evaluation of the faculty and educational experiences at least yearly.

Resident Support, Benefits and Conditions of Employment

Overview of Resident Benefits

TRHMC provides all residents with a written contract in compliance with CPME requirements. The contract includes the following resident benefits:

1. **Salary**: An annual salary, which may be adjusted each year to reflect changes in cost of living (under no circumstances can this salary be reduced).
2. **Vacations and Holidays**: Two or three weeks of vacation, depending on residency program and year of training. In addition, a one-workweek Christmas or New Year break will be provided in lieu of personal days and compensatory time for holiday work. Residents should

contact their Program Director to determine vacation eligibility, as well as to receive approval for proposed vacation schedule.

With the approval of the Program Director and Vice President/Human Resources, residents may choose to substitute a religious holiday of choice in lieu of one of the traditional six holidays. Residents should make this request through their Program Director.

3. **Leaves of Absence**: Professional/Personal/Sick/Other: In lieu of vacation, a resident may wish to consider a leave for a variety of reasons. Such leave requires advance planning and approval by the respective Program Director and Vice President. This program is not normally available to residents in one-year programs, but may be available through extension of the training year.

   Residents who have worked at The Reading Hospital and Medical Center for at least 12 months are eligible for Family Medical Leave Act (FMLA) benefits. Residents would be eligible for up to 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons: for the birth and care of a newborn child to the employee; for placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (spouse, child, or parent) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

   Definition of serious health condition may be found at the website:

   www.dol.gov/esa/regs/compliance/whd/printpage.asp?ref=whdfs28.htm

   Absence beyond six months would routinely result in termination based upon Hospital policies and procedures. Because educational requirements of Residency Review Committees vary in the amount of time a resident may have off in a given year without extending the length of the program, it is essential that a candidate for a leave of absence for any reason speak with his or her respective Program Director in order to understand the impact of such a leave on his or her training. Details for each department are available through that Program Director's office.

4. **Professional Liability Insurance**: Professional liability insurance is provided by TRHMC for all work performed as part of TRHMC's Graduate Medical Education program. The professional liability policy is an "occurrence" policy, and is consistent with professional liability insurance coverage provided for other TRHMC medical/professional practitioners. (See Part III – Contracts and Agreements, Graduate Medical Education Agreement, Attachment A.)
5. **Medical Benefits**: The resident may choose between two health insurance options: TRHMC-sponsored health benefits plan, or the NO coverage option, TRHMC plan requires an employee premium. The resident may pay for self and dependent coverage through payroll deduction. Resident premiums are approximately 15% of the total cost; TRHMC pays the remaining 85% of the premium. If the resident chooses the NO coverage option, his or her annual pay will increase by $700 in increments of $26.92 per pay, or $36.92 with participation in the Wellness Program. (See TRHMC intranet, Hospital Policies and Procedures Personnel, Benefits, Health Program and Services, Personnel Policy No. 335.)
6. **Dental Insurance**: Dental insurance coverage is available for residents and their dependents, and may be purchased through payroll deductions at the resident's expense. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Dental Plan, Personnel Policy No. 318:1.)
7. **Life Insurance**: Life insurance is provided at no charge by TRHMC in the amount of the resident's annual salary, and is in effect as of the date of employment.
8. **Long-Term Disability Insurance**: Long-term disability insurance is provided to residents at no charge by TRHMC as of the date of employment. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Long-Term Disability, Personnel Policy No. 350:1.)

9. **On-Call Room**: An on-call room for residents is provided by TRHMC. On-call quarters are for scheduled on-call duty, and are not to be used as a residence.
10. **Meals**: Financial support for meals is provided.
11. **Lab Coats**: Each first-year resident is provided three lab coats. Each second-year resident is provided two lab coats. These lab coats must be worn when providing services in the Hospital.
12. **Laundry**: Laundry service is free for lab coats and Hospital attire.
13. **Parking**: Restricted parking is available without charge. Residents are permitted to park in any Reading Hospital parking garages and are encouraged to park in the physician designated areas, however, if they are filled then they can park in any non physician areas in the garages. Residents who live in the K building are required to use the Spruce Garage as their main parking area.
14. **Credit Union**: Membership in the Hospital-based Diamond Credit Union is available upon employment, with loans available after six months of credit union membership. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Credit Union, Personnel Policy No. 315:1.)
15. **Exercise Facilities**: Residents have access to on-site exercise facilities and to the weight training room at Wyomissing Area High School. They may also receive reduced institutional rates to other local exercise facilities. Details may be obtained through the Human Resources Department.
16. **Fees**: TRHMC pays the resident's annual graduate training license fee.
17. **Funeral Leave**: Three days of funeral leave are provided to residents for members of their immediate family, and one day for other relatives. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Funeral Time, Personnel Policy No. 325:1.)
18. **Housing**: Information regarding apartments available in the community may be obtained from the Program Director's office or the GME office..
19. **Jury Duty**: TRHMC will pay the difference in salary between the resident's regular pay and that received for serving as a juror if TRHMC is unable to have the resident excused from this duty.
20. **Pension Plan**: Residents become members of the TRHMC-paid pension plan after one year of service. If a resident remains employed by TRHMC for five years, he or she would become vested, which would entitle the resident to a pension benefit at age 65. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Retirement, Personnel Policy No. 363:1.)
21. **Salary Advance**: Upon initial appointment, a resident may take a salary advance of $2,600; $200 will then be deducted from each paycheck for 13 pay periods.
22. **Social Security**: 7.65% of the resident's gross salary is contributed by TRHMC to Social Security.
23. **Tax-Deferred Savings Plan**: Tax-deferred retirement savings plan options are available to residents. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, 403(b) Plan, Personnel Policy No. 378.)
24. **Workers Compensation**: Financial assistance is available to a resident who may be injured while on the job. (See TRHMC Intranet, Hospital Policies and Procedures, Personnel, Benefits, Workers Compensation, Personnel Policy No. 385:1.)
25. **Child Development Center**: Childcare services are rendered to hospital employees for children age 8 weeks to age 5 years at a subsidized rate. Residents may opt to pay tuition through an optional Dependant Care Spending Account via payroll deduction using pre-tax

dollars. Admission to the Child Development Center is competitive and based on availability at the time of request. If interested, contact with the Center should be made immediately at (610) 988-5140. If a resident is pregnant, their name should be placed on the waiting list for placement as soon as possible. Space is not guaranteed. Under no circumstances will the CDC take an infant under the age of 8 weeks of age.

26. **Finding a provider for yourself**: We realized that when you started your residency, many of you would need a new primary care provider to meet your health care needs. To help you find a provider we have contacted Cathy Przyjemski at The Reading Hospital Medical Group. Cathy works in the referral and information service department and she suggested you doing the following steps.

    1) Search for a provider by going to their website at www.trhmg.org

    2) Once you have found a provider you can then call the call center and ask for Cathy Przyjemski at **1-866-988-8411**. She will help you set up an appointment with your selected provider.

    3) Do not try and set up an appointment by yourself. Please contact Cathy first.

Overview of Resident Responsibilities

The goal of the residency program is to provide the resident with an extensive experience in medical education in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve this goal, the resident agrees to do the following:

1. Accept the responsibilities, hours of duty, and on-call schedules consistent with CPME's conditions for his or her respective residency program.
2. Accept all reasonable assignments and perform all duties at a satisfactory level of competence as determined by his or her respective Program Director, the CAO, and the President of TRHMC.
3. Act in compliance with all applicable policies, procedures, rules, and regulations of TRHMC and its Resident Manual.
4. Complete all medical records on a weekly basis, unless there is an acceptable reason (i.e., illness, vacation, off-site rotation) for not doing so. Resident's record-keeping performance will be considered when contracts are renewed. Recurrent failure to meet regular record-keeping requirements may result in non-renewal of contract. (See TRHMC Intranet, Hospital Policies and Procedures, Medical Records, Regulations for Completion of Medical Records, Policy No. 310:3, and Record Completion Requirements, Policy No. 310:5.)
5. Maintain a valid graduate license to practice medicine in the Commonwealth of Pennsylvania while performing duties and responsibilities under his or her contract with TRHMC.
6. Understand and adhere to CPME Standards and Requirements.
7. Return all TRHMC property, such as books, equipment, and completed records, and settle his or her professional and financial obligations prior to termination and departure from TRHMC.
8. Develop a personal program of self-study and professional growth, with guidance from TRHMC's teaching staff.
9. Provide safe, effective, and compassionate patient care under supervision commensurate with his or her level of advancement and responsibility.

10. Participate fully in the educational activities of his or her respective residency program and assume responsibility for teaching and supervising other residents and students.
11. Participate in institutional committees and councils, especially those that relate to patient care review activities and quality improvement activities.
12. TRHMC monitors the implementation of these terms and conditions through its respective Program Directors. A form of contract is included in this Manual in Part III – Contracts and Agreements.
13. TRHMC does not require its residents to sign a non-competition guarantee.

Resident Supervision and Work Environment

Supervision of Residents

Each Program Director has established written policies regarding appropriate responsibility for each level of residency training as required by ACGME, AOA, CPME, and JCAHO. The Program Director for each department is responsible for determining that each resident has supervision. The CAO and GMEC coordinate the activities of all programs. When in the clinical setting, all residents are supervised by the attending physician who is ultimately responsible for patient care. Provisions for supervision include the following:

- All resident supervisors must hold Hospital staff privileges or have assigned agreements;
- First-year residents must have an on-site supervisor available at all times:
- A staff obstetrician/gynecologist must be on site at all times to supervise ob/gyn residents as required by their Residency Review Committee;
- For other departments, if attending physicians are readily available in person when needed, the on-site supervising physician can be an individual who is in an upper year of graduate training (“Readily available” for this purpose is interpreted to mean within 20 to 30 minutes.);
- Assessment and authorization of the abilities of each trainee to perform specific treatments and procedures must occur. Residents are approved to perform specific treatments and procedures only after submitting documentation of prior experience, or observation and assessment of their skill by a credentialed resident or faculty member;
- Staff physicians must review all residents’ Hospital admissions, round with the residents, review Progress Notes, discuss and review all discharge plans, and sign Discharge Summaries written by residents. Patient progress and treatment plans must be reviewed during daily Hospital rounds with residents;
- Each Program Director is responsible to create a written description of supervisory lines of responsibility for the care of patients when there is resident involvement;
- Supervisors shall foster a learning environment with graded responsibility as defined by department policies and curriculum.

Work Environment

TRHMC provides residents and all physician staff with ancillary support to facilitate patient care. This support includes 24/7 availability of phlebotomy, IV, arterial blood gas, and transport teams. Computer facilities allow patient information, including all laboratory, radiology, non-invasive vascular and cardiovascular studies, dictated history and physicals, consultations, and discharge summaries, to be accessed from all sites and from home. They also offer ready access to medical information resources including Medline, search on EBSCO, Micromedix, Cochrane Library, UpToDate, full-text journals through EBSCO Host, and others.

In addition, TRHMC's Library Services Department is a comprehensive, multi-sourced learning facility, offering 9,600 volumes and 216 periodical subscriptions. A Resident Library is also available in the Department of Medicine.

TRHMC provides 24-hour security team support throughout the campus.

Evaluation and Promotion

Written evaluations are provided by the individual faculty member responsible for the immediate supervision of each resident during a given segment of time. Written evaluations are required on differing bases as specified by each Program Director. A copy of these evaluations is kept in the Program Director's office. The resident will receive a formal evaluation with the Program Director at least two times per year, or in accordance with the special requirements of the particular program, whichever is more frequent.

The Program Director and resident will develop a personalized training program that will encompass all of the following competencies:

1. **Patient Care**: "Residents are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health and illness, treatment of disease, and at the end of life."

   Components

   - caring and respectful behavior
   - interviewing skills
   - informed decision making
   - developing and carrying out effective management plans
   - counseling and educating patients and families
   - performing appropriate physical examination and procedures
   - preventive health service/working effectively within a team

2. **Medical Knowledge**: "Residents are expected to demonstrate knowledge of established and evolving medical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others."

   Components

   - knowledge and application of basic sciences
   - open minded, analytic approach to acquire new knowledge
   - access and critically evaluate current medical information and scientific evidence
   - apply this knowledge to clinical problem solving

3. **Interpersonal Skills and Communication:** “Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of the healthcare team.”

   Components

   - creation of therapeutic relationship with patients
   - listening skills
   - effective interaction with consultants
   - comprehensive medical record

4. **Professionalism**: “Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity, and to maintaining a responsible attitude toward their patients, their profession, and society.”

   Components

   - demonstrate respect, compassion, integrity, trustworthiness, and altruism in relationships with patients, families, and colleagues
   - commitment to excellence in practice
   - sensitive to cultural, age, gender, and disability issues
   - adhere to high ethical and moral standards and to principles of confidentiality
   - academic integrity
   - informed consent

5. **Practice-Based Learning and Improvement**: “Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.”

   Components

   - utilize practice experiences and implement strategies to continually improve the quality of patient care
   - maintain a willingness to learn from and use errors to improve the system or processes of care
   - use information technology and other methodology to access medical information
   - support patient care decisions and enhance both patient and physician education
   - facilitate learning of others

6. **Systems-Based Practice**: “Residents are expected to demonstrate both an understanding of the context and systems in which health care is provided and the ability to apply the knowledge to improve and optimize health care.”

   Components

   - understand, access, and utilize the resources, providers, and systems necessary to provide optimal care
   - knowledge of practice and delivery systems
   - apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management
   - collaborate with other members of the healthcare team to assist patients in dealing effectively with complex systems and to improve systematic processes of care
   - advocate for patients within the healthcare system

Residents experiencing deficiencies will be expeditiously counseled, and a plan to correct such deficiencies will be developed.

All residents whose performance is deemed satisfactory will be notified of advancement in the eighth month of the current contract year.

Upon completion of the Graduate Medical Education program, each resident will receive a certificate from TRHMC.

Due Process

Remediation
Residents who are not performing satisfactorily based on the standards and evaluation procedures must be immediately notified, and a written plan describing deficiencies and expectations must be developed. Examples of corrective actions include special assignments, direct supervision, repeating rotation(s), or, in severe cases, academic supervision. The Program Director in each program has the authority to initiate corrective actions, and develop and monitor the plan. The plan of action should be specific and include measurable objectives.

Academic Supervision/Suspension
If remediation efforts have been unsuccessful, the Program Director has the authority to place individuals on academic supervision or suspend them. A letter of academic supervision will be provided to the resident that will include the following:

- the specific reason for academic supervision;
- duration of the academic supervision (not generally less than 60 days, or more than six months);
- expectations;
- what will be done to assist the individual in meeting expectations;
- mechanism of evaluation to determine improvement;
- and consequences if expectations are not met.

Written feedback must be provided at least monthly to the resident during the academic supervision period.

Dismissal
Dismissal may be considered for residents who have been unsuccessful in correcting the deficiencies that prompted academic supervision. A recommendation for dismissal may be made by the Program Director, and requires the support of the appropriate departmental committee (Medicine – Clinical Competence Committee; Family Medicine – Fulltime Faculty Committee; Obstetrics/Gynecology – Faculty Committee; or Transitional Year – Transitional Year Coordinating Committee).

Prior to dismissing a resident except for cause as outlined below, a Program Director must verify that the resident was notified in writing of his or her performance problems, was given the opportunity to remediate his or her deficiencies, and was provided feedback on his or her efforts.

Automatic dismissal or suspension may be considered for the following causes:

- misrepresentation of facts or falsification of employment documents;
- conviction of a felony while enrolled in the residency program;
- failure to comply with or satisfactorily complete terms outlined in the Resident Manual;
- or for just cause as defined in TRHMC's Personnel Policy No. 143 – Dismissal.

If termination is recommended, the resident will be informed both verbally and by certified mail return receipt requested. Within 10 days of written notification, the resident may request a hearing with representation, if so desired, by a person of the resident's choice. The hearing will be scheduled as promptly as possible. The Hearing Committee will be comprised of the Program

Director, CAO, Department Chair (if different from Program Director), CMO, and Assistant Vice President/Human Resources. The decision of the majority will be considered binding and conclusive.

A resident who is terminated will receive his or her stipend up to the day on which notice of termination was sent. Any unused vacation to that date shall be paid. At termination, the resident forfeits all rights to any other benefits from TRHMC. If the decision to terminate the resident is rescinded or modified following review of written comments or a hearing, the decision shall also state which rights, including compensation, shall be restored.

If the resident incurs incapacitating illness or disability and is unable to perform assigned duties for a period of three months, the CMO may terminate the appointment by notifying the resident in writing, or, at the recommendation of the Program Director, the resident may be placed on a leave of absence.

Non-Renewal

Non-renewal must be based on the criteria established for dismissal. With rare exception, the Program Director will provide the resident with a written notice of intent not to renew a current contract no later than four months prior to the end of the contract.

Delay of Advancement

The resident must meet all criteria outlined by the respective specialty boards for advancement to the next year of training. Occasionally, the Program Director may believe that a resident has the potential for advancement, but requires more time than that usually allotted for attaining that level of competency. The resident and Program Director may then establish a longer timeline to accomplish the necessary competencies. Planning should be consistent with specialty board policies. Areas of deficiency and means to overcome these deficiencies should be documented in the resident's file.

Every effort will be made by Program Directors to provide up to four months notice of intent to delay advancement in those situations when delay of advancement is considered appropriate.

Resident Grievance

In the event of a concern regarding any aspect of his or her TRHMC experience, the resident should first address the concern with his or her mentor or Program Director. If the resident does not perceive that the issue has been adequately addressed, the resident should present the concern to the Chief Academic Officer. Major concerns that cannot reach resolution may be brought to the Hearing Committee, comprised of a Program Director, CAO, and CMO, that will serve as the final arbiter of the grievance.

The Program Director serving on the Committee would routinely be the resident's Program Director. If the grievance involves an issue that may present a conflict of interest for the resident's Program Director, then a Program Director from another department would be appointed by the CMO to serve on the Hearing Committee.

Resident Council

The Resident Council provides an organized system for residents to communicate and exchange information about their working environment and educational programs. One representative from each program is elected by his or her peers to serve a one-year term. The Resident Council holds quarterly meetings.

Internal Review Process

TRHMC's GMEC is responsible for setting policy regarding internal reviews of its residency programs. Each accredited residency program will undergo an internal review at the accreditation midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.

The internal review will be coordinated by the Designated Institutional Official (DIO), and will be conducted as follows:

1. The DIO will notify the residency Program Director three months in advance of the internal review.

2. An Internal Review Committee, appointed by the DIO two months prior to the internal review, will be comprised of the following:

    - Program Director from within the institution but outside the program being reviewed; this person will serve as the Committee Coordinator;
    - Residents from other accredited residency programs within the institution but outside the program being reviewed;
    - At least one faculty member within the institution but outside the department being reviewed;
    - And members of Hospital Administration, including a vice president.

3. The Internal Review Committee will assess the following:

    - Compliance with CPME Institutional and Program Requirements, including an assessment of the program's ability to demonstrate resident competency in:

        - ✓ patient care skills;
        - ✓ medical knowledge;
        - ✓ interpersonal skills and communication;
        - ✓ professionalism;
        - ✓ practice-based learning;
        - ✓ systems-based practice.

        a. In particular, the Committee will assess the knowledge, skills, and attitude required and the educational experience provided in order to attain the competencies.
        b. There should be evidence that the program uses evaluation tools to assure competence in the six areas.
        c. The review should appraise the development and use of dependable outcome measures by the program for each of the competencies.
        d. The review should appraise the effectiveness of each program in implementing a process linking educational outcomes to program improvement.
        e. Effectiveness of educational outcomes in the general competencies.
        f. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the general competencies.
        g. Annual program improvement efforts in resident performance using aggregated resident data, faculty development, graduate performance including performance of program graduates on the certification examination and program quality.

    - Compliance with institutional GME policies and procedures.

- Educational objectives of each program.
- Instructional plans formulated to achieve these objectives and effectiveness in meeting them.
- Adequacy of available educational and financial resources to meet program objectives.
- Effectiveness in following recommendations for or concerns from previous internal reviews or CPME citations.

4. The DIO will provide the Committee with CPME Institutional Requirements and Program Requirements accreditation letters from previous reviews, internal review reports from previous internal reviews, and the program's progress reports and response to the GMEC regarding citations/concerns, together with recommendations from previous internal reviews. Questionnaires will be provided for interviews with the Program Director, residents from each level of training, and faculty members. Other individuals deemed appropriate by the Committee may also be interviewed. Additional questions entitled "Competencies" have been included in all questionnaires. These questions include:

    - Does the curriculum include goals and objectives used for teaching the six general competencies? Ask the Program Director to show all of these. Ask the faculty and residents for examples.
    - Are there tools to evaluate these competencies? Provide a list of the tools being used for each of the six competencies.
    - Have measures been developed and implemented to assess resident competence? Show these.
    - What is the process by which educational outcomes are linked to program improvement?

5. The Committee will receive from the Program Director being reviewed the following:
    - educational objectives of the program, including rotation objectives;
    - statistical data regarding experience of residents;
    - relevant data and information obtained from institutional patient care quality assurance and monitoring activities;
    - sample resident file;
    - program manual if available;
    - program faculty and time commitments to teaching;
    - board/in-training exam results from the past five years;
    - results of graduate surveys;
    - results of annual program evaluations and faculty evaluations;
    - results of internal and external (post graduate) resident surveys;
    - residency conference schedules;
    - faculty and resident rosters;
    - status report on resident competency measures;

6. The Committee will conduct interviews of the residents, faculty and program director, whose program is being reviewed, two months before the internal review midpoint date. All interviews should be completed a month before the midpoint date.

    - After reviewing available materials, the Committee Coordinator will meet with the Program Director whose residency is being reviewed. Materials as noted above are reviewed and the standardized survey questionnaire is presented verbally.
    - The resident representatives will meet with five or six volunteer residents from the program being reviewed. In the categorical residency programs, residents from each

year of training should be represented. The residents will review the standard resident survey. The reviewing residents will return the individual questionnaires along with a summary report to the Committee Coordinator.

- Similarly, faculty or administrative members of the Committee will interview four representative faculty including both full-time and volunteer staff. The standardized survey questionnaire will be reviewed. These specific questionnaires and a summary report will be forwarded to the Committee Coordinator.
- The Committee Coordinator will have 4 weeks to collate the summary surveys and document review, and will create a full report to be presented to the GMEC at the program's internal review midpoint date. The complete report should summarize in detail the areas reviewed, including appendices with examples of required documents. In addition, the internal review report will document education in the clinical competencies as follows:

    - ✓ verification of the existence of a curriculum with goals and objectives provided for the six general competencies;
    - ✓ the summary or list of the types of evaluation tools used by the program for each competency (in table format);
    - ✓ comments on the program's status and the development and use of dependable measures to assess resident competency in the six areas;
    - ✓ comments on program improvements made through the use of educational outcomes;
    - ✓ verification or confirmation from the residents as to the existence of a curriculum with goals and objectives for teaching the six competencies, their involvement in the curriculum, and the kinds of tools used by the program to evaluate them.

7. An internal review report will be created which contains CPME-required information.

8. The Committee Coordinator will collate the information obtained from the interviews and document review, and will prepare a summary report for presentation to the GMEC within three months of the internal review midpoint date. The report should be available to members of the GMEC prior to the GMEC meeting when it is scheduled for presentation. The GMEC will review the summary report, and provide a formal opinion regarding an appropriate action plan for continuous improvement as needed. A follow-up report will be expected from the Program Director within a maximum timeframe of 6 months. If there are numerous or more serious concerns, an interim report may be requested in three months to ensure that progress has begun before six months elapses. The progress report that the program director prepares in response to the Internal Review Committee's request is shared with and discussed and approved by the GMEC.

A complete copy of TRHMC's Internal Review Policy and Protocol are available in the central GME office, including internal review report check list and all internal review questionnaires.

Quality Care and Improvement Programs/JCAHO Compliance

Residents receive instruction and participate in appropriate components of TRHMC's performance improvement programs. This is an important component of the Practice-Based Learning competency. Such programs support patient safety and prepare residents for their key role in quality improvement in their future careers. Complications and deaths are reviewed, and medical records are evaluated as part of this process. Whenever possible and appropriate, autopsies representing an adequately diverse spectrum of diseases are performed. Medical records are available at all times and document the course of each patient's illness and care. GMEC will

review each residency training program's processes for quality improvement, including tools and measures for improvement in the educational program, and in the quality and safety of patients who are cared for by resident trainees. It is recognized that TRHMC's governing board assures support for quality surveillance of GMEC. Effective communication between the GMEC and the board of directors occurs. All GMEC minutes are reviewed by the Medical Staff Executive Committee, and an annual report of GMEC functions is provided to the board's Joint Conference Committee. In addition, the responsibilities for supervision of resident trainees are provided to all Medical Staff members.

In compliance with JCAHO requirements, the mechanisms by which residents are supervised by Medical Staff members in carrying out patient-care responsibility are specified. Staff supervision is described in the section Supervision of Residents. (See page I-9.) In addition, specific departmental regulations regarding staff supervision and resident job descriptions are available for review on TRHMC intranet (Resident Competencies.)

Compliance with HIPAA Requirements

Residents in training are characterized under the federal Health Insurance Portability and Accountability Act (HIPAA) requirements as "members of the work force of the covered entity." As such, The Reading Hospital has the obligation to assure compliance with HIPAA regulations.
All new residents receive HIPAA training during their orientation program. The resident is expected to learn and apply the principles of patient privacy as defined under HIPAA regulations. The resident has ongoing access to information on HIPAA privacy regulations, and may contact the Hospital's HIPAA Compliance Officer at any time. Access to this information is available on the Hospital's Intranet.

Details of the Hospital's HIPAA Policies and Procedures are available on the Intranet under the section on Policies and Procedures. Program Directors are responsible to regularly assess the resident's understanding of HIPAA privacy regulations.

The Reading Hospital maintains Business Associates Contracts with cooperating private ambulatory training sites as required by the ACGME.

Licensure and Certification

Graduate License

All persons enrolled in graduate medical training in Pennsylvania must hold a graduate training license. A graduate license empowers the licensee to participate in graduate medical training within the complex of the hospital to which the licensee is assigned and any satellite facility or other training location utilized in the graduate training program. The license is valid for 12 consecutive months. If training is to continue after 12 months, the graduate license must be renewed.
The Pennsylvania State Board of Podiatry issues a standard application form for processing graduates of US Schools of Podiatric Medicine and Surgery. The application is self-explanatory.

There is also a form to renew a license.

TRHMC pays the fee for the graduate and the renewal licenses. Copies of the forms are available in each Program Director's office. All forms must be completed and the license issued before commencing resident education.

Testing and Treatment of Medical Conditions for Residents in Training

Self-diagnosis and prescription or “curbside” medical assessment of colleagues and friends does not constitute optimal health care. The Reading Hospital training programs support a lifelong approach to the receipt and practice of medical care. Therefore, the GME Committee dissuades resident physicians from participating in such activities.

The GME Committee encourages all residents to obtain a primary care provider soon after beginning their training. If an acute medical condition arises and the resident has not yet acquired a primary care provider, or the provider is not readily available, the resident may use Employee Health Services at The Reading Hospital, or seek attention from a faculty member in the Family Health Care Center.

Resident Policies

The Hospital's Graduate Medical Education Committee reviews GME policies on a regular basis in compliance with ACGME recommendations. Revisions are made to existing policies as needed.

When a GME policy is revised, the revised policy will be e-mailed to residents by the GME Coordinator, and the subsequent Resident Manual will be updated accordingly.
Residents with questions about the currency of a policy should contact the appropriate Program Director or GME Coordinator.

Background check Policy for Residents

It is the responsibility of The Reading Hospital and Medical Center to abide by Federal regulations established to protect children and the elderly in medical institutions. As with all employees of The Reading Hospital and Medical Center, background checks will be performed for all new residents accepted to the Hospital's training programs. The institution also acknowledges its responsibility to protect the rights and privacy of its employees.
The following procedure will be followed for all residents admitted to the Hospital's training programs:

- The individual's name and date of birth will be processed with the state databank, which will provide a record of any felonies and misdemeanors committed.
- All individuals who have not been Pennsylvania residents* in the past two years must undergo an FBI background check. Fingerprints will be obtained through the local State Police office and will be forwarded to the Harrisburg State Police office where they will be reviewed against FBI files. If there are no findings, the card would be destroyed and there will be no permanent record of these fingerprints.
- If an offense is discovered which had not been reported to the Electronic Residency Application Service (ERAS) and the Pennsylvania State Licensing Board, potential grounds exist for dissolution of the employment contract and dismissal of the resident. Resident's rights would be protected through the Resident Grievance Policy.

*Pennsylvania residents — renting, leasing, or owning property in Pennsylvania which one uses as primary residence, paying Pennsylvania state and local taxes, having registered property including an automobile in Pennsylvania, possessing a current Pennsylvania driver's license, registered to vote in Pennsylvania. An individual would be considered a Pennsylvania resident if he/she is a student in a Pennsylvania university and has a Pennsylvania mailing address.

Cafeteria Food Availability after Hours

The Hospital's Cafeteria is open daily as noted:

Breakfast	*0630 to 0900 hours*
Lunch	*1100 to 1400 hours*
Dinner	*1630 to 1900 hours*

The Hospital has provisions to assure the availability of food and drink to resident physicians when on duty and unable to dine in the Hospital Cafeteria during these regular meal times. Although hot food may not always be available off-hours, sandwiches, bagels, fruit, etc., are available.

Between 0600 and 2000 hours every day, Cafeteria workers are available to help. You may ask any worker you see in the main Cafeteria to help. After 1900 hours, visit the main kitchen menu desk (behind the serving lines). That person or the Dietary Supervisor on duty will assist you.

Also, assorted snacks and beverages (such as fruit, crackers, pretzels, water, and soda) are available in the R3 Resident Lounge daily. Vending machines near the Cafeteria/Education Center and outside the public snack bar on E-Ground are also available 24/7.

Use of Chaperones during Physical Examinations

The presence of a chaperone during appropriate aspects of the physical examination offers reassurance to the patient of the professional character of the exam, and demonstrates respect for the concerns and vulnerability of the patient.
The following approaches are recommended at The Reading Hospital and Medical Center:

- Appropriate use of gowns, private facilities for undressing, sensitive use of draping, and clear explanations of various components of the physical examination.
- Information should be transmitted to patients in each healthcare setting that patients are free to make requests for a chaperone.
- An authorized health professional should serve as a chaperone whenever possible. This individual should have received instruction in patient privacy and confidentiality issues.
- Offering information of a sensitive nature should be minimized during the time in which the chaperone is present. A separate opportunity for private conversation between patient and physician should be allowed.
- A female chaperone should be used in all cases of pelvic examination.
- A female chaperone should be used in all cases of breast examination performed by any physician.
- A chaperone may be offered in all cases of testicular or rectal examination in men.

Counseling and Support Services

TRHMC offers a Resident Assistance Program to support resident physicians and their families who develop stress-related problems during residency training. The purpose of the program is to assure confidential support to the resident through such difficult situations. In addition, the program will assure that those who develop such problems present no immediate danger to themselves, their co-workers, their patients, or the institution. Assessment and counseling services are available to address: emotional concerns; alcohol and drug abuse; marital, family, and financial problems; and legal problems (by referral). The resident may access the system by contacting the departmental Program Director; Chair, Physicians Health Committee; Department of Psychiatry, his or her mentor or faculty advisor; the Director of the Resident Assistance Program (Dr. Larry Rotenberg, Director, Department of Psychiatry, 610-988-9041); or the CAO (Dr. David George, 610-988-8470).

Other areas of non-academic resident assistance, including goal setting for future career, job opportunities, contracts, and financial management are structured within the curriculum of each program, and are under the direction of the individual Program Director

House Staff Management of Mental Health / D&A Services

As a general principle, we provide emergency intervention for any interns or residents who are members of the House Staff of The Reading Hospital and Medical Center. We do so without regard to any discriminatory issues, including the availability of funds.
All House Staff, however, are covered by Quest and by the EAP benefits available to members of Quest, and that needs to be taken into consideration.

When a member of the House Staff is either referred, or refers himself/herself for services, they are to call 610-988-8070 and ask in order for the following in terms of availability: the Director of the Department; the Clinical Director of the Center for Mental Health; Director of the Group Center; the Director of Behavioral Health.. Any one of those clinicians, who are senior within the department, will then take the appropriate measures to make certain that the House Staff person is given the level of care needed. If, on the rare occasion, none of those individuals are available, the House Staff person or the person making the referral may call the administrator for the Center for Mental Health (currently Mr. Hehn) who will then make the most suitable arrangements for services.

When individuals refer themselves for services, complete confidentiality will pertain, as with any other patients who present themselves.

When an individual is referred by a supervisor or by the Director of a department because of administrative reasons, feedback to the referral source will be made after appropriate informed consent has been given by the House Staff person.

The House Staff person will be eligible for three sessions under EAP and subsequently 20 sessions per year under Quest.

For those individuals who are not covered under Quest, who may be covered under other insurance such as the spouse's insurance, the appropriate limitations will apply. However, in those cases where more service is needed, the coverage issues associated with the case will be reviewed with Administration and the Department Chair for resolution.

On those rare occasions when a member of the House Staff needs more intensive care or hospitalization, all efforts will be made to respect the confidentiality of the individual, and, unless it is an extreme emergency, give that person the option of going to another hospital, preferably in the Quest system.

In those cases where the primary issue is drug and/or alcohol, the appropriate referral will be made. In addition, referral will be made to the Pennsylvania Medical Society Physicians Health Committee for appropriate monitoring and testing. The reporting to PHP will be done through the CMO's office through the PHP Committee of the Hospital.

The above points refer to services within the Department of Psychiatry at The Reading Hospital and Medical Center. Clearly, there is also the option of being seen outside the department at places such as DGR, Spring Psychological, and other appropriate providers. It is anticipated that the issue of where the individual gets services will include not only the use of internal resources, but also the use of community providers.

Duty Hours

All TRHMC residency programs have adopted the following Standards for Resident Duty Hours. The residents' on-call schedule is coordinated through the respective Program Directors.

- Residents will not be scheduled for more than 80 duty hours per week, averaged over a four-week period.

- One 24-hour period in seven will be free of patient care responsibilities, averaged over a four-week period.

- Call frequency will be no more often than every third night, averaged over a four-week period.

- There will be a 16 hour limit for PGY-1 residents and a 24-hour limit to on-call duty (with an added period of up to four hours for continuity and transfer of care, educational debriefing,

and didactic activities for upper year residents; no new patients may be accepted after 24 hours).

- A 10-hour minimum rest period will be provided between duty periods.

- When residents take call from home and are called into the Hospital, the time spent in the Hospital will be counted toward the weekly duty-hour limit.

- In addition, the Program Directors will assure adequate back-up support when patient care responsibilities are difficult and prolonged, and if unexpected needs create resident fatigue sufficient to jeopardize patient care.

It is The Reading Hospital's responsibility to promote patient safety and graduate medical education through duty-hour assignments and faculty availability. The institution will assure compliance to meet these needs in the following ways:

- Program Directors, faculty, and residents will be educated to recognize the signs of fatigue, and instructed in the effects of sleep loss and fatigue.

- Program Directors and faculty will monitor resident assignments for those in which work-hour responsibilities or level of intensity are likely to produce sufficient resident fatigue to affect patient care or learning.

- Program Directors will monitor moonlighting and other outside work for pay activities, which will be included in the work-hour calculations.

- The GME office will independently evaluate duty hours. Resident Council members will be queried quarterly regarding rotations that may exceed the standards described above. Under the direction of the GME office, confidential time studies will be performed by residents on those services. Feedback will be provided to the Program Director, and follow-up actions will be requested.

- All residents will be required to sign an agreement supporting the Duty Hours Policy.

- CAO will report semi-annually (June and December) to GMEC on duty-hour compliance.

- An annual report will be provided by GMEC to the governing body on duty-hour compliance.

- All department duty hours policies are included in this Resident Manual at the end of Part I, as pages I – 38 to I – 41, Appendices A, B, C, and D.

Leaves of Absence / Effects

In lieu of vacation, a resident may wish to consider a leave for a variety of reasons. Such leave requires advance planning and approval of the respective Program Director and Vice President. This program is not normally available to residents in one-year programs, but may be available through extension of the training year.

Residents who have worked at The Reading Hospital and Medical Center for at least 12 months are eligible for Family Medical Leave Act (FMLA) benefits. Residents would be eligible for up to 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons: for the birth and care of a newborn child to the employee; for placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (spouse, child, or

parent) with a serious health condition; or to take medical leave when the employee is unable to work because of a serious health condition.

Definition of serious health condition may be found at the website:

www.dol.gov/esa/regs

Absence beyond six months would routinely result in termination based upon Hospital policies and procedures.

Because educational requirements of Residency Review Committees vary in the amount of time a resident may have off in a given year without extending the length of the program, it is essential that a candidate for a leave of absence for any reason work closely with his or her respective Program Director in order to understand the impact of such a leave on his or her training. Details for each department are available through that Program Director's office.

Moonlighting and Other Outside Work for Pay

Moonlighting is defined as work outside the residency program duties that requires possession of a license without restriction or an interim limited license. Functions that are performed may replace those of another independent licensed practitioner in non-hospital locations.

Other outside work for pay is defined as non-curricular work that does not require possession of a physician license beyond the graduate-training license. An example of such work is performing History and Physical examinations for an independent licensed practitioner who assumes supervisory responsibility.

Moonlighting and other outside work for pay **are not required of any resident.**

All moonlighting and other outside work for pay must be approved by the Program Director.

The following conditions must be met before moonlighting or other outside work is initiated by the resident:

- The resident must be in his or her second or higher year of training.
- The resident must be performing in a satisfactory manner in the residency program as defined by the Program Director.
- The total of weekly resident duty hours and outside work/moonlighting hours must not exceed 80 hours per week.
- The resident must not have a J-1 Visa status, as such residents are prohibited by the Federal government from any form of moonlighting (Code of Federal Regulations – 22CFR 62.16).
- The outside work should be deemed of educational value by the Program Director.

In addition, moonlighting requires a license without restriction or an interim limited license in the state of Pennsylvania. (See http://www.pacode.com/secure/data/049/chapter17/s17.1.html)

Responsibilities

The resident must notify the Program Director of his or her intent to work outside the program and the nature of the responsibilities, as well as verify that total hours worked in curricular and outside work/moonlighting must not exceed 80 hours per week.

The Program Director must authorize in writing that he/she is aware that the resident is involved in outside work activity, and must provide appropriate documentation in the resident's file. A copy must be forwarded to the GME office.

The Program Director will monitor the performance of residents engaged in moonlighting/ outside professional activities for the effect of these activities upon resident performance. Adverse effects of these activities upon performance may lead to withdrawal of permission.

The resident and Program Director should clarify liability coverage and obtain approval from Hospital Administration for any institution-related activities. Liability coverage for non-Hospital related functions will be the responsibility of the resident and the institution hiring the resident.

The Reading Hospital accepts no responsibility for resident malpractice coverage for outside work not involving the institution or its active staff.

A resident found to be in violation of this policy may face disciplinary action up to and including dismissal from the training program.

Pharmaceutical Representative/ Conflict of Interest

The GMEC supports the AMA Code of Medical Ethics, Opinion 8.061, "Gifts to Physicians from Industry" (www.ama-assn.org/go/ethicalgifts). Incoming residents are provided with this information during orientation.

Pharmaceutical representatives will have access to The Reading Hospital only when specifically invited by a physician or Hospital administrator. The time, place, and purpose of pharmaceutical interaction with residents should be clearly defined. The purpose of the interaction should be restricted to topics that enhance resident education or patient care.

Educational sessions after work hours can be arranged at the discretion of the pharmaceutical representative and the individual resident.

Each program will define the process by which pharmaceutical representatives will make contact with residents and staff.

In order to avoid involvement in a conflict of interest, please refer to TRHMC's Conflict of Interest Policy. (See TRHMC Intranet site, Policies and Procedures, Hospital Policies and Procedures, Administrative Policy No. 10.2 Conflict of Interest.)

Physician Well-Being

The problem of impairment is complex, and the investigation and hearing process is not usually appropriate in this situation. The American Medical Association defines the impaired physician as "one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the loss of motor skills, or excessive use or abuse of drugs, including alcohol." This policy and the steps to be taken are intended to provide some overall guidance and direction on how to proceed when confronted with a potentially impaired physician, and are taken from a template provided by the Pennsylvania Medical Society. TRHMC Medical Staff believes that the key to a successful rehabilitation program is not only to provide an educational program for residents regarding physician impairment, including substance abuse, but also to structure its program in a non-coercive, non-disciplinary manner. At the same time, the Medical Staff recognizes its obligation to the patients it serves.

If the degree of impairment of the resident physician may affect the ability of the resident to practice safely, then the individual in question should voluntarily relinquish all privileges. These privileges should be relinquished until it has been determined that it is safe to restore them. The individual shall still be a member of the residency staff, but without privileges.

The CAO and the CMO, in consultation with the Medical Staff Health Committee, shall evaluate and investigate all reports regarding:

- impairment of the physician's ability to practice with reasonable skill and safety;
- serious mental, emotional, or physical problems;
- alcohol or drug abuse;
- unethical conduct.

If the validity of the complaint is substantiated, the CAO and the CMO shall attempt to obtain agreement by the resident physician about the nature of the problem and his/her consent to participate in a rehabilitation program tailored to meet the resident physician's specific situation.

If the resident physician agrees to participate in a rehabilitation program, the Medical Staff Health Program will then arrange for a suitable program. (See Part XIV of the Credentialing Policy Manual for more specific information on the Medical Staff Health Program.)

If the resident does not agree to participate fully in the Physicians Health Program, the Program Director shall take action as described in the Resident Manual under Due Process.(See page I – 11.)

Addressing Accreditation Letters/Citations Requiring Immediate Action

All CPME program accreditation letters or copies shall be received by the Vice President/ Administration serving on the GMEC, the CMO, the CAO, and the Program Director. A summary of the accreditation letter should be presented at the next GMEC meeting. A timeline for response to the citations should be established by the Program Director and approved by the GMEC.

If upon reviewing the citations, the Program Director, CAO, CMO, or Vice President/Administration believes that an issue should be addressed immediately, a special meeting of those individuals should be arranged. Alternatively, actions may be initiated and then presented for discussion and approval at the next GMEC meeting.

Program Reduction/Closure

TRHMC is fully committed to supporting its Graduate Medical Education programs in Family Medicine, Internal Medicine and Preliminary Medicine, Obstetrics and Gynecology, and Transitional Year Medicine. No reduction in program size or program closure is anticipated. In the event of unforeseen circumstances, such as major reductions in residency education funding or inability to support appropriate resident recruitment, consideration for program closure would prompt a formal GMEC review. Discussions with Medical Staff and administrative leadership would ensue prior to any recommendation by the CAO to the Vice President/CMO and the CEO.

In the unlikely event of a planned program closure or reduction of program size, affected residents would be notified immediately. All residents already in the program would be allowed to complete their training at this institution, or, if they prefer, residents would be assisted in enrolling in another ACGME- or AOA-accredited program as appropriate.

Disaster Response Policy

In the event of a disaster impacting the Graduate Medical Education programs sponsored by TRHMC, the GMEC establishes the policy to protect the well being, safety, and educational experience of residents enrolled in our training programs.

The definition of a disaster will be determined by the ACGME as defined in its published policies and procedures. Following declaration of a disaster, the GMEC working with the DIO and other sponsoring institutional leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

As quickly as possible and in order to maximize the likelihood that residents will be able to complete program requirements within the standard time required for certification in that specialty, the DIO and GMEC will make the determination that transfer to another program is necessary.

Once the DIO and GMEC determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, the sponsoring institution will to the best of its ability arrange for the temporary transfer of the residents to programs at other sponsoring institutions until such time as TRHMC is able to resume providing the experience. Residents who transfer to other programs as a result of a disaster will be provided by their Program Directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the residents will be notified by their Program Directors using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.

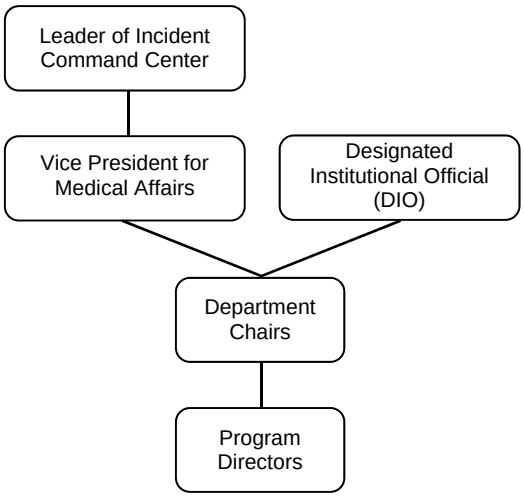
The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership at TRHMC will work collaboratively with the DIO who will coordinate, on behalf of the Hospital, the ability to accept transfer residents from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic location away from the sponsoring institution.

Timeline in the event of a disaster

A. Upon the occurrence of the emergency situation and immediately following up to 72 hours:
    1. House staff will be deployed as directed by the leader of the Incident Command Center. Ongoing decision-making regarding deployment of house staff to provide needed clinical care will be based on both the clinical needs of the institution and the safety of the house staff.



2. Those involved in making decisions in this period are:
    a. Leader of Incident Command Center
    b. Department Chairs
    c. Vice President for Medical Affairs
    d. Designated Institutional Official (DIO)
3. To the extent possible within the constraints of the emergency, decision-makers shall inform and consult with the Legal Department representative and training program directors.

B. By the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:
    1. An assessment will be made of:
        a. the continued need for provision of clinical care by house staff;
        b. the likelihood that training can continue on site.
    2. The assessment will be made by:
        a. DIO
        b. VP for Medical Affairs
        c. Leader of Incident Command Center
        d. Legal Department representative
    3. The DIO will contact the ACGME to provide a status report

C. By the end of the second week following the occurrence of the emergency situation, if the emergency is ongoing:
    1. The DIO will request an assessment by individual program directors and department chairs regarding their ability to continue to provide training;
    2. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training at TRHMC;
    3. Those involved in decision making in this period are:
        a. DIO
        b. Individual Program Directors
        c. Individual Department Chairs
    4. House staff who wish to take advantage of the Leave of Absence Policy or to be released from their Contract will be accommodated.

D. During the third and fourth weeks following the occurrence of the emergency situation, if the emergency is ongoing:

1. Program directors at alternative training sites will be contacted to determine feasibility of transfers as appropriate;
2. The DIO will submit program reconfiguration plans to the ACGME unless other due dates have been established;
3. Transfers will be coordinated with ACGME;
4. TRHMC Program Directors will have the lead responsibility for contacting other program directors and notifying the DIO of the transfers;
5. The DIO will be responsible for coordinating the transfers with ACGME.

E. When the emergency situation is ended:
    1. Plans will be made with the participating institutions to which house staff have been transferred for them to resume training at TRHMC;
    2. Appropriate credit for training will be coordinated with ACGME and the applicable Residency Review Committees;
    3. Decisions as to other matters related to the impact of the emergency on training will be made.

Program Requests for Exception to Weekly Duty-Hour Limit

The ACGME regulations regarding work-hour limits have been adopted by the GMEC and all Program Directors at TRHMC. According to ACGME regulations, a Residency Review Committee may grant exceptions to a program for up to a 10% increase in the 80-hour limit if there is "sound educational rationale." Prior permission of the institution's GMEC is required.
The procedure to obtain GMEC permission follows:

- The Program Director will present a summary of current work hours to the GMEC.
- The Program Director will present the limitations of the educational experience resulting from the ACGME-supported duty-hour restrictions.
- The Program Director will discuss alternatives considered to overcome the limitations without increasing duty hours.
- The Program Director will present the proposed request to its Residency Review Committee, including the educational rationale for the extension of duty hours, as well as the potential impact upon resident health, quality of patient care, and quality of the educational program.
- At least one resident representative of the residency program requesting exception to its weekly duty-hour limit must be present at the GMEC meeting where approval is considered, and should offer the resident opinion regarding the request.
- The request will be formally voted upon by the GMEC, and will require a majority affirmative vote for approval.

Recording of Patient Care

The Reading Hospital and Medical Center may have occasion to videotape, photograph, and/or record patients, visitors, staff, and the general public or to permit such action by others. Such action may be undertaken for the following reasons: education, teaching, quality assurance, security, marketing, communication, or to preserve records of events for Hospital patients or others. When videotaping, photographing, or recording activity on its premises or in which it has a legitimate interest, the Hospital seeks to respect the individual's reasonable expectations of

privacy. This Policy will outline the procedures and circumstances under which photographs, video, or audio recordings may be permitted.

Definitions:

A “Recording” shall mean photographing, videotaping, audiotaping, and any other type of audio or video recording of an individual’s image, activities, or speech.

“Patient” shall refer to inpatients, outpatients, and any other person who is present to receive treatment or diagnostic testing at the Hospital.

“Identifiable” refers to an individual who can be specifically identified by image or circumstances such that the identity of the person would be clear to one viewing the Recording. A person who is part of a group or an attendee at a public event, such as the Garden Party, or photograph of an individual who is masked or clothed so that his face is not identifiable, or whose face or speech is not recorded, is not identifiable for purposes of this Policy.

“Reasonable expectation of privacy” shall refer to circumstances where the person being Recorded objectively has reason to believe that the activity or speech being recorded is private or confidential.

“Consent” shall refer to an agreement to be recorded or a waiver of any objection to be recorded. Consent may be given by any competent adult. For a minor, consent must be given by a parent or adult guardian. Whenever it is clear from the circumstances that the individual recording of a patient could be harmful to the medical or psychological condition of a patient, the consent of a physician or other member of the Medical Staff must be obtained.

Consent to record will typically be recorded in writing, but it may be granted verbally and may be granted based on circumstances.

Applicable Forms:

Consent to Record (RH 4547) is the document on which to record the patient’s written approval to the Recording. The consent is available at nursing units and most clinical departments or through the Duplicating Center.

Physician, physician representative, or other Hospital staff member must specify the exact purpose of the recording in the “Purpose” section.

The signature of the patient or authorized representative must be affixed to the form.

A physician, physician representative, or other Hospital staff member may serve as a witness.

A completed consent form for a patient shall be placed in the patient’s medical record for a current inpatient and in a patient’s clinical file for outpatients.

This Policy does not apply to the following: recording in public areas or where there is no reasonable expectation of privacy; recording to secure the safety of patients, visitors, staff, or the property of the Hospital; recording in situations where there is a reasonable belief of child abuse, elder abuse, sexual assault, domestic violence, and other cases as required by local, state, or federal statutes or laws; recording where the purpose is to monitor patients at risk for harming themselves.

Specific Applications of This Policy:

Recording of Patient Care: A recording may be made of a patient’s care including surgery, testing, or other treatment for purposes of education, training, or other similar purpose.

Recording of patient care shall be initiated by a physician or other staff member or employee of the Hospital. Physician or other staff member or employee of the Hospital who initiates the request for recording will typically obtain the consent of the patient.

The patient should be informed of the nature and subject of the recording. Written consent shall be recorded on the Patient Consent form RH 2130.

The consent of a patient is not required where there is no possibility of identifying the patient or where the patient has no reasonable expectation of privacy.

The recording device shall be in plain sight and not turned on until the entire consent process is completed.

If the patient declines to participate in the recording, then, whenever possible, the recording devices should be removed from the area. If that is not possible, then the patient should be informed that the recording device is not turned on, and no recording is being made.

If staff members are involved in the recording, verbal consent of each person is to be obtained before the recording is begun.

If other individuals are involved (example: speaker at “grand rounds” program”), they are to be informed, consent obtained, and consent documented on the Consent for Recording form. It is to be clearly noted that these individuals are NOT patients.

The consent form shall be included in the patient’s Hospital chart and a copy shall be supplied to the physician. If consent is obtained other than in writing, the nature of the consent should be noted in the file.

Recordings may be used to provide education or training which will further the Hospital’s clinical, treatment or educational missions. Examples of such include resident training, demonstration of care techniques, demonstration of interview techniques, or otherwise recording treatment for review by staff at a future time.

A recording pursuant to this policy shall be the property of either the Hospital or the physician directing the recording as set forth more fully herein.

Consent to Record form shall be maintained in the chart of the patient or the chart of the physician directing the recording.

The Consent to Record form shall be retained in the Medical Record.

If the recording is made at the direction of the Hospital or its employee or agent, the Hospital shall retain possession of the recording. The recording shall be retained in accordance with the policies and procedures of the clinical department or practice that directed or made use of the recording.

If it is determined that the Hospital no longer has need of the recording, the recording may be offered to the physician or other staff involved in the recording or destroyed. The destruction shall be consistent with all other policies of the Hospital.

If the recording is maintained or used by a physician, the physician may destroy the recording if the Hospital has no further use of it. Destruction shall require disposal of the recording in a manner that it cannot be reviewed or reproduced. If a physician no longer has use of the recording, the physician may return the recording to the Hospital for storage or disposition in accordance with the Hospital’s policies.

If the recording is destroyed for any reason, the Department Chair shall authorize the action and sign the physician’s copy of Receipt of Patient Documentation Recording form. The signed form shall be maintained in the Department Office under the Direction of the Chair.

Other applications of this policy:

- Recording on Patient’s Behalf (Administrative Policy & Procedure 10.95)

- Recording/Surveillance for Safety or Security / Use of Electronic Video Surveillance Equipment (Administrative Policy & Procedure 460.10)
- Mission-Related Communications Initiatives, Including Historic Documentation (Administrative Policy and Procedure 10.96)

Right to Know/Hazard Communication

A copy of the Right to Know/Hazard Communication Standard Manual is kept in the office of the Director of Environmental Services. This manual contains essential regulations pertinent to the Right to Know Law and specific laws regulated by the Pennsylvania Department of Labor and Industry regarding the use of hazardous chemicals at TRHMC.

Sexual Harassment

Sexual harassment on the job will not be tolerated. Immediate action shall be taken against any individual who sexually harasses any person on TRHMC's campus.

Some obvious examples of sexual harassment are when supervisors require sexual favors as a condition for favored treatment, such as promotions or raises, or when one resident, student, or employee persists in making unwelcome sexual propositions or lewd comments to a co-worker. Conduct that is less obvious can also be sexual harassment. This includes any conduct in the work environment that is sexual in origin and is unwelcome. It is not a question of what the supervisor or co-worker intended, but the individual's perception of what is offensive that determines harassment. What may be regarded as an innocent statement by some may be perceived as offensive by others.

Individuals who feel that they have been sexually harassed should immediately inform their Program Director, Department Chair, Vice President of Human Resources, or the appropriate Administrative Vice President of his/her Department. The Program Director, Chair, or Administrative Vice President must notify the Vice President of Human Resources with any complaint of possible sexual harassment. A complete, confidential investigation of any such charges will be conducted immediately.

If a third party becomes aware of a situation of sexual harassment, he/she should report this to the appropriate supervisor. Administration will assure that there will be no recrimination for such reporting.

TRHMC does not condone and will not tolerate any type of sexual harassment. Any individual employed by the Hospital who sexually harasses another individual employed by or affiliated with TRHMC will be subject to disciplinary action up to and including termination of employment. Visiting students or residents who engage in such activity will be reported to their supervisors for appropriate disciplinary action.

Substance Abuse

Substance abuse at the worksite places the individual and patients at risk, and cannot be tolerated. Therefore, drug screening is a condition of employment for all Reading Hospital employees, including residents in training. This screening will be performed during Orientation week and will involve urine testing for cocaine, marijuana, PCP, amphetamines, and opiates. Those individuals testing positive and without an appropriate medical explanation will not be accepted for employment.

Subsequent testing may be performed if behavior or performance, as rated by two supervisors, raises concern for substance abuse. The Physician Well-Being Policy (see page I – 25) would be invoked under those circumstances.

The resident is referred to TRHMC's Substance Abuse Policy on the Intranet for further details.

Residents with Disabilities

TRHMC complies with the Americans with Disabilities Act (ADA) of 1990, as amended, which protects qualified applicants with disabilities from discrimination in hiring, promotion, discharge, pay, training, fringe benefits, and other aspects of employment on the basis of disability. TRHMC provides disabled but qualified applicants and employees with reasonable accommodations that do not impose undue hardship on TRHMC.
Definition:

The ADA defines a person with a disability as an individual who:

- Has a physical or mental impairment that limits one or more of the individual's major life activities, such as caring for oneself, performing manual tasks, walking, speaking, seeing, hearing, breathing, learning, or working;
- Has a record of such impairment, even if the individual no longer has the impairment; or
- Is regarded as having a substantially limiting impairment even though that individual is not actually impaired.

Procedure:

Any house staff member who believes he or she qualifies as disabled based on the above definition must make the Program Director aware of the need for a reasonable accommodation if this is necessary to allow the member to perform the essential functions of his or her position. Failure to expeditiously request a reasonable accommodation may place in jeopardy the House Officer's rights to appropriate accommodations.

The Program Director shall determine which training functions are essential and then, in collaboration with the House Staff member, shall determine the potential reasonable accommodation(s) available. TRHMC reserves the right to select the accommodation it deems best suited to the House Staff member and to TRHMC. TRHMC also reserves the right to request documentation related to the disability, limitations, and requested accommodation.

The Program Director shall notify the appropriate administrative leader in writing of any accommodations requested by an employee. The Program Director shall consult with the administrative leader to determine and implement an available reasonable accommodation most effective for TRHMC and the employee. This accommodation shall not impose any undue hardship upon TRHMC. The Program Director and Executive Director may decide that a proposed accommodation is not reasonable if such an accommodation would result in lowering the academic standards, require substantial financial hardship for the program, or alter the nature of training.

Resident Transfer Policy

Before accepting a Resident who is transferring from another program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring Resident, in addition to completing the Resident Transfer Checklist. For Residents who have transferred into the program, written verification of prior educational experience and performance should be available in the Resident files for site visitors to review.

A Program Director must provide timely verification of residency education and summative performance evaluations for Residents who leave the program prior to completion.

The ACGME defines transferring Residents as Residents “moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the Resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school).”

Meeting the requirement for verification before accepting a transferring Resident is complicated in the case of a Resident who has been simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match. In this case, the “sending” program should provide the “receiving” program a statement regarding the Resident’s current standing as of one-two months prior to anticipated transfer along with a statement indicating when the summative competency-based performance evaluation will be sent to the “receiving” program. In this case, an example of a verification statement that is acceptable to the ACGME is:

“(Resident name) is currently a PGY (level) intern/Resident in good standing in the (residency program) at The Reading Hospital and Medical Center. S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY(x) year on June 30, (year). A summary of her/his rotations and a summative competency-based performance evaluation will be sent to you by July 31, (year).”

TRANSFER RESIDENT CHECK LIST
(please complete this form for each file you send to GME)

Name_____ MD_____ DO_____

Current Address _____

_____

Current email: _____

Current Phone (_____) _____

TRHMC program to which you are applying_____
PGY Level_____

Desired Date of Hire_____/_____/_____

J1 Visa? Yes_____ No_____

REFERENCES:
Current **Associate Dean for GME/DIO** _____

DIO's email address _____
phone number_____

Current **Program Director** _____

Program Director's email address _____
phone number_____

Physician with whom you currently work_____

This physician's email address _____
phone number_____

Physician with whom you currently work_____

This physician's email address _____
phone number_____

Physician with whom you currently work_____

This physician's email address _____
phone number_____

Brief description of why you are applying to our program:_____

ORIGINAL DOCUMENTS REQUIRED **SENT TO GME?**

Contracts will not be sent out until department provides:

*__DEPARTMENT APPOINTMENT LETTER__ _____

*__ERAS APPLICATION__ _____

*__PRINTED FROM ERAS__:

→Updated C__V__ _____

→Updated __Personal Statement__ _____

→__Deans Letter__ _____

→__Medical School Transcript__ _____

→__At least 3 current letters of recommendation__ _____

*__DIPLOMA__ (before residency begins) _____

*__HISTORY OF PREVIOUS TRAINING__ _____

*__CERTIFICATION OF PRIOR RESIDENCY TRAINING__ _____

*__VALID ECFMG CERTIFICATE__ _____
(if Foreign Grad)

TRHMC Policies and Procedures

It is the resident's responsibility to act in accordance with the official policies and procedures of TRHMC which may be found on the Hospital's intranet at http://home/policiesprocedures, and are made part of this Resident Manual by reference.

Part II

Policies Specific to

Podiatric Medicine and Surgery Residency Program

Director
Kevin Naugle DPM, MBA, FACFAS

General Program Goals

The Reading Hospital and Medical Center's Podiatric Medicine and Surgery Residency program is designed to take the graduating student from a college of podiatric medicine and provide the knowledge, skills and attitudes necessary to train the resident to practice the highest quality podiatric medicine and surgery. To accomplish this task the program seeks to provide an environment conducive to the accomplishment of the competencies identified in this manual. Specifically the resident is expected to have accomplished the following goals over the course of the 36-month program:

1. Develop and enhance diagnostic and management competencies in podiatric medicine and surgery.
2. Develop progressive levels of surgical skills in the management of foot and ankle conditions
3. Develop the attitudes necessary to practice ethically.
4. Develop life long learning skills
5. Understand the factors involved in various practice models.
6. Understand the differences in the in-patient and outpatient medical models and methods for assuring quality of care and risk management in both settings.
7. Understand how systems of care are employed in managing complex patient issues.
8. Develop competency in research methodology and engage in scholarly activities.

Sites for training:
The residents' training will occur at several Reading Hospital facilities including the Reading Hospital main campus, Reading Hospital Surgical Center at Spring Ridge and the Reading Hospital for Post-acute Rehabilitation, in addition to the offices of key Podiatric Staff educators, affiliated with the Reading Hospital and Medical Center.

Program Director:
Kevin Naugle MD, MBA, FACFAS,, certified by the American Board of Podiatric Surgery, is the Program Director. He has the authority to administer all aspects of the residency training program. He will work in conjunction with the Section of Podiatric Medicine and the Academic Affairs office to assure an optimal complement of excellent faculty to support all aspects of the training program.

Training Year:
The training year will run from June 24 through June 23. Interns will report 5 working days prior to the training year for an orientation program. A block training schedule has been established. Rotation start dates will be established to begin near the first Monday of each month and months will be divided equally for 0.5 month rotations. All rotations other than Podiatry Office will occur at a Reading Hospital-owned facility. The resident will be assigned to one of three faculty office practices.

CPME 330 standards and requirements for approval of Podiatric Medicine and Surgery residencies can be found at:

http://www.cpme.org/files/FileDownloads/CPME%20320%20July%202011%20with%20April%202012%20updates.pdf.

Elective rotations:
Elective rotations must be chosen 3 months before the beginning of the respective training year.

Program Requirements

I. Lectures, journal clubs, patient safety conferences

A detailed calendar of lectures, workshops, conferences and journal clubs will be provided.
A didactic learning session will be held at least once weekly. The didactics will be as follows: week 1 – core lecture; week 2 – Journal club; week 3- core lecture; week 4 M&M/Quality and Safety Review.

A. Lectures
Lectures are designed to augment the clinical content of the program with respect to the goals and objectives of the program. Lectures will be held twice monthly. All *lectures are mandatory*. Problems and conflicts should be brought to the attention of the Program Director. Lectures may be live, video conference, or pre-recorded.

B. Journal Clubs
Journal club will be held monthly. Residents are responsible for reviewing articles as assigned, providing a copy for each resident and the faculty moderator and presenting and leading the discussion. Participation is *mandatory.*

C. M&M/Quality & Safety Review
Morbidity and Mortality/Quality Improvement & Patient Safety Review will be held at least monthly. Participation is *mandatory.*

II. Resident evaluations

Residents will be evaluated by each rotation director based on the goals and objectives to achieve competencies of each rotation. These rotation evaluations will serve to evaluate the resident's performance in the six competencies of patient care, medical knowledge, interpersonal and communication skills, professionalism, practice based learning and systems based practice. (See Appendix 1 for Evaluation Forms)

III. Rotation and program evaluations
The resident will fill out an evaluation on the rotation, as well as an evaluation of all key faculty members involved in their training experience at the end of the year. This provides the Program Director with continuous self-review and direct feedback from the residents participating in these educational training experiences (Appendix 1)

IV. Faculty evaluations
Residents will evaluate faculty members involved in their training on individual rotations. These will be done on a monthly basis. (Appendix 1)

V. Logs
Residents are responsible for maintaining their logs. Residents will be provided with access to an electronic program, which allows resident to log their patient encounters, surgical procedures, and didactic educational experiences. These logs will be required for Board Certification
Patient logs - this will include a listing of the patients seen, including diagnosis and procedure performed, level of involvement. This log must comply with HIPAA rules and regulations.

INCOMPLETE LOGS MAY RESULT IN A RESIDENT BEING PULLED FROM A ROTATION UNTIL COMPLETE. THIS COULD THREATEN THE COMPLETION OF THE RESIDENCY

PROGRAM, SO BE CONSISTENT WITH LOGGING YOUR DATA. LOGS ARE TO BE UPDATED ASAP. THEY MUST BE CURRENT UP TO TWO WEEKS.

VI. Minimum Activity Volume

Patient Care Activity Requirements (MAV's)

Case Activities	**PMSR/RRA**
Comprehensive medical histories and physical examinations	50
Podiatric clinic/office encounters	1000
Podiatric surgical cases	300
Trauma cases	50
Podopediatric cases	25
Biomechanical cases	75

Podiatric Surgical Experience (MAV's)

Procedure Activities	**PMSR/RAA**
First and second assistant procedures (total)	400
At least 33% of all procedure codes as first asst	
One code must not represent more than 33% in each category or subcategory	
First assistant procedures **:**	
Digital procedures	80
First ray procedures	60
Other soft tissue procedures	45
Other osseous foot surgery procedures	40
Reconstructive Rear foot/ankle procedures (added credential only)	50

It is the resident's responsibility to have an accurate awareness of MAV requirements and what their status is regarding such on a month-to-month basis.

VII. Exit interview

Each resident will have an exit interview with the director of evaluation, in June just prior to graduating from the program. This interview will address the residents overall evaluation of the program, the programs administration and provide them an opportunity to suggest improvements.

VIII. Research Manuscript

Each resident is expected to complete a research project for submission to a referee journal. At the beginning of the residency program each resident will request an attending as a mentor to work with on their research project.

X. Training Experience

Year 1		Year 2		Year 3	
Foot & Ankle	4 months	Foot & Ankle	6 months	Foot & Ankle	8 months
Podiatry Office	1 month	Podiatry Office	2 months	Podiatry Office	1 month
Medicine	1 month	Vascular Surgery	1 month	Trauma	1 month
Rheumatology	1 month	Wound Care	1 month	Research	1 month
Infectious Disease	1 month	Plastic Surgery	1 month	Elective	1 month
Pathology	0.5 months	Elective	1 month		
Radiology	0.5 months				
Anesthesia	0.5 months				
Behavioral Med	0.5 months				
General Surgery	1 month				
Emergency Med	1 month				

Sample Schedule:

Month	Year 1	Year 2	Year 3
July	Medicine	Foot & Ankle	Research
August	Rheumatology	Vascular Surgery	Foot & Ankle
September	Behavioral Medicine Pathology	Foot & Ankle	Elective
October	Radiology Anesthesia	Foot & Ankle	Foot & Ankle
November	Foot & Ankle	Wound Care	Foot & Ankle
December	Infectious Disease	Foot & Ankle	Foot & Ankle
January	Foot & Ankle	Podiatry Office	Trauma
February	General Surgery	Foot & Ankle	Podiatry Office
March	Emergency Medicine	Podiatry Office	Foot & Ankle
April	Foot & Ankle	Plastic Surgery	Foot & Ankle
May	Podiatry Office	Foot & Ankle	Foot & Ankle
June	Foot & Ankle	Elective	Foot & Ankle

XI. Competencies Required for all Rotations

Patient Care

- Assess and manage the patient's general medical status.
- Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
- Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.
- Practice and abide by the principles of informed consent.

Interpersonal and Communication Skills

- Communicate effectively in a multi-disciplinary setting
- Demonstrate accurate charting, dictation and record keeping

Medical Knowledge

- Demonstrate continued self-study & regular literature review
- Demonstrate knowledge of anatomy, physiology, pathology in each core curricular area
- Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric

Professionalism

- Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
- Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
- 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.
- Accept criticism constructively.
- Demonstrate professional humanistic qualities.
- Demonstrate professional appearance.
- Demonstrate pattern of punctuality and reliability in performance of his/her duties.

Practice Based Learning

- Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
- Demonstrate familiarity with utilization management and quality improvement

- Demonstrate an understanding of public health concepts, health promotion, and disease prevention

Systems Based Practice

- Manage individuals and populations in a variety of socioeconomic and healthcare settings.
- Understand podiatric practice management in a multitude of healthcare delivery settings.

XII. Specific Rotation Competencies

Rotation: Foot and Ankle

Competencies Specific for Rotation:

Patient Care

- 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.
- Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.
- Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications relating to procedure.
- Demonstrates progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases.
- 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.

Medical Knowledge

- 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.

Practice Based Learning/Systems Based Practice

- Understands and utilizes appropriate hospital protocol including appropriate admission and discharge procedures, maintenance of medical records, and adherence to hospital safety measures.

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

    a. Soft tissue and nail procedures
    b. Toe surgery
    c. First Ray procedures
    d. Metatarsal procedures
    e. Basic non-reconstructive midfoot-rearfoot procedures
    f. A.O. fixation of the forefoot
    g. Laser surgery
    h. Debridement – wounds & soft-tissue

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

    a. Arthrodesis
    b. Nerve decompressions
    c. Tendon transfer and repair procedures
    d. Osteotomies
    e. Debridement – bone & soft- tissue
    f. Flat foot surgery
    g. Pes cavus surgery
    h. Fracture repair - forefoot
    i. A-0 fixation - rearfoot

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

    a. Arthrodesis – ankle
    b. Midfoot and rearfoot fracture repair
    c. Ankle fracture repair
    d. Ankle arthroscopy
    e. Diabetic foot reconstruction
    f. Flat foot and cavus foot reconstruction
    g. External fixation

Rotation: Podiatry Office

Competencies Specific for Rotation:

Patient Care

- 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.
- Order and interpret appropriate laboratory studies, including but not limited to: ie hematology, blood chemistries, drug screens, bacteriologic and fungal cultures, urinalysis, serology/immunology, toxicology, coagulation studies, blood gases, synovial fluid analysis.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan utilizing appropriate consultations and/or referral; and assess treatment plan and revise as necessary.
- Pharmacological management utilizing medications commonly prescribed in podiatric medicine, including proper ordering of, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. (These medications include 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 agents).
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including, but not limited to, electrodiagnostic studies, noninvasive vascular studies, bone densitometry studies, compartment pressure studies.
- Provide appropriate lower extremity health promotion and education
- Perform manipulation/mobilization of the foot/ankle joint to increase/reduce associated pain and/or deformity.
- Perform biomechanical evaluations and managing patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devises and footwear
- Fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthotist.
- Provide appropriate podiatric surgical management when indicated
- Recognize and manage post-operative complications i.e. infections, DVT’s, hematomas, cellulitis, etc.
- Demonstrate appropriate use of local anesthetic agents.
- Perform, where indicated, palliation of keratotic lesions and toenails.
- Manage closed fractures and dislocations including pedal fractures/dislocations, and ankle fracture/dislocation including the use of cast management and tape immobilization as indicated.

- Perform appropriate injections and or aspirations, with knowledge of pharmacology, indications, dosages, potential interactions, & side effects.
- Demonstrate appropriate referral for physical therapy for patients, and ability to monitor and modify the treatment plan as needed.
- Perform biomechanical evaluations and manage patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devices and footwear.

Medical Knowledge

- Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management; (See appendix in CPME 320 for list of procedures).
- Demonstrate knowledge of pharmacology, indications, dosages, potential interactions, & side effects of anesthetics, oral and injectable medications.
- Demonstrate capacity to interpret relevant imaging studies including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging.

Practice Based Learning and Systems Based Practice

- Demonstrate understanding of healthcare reimbursement.
- Demonstrate understanding of common business practices.
- Understand insurance issues including professional and general liability, disability, workers' compensation, and the medical-legal considerations involving healthcare delivery.

Rotation: Medicine

Competencies Specific for Rotation:

Patient Care

- Perform and interpret the findings of a comprehensive medical history and physical examination, including:
    - Comprehensive medical history, including chief complaint, history of present illness, social and family history, review of systems.
    - Comprehensive physical examination, including vital signs HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.
- Order and interpret appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings.
- Pharmacologic management of patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies and laboratory studies.
- Interpret and evaluate EKGs.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan

Medical Knowledge

- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the podiatric patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team

Rotation: Rheumatology

Competencies Specific for Rotation:

- Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with joint complaints.
- Demonstrate the ability to differentiate inflammatory from non-inflammatory articular complaints.
- Order and interpret appropriate laboratory tests for the patient with rheumatologic complaints.
- Demonstrate capacity to differentiate characteristic rheumatologic findings on Xray.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan.
- Demonstrate appropriate pharmacologic management of patients with rheumatic problems including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.

Medical Knowledge

- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common rheumatic conditions that impact the care of the podiatric patient including osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, scleroderma, Rayaud's disease, spondylarthropathies, crystal disease and vasculopathies.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the podiatrist and rheumatologist.

Rotation: Infectious Disease

Competencies Specific for Rotation:

Patient Care

- Perform and interpret the findings of a thorough problem-focused history and physical exam on a patient being evaluated for infectious disease, including problem focused history, and where appropriate vascular, neurologic, musculoskeletal and dermatologic examination.
- Order and interpret appropriate laboratory studies, ie hematology, blood chemistries, cultures, urinalysis, serology/immunology.
- Order and interpret appropriate diagnostic modalities, ie. nuclear medicine imaging, MRT, CT, vascular imaging.

Medical Knowledge

- Demonstrate interpret culture and sensitivity results, as well as properly collecting culture specimens.
- Demonstrate knowledge of the performance of bacteriologic testing procedures (i.e. gram stains, cultures), in the bacteriology laboratory.
- Demonstrates knowledge of appropriate choice of antibiotic therapy, both oral and parental, in both the normal and compromised patient, including drug pharmacology, potential interactions with other medications, side effects, and cost factors.

Practice Based Learning and Systems Based Practice

- Demonstrates understanding of the collaborative role of the podiatrist along with the infectious disease specialist and other care providers in the optimal management of diabetic and ischemic foot ulcers.

Rotation: Pathology

The pathology experience will consist of spending 2 weeks in the Department of Pathology. It will involve observation and/or participation in the activities of the department including but not limited to the performance of microscopic analysis of pathological specimens, bacteriological studies and clinical laboratory studies.

Competencies Specific for Rotation:

Medical Knowledge

- Understand the principles & procedures involved in obtaining (i.e. intra-op frozen sections) and preparing specimens for interpretation.
- Obtain knowledge and appreciation of the interpretation of anatomic pathology, with emphasis on the lower extremity.
- Obtain knowledge and appreciation of the interpretation of cellular pathology, with emphasis on the lower extremity.

Rotation: Radiology

Provide podiatry residents with a basic level of competence in the identification of key radiographic findings, in areas relevant to their roles within the residency and for their future careers. Residents will also develop an appreciation of the place for more advanced modalities in patient care. Residents should demonstrate an organized, evidence based approach to the choice of radiographic techniques and approach to interpreting radiographs.

Competencies Specific for Rotation:

Patient Care

- Understand the utilization of appropriate radiologic tests based on indications, contraindications, cost effectiveness and risk vs. benefit, with particular emphasis on lower extremity pathology.
- Establish a standard pattern and interpretation of radiographs, with particular emphasis on the lower extremity.

Medical Knowledge

- Learn the properties of imaging modalities and diagnosis and intervention.
- Understand the side effects and complications of contrast media.

Practice Based Learning and Systems Based Care

- Gain appreciation for the cost/benefit of various radiographic procedures utilized in the assessment of lower extremity disorders.

Rotation: Anesthesiology

Competencies Specific for Rotation:

Patient Care

- Demonstrate competence in pre-operative medical risk assessment.
- Demonstrate understanding of the components of peri-operative management.
- Demonstrate knowledge of intubation techniques and maintenance of airway.
- Demonstrate knowledge of the techniques and appropriate management of general, spinal, epidural, regional and conscious sedation anesthesia.
- Demonstrate proficiency in the performance of local anesthetic blocks of the lower extremity.

Medical Knowledge

- Demonstrate knowledge of the pharmacology of common anesthetic agents, both regional & local, including indications, dosages, potential interactions, and side effects.
- Demonstrate knowledge of the current protocol for pain management, including where indicated use of blocks and therapeutic medication(s).

Rotation: Behavioral Medicine

Competencies specific for rotation:

Patient Care

- Understand the impact of mood and personality disorders on the pain experience and functional capacity. --Demonstrate understanding of the various modalities (pharmacologic and non-pharmacologic) to address such disorders.

Medical knowledge

- Demonstrate knowledge of the pharmacology of common psychotropic medications, including indications, dosages, potential interactions and side effects

Practice Based Learning and Systems Based Practice

- Demonstrate appreciation of the value of a team approach in the care of patients with pain disorders

Rotation: General Surgery

Competencies Specific for Rotation:

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
- Perform and interpret the findings of a thorough problem-focused history and physical exam on general surgical patients including problem focused history.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.
- Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general surgery.
- Demonstrate understanding of perioperative management including fluid and electrolyte balance, pain management and blood and/or component therapy.

Medical Knowledge

- Demonstrate knowledge of the indications and contraindications for common general surgical procedure.
- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.
- Demonstrate understanding of the role of protocols and care maps in the efficient care of the surgical patient.

Rotation: Emergency Medicine

Competencies Specific for Rotation:

Patient Care

- Recognize and be able to assist in the care of acute systemic emergencies (ie cardiac arrest, diabetic coma, insulin reactions, etc.).
- Demonstrate capacity to perform and interpret the findings of a comprehensive medical history and physical examination of the emergency room patient, including:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.
- Demonstrate capacity to evaluate common emergencies with emphasis on the lower extremity,(ie ankle sprains, dirty and infected wounds, burns, lacerations, fractures, etc.).
- Demonstrate capacity to evaluate orthopedic emergencies with emphasis on the lower extremity.

Medical Knowledge

- Demonstrates knowledge of the pathophysiology and clinical epidemiology of disorders commonly presenting to the emergency care unit.

Practice Based Learning and Systems Based Practice

- Understands and appreciates the principles of general emergency medicine and emergency care unit protocols.

Rotation: Vascular Surgery

Competencies Specific for Rotation:

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
- Perform and interpret the findings of a thorough problem-focused history and physical exam on vascular surgical patients including problem focused history, and where appropriate vascular, neurologic and musculoskeletal examination.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.
- Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general surgery and vascular surgery.
- Demonstrate capacity to evaluate noninvasive and invasive vascular studies, with emphasis on the lower extremities.

Medical Knowledge

- Demonstrate knowledge of the indications and contraindications for various approaches to the ischemic limb.
- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.

- Demonstrate understanding of the role of protocols and care maps in the efficient care of the vascular surgical patient.

Rotation: Wound Care

Competencies Specific for Rotation:

Patient Care

- Perform a formal wound care assessment including focused history and physical examination.

Medical Knowledge

- Understand the principles of wound healing and management of wounds including diabetic wound and post-traumatic wound.
- Understand the role of non-invasive testing in the cost-efficient assessment of the patient with lower extremity wound.
- Understand the role of hyperbaric oxygen in wound healing.
- Understand the indications and pharmacology of various wound care products.

Practice Based Learning and Systems Based Care

Appreciate the collaborative role of the podiatrist and wound care specialist in the patient with refractory lower extremity ulcerations.

Rotation: Plastic Surgery

Competencies Specific for Rotation:

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
- Perform and interpret the findings of a thorough problem-focused history and physical exam on plastic surgical patients including problem focused history, and where appropriate vascular, neurologic musculoskeletal and dermatologic examination.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.
- Demonstrate appropriate pharmacologic management of plastic surgery patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to plastic surgery.
- Develop and learn proper techniques in handling skin in retraction and closure.

Medical Knowledge

- Demonstrate a knowledge of rotation and advancement flaps.
- Demonstrate a knowledge full and split thickness skin grafts.
- Demonstrate a knowledge of tissue expanders.
- Recognize and appreciate the principles of wound healing.
- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the health care team in the perioperative care, including nurse, social worker, case manager, etc.
- Demonstrate understanding of the role of protocols in the efficient care of the plastic surgery patient.

Rotation: Trauma

Competencies Specific for Rotation:

Patient Care

- Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination in the trauma patient, including where appropriate:
    - Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history.
    - Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.
- Perform and interpret the findings of a thorough problem-focused history and physical exam on the trauma patient including problem focused history, and where appropriate vascular, neurologic and musculoskeletal examination.
- Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies in the setting of acute trauma.
- Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.
- Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to the trauma patient.
- Demonstrate capacity to evaluate noninvasive and invasive vascular studies, with emphasis on the lower extremities.

Medical Knowledge

- Demonstrate knowledge of the indications and contraindications for various approaches to the surgical care of the lower extremity in the setting of trauma.
- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.
- Develop appreciation of the role of consistent, empathetic communication to the family of trauma patients.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the health care team in the perioperative care of the trauma patient, including nurse, social worker, case manager, etc.
- Demonstrate understanding of the role of protocols in the efficient care of the trauma patient.

Rotation: Research

Competencies Specific for Rotation

Resident will develop an independent research project. In the context of this project the resident will develop the following skills listed below:

Medical Knowledge

- Demonstrate ability to:

    a. Select an appropriate topic for study.
    b. Review pertinent literature.
    c. Develop appropriate research questions.
    d. Generate an appropriate hypothesis.
    e. Select an appropriate research methodology.
    f. Develop appropriate proposal for data analysis.
    g. Conduct the research project.
    h. Successfully complete the project.
    i. Prepare a quality paper for potential publication in a peer-reviewed journal.

Electives

Elective Rotation: Dermatology

Competencies Specific for Rotation

Patient Care

- Recognize common primary and secondary skin disorders that involved the lower extremity.

Medical Knowledge

- Understand basic pathophysiology and clinical epidemiology of common lower extremity skin disorders.
- Understand the pharmacology, indications, contraindications for various topical agents used to treat common skin disorders of the lower extremities.

Elective Rotation: Cardiology

Competencies Specific for Rotation:

- Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with cardiac complaints.
- Demonstrate the ability to differentiate cardiac from non-cardiac chest pain.
- Order and interpret appropriate laboratory tests for the patient with cardiovascular complaints.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan.
- Demonstrate appropriate pharmacologic management of patients with cardiovascular problems including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.

Medical Knowledge

- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common cardiovascular disorders including coronary artery disease, valvular heart disease, common arrhythmias including atrial fibrillation.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the podiatrist and cardiologist.

Elective Rotation: Endocrinology

Competencies Specific for Rotation:

- Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with diabetes and other common endocrine disorders.
- Demonstrate the ability to differentiate type 1 from type 2 diabetes.
- Order and interpret appropriate laboratory tests for the patient with diabetes and thyroid disease.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan of patients with diabetes and hypothyroidism.
- Demonstrate appropriate pharmacologic management of patients with diabetes and hypothyroidism, including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.

Medical Knowledge

- Demonstrate knowledge of the pathophysiology and clinical epidemiology of common diabetes and other common endocrine conditions that impact the care of the podiatric patient.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the podiatrist and endocrinologist.

Elective Rotation: Nephrology

Competencies Specific for Rotation:

- Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with renal impairment.
- Demonstrate the ability to differentiate major causes of renal insufficiency.
- Order and interpret appropriate laboratory tests for the patient with renal impairment.
- Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan.
- Demonstrate appropriate pharmacologic management of patients with renal impairment including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.

Medical Knowledge

- Demonstrate knowledge of the pathophysiology and clinical epidemiology of renal conditions that impact the care of the podiatric patient.

Interpersonal and Communication Skills

- Demonstrate the capacity to efficiently communicate key medical information to colleagues.

Practice Based Learning and Systems Based Practice

- Demonstrate an understanding of the collaborative role of the podiatrist and nephrologist.

Elective Rotation: Orthopedics

Competencies specific to the Rotation:

- Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
- Perform and interpret the findings of a thorough problem-focused history and physical exam, including:
- Interpret appropriate medical imaging:
  - Plain radiography
  - Radiographic contrast studies
  - Stress radiography
  - Nuclear medicine imaging
  - MRI
  - CT
- Interpret appropriate laboratory tests.
- Interpret appropriate other diagnostic studies:
  - Electrodiagnostic studies
  - Non-invasive vascular studies
- Formulate an appropriate diagnosis and/or differential diagnosis.
- Formulate and implement an appropriate plan of management:
  - Cast management
  - Physical therapy
- Perform appropriate pharmacologic management when indicated, including:
  - NSAIDs
  - Antibiotics
  - Narcotic analgesics
  - Corticosteroids

APPENDIX I

Podiatry Residency Evaluations

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Foot and Ankle

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Performs and interprets 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.						
Evaluates a patient as to the appropriateness of a surgical procedure, including the problem-focused history and physical, along with review of laboratory and radiologic studies, and performs a biomechanical examination where indicated.						
Assessment of appropriateness of a surgical procedure, including assessment of efficacy and potential complications relating to procedure.						
Demonstrates progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases.						
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						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Podiatry Office

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
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.						
Order and interpret appropriate laboratory studies, including but not limited to: ie hematology, blood chemistries, drug screens, bacteriologic and fungal cultures, urinalysis, serology/immunology, toxicology, coagulation studies, blood gases, synovial fluid analysis.						
Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan utilizing appropriate consultations and/or referral; and assess treatment plan and revise as necessary.						
Pharmacological management utilizing medications commonly prescribed in podiatric medicine, including proper ordering of, being fully cognitive of indications, dosages, interactions, side effects and anticipated results. (These medications include 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 agents).						
Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including, but not limited to, electrodiagnostic studies, noninvasive vascular studies, bone densitometry studies, compartment pressure studies.						
Provide appropriate lower extremity health promotion and education						
Perform manipulation/mobilization of the foot/ankle joint to increase/reduce associated pain and/or deformity.						
Perform biomechanical evaluations and managing patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devises and footwear						

	5	4	3	2	1	0
Fabricate appropriate casts for these devises, or write appropriate referrals to the prosthetist/orthotist.						
Provide appropriate podiatric surgical management when indicated						
Recognize and manage post-operative complications i.e. infections, DVT's, hematomas, cellulitis, etc.						
Demonstrate appropriate use of local anesthetic agents.						
Perform, where indicated, palliation of keratotic lesions and toenails.						
Manage closed fractures and dislocations including pedal fractures/dislocations, and ankle fracture/dislocation including the use of cast management and tape immobilization as indicated.						
Perform appropriate injections and or aspirations, with knowledge of pharmacology, indications, dosages, potential interactions, & side effects.						
Demonstrate appropriate referral for physical therapy for patients, and ability to monitor and modify the treatment plan as needed.						
Perform biomechanical evaluations and manage patients with lower extremity disorders utilizing appropriate prosthetics, orthotic devices and footwear.						
Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management; (See appendix in CPME 320 for list of procedures).						
Demonstrate knowledge of pharmacology, indications, dosages, potential interactions, & side effects of anesthetics, oral and injectable medications.						
Demonstrate capacity to interpret relevant imaging studies including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Demonstrate understanding of healthcare reimbursement and understanding of common business practices.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Internal Medicine

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Perform and interpret the findings of a comprehensive medical history and physical examination, including: o Comprehensive medical history, including chief complaint, history of present illness, social and family history, review of systems. o Comprehensive physical examination, including vital signs HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.						
Order and interpret appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings.						
Pharmacologic management of patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies and laboratory studies.						
Interpret and evaluate EKGs.						
Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the podiatric patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.						

	5	4	3	2	1	0
Demonstrate the capacity to efficiently communicate key medical information to colleagues. Demonstrate an understanding of the collaborative role of the podiatrist and other consultants with the inpatient medical team						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Rheumatology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with joint complaints.						
Demonstrate the ability to differentiate inflammatory from non-inflammatory articular complaints.						
Order and interpret appropriate laboratory tests for the patient with rheumatologic complaints.						
Demonstrate capacity to differentiate characteristic rheumatologic findings on Xray.						
Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan.						
Demonstrate appropriate pharmacologic management of patients with rheumatic problems including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of common rheumatic conditions that impact the care of the podiatric patient including osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, scleroderma, Raynaud's disease, spondylarthropathies, crystal disease and vasculopathies.						
Demonstrate the capacity to efficiently communicate key medical information to colleagues.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Infectious Disease

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Perform and interpret the findings of a thorough problem-focused history and physical exam on a patient being evaluated for infectious disease, including problem focused history, and where appropriate vascular, neurologic, musculoskeletal and dermatologic examination.						
Order and interpret appropriate laboratory studies, ie hematology, blood chemistries, cultures, urinalysis, serology/immunology.						
Order and interpret appropriate diagnostic modalities, ie. nuclear medicine imaging, MRT, CT, vascular imaging.						
Demonstrate interpret culture and sensitivity results, as well as properly collecting culture specimens.						
Demonstrate knowledge of the performance of bacteriologic testing procedures (i.e. gram stains, cultures), in the bacteriology laboratory.						
Demonstrates knowledge of appropriate choice of antibiotic therapy, both oral and parental, in both the normal and compromised patient, including drug pharmacology, potential interactions with other medications, side effects, and cost factors.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Pathology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Understand the principles & procedures involved in obtaining (i.e. intra-op frozen sections) and preparing specimens for interpretation.						
Appreciation for the interpretation of anatomic pathology, with emphasis on the lower extremity						
Appreciation the interpretation of cellular pathology, with emphasis on the lower extremity.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Radiology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Understand the utilization of appropriate radiologic tests based on indications, contraindications, cost effectiveness and risk vs. benefit, with particular emphasis on lower extremity pathology.						
Establish a standard pattern and interpretation of radiographs, with particular emphasis on the lower extremity.						
Learn the properties of imaging modalities and diagnosis and intervention.						
Understand the side effects and complications of contrast media.						
Gain appreciation for the cost/benefit of various radiographic procedures utilized in the assessment of lower extremity disorders.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Anesthesiology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Demonstrate competence in pre-operative medical risk assessment.						
Demonstrate understanding of the components of peri-operative management.						
Demonstrate, via hands-on direct participation, knowledge of intubation techniques and maintenance of airway.						
Demonstrate knowledge, via hands-on direct participation, of the techniques and appropriate management of general, spinal, epidural, regional and conscious sedation anesthesia.						
Demonstrate proficiency in the performance of local anesthetic blocks of the lower extremity.						
Demonstrate knowledge of the pharmacology of common anesthetic agents, both regional & local, including indications, dosages, potential interactions, and side effects.						
Demonstrate knowledge of the current protocol for pain management, including where indicated use of blocks and therapeutic medication(s).						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Behavioral Medicine

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Understand the impact of mood and personality disorders on the pain experience and functional capacity. --Demonstrate understanding of the various modalities (pharmacologic and non-pharmacologic) to address such disorders.						
Demonstrate knowledge of the pharmacology of common psychotropic medications, including indications, dosages, potential interactions and side effects						
Demonstrate appreciation of the value of a team approach in the care of patients with pain disorders						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: General Surgery

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate: o Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. o Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.						
Perform and interpret the findings of a thorough problem-focused history and physical exam on general surgical patients including problem focused history.						
Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.						
Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general surgery.						
Demonstrate understanding of perioperative management including fluid and electrolyte balance, pain management and blood and/or component therapy.						
Demonstrate knowledge of the indications and contraindications for common general surgical procedure.						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.						

	5	4	3	2	1	0
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Emergency Medicine

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Recognize and be able to assist in the care of acute systemic emergencies (ie cardiac arrest, diabetic coma, insulin reactions, etc.).						
Demonstrate capacity to perform and interpret the findings of a comprehensive medical history and physical examination of the emergency room patient, including: o Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. o Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, neurologic examination.						
Demonstrate capacity to evaluate common emergencies with emphasis on the lower extremity,(ie ankle sprains, dirty and infected wounds, burns, lacerations, fractures, etc.).						
Demonstrate capacity to evaluate orthopedic emergencies with emphasis on the lower extremity.						
Demonstrates knowledge of the pathophysiology and clinical epidemiology of disorders commonly presenting to the emergency care unit.						
Understands and appreciates the principles of general emergency medicine and emergency care unit protocols.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Vascular Surgery

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate: o Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. o Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.						
Perform and interpret the findings of a thorough problem-focused history and physical exam on vascular surgical patients including problem focused history, and where appropriate vascular, neurologic and musculoskeletal examination.						
Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.						
Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to general surgery and vascular surgery.						
Demonstrate capacity to evaluate noninvasive and invasive vascular studies, with emphasis on the lower extremities.						
Demonstrate knowledge of the indications and contraindications for various approaches to the ischemic limb.						

	5	4	3	2	1	0
Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Wound Care

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Perform a formal wound care assessment including focused history and physical examination.						
Understand the principles of wound healing and management of wounds including diabetic wound and post-traumatic wound.						
Understand the role of non-invasive testing in the cost-efficient assessment of the patient with lower extremity wound.						
Understand the role of hyperbaric oxygen in wound healing.						
Understand the indications and pharmacology of various wound care products.						
Appreciate the collaborative role of the podiatrist and wound care specialist in the patient with refractory lower extremity ulcerations.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Plastic Surgery

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination, including where appropriate: o Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. o Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.						
Perform and interpret the findings of a thorough problem-focused history and physical exam on plastic surgical patients including problem focused history, and where appropriate vascular, neurologic musculoskeletal and dermatologic examination						
Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies.						
Demonstrate appropriate pharmacologic management of plastic surgery patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to plastic surgery.						
Develop and learn proper techniques in handling skin in retraction and closure.						
Demonstrate a knowledge of rotation and advancement flaps.						
Demonstrate a knowledge full and split thickness skin grafts.						
Demonstrate a knowledge of tissue expanders.						
Recognize and appreciate the principles of wound healing.						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of						

	5	4	3	2	1	0
common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Trauma

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Perform and interpret the findings of a comprehensive pre-operative medical history and physical examination in the trauma patient, including where appropriate: o Comprehensive medical history. Including chief complaint, review of systems history of present illness, social and family history. o Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination.						
Perform and interpret the findings of a thorough problem-focused history and physical exam on the trauma patient including problem focused history, and where appropriate vascular, neurologic and musculoskeletal examination.						
Recognize the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, and laboratory studies in the setting of acute trauma.						
Demonstrate appropriate pharmacologic management of surgical patients including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate proficiency in principles of surgery, including suturing techniques, a traumatic tissue handling, and instrumentation, especially as it pertains to the trauma patient.						
Demonstrate capacity to evaluate noninvasive and invasive vascular studies, with emphasis on the lower extremities.						
Demonstrate knowledge of the indications and contraindications for various approaches to the surgical care of the lower extremity in the setting of trauma.						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of common medical conditions that impact the care of the surgical patient such as vascular disorders (peripheral, cardiac and cerebrovascular atherosclerotic vessel disease), diabetes mellitus, heart failure, respiratory disorders, gastrointestinal disorders, neurologic disorders.						

	5	4	3	2	1	0
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Research

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

Demonstrate ability to:	**5**	**4**	**3**	**2**	**1**	**0**
Select an appropriate topic for study						
Review pertinent literature.						
Develop appropriate research questions.						
Generate an appropriate hypothesis						
Select an appropriate research methodology.						
Develop appropriate proposal for data analysis.						
Conduct the research project.						
Successfully complete the project.						
Prepare a quality paper for potential publication in a peer-reviewed journal						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name _____ Date _____

Rotation Director _____ Date _____

Program Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Dermatology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Recognize common primary and secondary skin disorders that involved the lower extremity.						
Understand basic pathophysiology and clinical epidemiology of common lower extremity skin disorders.						
Understand the pharmacology, indications, contraindications for various topical agents used to treat common skin disorders of the lower extremities.						
Practice with professionalism, compassion, and concern						
Demonstrate the ability to communicate effectively in oral and written form.						
Maintains appropriate medical records and understands medical-legal considerations involving health care delivery.						
Be professionally inquisitive to enhance professional knowledge and clinical practice. Reads, interprets, critically examines, and presents medical and scientific literature.						

Resident Name (Print) _____ Date _____

Dates of Rotation _____

Rotation Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Cardiology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with cardiac complaints.						
Demonstrate the ability to differentiate cardiac from non-cardiac chest pain.						
Order and interpret appropriate laboratory tests for the patient with cardiovascular complaints.						
Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan.						
Demonstrate appropriate pharmacologic management of patients with cardiovascular problems including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of common cardiovascular disorders including coronary artery disease, valvular heart disease, common arrhythmias including atrial fibrillation.						
Demonstrate the capacity to efficiently communicate key medical information to colleagues.						
Demonstrate an understanding of the collaborative role of the podiatrist and cardiologist.						

Resident Name (Print) _____ Date _____

Dates of Rotation _____

Rotation Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Endocrinology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with diabetes and other common endocrine disorders.						
Demonstrate the ability to differentiate type 1 from type 2 diabetes.						
Order and interpret appropriate laboratory tests for the patient with diabetes and thyroid disease.						
Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan of patients with diabetes and hypothyroidism.						
Demonstrate appropriate pharmacologic management of patients with diabetes and hypothyroidism, including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of common diabetes and other common endocrine conditions that impact the care of the podiatric patient.						
Demonstrate the capacity to efficiently communicate key medical information to colleagues.						
Demonstrate an understanding of the collaborative role of the podiatrist and endocrinologist.						

Resident Name (Print) _____ Date _____

Dates of Rotation _____

Rotation Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Nephrology

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Perform and interpret the findings of a comprehensive medical history and physical examination in the patient with renal impairment.						
Demonstrate the ability to differentiate major causes of renal insufficiency.						
Order and interpret appropriate laboratory tests for the patient with renal impairment.						
Utilize information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan.						
Demonstrate appropriate pharmacologic management of patients with renal impairment including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects and anticipated results.						
Demonstrate knowledge of the pathophysiology and clinical epidemiology of renal conditions that impact the care of the podiatric patient.						
Demonstrate the capacity to efficiently communicate key medical information to colleagues.						
Demonstrate an understanding of the collaborative role of the podiatrist and nephrologist.						

Resident Name (Print) _____ Date _____

Dates of Rotation _____

Rotation Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Resident Evaluation Form

Rotation: Orthopedics

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.						
Perform and interpret the findings of a thorough problem-focused history and physical exam, including:						
Interpret appropriate medical imaging:						
plain radiography						
radiographic contrast studies						
stress radiography						
nuclear medicine imaging						
MRI						
CT						
Interpret appropriate laboratory tests.						
Interpret appropriate other diagnostic studies:						
electrodiagnostic studies						
non-invasive vascular studies						
Formulate an appropriate diagnosis and/or differential diagnosis.						
Formulate and implement an appropriate plan of management:						
cast management						
physical therapy						
Perform appropriate pharmacologic management when indicated, including:						
NSAIDs						

	5	4	3	2	1	0
antibiotics						
narcotic analgesics						
corticosteroids						

Resident Name (Print) _____ Date _____

Dates of Rotation _____

Rotation Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Podiatry Resident Evaluation of Attendings and Rotations

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	4	3	2	1	0
Attendings						
Encourages you to think through and develop management plans.						
Provides support and guidance in the development of critical judgment skills.						
Familiar with current clinical concepts and literature.						
Actively contributes to morning conference during the Q&A session.						
Is enthusiastic about teaching.						
Demonstrates technical skills with confidence and expertise.						
Provides appropriate operative instruction (Medical Knowledge).						
Permits you to attempt procedures appropriate to your level of training with reasonable frequency.						
Provides appropriate intraoperative and/or postoperative feedback.						
Communicates effectively and consistently with the healthcare team.						
Promotes collegial atmosphere in the clinical setting.						
Is available and approachable for consultation.						
Feedback is presented in a helpful way.						
Treats patients with respect and dignity.						
Demonstrates patience with the resident learning curve.						
Rotation						
The overall quality of teaching on this rotation.						
The clinical material presented to you during this rotation.						
The curricular goals and objectives were met during this rotation.						

Resident Name (Print) _____ Date _____

Dates of Rotation _____

Rotation Director _____ Date _____

Comments:

The Reading Hospital and Medical Center PMSR/RRA Program
Semiannual Review of Resident

Date: _____

Resident (please print name): _____

Using the following scale, please rate the resident's performance level in meeting each of the competencies as listed below:

5-Exceptional, **4**-Very Good, **3-**Average, **2-**Below Average, **1-**Unsatisfactory, **0-**Not Observed

(Right click to the left of the row to insert or delete rows)

	5	**4**	**3**	**2**	**1**	**0**
Medical Knowledge *Exceptional knowledge of basic and clinical sciences; highly resourceful development of unifying disease.*						
Patient Care (Clinical Skills) *Always gathers accurate and appropriate information from interviews, examinations and other data sources; superb procedural skills and rationale*						
Patient Care (Management Skills) *Always analyzes available information to make diagnostic, therapeutic decisions based upon sound clinical judgment, best available evidence, and patient preferences.*						
Practice Based Learning *Constantly evaluates own performance; actively uses practice-based data to improve care; incorporates feedback into improved activities; maintains exemplary patient log; efficiently uses technology to access, manage information.*						
Communication / Interpersonal Skills *Excellent listening, writing, nonverbal skills; comprehensive, clear explanations, viewed as role model by peers; always available to patients, families, and colleagues.*						
Professionalism *Always demonstrates respect, compassion, integrity, honesty; teaches/role models responsible behavior, total commitment to self-assessment; willingly acknowledges errors; readily places needs of others above self-interest.*						
Systems-based Practice *Independently accesses/mobilizes outside resources, appropriately delegates resource management; efficiently uses clinical implements systems improvement.*						
Overall Clinical Competence as a specialist in Podiatry						

Evaluation:

Conference Attendance and Participation:

Logs:

Case number and diversity _____

Trauma/Peds _____

Activity:

Research:

Resident Name (Print) _____ Date _____

Dates of Rotation _____

Rotation Director _____ Date _____

Comments:

_____

_____

_____

_____

_____

_____

Assignments to be completed before next meeting:

_____

_____

_____

_____

_____

_____

E-Mail and follow up issues: