Podiatric Medicine & Surgery Residency

House Staff Manual 2020-2021

Henry Ford Macomb Hospitals



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This **House Staff Manual** provides you with an introduction to the Department of Medical Education as you begin your graduate medical education training program. The manual is user-friendly, informative, and provides an explanation of pertinent educational support services offered by the Medical Education Department.

The Manual is a guide to policies, procedures and general information to assist you as a member of the House Staff. Aside from the requirements as outlined in your contract, the program reserves the right to make changes in content or application of its policies and procedures as it deems appropriate. These changes may be implemented even if they have not been communicated in this Manual.

KEY CONTACTS

Medical Education Department		
Mariel Allor, Medical Education Specialist	<u>mallor2@hfhs.org</u>	586-263-2971/586-263-2950
Susan Wheeland, Medical Education Specialist		
Antoinette Hogan, Medical Education Specialist		
Penny Hamilton, Medical Education Specialist		
Suzanne Rineer, Medical Education Specialist		
Kelly Bennett, Medical Education Specialist		
Robin Chastain, Medical Education Specialist		
Anthony Affatato, D.O., FACOEP-D Director/D.I.O		
Karen Ruwoldt, A.C.S.W., Administrative Director		
Medical Education Fax Number:		586-263-2975
Physician Wellness Program Henry Athletic League		
Employee Assistance Program		
Health Professionals Recovery Program		
Health Professionals Recovery Program		
Health Professionals Recovery Program		
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist)epe	ters1@hfhs.org	1-800-453-3784
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist) epe Manpreet Kaur, M.S. (Epidemiologist III) mka	ters1@hfhs.org aur1@hfhs.org	
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist)epe Manpreet Kaur, M.S. (Epidemiologist III)mka Charlotte Burmeister, M.S., Biostatistician IIebu	ters1@hfhs.org aur1@hfhs.org rmei2@hfhs.org	
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist)epe Manpreet Kaur, M.S. (Epidemiologist III)mka Charlotte Burmeister, M.S., Biostatistician IIebu Gordon Jacobsen, M.S., Biostatistician IIIgjac	ters1@hfhs.orgaur1@hfhs.orgrmei2@hfhs.orgcobs2@hfhs.org	
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist)epe Manpreet Kaur, M.S. (Epidemiologist III)mka Charlotte Burmeister, M.S., Biostatistician IIebu	ters1@hfhs.orgaur1@hfhs.orgrmei2@hfhs.orgcobs2@hfhs.org	
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist)epe Manpreet Kaur, M.S. (Epidemiologist III)mka Charlotte Burmeister, M.S., Biostatistician IIebu Gordon Jacobsen, M.S., Biostatistician IIIgjac	ters1@hfhs.org aur1@hfhs.org rmei2@hfhs.org cobs2@hfhs.org anhar1@hfhs.org.	
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist)epe Manpreet Kaur, M.S. (Epidemiologist III)mks Charlotte Burmeister, M.S., Biostatistician IIebu Gordon Jacobsen, M.S., Biostatistician IIIgjac Meredith VanHarn, M.S., Biostatistician IImvs	ters1@hfhs.org aur1@hfhs.org rmei2@hfhs.org cobs2@hfhs.org anhar1@hfhs.org.	
Health Professionals Recovery Program Research Services (Public Health Sciences) Edward Peterson, Ph.D. (Senior Scientist)epe Manpreet Kaur, M.S. (Epidemiologist III)mka Charlotte Burmeister, M.S., Biostatistician IIIebu Gordon Jacobsen, M.S., Biostatistician IIIgjac Meredith VanHarn, M.S., Biostatistician IImva	ters1@hfhs.org	

Melanie Bednarski, Librarianmbednar1@hfhs.org

KEY LINKS

Employee Self Service on HR Connect

<u>Employee Self Service on HR Connect</u> is located at http://henryfordconnect.com. Your employee identification number and password are required for access. Your user name is your corporate user name, also your email name minus the @hfhs.org. Your password is your corporate password.

HFHS Medical Education Policies

Henry Ford Health System Medical Education Policies are accessible through the intranet by clicking here: <u>Medical Education Policies</u>.

Council on Podiatric Medical Education

CPME 320: Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

CPME 330: Procedures for Approval of Podiatric Medicine and Surgery Residencies

Henry Ford Health System

Henry Ford Health System (HFHS) is a 2011 Malcolm Baldrige National Quality Award Recipient and one of the nation's leading comprehensive, integrated health systems. It provides financing and health care delivery, including acute, specialty, primary and preventative care services backed by excellence in research and education. Founded in 1915 by auto pioneer Henry Ford, the health system is committed to improving the health and well-being of a diverse community.

For more information about the system, including its leadership, hospitals, clinical excellence, the Henry Ford Medical Group, Health Alliance Plan and Community Services go to https://www.henryford.com. For information specific to Henry Ford Macomb Hospital go to https://www.henryford.com/locations/macomb. You may also wish to view our new intranet site at https://onehenry.hfhs.org/Pages/Home.aspx from any computer within the health system.

HFHS Mission Statement

To improve human life through excellence in the science and art of health care and healing.

HFHS Vision Statement

Transforming lives and communities through health and wellness, one person at a time.

HFHS Value Statement

We serve our patients and our community through our actions that always demonstrate:

- Each Patient First
- Respect for people
- High performance
- Learning and continuous improvement
- A social conscience

Henry Ford Health System Medical Education

Henry Ford Health System (HFHS) is a leader in medical education for third and fourth-year medical students, residents and fellows as well as the continuing education of faculty and affiliated physicians.

HFHS trains over 2,200 future physicians each year making it the largest system of teaching hospitals in Michigan and one of the largest nationally.

The flagship, Henry Ford Hospital, trains more than 700 medical students each year. Henry Ford Hospital is also affiliated with the Wayne State University School of Medicine to teach medical students creating a clinical campus providing 104 medical students their junior year clinical clerkships.

Henry Ford Macomb Hospitals (HFMH), Henry Ford Wyandotte Hospital (HFWH) sponsor 16 residents in two programs approved by the Council on Podiatric Medical Education (CPME) and about 195 residents in 16 programs approved by the Accreditation Council for Graduate Medical Education (ACGME).

The Henry Ford Health System also provides over 200 educational programs annually to senior staff and community physicians. The system Intranet is used to offer these programs to the HFHS hospitals, clinics and other facilities located throughout Southeastern Michigan, through the CME portal, expanding the reach and impact of the Henry Ford Medical Group expertise.

HFHS Medical Education Mission Statement

Medical Education at Henry Ford Health System incorporates within every residency and fellowship program a commitment to continuous improvement in the processes, quality, and outcomes of patient care. The aim is to serve as responsible stewards of scarce health care resources while working to improve the health status and well-being of the populations we serve. Physicians are educated to provide principled leadership in compassionate patient-centered care, education, research, and innovation.

HFHS Medical Education Vision Statement

We educate physicians to master the art and science of clinical excellence and to transform the quality of patient care through research, compassion, and innovation.

HFHS Podiatric Medical Education

Henry Ford Health System has two Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot Ankle Surgery (PMSR/RRA) Programs. One program is located at Henry Ford Macomb Hospital. This hospital and residency program joined Henry Ford Health System in 2006. The other PMSR program is located at Henry Ford Wyandotte Hospital and had its beginning at Riverview Hospital in Trenton.

Henry Ford Macomb Hospital maintains academic affiliations with:

- Barry University School of Podiatric Medicine
- Midwestern University Arizona Podiatric Medicine Program

The Podiatric Medicine and Surgery Residency Program with Reconstructive Rearfoot and Ankle Surgery (PSMR/RRA) is fully accredited by the Council on Podiatric Medical Education (CPME) and is subject to the accreditation process as specified by the CPME.

The CPME as published two important documents that provide detailed information regarding residency program standards for accreditation and requirements for resident education.

Click on the following links to access the documents:

<u>CPME 320:</u> Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

CPME 330: Procedures for Approval of Podiatric Medicine and Surgery Residencies

Henry Ford Macomb Hospitals

Henry Ford Macomb Hospital is a 361-bed community hospital offering comprehensive acute and tertiary care. Specialty services include a Women's Health Center, a comprehensive Joint Replacement Center, Josephine Ford Cancer Institute, a Heart and Vascular Institute, and robust clinical services with teaching faculty in the areas of obstetrics and gynecology, orthopedic surgery, internal medicine, emergency medicine, general surgery, neurosurgery, neurology, an in-patient Physical Rehabilitation unit and an adult psychiatric hospital.

Henry Ford Macomb Hospitals Medical Education

Henry Ford Macomb Hospitals is approved to provide post graduate medical education by the Council on Podiatric Medical Education (C.P.M.E.) and the Accreditation Council of Graduate Medical Education (ACGME). Individual residency programs are subject to an accreditation process conducted by the C.P.M.E. or the A.C.G.M.E. The medical education department has been established to support its medical students, residents and program directors as well as residency programs. The medical education department is also responsible for the Human Relations (HR) or personnel functions for all house officers.

The Medical education office is open from 7 a.m. to 4:30 p.m., Monday through Friday. The department is under the physician leadership of Anthony Affatato, D.O., FACOEP-D, the Director of Medical Education and administrative leadership of Karen Ruwoldt, A.C.S.W., Administrative Director of Medical Education.

The Graduate Medical Education specialists are responsible for supporting students, residents, and program directors with all aspects of Graduate Medical Education activities such as recruitment, post-match activities, orientation, scheduling, and assignment of evaluations, current house staff issues, benefits, and dismissal. In the event that you are unable to have your issue appropriately addressed by the specialists, please contact the administrative director.

For personnel administration or hospital issues, please contact the Medical Education Specialists in the Medical Education Department:

Mariel Allor, Medical Education Specialist	mallor2@hfhs.org .	586-263-2971/586-263-2950
Susan Wheeland, Medical Education Specialist	swheela1@hfhs.org	586-263-2953/586-263-2950
Antoinette Hogan, Medical Education Specialist	ahogan4@hfhs.org	586-263-2976/586-263-2950
Penny Hamilton, Medical Education Specialist	phamilt2@hfhs.org	586-263-2951/586-263-2950
Suzanne Rineer, Medical Education Specialist	srineer1@hfhs.org	586-263-2972/586-263-2950
Kelly Bennett, Medical Education Specialist	kbennet6@hfhs.org	586-263-2978/586-263-2950
Robin Chastain, Medical Education Specialist	rchasta1@hfhs.org	586-263-2973/586-263-2950
Anthony Affatato, D.O., FACOEP-D Director/D.I.O	aaffata1@hfhs.org	586-263-2950
Karen Ruwoldt, A.C.S.W., Administrative Director	kruwold1@hfhs.org	586-263-2954/586-263-2950
Medical Education Fax Number		586-263-2975

Graduate Medical Education Committee

The Graduate Medical Education Committee (GMEC) meets monthly and is comprised of residency Program directors, administrative staff from the Department of Medical Education, a representative from the hospital's quality improvement department, residents and representatives from affiliated teaching institutions. The GMEC reports to the Medical Executive Committee.

The Graduate Medical Education Committee is responsible for institutional oversight of all of residency programs accredited by the C.P.M.E and the A.C.G.M.E. The GMEC is responsible for establishing and implementing policies and procedures regarding the quality of education and the work environment for the house officers in all Henry Ford Macomb Hospitals programs. Policies and procedures are delineated in Medical Education Policy #404

<u>HFMH Graduate Medical Education Committee.</u> The committee works toward building collaboration between various constituents in support of the medical education mission.

Specific duties of the Committee include:

- Act as an advisory committee in selection of applicants for residency;
- Assist Administration of the Hospital in matters of government and discipline of residents;
- Assist the Administration of the Hospital in matters of stipend and benefits to be accorded to residents;
- Assist the Administration in establishing responsibilities of residents to the staff and the Hospital;
- Ensure proper function of the Medical Library;
- Review and approve any education program initiated within the Hospital which requires cooperation of the staff:
- Initiate and provide educational programs for the staff;
- Conduct an internal review of each residency program at the midway point between accreditation site visits by the American Osteopathic Association or the Council on Podiatric Medical Education

Director of Medical Education/ Designated Institutional Official

The director of medical education, in collaboration with the Graduate Medical Education Committee (GMEC), must have the authority and responsibility for the oversight and administration of each of the Institution's programs as well as ensuring compliance with the ACGME and CPME institutional, common and program specific requirements. The DME/DIO will:

- Organize and implement a high-quality graduate medical education program at the sponsoring institution;
- Ensure compliance with the ACGME institutional, common and specialty specific program requirements
- Ensure compliance with CPME's Standards and Requirements for Approval of the Podiatric Medicine and Surgery Residency Program with Reconstructive Rearfoot and Ankle Surgery Certification; Manage all applicable program letters of agreement, documents and correspondence related to ACGME programs;
- Prepare and present an annual report on the "state of ACGME educational programs in the institution" to the Medical Staff and Governing Board and the MSU-COM Statewide Campus System;

Program Director Responsibilities

The PMSR/RRA Program Director (PD) is responsible for the general administration of his or her residency program. The Program Director of Podiatric Medical Education should be certified in the appropriate specialty area(s) by the American Board of Podiatric Surgery.

In coordination with the DME, PD responsibilities include, but are not limited to, recruitment, selection, instruction, supervision, counseling, evaluation, advancement and maintenance of all records related to program accreditation, and fiscal activities. All program directors are members of the Graduate Medical Education Committee. Each residency program director is responsible for oversight and scheduling of rotations for residents in his or her program. Schedules must be coordinated with the Medical education office prior to the academic year for the approval of the Director of Medical Education.

Medical Education Specialist Responsibilities

The specialists support medical students, residents and program directors with all aspects of medical education activities such as recruitment, pre-and post-match activities, orientation and current house staff issues. The medical education department and its specialists function as the human resources department for all residents including assistance with hiring, benefits, and terminations. Specialists are also responsible for ensuring that all resident required, and elective rotations are scheduled and meet the educational requirements established by the CPME and the program director. In general, the medical education specialist is the 'go to' person in medical education for all questions and needs. Specialists will attempt to assist with rectifying issues either within the medical education department or through referral to another department with specialized expertise.

House Staff Council

The Henry Ford Macomb Hospitals (HFMH) House Staff Council (HSC) is a forum for all house officers in HFMH programs and rotating at HFMH to raise and collectively address common concerns. HSC leaders also serve as voting members of the Graduate Medical Education Committee (GMEC). ALL house officers are strongly encouraged to participate. The HSC maintains an electronic system where any resident can post an anonymous complaint or concern. The chair of the HSC monitors this system and brings any posts to the HSC for review and proposed response. The chair of the HSC may also bring concerns to the D.M.E. or the G.M.E.C.

PROGRAM RESOURCES

Research Opportunities

Research and scholarly activity is a high priority for Henry Ford Health System and an expectation in all graduate medical education programs. Henry Ford Macomb Hospitals provide house officers with opportunities to gain further insight into scientific investigation and develop competence in research. HFMH supports house officer research through: (1) Consultations, (2) Participant travel funding to present at conferences and (3) Grant funding to assist with publication costs and other related expenses.

Consultations: In collaboration with the HFHS Public Health Sciences (PHS, formerly known as BRE), house officers and faculty are provided with epidemiologic, biostatistical and corporate data store retrieval support for their respective research projects.

PHS staff members are available by phone or email for consultations. Residents wishing to utilize this support must complete the PHS approval form in order to obtain these support services.

Edward Peterson, Ph.D. (Senior Scientist)	epeters1@hfhs.org	
Manpreet Kaur, M.S. (Epidemiologist III)	mkaur1@hfhs.org	
Charlotte Burmeister, M.S., Biostatistician II	cburmei2@hfhs.org	
Gordon Jacobsen, M.S., Biostatistician III		· · · · · · · · · · · · · · · · · · ·
Meredith Van Harn, M.S., Biostatistician III	mvanhar1@hfhs.org	

Resource through the HFMH Medical Education Office: The medical education department has contracted with a Ph.D. educated research consultant to provide support to residents as they engage in every aspect of a scholarly activity project. House officers wishing to use the services of the consultant must contact their specialist to initiate the process.

Conference Presentations: HFHS encourages residents to conduct research and disseminate findings to further the profession and advance knowledge. HFMH supports this activity with up to \$1,500 per year when the house officer is a panelist, moderator, or speaker listed in an official program of a society or national meeting. See Medical Education Policy #204 Compensation, Benefits, PDF & Travel for details.

Micro-Surgical & Anatomy Laboratory

Henry Ford Health System's 2,500 square foot Microsurgical/Anatomy Laboratory is located at Henry Ford Hospital. The micro-surgical facility features state-of-the-art Zeiss Surgical Microscopes complete with electronic monitoring, S-VHS, irrigation and central suction. Each of the 13 surgical stations is multi-discipline and can accommodate a variety of surgical models. Training sessions are designed to provide laboratory instruction in microvascular techniques that can be applied to individual specialties. The 12 student stations can be monitored from the instructor station. It also allows the use of videos and hands-on demonstrations that are projected to each of the student monitors.

The anatomy laboratory can hold eight embalmed cadavers. The space has adequate lighting, an ambient room temperature of 55 degrees Fahrenheit and a ventilation system that completes an air change every 12 minutes. A walk-in freezer stores unembalmed specimens and two dissection tables are available, complete with disposal and ventilation hood. A separate area is maintained for embalmed versus fresh specimens. Residents must work with their program director to establish a specific educational opportunity.

Crystal Gyiraszin, ADME, Med Ed, CME, SIM	cgyiras1@hfhs.org	313-916-8209 (16-8209)
Linda Murray, CME specialist, Sim Center	lmurray2@hfhs.org	
Samantha Winslow, Technical Coordinator		

Simulation, Education & Research Center

The 12,000-square-foot Center for Simulation, Education and Research at Henry Ford Hospital gives our professionals the ability to practice new approaches to health care and refine their clinical skills using state-of-the-art simulations in a risk-free environment.

Fully accredited as a Level 1 Comprehensive Education Institute by the American College of Surgeons, the Center for Simulation, Education and Research at Henry Ford Hospital is the most advanced facility of its kind in Michigan and one of the largest in the United States.

The Center offers procedural simulation technologies using computerized mannequins and other mechanical devices. It also is a venue for advancing education and assessing the competencies of residents, physicians and other health care workers in the areas of inter-professional team communications, patient safety and doctor-patient communication skills. Reconfigurable suites replicate the emergency department, operating room, intensive care unit, labor and delivery suite, and other hospital environments. Mannequins allow staff to realistically challenge their skills, perfect new care protocols and practice code situations.

By training on these medical simulation machines and in these simulated patient and operating rooms, physicians and other health care professionals will have even greater expertise and experience for real-life situations.

Craig Reickert, M.D, SIM Director	creiicke1@hfhs.org	
Crystal Gyiraszin, ADME, Med Ed, CME, SIM		
Mark Dhans, Technical Coordinator		
Samantha Winslow, Technical Coordinator		

Henry Ford Macomb Hospital has developed a simulation space in the resident lounge on the 2nd floor of the medical office pavilion. The simulation space houses laparoscopy simulators, an endoscopy simulator, a central line simulator with an ultrasound machine and GibLib, an on-line library of surgical videos and lectures. The surgical videos are of full-length cases with surgeon narration. The topics can be viewed from a mobile device, a computer or through a virtual reality headset. A DaVinci robot in the surgical suite has a teaching arm installed and residents can complete robotic modules on the DaVinci. Please contact the surgery manager to determine times when the DaVinci is available for training.

Sladen Library

The <u>Sladen Library</u> at Henry Ford Hospital is your gateway to knowledge-based information, including over 4,000 electronic journals, more than 5,000 electronic books, and an excellent collection of database resources. Key resources include:

- AccessEmergencyMedicine
- AccessMedicine
- AccessSurgery
- Clinical Pharmacology

- ClinicalKey
- DynaMed
- Embase
- Endnote

- JAMAevidence
- Micromedex
- Procedures Consult
- Psychiatry Online

- UpToDate
- Web of Science

Sladen's resources are easily accessible remotely with your Henry Ford user name and password. Additionally, most of our resources are available for use with your <u>mobile device</u>. A great timesaver are Sladen's <u>subject guides</u> – one-stop collections of resources around a specialty or topic. Sladen staff can assist you with manuscript preparation and provides a variety of training sessions.

The Sladen Library is located on the 17th floor of Henry Ford Hospital's clinic building. The library affords a beautiful view of the city and provides a comfortable area for study.

Hours: M - Th, 8:00 a.m. - 7:30 p.m. F, 8:00 a.m. - 5 p.m. Closed: Sat, Sun, and Holidays; there is no after-hours

access to Sladen Library.

Email: sladen@hfhs.org Phone: 313-916-2550

Hours: Monday – Thursday, 8 a.m. – 7:30 p.m. <u>Sladen@hfhs.org</u> 313-916-2550 (16-2550)

Friday, 8 a.m. - 5 p.m.; Closed Saturday, Sunday and holidays

Henry Ford Macomb Hospital Library

The Medical Library is on the 4th floor of the Medical Office Pavilion. The Medical Library door is almost always open. When it is closed; please contact security x2445 to have them open the door. House Staff have 24-hour access; but must show security a hospital I.D. badge for entrance after hours.

Information requests can be sent via email, phone, in written form, or via walk-in. Library personnel are happy to assist with any information needs.

Computers with Microsoft Office and access to the Network Resources of the facility are available for use.

The HFHS Library Catalog is available for searching materials in all HFHS libraries. You may find it online at: http://www.henryfordconnect.com/sladen and then click the **Sladen Library Catalog** link in the blue box on the right. This will link you to print materials, and to the large collection of Electronic Books available through the HFHS Library Network.

Staffed Hours:

Monday-Friday: 7:00-3:30 PM

Juliet Mullenmeister, Medical Librarian

Jmullen2@hfhs.org

Melanie Bednarski, Medical Librarian

Mbednar1@hfhs.org Phone: 586.263.2485 Fax: 586.263.2270

www.macomblibrary@hfhs.org

Communication

All house staff are entered into HALO, the H.F.H.S. professional e-communication system. Members of the house staff are responsible for keeping their status updated in HALO and answering all calls.

Residents will be assigned a HFHS Outlook email account. This email account will be used for all standard communication from the System and the medical education department. Residents will receive email notification though Outlook for all evaluation and duty hour notifications throughout the year. Each resident is expected to view and respond to emails each working day whether the individual is assigned to an internal or external rotation. Viewing of email on days off, vacation or while on an approved leave is not expected. Please refer to the Medical Education System-Wide Policy No. 225 Email for more information.

Lockers

Lockers are available to residents. Lockers include a lock, which is the responsibility of the resident to whom it is issued. House staff is responsible for lost items.

Lounges/Call Rooms

The Hospital provides a lounge and on-call rooms to house staff for rest during call or when too fatigued after a shift to safely drive home. The Hospital provides telephones, computers, fax machine, television, showers, and bathrooms for on-call use. If a house officer is too fatigued to drive but most go home after a shift, the house officer can take a taxi home and back to work the next shift. Receipts are to be turned in to the medical education office for reimbursement.

Lab Coats & Scrubs

Each resident will be provided three lab coats during the first year of training and additional two lab coats in the third year by the department of medical education.

Scrubs are available for use within the hospital. Scrubs are the property of the hospital and are not to be taken for personal use. Henry Ford Hospital and Henry Ford Macomb Hospitals use a Scrubex machine system to dispense scrubs. Upon completion of an application form you will have I.D. badge access to the Scrubex machine. All soiled scrubs are to be returned to the Scrubex machine in order to have additional clean scrubs accessible to you.

Mailboxes

The medical education office assigns mailboxes to each member of the house staff. The mailboxes are located in the 2^{nd} floor house staff lounge. Please pick up your mail each workday. If you are on an out rotation, please pick up your mail at least weekly. If you will be away from the hospital for more than a week, please arrange to have your mail picked up in your absence. Do not use the hospital mailing address for magazine or journal subscriptions. The hospital will not accept magazines and journals due to a lack of space. The mailbox area is only for mail pick up, not for storage.

Parking

At Henry Ford Macomb Hospitals, parking is provided for residents in the designated employee parking areas. The Medical education office will direct residents to the appropriate parking areas.

Residents are encouraged to call the Medical Education Department at Henry Ford Hospital, (313) 916-1601, to obtain information about parking at that facility.

Students of Physician Assistant, Nurse Practitioner, and other Mid-Level Provider Schools

Any requests from students of Physician's Assistant, Nurse Practitioner, or other mid-level provider school for rotations within the program's primary training facilities or with program faculty must be reported and coordinated with the medical education office. Priority for rotations will be given of osteopathic and podiatric medical students, and residents.

The Contractual Relationship

Graduate Trainee Physician Agreements or Contracts

All incoming and continuing house officers are required to sign a "Graduate Trainee Physician Agreement" usually referred to as a "contract." Contracts are awarded on an annual basis. Most house staff contracts are based upon the traditional academic year cycle (July 1 – June 30) and follow consistent level of training and salary based upon functional level in the program (HO1, HO2, etc.). House staff whose year of training is "off cycle" due to credentialing delays (i.e., license and/or visa issues, etc.) or delays due to leaves of absence will be issued a contract that reflects their actual start date, provided that the credentialing criteria has been met, followed by a one-year term if appropriate.

The contract specifies conditions upon which the house officer may be dismissed and when a dismissal may be appealed. Medical Education Policy #208 Grievances & Due Process provides details.

Certifications

Prior to beginning a Graduate Medical Education program at Henry Ford Macomb Hospitals (including clinical and work hour scheduling, receiving a stipend and qualifying for other benefits), each house officer must:

- Present a diploma demonstrating graduation from a podiatric medical school
- present a valid visa (if applicable), or appropriate employment eligibility documentation
- have a current State of Michigan medical license <u>Medical Education Policy #211 Medical Licensure</u>
- have a valid National Provider Identifier (NPI) number
- complete an employment health screening <u>Medical Education Policy #207 Health Evaluations</u>, <u>Fitness for Duty</u>, <u>Physician Impairment & Counseling Services</u>
- complete Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
- have cleared the HFHS background check including criminal background checks, Office of Inspector General Sanctions, etc. Medical Education Policy #205 Criminal Background Checks
- have completed all orientation modules assigned through HFHS University

Prior to contract renewal for subsequent years of training, each house officer must:

- present a valid visa (if applicable),
- have a current State of Michigan medical license Medical Education Policy #211 Medical Licensure
- have continued ALS certification,
- have cleared the HFHS background check including criminal background checks, Office of Inspector General Sanctions, etc.

Accommodations for Disabilities

HFHS is committed to ensuring full and equal employment, public accommodation and educational opportunities to all disabled qualified house officers in training in the HFHS. <u>Medical Education Policy #201 Accommodations for Disabilities</u> provides details.

Attendance

HFHS facilities must be adequately staffed during all hours of operation. House officers are expected to consistently report as scheduled. Medical Education Policy #202Attendance provides details.

BLS/ACLS Certification

It is the responsibility of house officers to maintain certification. Re-certification is required every two years in order to maintain clinical privileges at HFHS. Failure to re-certify will result in suspension of privileges without pay. Current house staff in a program with an active inpatient service are required to maintain ACLS accreditation

for the duration of their training. All other house staff may maintain ACLS certification at their discretion; those who elect not to maintain ACLS certification, must maintain BLS certification.

Current house staff must enroll in an HFHS-sponsored course. HFHS will bear the cost of re-certification If completed before the expiration date. If re-certification does not occur prior to the expiration date, the full cost of the course is the responsibility of the house officer. On-line courses are NOT acceptable for ACLS training or recertification.

All incoming first year residents must be ACLS certified before commencing their training at HFHS. BLS and ACLS courses are offered at HFHS prior to Orientation for incoming house staff without current certification. Those unable to participate may take courses elsewhere prior to their start date; however, BLS and ACLS certification courses must be sponsored by American Heart Association, and include in-person skill testing.

Discrimination & Harassment

HFHS is committed to an environment free of discrimination and harassment based on race, color, religion, age, sex, national origin, disability, veteran status, size, height, marital status, sexual orientation or any other protected status. Medical Education Policies #206 Equal Employment Opportunity and #209 Harassment provides details.

Dress Code

It is the philosophy of HFHS that people are more comfortable in an environment that conveys an image of competence and professionalism and that such qualities are essential for the proper, effective, and efficient administration of healthcare services and to the healing process itself. <u>Human Resource Policy #5.06 Personal Appearance Standards provides details.</u>

Clinical and Educational Work Hours

House staff in the podiatric residency program are responsible for tracking clinical hours and those hours are reviewed according to a A.C.G.M.E. standards and follow the same requirements as residents who are enrolled in ACGME residencies. Clinical and educational activities or work hours are defined as all clinical and academic activities related to the graduate medical education program, i.e., patient care, both inpatient and outpatient, administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical and educational hours do not include reading and preparation time spent away from the work site. All programs must comply with HFMH medical education department requirements. Medical Education Policy #229 Clinical and Educational Work Hours and Fatigue provides details about oversight for clinical and educational work hours and reporting violations.

Fitness for Duty

If HFHS has reason to suspect that an employee is unfit for duty by a physical, emotional or cognitive reason, the house officer may be required to submit to a Fitness for Duty Evaluation. Medical Education Policy #207 Health Evaluations, Fitness for Duty Evaluations, Physician Impairment & Counseling Services includes procedures to be used to evaluate house officers and employees whose behaviors and/or work performance raise questions about their ability to perform the essential functions of their position.

Grievances & Due Process

HFHS maintains a training environment for house officers that provides a fair and timely peer review process for resolving grievances and affording due process. <u>Medical Education Policy #208 Grievances & Due Process</u> provides details.

Immigration

Contact a graduate medical education specialist in the Medical Education Department regarding J1 visas.

Income Tax Withholding

Income Tax Withholding (W4) Forms are must be changed through <u>Employee Self Service on HR Connect</u>. There is no limit to the number of times per year that house officers may change their withholdings.

Leaves of Absence

HFHS complies with Federal, State and local rules and regulations related to the administration and implementation of leaves of absence programs. <u>Medical Education Policies #210 Leaves of Absence</u> provides details regarding medical, family, personal, educational, military, funeral and jury duty leaves.

Loan Deferments

House officers receiving deferment forms from lending institutions may bring them to the GME Department for processing. Copies of loan deferment forms that are processed by the medical education specialists are kept in each house officer's file in the event that a duplicate copy is needed for future reference.

Moonlighting

Podiatric Medicine and Surgery residents are not to engage in moonlighting during their training.

Non-Renewal of Appointment

The Program Director must give the house officer a minimum of 120 days' notice of the intent not to renew the Graduate Trainee Physician Agreement or 'contract' unless the performance warrants immediate dismissal. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, Henry Ford Macomb Hospitals must ensure that its programs provide the resident with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement. Medical Education Policy #208 Grievances & Due Process provides details.

Performance Improvement

HFHS recognizes house officers' unique and multiple roles in the system. It maintains a training environment where teaching, learning and improvement are supported. Medical Education Policy #213 Performance Evaluation. Improvement and Misconduct outlines an improvement process based on timely and documented feedback to address performance and/or behavior issues. The Performance Improvement Policy is designed to help house officers successfully complete their training programs; however, it also forms the basis for corrective action if remediation is not successful.

Personal Information

House officers are required to provide and maintain up-to-date personal information through <u>Employee Self Service</u> on <u>HR Connect</u>:

- I-9 Form
- Income Tax Withholding (W-4) Forms for federal, state and local taxes
- Direct deposit for stipends
- Insurance (life and accidental death & dismemberment (AD&D) beneficiaries)
- Email Address
- Name Change
- Marital Status
- Emergency Contacts
- Home Address
- Phone Numbers

• Tax Shelter Annuities (TSA) withholding (optional)

The linked document provides quick and easy steps to follow, along with helpful tips:

Employee Self Service at Your Fingertips

Notify the Medical Education Department immediately regarding any change in:

- Immigration status
- Medical licensure
- Completion of program

Fatigue: Options for Dealing with Fatigue as a Resident

Henry Ford Health System provides support and fatigue mitigation to residents. Henry Ford Macomb Hospitals provides comfortable sleep accommodations in the on-call lounge for any resident who may be too fatigued to safely return home after a work assignment. In addition, if the resident must get home immediately, the medical education department will reimburse the resident for a one-way trip home via taxicab. Receipts are required and must be submitted through PeopleSoft for reimbursement. The resident is responsible for transportation back to the hospital for their next shift.

Drug Free Workplace

HFHS is committed to providing a working environment free from alcohol, illegal drugs and tobacco and improving the health and productive lives of its employees and their families, as well as providing a hygienic, comfortable environment free of tobacco smoke odor. The manufacture, use, possession or sale of illegal drugs on HFHS premises or when conducting business on behalf of HFHS is prohibited. Lawfully prescribed prescription drugs used in accordance with their instructions are not subject to this policy, however, reporting for work or working under an impairment caused by the abuse of lawfully prescribed drugs is prohibited. <u>Human Resources Policy#5.11</u>
Drug Free Workplace and <u>Human Resources Policy#5.14</u> Tobacco-Free Workplace provides more details related to drug, alcohol and tobacco use.

Medical Education Policy #207 Health Evaluations, Fitness for Duty Evaluations, Physician Impairment & Counseling Services includes procedures to be used to evaluate house officers and employees whose behaviors and/or work performance raise questions about their ability to perform the essential functions of their position.

Program Closure or Reduction

If a decision is made to close a residency program, senior year house staff will be provided the opportunity to complete their training at Henry Ford Macomb Hospitals. The Program Director will make every effort to secure transfers to positions in other programs for other house officers. Medical Education Policy #219 Program Closures & Reductions provides details.

Promotions

House officers showing satisfactory completion of educational and experiential objectives as outlined by the training program in which they are enrolled will be promoted at the end of the academic year. <u>Medical Education Policy</u> #214 Promotions provides details.

Scheduled Time Off

Vacations:

Complete the appropriate Absence/Vacation Request form available in the medical education office. The fully completed form must be submitted at least 30 days in advance of the requested time off with all required signatures.

The resident must obtain written approval, as indicated on the form, from the Program Director, the rotation preceptor and the Chief Resident. The house officer must contact the medical education office to learn if his/her Request has been approved.

The Program Director reserves the right to refuse any leave time request or cancel any previously approved leave time due to extenuating circumstances that may adversely impact patient care. The medical education office will forward the completed Absence/Vacation Request to the Chief Resident immediately to ensure that appropriate arrangements will be made for patient care.

As a courtesy, the house officers should notify the Attending Physician again, approximately one week before the approved time off begins.

• In the case of absence due to illness, bereavement, or personal emergency, the house officer must notify the medical education office and their Attending Physician by the beginning of the shift during which the intern will be absent. Absence due to illness extending beyond three days requires a physician's documentation and LOA forms. At the conclusion of any absence due to illness, bereavement, or personal emergency, the intern must also notify the Medical education office on the day of their return to work. Please refer to the Medical Education Policy No. 210 Leaves of Absence. House officers are offered two "wellness days" in addition to the allotted vacation days in order to take care of personal business such as doctor's appointments or other such personal business.

The medical education department reserves the right to establish additional criteria for scheduled time off, including establishing "blackout" periods when time off is not permitted. Vacations are generally not allowed while on the Henry Ford Macomb Hospital internal medicine floors or ICU rotations. House officers may not use scheduled time off during the month of June except in the event of illness or personal emergency.

House officers may request time off during rotations at Henry Ford Hospital through individual departments in accordance with that department's policy. Scheduled time off may not be used when assigned to any HFH rotation, whether it is completed at the HFH main campus or at any of their ambulatory sites, unless approved by HFH following their department specific guidelines for vacation.

House officers are required to be available at their assigned rotation through the end of their regular workday/work shift on the last day of their contract. If this includes responsibility for night House Officer or call, the shift will not officially end until 0700 on the following day. There are no exceptions to this policy.

Scheduled time off not used in accordance with medical education policy is forfeited. Time off may not be saved to be used at the end of the contract year or during subsequent years of training, nor may it by transferred to another house officer for their use.

Unauthorized Absence

The medical education office will follow the <u>Medical Education Policy # 213 Performance Improvement</u> when encountering any instance of a house officer absent from an assigned rotation who has not completed an approved Absence/Vacation Request form or followed the notification procedure for illness, bereavement or personal emergency described above.

Selection Process

Henry Ford Macomb Hospitals strictly adheres to the guidelines established by the CPME in the selection of residents for their medical education programs.

Transfers

House officers may wish to transfer from one program to another either within or external to the Henry Ford Macomb Hospitals. Transfers must be conducted in a manner that allows for the optimal transition for the house officer and the program. House officers must inform their current program director of the desire to transfer to

another program, prior to any formal interview for such a transfer, and facilitate the communication of the two program directors relative to the transfer. Medical Education Policy #216 Resident Transfers provides details.

Your Compensation Package

Stipends, Benefits & Professional Development Funds

Henry Ford Health System provides a generous compensation package for residents. The package includes a competitive stipend schedule and a comprehensive benefit package designed to meet the needs of today's house officer and his or her family. Medical Education Policy #204 Compensation, Benefits, PDF & Travel provides details. The following stipends and professional development funds are effective July 1, 2018.

House Officer Year Level	Annual Stipend	Professional Development Funds
1	\$ 57,259.00	\$ 900.00
2	\$ 59,391.00	\$ 900.00
3	\$ 61,524.00	\$ 1500.00
4	\$ 63,656.00	\$ 1500.00
5	\$ 65,789.00	\$ 1500.00
6	\$ 67,922.00	\$ 1500.00

All house officers also receive the following benefits:

- Flex Benefits to cover medical, vision, dental and insurance overages
- Professional Liability coverage for Henry Ford Hospital assigned duties
- Salary Continuation (6 months for documented medical leave)
- Long-Term Disability coverage: 60% of base salary up to \$4,000 per month
- Paid Vacation <u>Medical Education Policy #221 Paid Time Off</u> provides details
- Free parking

Stipend or Pay Checks

Stipends are distributed in 26 bi-weekly checks which are mailed directly to the house officer's place of residence the Thursday before every pay Friday.

Direct Deposit

House officers are encouraged to use Direct Deposit. Direct Deposit takes the unpredictability out of when you will receive your paycheck. With Direct Deposit, all funds are directed to the bank or credit union account you set up. It's a timely, easy way to receive your pay every pay Friday. No more waiting for the mail to come to see if your check has arrived! To setup your Direct Deposit go to Employee Self Service on HR Connect. Once logged in, select Payroll Home, then the Direct Deposit link. Please read the instructions and setup your account information and/or add/delete/edit your current direct deposit selections.

Benefits

Flex Benefits are part of the System's Total Rewards program, which recognizes and rewards employees for their contributions to the organization's success. Henry Ford Health System will contribute a significant amount toward the cost of your benefits in the form of "employer paid." House staff can customize their benefit selections to meet their needs. Some plans may require additional house officer contributions in the form of payroll deductions.

- To make Flex Benefit selections, go to Employee Self Service on HR Connect within 30 day of beginning your program. Most benefits are effective the first of the month after your contract start date, or first of the month, if your contract start date is the first of the month. During the annual Open Enrollment period you will have the option of changing benefits. Open Enrollment changes are effective January of the following year. The benefits provided to you as a house officer include:
- Medical & Vision Options
- Dental Options
- Accidental Death & Dismemberment (AD&D) Insurance Options
- Life Insurance Options
- Flexible Spending Accounts for Health & Dependent Care
- Adoption Assistance
- Tax Deferred Annuities
- Discounts: Take advantage of a variety of discount programs and special offers. Explore the many savings opportunities available to you through Employee Self Service on HR Connect.

Credit Union & Banking Services

Henry Ford Macomb Hospitals has a Fifth Third Bank automatic teller machine which dispenses cash and stamps for any debit card holder. DFCU Financial is a credit union that is located on the campus of Henry Ford Hospital. Automatic teller machines are available at Henry Ford Hospital and One Ford Place for DFCU Financial. House officers have the option to set up direct deposit at any financial institution through Employee Self Service on HR Connect. Direct deposit for bi-weekly pay is strongly encouraged. Most HFHS employees use this method of pay receipt.

Discounts

Henry Ford Health System provides a number of discounts to house officers and family members. Take advantage of a variety of discount programs and special offers. Explore the many savings opportunities available to you through Employee Self Service on HR Connect.

Fitness Center

<u>Fitness Works</u> is a modern fitness center available to HFHS house officers at a reduced membership fee. Located at 6525 Second Ave. in the New Center Area, near Henry Ford Hospital, Fitness Works provides an ideal setting in which to exercise. The center has a cardiovascular and weights training area, jogging track, pool, aerobics room, basketball court, racquetball/squash courts, a golf center, sauna and steam rooms and a Pro Shop. Call Fitness Works at (313) 972-4040 for details. Some fitness centers offer discounts to HFHS employees. Fitness Works, Fitness 19, and Fuse45 are a few of the fitness centers offering discounts. To view the entire list, access <u>Employee Self Service on HR Connect</u> click on the Employee Discounts link under Hot Spots and then on the Wellness box.

Long Term Disability Coverage

Henry Ford Health System provides house officers with a long-term disability policy through UNUM. The benefit includes 60% of salary up to a maximum of \$4,000 per month. The plan pays benefits until age 65. This unique planned designed for house officers provides residual or partial payment if you return to work on a part-time basis, and a cost of living adjustment to protect you from the negative impact of inflation.

The plan also has a conversion privilege that allows you to continue coverage upon graduation on a guaranteed basis regardless of medical history. For detailed information please go to www.flynnbenefits.com. This is not offered in most programs.

Flynn Benefits Group pflynn@flynnbenefits.com (313) 745-4935

Meal Supplement

HFHS house officers are provided supplement to help cover the cost of hospital meals. At the beginning of the contract term, house staff identification badges are loaded with funds for the entire academic year. The supplement is not provided to visiting house officers (e.g., not under contract with HFHS). The meal supplement may be used to purchase food in the hospital cafeteria.

When on rotation at Henry Ford Hospital, contact the GME Office to activate funds allocated for continuous 24-hour in-house call at HFH. Food may be purchased in the Henry Ford Hospital cafeteria, West Pavilion kiosk, HFH Lobby Café, Little Caesar's, Java City and the HFH Gift Shop. Hospitals outside of the Henry Ford Health System may have a different meal fund allocation. It is important to contact the medical education office at the hospital where you are rotating to ensure you obtain the meal fund allocation for the month.

Physician Wellness Program

Crisis Program: A house officer in crisis may be required to undergo an immediate evaluation of fitness for duty (i.e., physical, emotional or cognitive disability) or physician impairment (i.e., substance abuse, chemical dependency, mental illness, or use of drugs or alcohol that does not constitute substance abuse or chemical dependency) in accordance with <u>Medical Education Policy #207 Health Evaluations</u>, <u>Fitness for Duty Evaluations</u>, <u>Physician Impairment & Counseling Services</u> and the corresponding Human Resources Policy #4.10. Evaluations of house officers in crisis will be conducted by the following, depending upon the severity of the disability or impairment and the resources available at the time of crisis:

- Human Resources/Employee Health, 7 a.m. to 5 p.m. (Call: Debbie Saoud at 313-399-0396, or Employee Health at 586-203-1660 Behavioral Health, 7 a.m. to 5 p.m. (Call: Patient Access Liaison at 888-564-3577)
- Emergency Department, 5 p.m. to 7 a.m.

Counseling Program: Henry Ford Health System recognizes that house officers may experience **emotional**, **psychological or substance abuse problems which require counseling to resolve.** We believe that it is in the best interest of both the house officer and HFHS that these problems be identified and treated at the earliest possible stage before they impact training performance.

The decision to seek assistance and accept treatment for any emotional, psychological or substance abuse problem is the responsibility of the house officer. However, the program director may also require a house officer to obtain assistance if the problem interferes with his/her performance either clinically or as a team member.

Confidentiality shall always be maintained. The Counseling Program provides timely and physician-appropriate services to house officers regarding:

- Professional Performance & Behaviors
- Mental Health Disorders
- Substance Abuse

The Counseling Program provides house officers access to **specialists who understand physicians and the challenges of the profession.** House officers may obtain confidential counseling through any of the following HFHS resources:

- Specialty- Specific Graduate Medical Education **Program Director** Support
- **Professional Counseling** (through the Employee Assistance Program) related to personal issues, including: stress, emotional problems, marital/family conflicts, alcoholism, other chemical dependencies and financial or legal difficulties (**Call: 313-874-7122**).
- **Behavioral Health Treatment** related mental health issues, including but not limited to: severe depression, anxiety, panic, personality disorders or any other mental health disorder (**Call: Jamie Sexton at 874-8377**)
- House officers and physicians may also contact the <u>State of Michigan's Health Professionals Recovery Program (HPRP)</u>. This confidential program is designed to encourage health professionals to seek treatment before their impairment harms a patient or damages their careers through disciplinary or regulatory action. The HPRP supports the recovery of its participants so they may safely return to practice and protect the safety of the general public. By providing health professionals an opportunity to enter into

treatment and to seek recovery from their diseases early in the disease process, the HPRP can serve to minimize negative impacts on licensees/registrants, patients and their families and friends. (Call: 1-800-453-3784).

Wellness Program

The <u>Wellness Program</u> has been established to promote the physical, mental, emotional, social and relational wellbeing of the Henry Ford Medical Group, affiliate physicians and house officers throughout the Henry Ford Health System.

The Wellness Program sponsors a variety of annual events and ongoing programs designed to assist our physicians live healthy and well-balanced lives:

- House Officer Leadership Training Programs
- Wellness Education Workshops
- Physician Athletic League
- Fitness Works Memberships
- Employee Resource Groups (ERG) (e.g., Amigos de HFHS ERG, Pride ERG, iCare4U ERG)
- Preventative Services

Professional Liability Coverage (Malpractice)

Henry Ford Health System has a self-insured vehicle and provides umbrella coverage for professional liability to senior staff and residents. The insurance program is written on a claims-made basis (i.e., it covers only those claims asserted during the annual term, and there is no need to purchase additional independent tail coverage).

House officers doing an outside rotation at a non-affiliated institution are not covered by Henry Ford Health System's malpractice insurance. Supplemental coverage must be purchased to cover the period of the outside training.

In summary, licensed house officers practicing medicine with the Henry Ford Health System are fully covered by malpractice insurance during approved HFHS training at HFHS facilities.

Travel

House officers may be required to travel outside the Detroit metropolitan area for rotations, courses and conferences to obtain mandatory experiences for the completion of the program or to represent their hospital or program at the request of the Director of Medical Education or Program Director. Details regarding the requirements for the various types of house officer travel are included in Medical Education Policy#204 Compensation, Benefits, PDF & Travel.

Travel requiring commercial transportation and/or accommodations must be approved in advance by your program director and by using the Program Travel Authorization procedures submitted through the PeopleSoft on-line system accessible through Employee Self Service on HR Connect. Travel Requests must be submitted at least 15 days in advance of travel. Expense Reports must be submitted within 30 days. Detailed expense reports must be submitted to the medical education specialist within 30 days of return from travel.

Requests for mileage reimbursement must be submitted at least quarterly (March 31, June 30, September 30 and December 31).

Professional Development Funds are aligned with the house officer's contract period (usually July 1-June 30). For those house staff with off-cycle academic years, individual start dates will apply. Funds that are not utilized within the academic year are not available in the following academic year.

Environment, Health, Safety & Security

Accidents, Illnesses or Injuries Reporting

All accidents or injuries that occur, regardless of their severity while at a Henry Ford facility or on an outside rotation, should be reported promptly to your supervising physician, chief resident, or program director. Medical treatment will be arranged through the appropriate medical facility. An on line **Radicalogic** Report form (<u>RL form</u>) must be completed to document *any* injury, regardless of severity. It is important to complete this form as it allows the hospital to monitor incidents and/or injuries and make necessary changes to prevent further such instances. The completion of the form is also generally the first step in documenting an injury for any sort of disability reimbursement.

Both Workers' Compensation and Occupational Safety and Health Administration (OSHA) require immediate reporting of all work-related injuries. The on line **Radicalogic form** (**RL form**) must be completed to report all accidents or injuries.

Reporting Accidents or Illnesses of Visitors: If a visitor becomes ill or has an accident while on HFHS property, please notify your supervising physician, Chief Resident, Program Director, and/or Administrative Director for follow-up. It is mandatory that the accident or illness of a visitor be reported on the on line **RL system**.

Computers

As part of its educational mission, the program provides computers throughout its major training sites, both in Computer Labs and in other areas of the hospital. Each computer user is responsible for use of the computers in an effective, ethical, and lawful manner. Because these computers are hospital property and are shared with others, certain practices and procedures must be followed. It is the objective of the program to maintain an atmosphere of constructive learning and academic freedom while maintaining proper asset control.

In all cases use related to patient care and other hospital-related processes has priority over any other use of computers. Use is restricted to educational pursuits related to medical education.

Hospital computer use is contingent upon prudent and responsible use. Inappropriate use will not be tolerated and may result in loss of computing privileges and/or disciplinary action up to and including suspension from your training program.

Unencrypted electronic devices are not allowed for any use in the Henry Ford Health System.

Examples of inappropriate use include the following:

- Saving files on the hard drive
- Altering, changing, or deleting hardware and software configurations
- Wasting limited resources, such as playing games or printing multiple copies of documents
- Knowingly introducing a computer virus or other destructive program
- Using computer facilities for a commercial purpose
- Copying software from any of the computers
- Loading any application/program on the computers
- Using the computers to view what may be considered pornographic material

All work must be saved to the resident's 'H' drive or on shared drives assigned to specific medical education programs as assigned by program directors.

The following are guidelines for use of any hospital-provided computer:

- Computers are intended for hospital-related, patient care, research, education and management use only. Playing computer games is not permitted. Hospital-related work takes precedence. Do not use computers to view web sites with inappropriate content.
- Do not use computers in patient care areas for non-patient-related work of any kind.

- Do not alter, change the settings of, or reconfigure software on these computers in any way. This includes changing the desktop, icons, wallpaper, and taskbar.
- Use only the software loaded on the computers. Installing any software on the computers is prohibited. Making any modification to the computers, their operating systems, or their software is prohibited.
- No software may be copied from the computers other than the files that you create.
- Users are not to store files on, write data to, or alter the contents of the hard disk in any way. Users must save all files to their 'H' drive or on sites as assigned to specific programs.
- Do not delete any software, files or documents from these computers.
- Do not download anything from the internet onto these computers.
- Printing should be limited to material for hospital-related patient care, research, education, or management use only. Do not print extensive material from the internet.
- When you are finished using a computer, close out of a program completely. Leave the computer at the desktop screen with the program icons.

If you need assistance with computer use, the library staff or IT staff will provide general assistance.

Confidentiality & Information Security

Henry Ford Health System reserves the right to privacy with regard to confidential information. Any information obtained or maintained by Henry Ford Health System must be protected from unauthorized use whether accidental or intentional. Any house officer who misuses information puts the organization in a position of potential liability.

It is the responsibility of each house officer to adhere to security policies, standards, and procedures when accessing confidential information. House officers in training agree to maintain professional and ethical standards with regard to access and knowledge of confidential information. The program director will provide details about the information a house officer will be permitted to access when providing patient care responsibilities. Human Resources Policy #5.18 Confidentiality and Information Security and System Administrative Policy #710.60 Patient Photographs and/or Video Recordings provide details.

Revealing confidential information of any nature regarding patients, visitors, employees, or the organization, and inappropriate access, modification, destruction or disclosure of confidential information in any format (including, but not limited to: personal computers, electronic mail, voice mail, fax machines, Internet, Intranet, medical record, etc.) is strictly prohibited and may result in dismissal. Electronic mail is the property of HFHS, all compositions are and remain the property of HFHS, and may be subject to review by authorized personnel if there appears to be a violation or misuse of this privilege. Please refer to the Medical Education Policy #225 Social Media, Email & Voice Mail and the HFHS Tier 1 Non-Behavior Health Services Patient Photographs and Audio/Video Recordings Policy No. 318 for details.

Emergency Preparedness

Henry Ford Health System strives to provide a stable educational environment and employment for interns, residents and fellows. A declaration of an emergency will be made in accordance with the HFHS Emergency Preparedness plans for each site. The Henry Ford Macomb Hospitals Emergency Preparedness Plan, located in the administrative offices, provides specifics.

<u>Medical Education Policy #002 Medical Education Program Emergency Preparedness: Disasters and Extreme Emergent Situations</u> provides guidance regarding decisions about the involvement of medical students and house officers in emergencies.

Rapid Response: This code is an alert for the rapid response team. Please refer to the <u>Henry Ford Macomb</u> General Hospital Policy No. 203.40 Rapid Response Team (R.R.T.).

Employee Health

Employee Health Services are offered through all hospitals within HFHS. Services available to house staff include infection control screening, vaccinations, respirator fitness tests, exposure of blood/body fluids and tuberculosis

management, and other activities related to regulatory compliance. The Henry Ford Macomb Hospitals employee health department can be reached at:

Employee Health Services Henry Ford Macomb Hospitals Telephone: (586) 203-1660
Medical Office Pavilion, Suite 305
16151 19 Mile Road
Clinton Township, MI 48038

House staff is expected to comply with policies and procedures regarding infection control screening including reporting for TB testing and flu precautions as defined by HFHS policy. Failure to comply will result in suspension and possible termination from the program.

Employee Health also conducts activities related to regulatory compliance. House officers are required to complete periodic screening/testing and be cleared for work in accordance with <u>Medical Education Policy #207 Health Evaluations</u>, Fitness for Duty Evaluations, Physician Impairment and Counseling Services.

Fire Guidelines

Fire evacuation procedures/routes differ for each work area and should be reviewed periodically by your Program Director. At that time, you will be informed of your specific responsibilities in case of fire. General guidelines are as follows:

- Do not remove safety devices, tamper with or make unauthorized repairs to equipment.
- Keep aisles, exits and fire equipment clear of obstruction at all times.
- Report all incidents, no matter how slight, to your Program Director or Administrative Manager, even if no injury appears.
- Place all equipment and materials solidly on the floor, away from passageways.
- Obey all federal safety regulations. Failure to observe them will result in disciplinary action.
- Report any missing or damaged fire extinguisher or any potential fire hazards to your Program Director immediately.
- If fire is sighted, take appropriate action according to the procedures outlined in your facilities Emergency Preparedness Manual. The Henry Ford Macomb Hospitals Emergency Operations Plan provides specifics.

Fire Safety

In case of fire, R.A.C.E.:

- Rescue any person in the immediate area
- Alert Security
- Contain the fire-Close doors behind you
- Extinguish or evacuate

When using the fire extinguisher, P.A.S.S.:

- **P**ull the pin
- Aim at the base of the fire
- Squeeze the handle and use a
- Sweeping motion

Take a minute to locate the fire alarms and extinguishers in your area. Know where your department's Emergency Procedure Manual is located.

First Aid

If you suffer an injury while at Henry Ford Macomb Hospitals, contact your program director or supervising physician immediately to obtain first aid treatment. If there is a more serious injury, medical treatment will be arranged through the appropriate medical facility. A Radicalogic report (RL) must be completed to document any

injury. It is important to complete the electronic report as it allows the hospital to monitor incidents and/or injuries and make necessary changes to prevent further such instances. The completion of the report is also generally the first step in documenting an injury for any sort of disability reimbursement.

HIPAA

HIPAA regulations require the protection of patient information:

- All personnel are responsible for protecting the confidentiality of patient information and preventing unauthorized access and use of patient information, whether communicated electronically, on paper, or orally
- Before giving out patient information, think privacy first.
- Use reasonable safeguards to maintain confidentiality of patient information.
- Under no circumstances is it acceptable to access the information of persons known to you, including friends, family, associates, co-workers or public figures. The only exception to this rule is when it directly relates to your job responsibilities.

The term "Protected Health Information" or patient information includes information that identifies a person (e.g., name, medical record number, social security number, or phone number). It also includes information about that person's health status or condition, or payment for healthcare services.

All house officers are required to complete a HIPAA education module through the HFHS University, the electronic learning management. Additional HIPAA training is provided at the program level.

Please be aware that texting, taking photos without signed consent and sharing information and/or photos through social media or by phone is a HIPAA violation. All residents and physicians at HFMH are required to use perfectserve to communicate patient information.

Infection Control

Henry Ford Health System has an active and comprehensive Infection Control Program designed to protect employees, house staff, patient, and visitors. Infection Control, along with support from Employee Health Services, provides education and management of communicable disease exposure and immunizations. Infection Control staff conduct surveillance for hospital/procedure associated infections and targeted environmental studies.

Each house officer receives infection control information during the orientation program and throughout the residency training curriculum. An infection control learning module is assigned to house staff through the HFHS University for review and completion each year.

House staff are expected to comply and practice Standard Precautions, including good hand washing technique at all times. Personal protective equipment (such as gloves, gown, facial protection, etc.) is provided in all work areas to help prevent exposure to blood and other potentially infectious materials.

Contact Infection Control Practitioners, Carole Backman at extension 2860, Stephanie Borngesser at extension 2863 and Rose Maron extension 2862 or visit <u>Infection Control</u> on OneHenry for additional information, educational needs, concerns or comments.

Personal Safety

Pleasant work conditions include an environment of safety that promotes well-being during your training program. Good housekeeping, attentiveness to potential hazards and consideration for colleagues all play an important role. Practicing good safety measures during your training also reduces the risk of hazards to your health and well-being. A learning module detailing elements of professional safety is assigned to each house officer during orientation.

Safety Events

Henry Ford Health System believes in a "Just Culture" that encourages personnel self-disclosure and continual delivery of high-quality services. HFHS wants all personnel to feel safe to speak-up and speak-out about reporting of adverse events, near misses, existence of hazardous conditions and related opportunities for improvement as a means of identifying systems changes and behavior changes which have the potential to avoid future adverse events. Human Resources Policy #5.24 Response to Safety Events provides details.

Security & Identification Badges

HFHS is committed to providing patients, visitors, employees and house officers with a safe environment.

To help with maintaining a secure workplace, all house officers are required to wear identification badges at all times while on HFHS property. Badges are to be worn chest high and may not be defected or used to display pins or other decorative items. Lost or stolen badges must be reported to Security immediately. Wearing identification badges and taking normal precautions helps reduce the risk of theft in the workplace. Do not bring large amounts of money or valuable items to work, since HFHS cannot be responsible for the loss or theft of personal items. House officers are encouraged to secure personal belongings in designated lockers.

HFHS reserves the right to inspect any packages brought into or out of the building. Incident investigations may require inspection of lockers, desks, and/or workstations. A package pass signed by a Program Director should be used when removing any HFHS property from the premises.

Theft

Any house officer who is victim to stolen property should contact Security Administration immediately and file an incident report.

The practice of house staff routinely helping themselves to various things belonging to HFHS is not tolerated. Any house officer that steals or misappropriates HFHS property, patient property, visitor property, or the property of colleagues, regardless of the value, may face disciplinary action up to and including termination.

Violence

It is the policy of the Henry Ford Health System to provide a safe and non-violent environment for house officers. Medical Education Policy #222 Workplace Violence provides details.

Weapons

Firearms, knives or any other weapons are not authorized in all properties, buildings owned or leased, by Henry Ford Health System. For everyone's safety, the carrying, possession or storage of firearms and other dangerous weapons, by any patient, visitor, employee, staff, vendor, contractor, student, contingent or volunteer on Henry Ford Macomb Hospital property is prohibited. Possession of any weapon not authorized by HFHS will result in disciplinary action up to and including termination. The Environment of Care (Safety) Manual Policy #2.16 Dangerous Weapons Prohibited in Weapons-Free Zone provides details.

PROGRAM COMPLETION

Certificate of Program Completion

Graduating house officers receive a certificate at the completion of their program at Henry Ford Macomb Hospitals. Residency program specialists are responsible for completing the necessary paperwork to provide signed certificates at the time of program completion.

Certificates will only be issued upon completion of all program requirements including but not limited to: resident's evaluation of training for each rotation; faculty evaluation of resident training for each rotation; completion of logs and other required documentation and training requirements. Additional administrative requirements that must be met in order to receive a certificate are the return of all library materials, pagers, I.D. badge and other hospital owned materials.

The medical education office will notify the resident and program director of deficiencies in the resident document file as soon as possible. Verification of program completion certificates will not be processed until the file is complete. The resident is solely responsible to provide the medical education office with the missing or incomplete documentation, at which time the program completion certificate will be issued.

Unclaimed certificates will be held in the medical education office for a period of 1 year after which time the certificate will be discarded. Certificate replacement will be provided at the graduate's expense.

Clearance Procedure

House officers completing a graduate training program are required to complete a "House Officer Clearance Form" prior to the last day of training to ensure that there are no outstanding issues requiring resolution prior to their departure. This process is MANDATORY in order to allow for processing of termination. In addition to the required signatures, the anticipated plans of the house officer and a forwarding address and email address are requested. This information enables the medical education office to respond appropriately to various surveys and ensures that you receive your current year W-2 for filing federal, state and city tax returns.

Cobra Insurance

Continuation of health benefits will be offered upon graduation, termination, or resignation. Within 30 days of the end of employment, the former house officer will receive written information via mail from HFHS Employee Services regarding the COBRA process and options. Upon receipt of the information, house officers may elect to continue benefits and accepts responsibility for payment on a month-to-month basis. Should the former house officer elect to continue his/her benefits, coverage will be continuous and retroactive to the termination date.

Verification of Training

House officers who require verification of training for hospital privileges, prospective employers, and lending agencies must to send a request in writing to the medical education office for processing.

Termination

The Program director is responsible for notifying the Medical Education office, in writing, in the event that a house staff must terminate his/her training earlier than anticipated. The house staff must complete the clearance procedure, as stated above, prior to leaving the institution in order to receive a final paycheck.

GENERAL PROCEDURES and RESPONSIBILITIES

House Staff Supervision

Faculty supervision of house staff clinical activities must comply with CPME/AOA/ACGME program requirements and/or HCFA guidelines.

Senior house staff should be cognizant of the level of competence of house staff and medical students under their supervision in assigning clinical responsibilities. The <u>Medical Education Policy #229 Clinical and Educational Hours and Fatigue</u> provides details about oversight for duty hours and reporting violations.

Evaluation of House Staff, Faculty, and Programs

The Director of Medical Education and individual Program Directors must ensure that the following timetable for evaluation is met:

- 1. A written evaluation of each resident:
 - a. Must be conducted each month at a minimum for first year residents or at the end of a rotation lasting more than one month for residents.
 - b. Must be signed (on paper or electronically) by the resident (and residency program director if a resident) to acknowledge receipt and a signed copy must reviewed by the DME or ADME and be kept on file (either in paper or electronically).
- The DME and/or residency program director must meet on a regular basis with each trainee to evaluate their progress in the program, following, at minimum, CPME/AOA/ACGME guidelines, either quarterly or semi-annually.
- 3. Evaluation of program faculty:
 - a. Residents must be provided with an opportunity to evaluate the program faculty in writing or electronically at the conclusion of each rotation
 - b. A confidential copy will be kept on file.
 - c. Summary reports of trainee evaluations of faculty and teaching services will be distributed to program faculty on an annual basis.
- 4. Evaluation of the educational program:
 - a. Residents must be provided with an opportunity to evaluate their educational program at least once annually, in writing. Program directors are encouraged to conduct an exit interview/evaluation at completion of the program.
- 5. Nursing Evaluation of Residents:
 - a. Some programs request that nursing or technical staff specific units evaluate residents either quarterly or semi-annually. These evaluations are designed to provide information on resident performance from the ancillary health provider standpoint.

House Staff Teaching Duties

A major responsibility for residents is the teaching of medical students, and other residents. Residents actively participate, based on their level of training, in both informal education and in assigned formal conferences. Failure to comply with teaching assignments may result in performance improvement.

Medical students are physicians in training and require close supervision. First year residents review and sign each history and physical done by a student physician on their service, making appropriate corrections as necessary, and providing feedback to the student physician. First year residents are responsible for the activities of the student physician on their service. A resident must co-sign the student's history and physical exam, admitting note, and all orders written by the student.

During call hours, residents must have available an on-call list of attending physicians they may contact for assistance and supervision of the respective patients. Physicians are encouraged to review care given to their patients by residents and to participate in evaluation of this care with the residents.

Leaving an Assigned Hospital During a Rotation

Medical students and residents may not accompany an attending physician to another hospital without written affiliation approval from the Medical Education Office. Malpractice and liability insurance will not cover members of the house staff outside of scheduled rotation sites.

Changes to Rotation Schedules

If a change is made to a resident's schedule after it has been submitted to the medical education office, it is the resident's responsibility to be certain that the change has been recorded in his/her master schedule in the medical education office. Changes must be submitted in writing to the Program Director and approved by the Program Director. Failure to follow these procedures may result in performance improvement.

Prescription Writing for Residents

Residents **may not** provide prescriptions to Hospital employees unless the employee is a Hospital patient or a patient in the ambulatory clinical panel of the trainee. Hospital employees requesting a prescription should be informed of this policy and requested to seek the assistance of an attending staff physician for their medical needs.

Prohibition of Consultant, Private Practice, or Attending Status During Training

All residents are specifically prohibited from acting as a consultant, engaging in a private specialty practice, or maintaining attending status during the residency program.

Professional Conduct

Every physician will be tactful, regardless of the difficulty of any situation in which they are involved. Physicians must maintain a courteous and respectful manner toward patients, family members, and all personnel with whom they come in contact. Members of the house staff must always observe confidentiality guidelines. Disagreement regarding schedules and other issues should be dealt with within the residency program by the Program Director and DME. As necessary, the medical education office will provide assistance, suggestions, and input.

Henry Ford Health System Team Member Code of Conduct

Each patient is an individual with unique health care needs. We must provide the best possible care focused on these needs and recognize that effective quality and safe medical care requires a cooperative effort with the patient (or designated representative). This principle is carried out by:

- Providing the quality of care and comfort we want for our families and ourselves.
- Treating patients, families, guests and each other with respect and dignity.
- Courteously and sincerely smiling and greeting everyone, using their name when known.
- Using appropriate vocabulary when communicating with others, directly, by telephone or in writing.
- Satisfying each patient's needs, providing genuine care and comfort, concentrating, in turn, on each patient's welfare, and fulfilling even unexpressed wishes and needs.
- Providing personal service, identifying patient preferences and tailoring service to those preferences.
- Contributing to a proper atmosphere for patients and visitors through careful attention to personal appearance and the appearance of our facilities.
- Working together with coworkers, physicians, patients, family members, outside agencies, etc. as a team to collectively satisfy all patient needs.
- Receiving complaints and concerns non-defensively and communicating them to the appropriate person, ensuring the patient or family member receives a timely response.
- Providing all patients a level of care based on their diagnosis, treatment needs, care planning and other aspects of patient care.
- Examining and stabilizing patients who request emergency service without regard to ability to pay and only transferring the patient when the medical advantages outweigh the risks as determined by the physician or upon patient request.
- Basing all admissions on patient need, our ability to provide care at the admitting facility, and our contractual obligations to the patient's health plan.
- Encouraging patients to participate in their own care, inquire about their medical care plan and provide advanced directives. We will provide appropriate information to patients so they can consent to treatment on an informed basis and we will honor their decisions.
- Planning discharges in the best interest of the patient and developing these in collaboration with the patient/family/caregiver and the multidisciplinary health care team

Clinical Information & Policies

Police Cases and the Media

Always Attempt to cooperate with police officials, especially in terms of providing information regarding patient identification and the nature of a case. Refer requests from the media to the administration office, administrator on call or the attending physician on the case. In the Emergency Department, the emergency medicine physician on duty handles all requests. House officers are prohibited by HFHS policy from discussing or releasing information to the media.

Medical Examiner's Cases

According to *Act No. 92 of the Public Acts of 1969*, any physician, any person in charge of any hospital or institution (jail, convalescent home, etc.,) or any person who has first hand knowledge of a reportable death will immediately notify the Medical Examiner on call. When in doubt, or if questions arise, check with the attending physician or resident on the service. Reportable Medical Examiner's cases:

- Death by violence (shooting, stabbing, beating, drowning, poisoning, etc.)
- Accidental deaths (auto, burns, falls, etc.)
- Sudden and unexpected deaths from causes unknown (where deceased was in good health)
- Deaths occurring without medical attendance by a physician within 48 hours prior thereto unless a reasonable natural cause of death can be certified. A person, however, who has been seen by a physician within eight hours of death, is not a Medical Examiner's case unless the death falls within other categories enumerated
- Deaths under suspicious or unusual circumstances
- Deaths resulting from or associated with any therapeutic procedures. Deaths during anesthesia should also be reported

In any case described under #6 above, a body may not be removed until after notice of death is given and removal of the body is approved by the Medical Examiner. Failure to give proper notice may have serious consequences. In doubtful cases, report to the Medical Examiner for his determination and advice:

- Specimens. Any portions of blood or urine samples collected during the subject's hospital or institution stay should accompany the body to the Medical Examiner's office (for toxicological analyses) whenever possible. All medications and medication containers are also required. Do not remove any catheters or drains from the body before transferring to the Medical Examiner.
- Clothing. Clothing of all possible homicide or accident victims must be transferred to the medical Examiner's office with the body.
- Medical Records. Medical records of individuals who come under the jurisdiction of the Medical Examiner's office should be available when the body is transferred from the hospital.

Significant Changes in Patient Status

The family and attending physician must be notified when any patient's condition changes enough to warrant transfer to the ICU or if any complication of unusual circumstance related to patient care occurs. All services involved in caring for the patient must also be notified.

CODE BLUE Protocol (Cardiovascular and Pulmonary Emergencies)

At Henry Ford Macomb Hospitals, the intern/resident is to respond to the Code Blue and assists the Code Team as directed by either the Nursing Supervisor or the House Physician.

Death of a Patient

The resident must notify all Attending Physicians identified on the patient's chart if the patient expires. The resident must also take appropriate steps to notify the family.

Certification in Invasive Procedures

House officers must be evaluated and approved to perform specific invasive procedures without direct supervision. Each house officer is to enter procedures completed under supervision into the procedures component of the electronic residency management system. Each procedure has a specified number to be completed successfully under supervision. Once a resident has achieved the specified number, MedHub.com will list the resident as competent to perform the procedure without supervision. Each computer in clinical areas has an icon to look up and verify resident competencies.

Medical Records Documentation

Medical records reflect patient care, and the medical record is evaluated based on whether or not it contains sufficient recorded information to justify the diagnosis and warrant the treatment and result. Hospital care is evaluated primarily on the completeness and accuracy of medial records. Medical records are confidential information, property of the hospital, and may not be removed from premises. Residents are required to document patient medical records through the online EPIC Electronic Medical Records System after EPIC orientation training. Periodically there will be updates to optimize the EPIC EMR. The list of updates may be located on the OneHenry site under "Epic Changes." These updates are also emailed to each resident's Outlook email address. It is the responsibility of the resident to keep abreast of updates in the EPIC EMR.

Podiatric Medicine and Surgery Didactic Activities

The residency program has a robust didactic activity program. The didactics curriculum is organized around the specific clinical topic for each month. A clinical topic area is chosen for each month. Didactic sessions are held on Mondays and Fridays from 6:30 am - 8:00 am. The Monday sessions are resident driven presentations. The Friday session are faculty lead. On Fridays, sessions are generally academic lecture, clinical case discussion, radiology rounds and journal review. Residents choose three journal articles that pertain to the clinical topic of the month. Each resident class (PGY 1, 2,3) works together to produce an article for discussion and participates, along with an assigned faculty member, in the article review conversation. Faculty and other residents join in the discussion and analysis of each article. The didactic schedule with resident and faculty assignments is created and maintained by the chief residents and is accessed on their shared drive.

Podiatric Medicine and Surgery Training Schedule and Rotations

Training Schedule

The residency program has developed a 36-month training schedule which provides opportunities for learning in all essential areas of podiatric medicine and surgery. The schedule is as follows:

	July 6/29- 7/30	Aug 7/31- 8/31	Sept 9/1- 9/29	Oct 9/30- 10/29	Nov 10/30- 12/1	Dec 12/2-1/3	Jan7 1/04- 2/2	Feb 2/3-3/2	March 3/3-3/30	April 3/31-4/28	May 4/29-5/27	June 5/28- 6/27
PGY 1	Pod	Pod- L	IM	Pod	Pod- L	EM	Pod	Pod	ID	Pod	R/A/B/P	Pod
PGY 2	Pod	Pod	Vasc	Pod	Pod	GS	Pod	Plastics	PM&R	Pod	Pod	Pod
PGY 3	Pod	Pod	Pod	Pod	Pod	Pod	Pod	Pod	Ortho	Pod	Pod	Pod

Rotation Key:

Pod Podiatric Medicine and Surgery Pod-L Podiatric Medicine and Surgery-Loder

Internal Medicine IM \mathbf{EM} **Emergency Medicine** Infectious Disease ID

R/A/B/P Radiology

Anesthesiology Behavioral Health Pathology

Vascular Vascular Surgery GS General Surgery **Plastics** Plastic Surgery

PM&R Physical Medicine and Rehabilitation

Orthopedic Surgery Ortho

Rotation locations and Faculty:

Podiatry-Loder

Podiatric Surgical Specialists

Brian Loder, DPM 43391 Commons Dr. Clinton Twp., MI 48038

586-329-3895

Podiatry

Podiatric Surgical Specialists	Shelby Foot and Ankle, PLLC
Brian Loder, DPM, Cody Brush, DPM	Anthony Giordano, DPM
43391 Commons Dr.	50505 Schoenherr, Suite 230
Clinton Twp., MI 48038	Shelby Township, MI 48315
586-329-3895	586-580-3728
Michigan Foot and Ankle Institute	Henry Ford Health System Lakeside
Edmund Kowalchick, DPM	Paolo DiLiddo, DPM
44250 Garfield, Suite 160	14500 Hall Road
Clinton Township, MI 48038	Sterling Heights, MI 48313
586-228-2255	586-247-2700
Beaumont Hospital-Trov	

C. Corbin, DPM, R. Rodgers, DPM, R. Samsel, DPM 44201 Dequindre Road Troy, MI 48085 248-964-5000

Wound Clinic

Henry Ford Orthopedic and Wound Care	Henry Ford Wound Care and Hyperbaric Medicine
Brian Loder, DPM	Brian Loder, DPM
Cody Brush, DPM	Cody Brush, DPM
15520 19 Mile Road	30795 23 Mile Road
Clinton Twp., MI 48038	Chesterfield, MI 48047
586-228-6220	586-421-3080

Internal Medicine Emergency Medicine

Henry Ford Macomb Hospital	Henry Ford Macomb Hospital
Raj Munasinghe, M.D.	Heather Cronovich, D.O.
15855 19 Mile Road	15855 19 Mile Road
Clinton Township, MI 48038	Clinton Township, MI 48038
586-263-2300	586-263-2601

Infectious Disease

Radiology

Rehavioral Medicine

Plastic Surgery

Henry Ford Macomb Hospital	Henry Ford Macomb Hospital
Michael Hanna, M.D.	Frank Randazzo, M.D.
15855 19 Mile Road	15855 19 Mile Road
Clinton Township, MI 48038	Clinton Township, MI 48038
248-289-1509	586-263-2400

Anesthesiology
Henry Ford Macomb Hospital

20100 (1010011110	
Henry Ford Macomb Hospital	
Jonathan Beaulac, D.O.	
15855 19 Mile Road	
Clinton Township, MI 48038	
586 757 9707	

15855 19 Mile Road Clinton Township, MI 48038 586-263-2370

Matthew Proudfoot, M.D.

Vascular Surgery

	8 8
Henry Ford Hospital	Henry Ford Macomb Hospital
Robert Tibbetts, Ph.D.	S. Hans, M.D., Y. Rizk, D.O.
2799 W. Grand Blvd.	15855 19 Mile Road
Detroit, MI 48202	Clinton Township, MI 48038
313-916-9381	586-573-8030

General Surgery

Pathology

Henry Ford Macomb Hospital	Henry Ford Macomb Health CtrSeville
John Lim, M.D.	Sudarshan R Reddy, M.D.
15855 19 Mile Road	15420 19 Mile Road
Clinton Township, MI 48038	Clinton Township, MI 48038
586-263-5410	586-649-6160

Physical Medicine and Rehabilitation Orthopedic Surgery

D. S. Weingarden and Associates	Henry Ford Macomb Health Ctr-Washington Twp.
Geoffrey Seidel, M.D.	Kenneth Scott, D.O.
43555 Dalcoma Drive, Suite 4	12150 30 Mile Road, Suite 150
Clinton Township, MI 48038	Washington Township, MI 48095
586-228-2882	586-336-7333

Notes

All residents will be assigned the rotations in the training schedule. The order in which the rotations are listed in this manual does not reflect how the rotations may be listed or scheduled in your training schedule. Residents may participate in rotations that may be scheduled for another PGY year based on rotation availability and resident needs.

Podiatry Rotation Expectations

First Year Residents:

First year residents are assigned to work the inpatient floors at Henry Ford Macomb Hospital while on podiatry rotations. Interns are assigned a senior resident "buddy" upon entering the program. The buddy serves as a supervisory resident/mentor to the first-year resident. The buddy works side by side with the new resident for the first week of the podiatry rotation, longer if needed, and is then available by phone to provide back up or assistance as needed.

First-year Resident Responsibilities:

- Contact the rounding faculty in the evening to plan for the following day, establish the time for morning rounding
- Arrive at the hospital before the attending rounder to engage in pre-rounds
- Round with faculty rounder, follow up on orders, treatments, admissions and discharges

- Answer calls from the health care team regarding podiatry patients
- Perform consults during the day shift
- Engage in report/ transition of care with the night call podiatry resident.
- Participate in home call; approximately 1 weekday night call and one weekend per month
- Participate in podiatry and/or wound clinic when floor duties are complete
- Participate in program didactic activities
- Teach medical students

Second- and Third-Year Residents:

The senior residents are assigned to work in the clinic and to engage in surgeries as assigned. Each week the program director and chief residents review the surgical schedule for the upcoming week. Residents are assigned to cases based on their experience, educational needs and interests. They provide back up and support for their "buddy" first year resident and other first year residents as needed.

Second- and Third-Year Residents Responsibilities:

- Participate in clinic and surgical activities
- Participate in podiatry clinic activities 1-2 times per week
- Participate in wound clinic minimally 1 time per week
- Provide back up to first year residents with hospitalized patient activities
- Provide consultation back up to first year residents
- Engage in home evening and weekend call
- Participate in program didactic activities
- Teach first-year residents and medical students

Home Call

Each resident is assigned a call schedule for weeknights and weekends. On weeknights, residents take call from 4:00 PM to 7:00 am. On weekends, call is 24 hours. First-year residents generally have one weeknight and one weekend call assignment. Second-year residents have approximately one weeknight and one weekend call every other month. Third-year residents generally take weeknight coverage assignments. Second- and Third-year residents provide backup call for the primary call resident. The resident on call participates in handoff/transition of care with the resident who has been managing the inpatient floors during the day. Residents are to respond to calls within 15 minutes and staff an emergency department consult within half and hour. Once the consult is complete, the resident is to review it with the faculty member and then report the consult to the referring physician and in the medical record. Consults on hospitalized patients may be performed the following day.

Supervision and Back up

Residents are assigned an attending faculty member with each rotation. That faculty member assumes the overall responsibility to ensuring that the resident has a sound educational experience and receives feedback on performance. In addition to the faculty, senior residents are partnered with junior residents to ensure backup when juniors are overwhelmed with the volume of work or have encountered a clinical situation with which they are less familiar. The chain of command to be followed when seeking out help is to contact the partner resident working at the time, then the chief resident and ultimately the attending faculty or the attending on call.

Rotation Specific Competencies

Each rotation has specific goals and objectives that are to be achieved through the didactic and clinical activities of that rotation. The goals and objectives were developed to meet the competencies established by the Council on Podiatric Medical Education. Those competencies are:

A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.

- 1. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem-focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gait analysis.
- 2. Formulate an appropriate diagnosis and/or differential diagnosis.

- 3. Perform (and/or order) and interpret appropriate diagnostic studies, including:
 - Medical imaging, including plain radiography, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, vascular imaging.
 - Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis.
 - Pathology, including anatomic and cellular pathology.
 - Other diagnostic studies, including electrodiagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, compartment pressure studies.
- 4. Formulate and implement an appropriate plan of management, including:
 - Direct participation of the resident in the evaluation and management of patients in a clinic/office setting.
 - perform biomechanical cases and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
 - Management when indicated, including
 - o dermatologic conditions
 - o manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity.
 - o closed fractures and dislocations including pedal fractures and dislocations and ankle fracture/dislocation.
 - o cast management.
 - o tape immobilization.
 - o orthotic, brace, prosthetic, and custom shoe management.
 - o footwear and padding.
 - o injections and aspirations.
 - o physical therapy.
 - pharmacologic management, including the use of NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, anti-rheumatic medications.
 - Surgical management when indicated, including
 - o evaluating, diagnosing, selecting appropriate treatment and avoiding complications.
 - o progressive development of knowledge, attitudes, and skills in preoperative, intraoperative, and postoperative assessment and management in surgical areas including, but not limited to, the following: Digital Surgery, First Ray Surgery, Other Soft Tissue Foot Surgery, Other Osseous Foot Surgery, Reconstructive Rearfoot/Ankle Surgery (added credential only), Other Procedures (see Appendix A regarding the volume and diversity of cases and procedures to be performed by the resident).
 - Anesthesia management when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.
 - Consultation and/or referrals.

Lower extremity health promotion and education.

- 5. Assess the treatment plan and revise it as necessary.
 - Direct participation of the resident in urgent and emergent evaluation and management of podiatric and non-podiatric patients.

B. Assess and manage the patient's general medical and surgical status.

- 1. Perform and interpret the findings of comprehensive medical history and physical examinations (including preoperative history and physical examination), including (see Appendix A):
 - Comprehensive medical history.
 - Comprehensive physical examination.
 - o vital signs.
 - o physical examination including head, eyes, ears, nose, and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, neurologic examination.

- 2. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
- 3. Recognize the need for (and/or order) additional diagnostic studies, when indicated, including (see also section A.3 for diagnostic studies not repeated in this section).
 - EKG.
 - Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound.
 - Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, urinalysis.
 - Other diagnostic studies.
- 4. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
- 5. Participate actively in medicine and medical subspecialties rotations that include medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.
- 6. Participate actively in general surgery and surgical subspecialties rotations that include surgical evaluation and management of non-podiatric patients including, but not limited, to:
 - Understanding management of preoperative and postoperative surgical patients with emphasis on complications.
 - Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.
 - Understanding surgical procedures and principles applicable to non-podiatric surgical specialties.
- 7. Participate actively in an anesthesiology rotation that includes pre-anesthetic and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences must include, but not be limited to:
 - Local anesthesia.
 - General, spinal, epidural, regional, and conscious sedation anesthesia.
- 8. Participate actively in an emergency medicine rotation that includes emergent evaluation and management of podiatric and non-podiatric patients.
- 9. Participate actively in an infectious disease rotation that includes, but is not limited to, the following training experiences:
 - Recognizing and diagnosing common infective organisms.
 - Using appropriate antimicrobial therapy.
 - Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiosis monitoring.
 - Exposure to local and systemic infected wound care.
- 10. Participate actively in a behavioral science rotation that includes, but is not limited to:
 - Understanding of psychosocial aspects of health care delivery.
 - Knowledge of and experience in effective patient-physician communication skills.
 - Understanding cultural, ethnic and socioeconomic diversity of patients.
 - Knowledge of the implications of prevention and wellness.

C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.

- 1. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
- 2. Practice and abide by the principles of informed consent.
- 3. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.

- 4. Demonstrate professional humanistic qualities.
- Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.

D. Communicate effectively and function in a multi-disciplinary setting.

- 1. Communicate in oral and written form with patients, colleagues, payers, and the public.
- 2. Maintain appropriate medical records.

E. Manage individuals and populations in a variety of socioeconomic and health-care settings.

- 1. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.
- 2. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own.
- 3. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.

F. Understand podiatric practice management in a multitude of health-care delivery settings.

- 1. Demonstrate familiarity with utilization management and quality improvement.
- 2. Understand health-care reimbursement.
- Understand insurance issues including professional and general liability, disability, and Workers' Compensation.
- 4. Understand medical-legal considerations involving health-care delivery.
- 5. Demonstrate understanding of common business practices.

G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

- 1. Read, interpret, and critically examine and present medical and scientific literature.
- Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
- 3. Demonstrate information technology skills in learning, teaching, and clinical practice.
- 4. Participate in continuing education activities.

Rotation Specific Goals, Objectives and Evaluation Forms

PODIATRIC MEDICINE YEAR 1

- 1. Perform and interpret the findings of a thorough problem-focused history and physical exam including but not limited to:
 - Problem-focused history
 - Neurologic examination
 - Vascular examination
 - Dermatological examination
 - Musculoskeletal examination
- 2. Order, perform and interpret plain radiographs.
- 3. Order, perform and interpret stress radiographs.
- 4. Order, perform and interpret laboratory tests in the following ares:
 - Hematology
 - Serology
 - Microbiology

- 5. Order and interpret non-invasive vascular studies.
- 6. Formulate and implement an appropriate plan of management for:
 - Palliation of keratotic lesions and toenails
 - Manipulation/mobilization of foot joints to increase range of motion and reduce pain
 - Cast management
 - Tape immobilization
 - Orthotic, brace, prosthetic and custom shoe management
 - Injection and aspirations
- 7. Maintain appropriate medical records
- 8. Read, interpret and critically examine and present medical and scientific literature
- 9. Understand medical-legal consideration involving healthcare delivery
- 10. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of Podiatric medicine.
- 11. Demonstrate professional humanistic qualities.
- 12. Practice and abide by the principles of informed consent.
- 13. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
- 14. Participate in continuing education activities.

PODIATRIC SURGERY YEAR 1

- 1. Perform and interpret the findings of a thorough preoperative history and physical examination.
- 2. Perform and/or interpret the findings of radiographs, blood chemistry profiles, coagulation studies, urinalysis, toxicology/drug screens, serology, and hematology studies.
- 3. Understand and prepare appropriate radiological templates preoperatively
- 4. Practice and abide by the principle of informed consent.
- 5. Understand and apply basic OR sterile technique and OR protocols.
- 6. Demonstrate a thorough understanding and knowledge of surgical anatomy.
- 7. Demonstrate a knowledge of preoperative OR preparation and proper patient positioning.
- 8. Demonstrate a thorough knowledge of OR instrumentation and set up.
- 9. Perform appropriate local anesthetic management.
- 10. Demonstrate the ability to understand and respect proper tissue handling techniques including but not limited to:
 - All suture techniques
 - Proper retraction techniques
 - Postoperative wound dressings
- 11. Formulate and implement appropriate surgical management of:
 - Digital deformities
 - Soft tissue pathologies of the forefoot
 - Lesser metatarsal deformities
- 12. Demonstrate appropriate knowledge in the use of intraoperative fluoroscopy
- 13. Demonstrate appropriate knowledge in the immediate postoperative management of a patient including but not limited to:
 - Postoperative analgesia
 - Cast
 - Immobilization
 - Crutch training
 - Discharge instructions

PODIATRIC MEDICINE YEAR 2

COMPETENCIES: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret the findings of a thorough problem-focused history and physical exam including but not limited to:
 - Problem-focused history
 - Neurologic examination
 - Vascular examination
 - Dermatological examination
 - Musculoskeletal examination
- 2. Perform and interpret the findings of a comprehensive medical history and physical exam as it relates to the problem-focused lower extremity examination.
- 3. Order, perform and interpret radiographic contrast studies.
- 4. Order and interpret nuclear medical imaging.
- 5. Order and interpret MRI.
- 6. Order and interpret CT scans.
- 7. Order and interpret diagnostic studies.
- 8. Order and interpret vascular imaging.
- 9. Formulate an appropriate diagnosis and/or differential diagnosis.
- 10. Formulate and implement an appropriate plan of management for:
 - Manipulation of congenital foot and ankle deformities
 - Management of closed fractures and dislocations including rearfoot and ankle
 - Total contact cast application and management
 - Pharmacologic management of pedal manifestations including the use of NSAIDS, anti-infective medications, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, antihyperuricemic/uricosuric agents.
- 11. Appropriate consultations and referrals.
- 12. Appropriate lower extremity health promotion and education.
- 13. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.
- 14. Communicate in oral and written form with patients, colleagues, payers and the public
- 15. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
- 16. Participate in continuing education activities

PODIATRIC SURGERY YEAR 2

- 1. Perform and interpret the findings of a thorough preoperative history and physical examination.
- 2. Perform and/or interpret the findings of radiographs, blood chemistry profiles, coagulation studies, urinalysis, toxicology/drug screens, serology, and hematology studies.
- 3. Understand and prepare appropriate radiological templates preoperatively
- 4. Practice and abide by the principle of informed consent.
- 5. Understand and apply basic OR sterile technique and OR protocols.
- 6. Demonstrate a thorough understanding and knowledge of surgical anatomy.
- 7. Demonstrate a knowledge of preoperative OR preparation and proper patient positioning.
- 8. Demonstrate a thorough knowledge of OR instrumentation and set up.
- 9. Perform appropriate local anesthetic management.
- 10. Formulate and implement an appropriate surgical management of:
 - First ray pathology
 - Midfoot pathology
 - Forefoot trauma

- Midfoot trauma
- 11. Demonstrate an appropriate knowledge in the immediate postoperative management of a patient including but not limited to:
 - Postoperative admission
 - Postoperative complication management
 - Appropriate postoperative consultation and/or referral

PODIATRIC MEDICINE YEAR 3

COMPETENCIES: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret the findings of a thorough problem-focused history and physical exam including but not limited to:
 - Problem-focused history
 - Neurologic examination
 - Vascular examination
 - Dermatological examination
 - Musculoskeletal examination
- 2. Perform and interpret the findings of a comprehensive medical history and physical exam as it relates to the problem-focused lower extremity examination.
- 3. Order, perform and interpret radiographic contrast studies.
- 4. Order and interpret nuclear medical imaging.
- 5. Order and interpret MRI.
- 6. Order and interpret CT scans.
- 7. Order and interpret diagnostic studies.
- 8. Order and interpret vascular imaging.
- 9. Formulate an appropriate diagnosis and/or differential diagnosis.
- 10. Formulate and implement an appropriate plan of management for:
 - Manipulation of congenital foot and ankle deformities
 - Management of closed fractures and dislocations including rearfoot and ankle
 - Total contact cast application and management
 - Pharmacologic management of pedal manifestations including the use of NSAIDS, anti-infective
 medications, narcotic analgesics, muscle relaxants, medications for neuropathy,
 sedative/hypnotics, peripheral vascular agents, antihyperuremic/uricosuric agents.
- 11. Appropriate consultations and referrals.
- 12. Appropriate lower extremity health promotion and education.
- 13. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.
- 14. Communicate in oral and written form with patients, colleagues, payers and the public
- 15. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
- 16. Participate in continuing education activities.

PODIATRIC SURGERY YEAR 3

- 1. Perform and interpret the findings of a thorough preoperative history and physical examination.
- 2. Perform and/or interpret the findings of radiographs, blood chemistry profiles, coagulation studies, urinalysis, toxicology/drug screens, serology, and hematology studies.
- 3. Understand and prepare appropriate radiological templates preoperatively

- 4. Practice and abide by the principle of informed consent.
- 5. Understand and apply basic OR sterile technique and OR protocols.
- 6. Demonstrate a thorough understanding and knowledge of surgical anatomy.
- 7. Demonstrate a knowledge of preoperative OR preparation and proper patient positioning.
- 8. Demonstrate a thorough knowledge of OR instrumentation and set up.
- 9. Perform appropriate local anesthetic management.
- 10. Formulate and implement an appropriate surgical management of:
 - Rear foot pathology
 - Rear foot trauma
 - Ankle pathology
 - Ankle trauma
- 11. Demonstrate an appropriate knowledge in the immediate postoperative management of a patient including but not limited to:
 - Postoperative admission
 - Postoperative complication management
 - Appropriate postoperative consultation and/or referral
- 12. Demonstrate an ability to guide, teach and mentor fellow residents throughout the perioperative period.



Podiatric Medicine & Surgery: Podiatry Re	esident Evalua	tion					
Evaluator:							
Evaluation of:							
Date:							
Please complete the assigned evaluation.							
Patient Care and Procedural Skills							
	Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
1. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*							
2. The resident is able to perform an accurate history and physical evaluation of the operative patient with detail evaluations of preoperative labs and diagnostic test.*							
3. The resident is able to perform an accurate preoperative differential diagnostic as well as a thorough understanding of the boarded operative procedure, including templates when indicated.*							
4. The resident displays adequate knowledge of sustained sterile techniques, as well as operative room protocol. The resident displays adequate tissue handling techniques and suturing techniques.*							
5. The resident has a thorough understanding of the surgical anatomy and the role it plays in each specific procedure. The resident displays adequate tissue handling techniques and suturing techniques.*							
6. The resident is able to formulate and write postoperative orders, including pharmacological agents, radiology, and appropriate physical therapy. The resident is able to appropriately discharge a postoperative patient.*						0	
Medical Knowledge				13			

| | Medical Miowicage

Please evaluate the resident's medical known	wledge.								
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
7. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*									
8. The resident is able to develop thought provocative treatment plans as well as anticipate perioperative complications and their solutions.*									
System-Based Practices	I		I		I		I		
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
9. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*									
Practice-Based Learning and Improvement	ent								
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
			■ Describes basic				Applies a set of critical	■ Conducts a clinical	■ Teaches and
10. Able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*	0					▼ Expa			
Professionalism									
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
11. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*									
Interpersonal and Communication Skills		1	I	1	I	1	I		
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
12. Able to demonstrate interpersonal and communication skills that result in effective information exchange and									

/21/2020			Evaluati	on Form	- Me	dHub				
teaming with patients, families and professional associates.*										
Comments										
Comments: Please write about strengths, weaknesses, and areas for improvement.										
						- -				
Feedback Confirmation										
13. Evaluator Question: Did you provide direct feedback on this evaluation?*	□ Yes □ No									
14. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No									

WOUND CARE

- 1. Perform and interpret the findings of a thorough problem-focused history and physical exam including but not limited to:
 - Problem-focused history
 - Neurologic examination
 - Vascular examination
 - Dermatological examination
 - Musculoskeletal examination
- 2. Perform and interpret the findings of a comprehensive medical history and physical exam as it relates to the problem-focused lower extremity examination.
- 3. Order, perform and interpret radiographic contrast studies.
- 4. Order and interpret nuclear medical imaging.
- 5. Order and interpret MRI.
- 6. Order and interpret CT scans.
- 7. Order and interpret diagnostic studies.
- 8. Order and interpret vascular imaging.
- 9. Formulate an appropriate diagnosis and/or differential diagnosis.
- 10. Formulate and implement an appropriate plan of management for:
 - Diabetic ulceration
 - Arterial ulceration
 - Venous ulceration
 - Pressure ulceration
 - Inflammatory wounds
- 11. and comprehensive treatment plan with appreciation of healthcare costs.
- 12. Communicate in oral and written form with patients, colleagues, payers and the public
- 13. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
- 14. Participate in continuing education activities.



Wound Care: Podiatry Resident Evaluation	n					
Evaluator:						
Evaluation of:						
Date:						
Please complete the assigned evaluation.						
Patient Care and Procedural Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
1. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*						
2. The resident is able to perform and interpret the findings of a comprehensive history and physical examination.*						
3. The resident is able to recognize the need for and/or order additional diagnostic studies when indicated.*						
4. The resident is able to assess treatment plans and revise as necessary.*						
5. The resident is able to formulate and implement appropriate consultations and/or referrals.*						
6. The resident is able to formulate and implement appropriate wound care health promotion and education.*						
7. The resident is able to formulate and implement an appropriate plan of management including appropriate therapeutic management for chronic wound care patients.*						
Medical Knowledge						
Please evaluate the resident's medical kno	wledge.					
			47			

Eva	luation	Form -	MedHub
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	Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
8. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*								
9. The resident is able to formulate an appropriate differential diagnosis pertaining to the cause of a chronic wound as related to a patient's general medical health.*								
System-Based Practices								
	Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
10. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*								
11. The resident maintains appropriate medical records.*								
12. The resident understands medical- legal consideration involving healthcare delivery.*								
13. The resident abides by state and federal laws, including the Health Insurance Portability and Accountability Act, governing the practice of medicine.*								0
14. The resident demonstrates the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.*						0		
Practice-Based Learning and Improvem	ent							
	Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
			■ Describes basic		-5	Applies a set of critical	■ Conducts a clinical	■ Teaches and
15. Able to investigate and evaluate his					▼ Expai	nd ▼		
or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*		_		48				_

16. The resident is able to read, interpret, and critically examine and present medical and scientific literature.*						
Professionalism						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirationa
17. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*						
Interpersonal and Communication Skills	;					
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
18. Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*						
Comments						
Comments: Please write about strengths, weaknesses, and areas for improvement.				- -		
				- - -		
Feedback Confirmation						
19. Evaluator Question: Did you provide direct feedback on this evaluation?*	□ Yes □ No					
20. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No					

INTERNAL MEDICINE

TIME: 4 Weeks

- 1. Perform and interpret the findings of a comprehensive medical history
- 2. Perform and interpret the findings of a comprehensive physical exam including but not limited to:
 - Examination of the head, ears, eyes, nose and throat
 - Examination of the neck
 - Examination of the chest/breast
 - Examination of the lungs
 - Examination of the abdomen
 - Examination of the genitourinary system
 - Rectal examination
 - Neurological examination
- 3. Formulate an appropriate differential diagnosis of the patient's general medical problems
- 4. Recognize the need for and/or order additional diagnostic studies when indicated
- 5. Recognize the need for an EKG
- 6. Recognize the need for additional medical imaging including but not limited to:
 - Plain radiographs
 - Nuclear medicine
 - CT/MRI
 - Diagnostic ultrasound
- 7. Recognize the need for additional laboratory studies
- 8. Formulate and implement appropriate pre-surgical work up including but not limited to:
 - Preoperative insulin coverage
 - Preoperative antibiotics
 - Preoperative medications
- 9. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultation, and/or referral and appropriate general medical health promotion and education.
- 10. Maintain appropriate medical records.
- 11. Read, interpret and critically examine and present medical and scientific literature
- 12. Understand medical-legal consideration involving healthcare delivery
- 13. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 14. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.

Evaluation Form

medhub Printed on Dec 21, 2020

Internal Medicine: Podiatry Resident Evalu	ıation					
Evaluator:						
Evaluation of:						
Date:	_					
Please complete the assigned evaluation.						
Interpersonal and Communication Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*						
Medical Knowledge Please evaluate the resident's medical knowledge	wledge.					
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
2. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*						
3. The resident demonstrates an understanding of the development of treatment plans for a broad range of medical conditions such as cardiorespiratory disease, hypertension, and the common manifestations of such conditions.*						
Patient Care and Procedural Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
4. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*						
5. The resident is familiar with the performance of a complete history and physical examination in order to assess the overall health of patients.*						

Practice-Based Learning and Improvement													
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational		
			■ Describes basic				Applies a set of critical		■ Conducts a clinical		■ Teaches and		
6. Able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*						▼ Expai	□ □						
Professionalism													
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational		
7. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*													
Skills													
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational		
			Tot your rosiusino		Zila your roolaoino		ora year residente		. 146466		, topilational		
8. The resident demonstrated knowledge and understanding of normal and abnormal EKG findings.*													
9. The resident demonstrated knowledge and understanding of the interpretation of common laboratory evaluations and tests to access a broad range of clinical conditions.*													
			ļ		ļ		ļ						
10. The resident demonstrated knowledge in prescribing pharmacologic products for the care and management of a broad range of common clinical conditions.*							0				0		
System-Based Practices													
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational		
11. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*													

Evaluation Form - MedHub

Comments	
Comments: Please write about strengths, weaknesses, and areas for improvement.	
Feedback Confirmation	
12. Evaluator Question: Did you provide direct feedback on this evaluation?*	□ Yes □ No
13. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No

EMERGENCY MEDICINE

TIME: 4 Weeks

- 1. Perform and interpret the findings of a comprehensive medical history
- 2. Perform and interpret the findings of a comprehensive physical exam including but not limited to:
 - Examination of the head, ears, eyes, nose and throat
 - Examination of the neck
 - Examination of the chest/breast
 - Examination of the lungs
 - Examination of the abdomen
 - Examination of the genitourinary system
 - Rectal examination
 - Neurological examination
- 3. Formulate an appropriate differential diagnosis of the patient's general medical problems
- Recognize the need for and/or order additional diagnostic studies when indicated
- 5. Recognize the need for an EKG
- 6. Recognize the need for additional medical imaging including but not limited to:
 - Plain radiographs
 - Nuclear medicine
 - CT/MRI
 - Diagnostic ultrasound
- 7. Recognize the need for additional laboratory studies
- 8. Formulate and implement an appropriate plan for management, when indicated, including appropriate therapeutic intervention, appropriate consultation and/or referral and appropriate general medical health promotion and education.
- 9. Formulate and implement an appropriate plan of management for emergent podiatric and non-podiatric patients.
- 10. Maintain appropriate medical records.
- 11. Read, interpret and critically examine and present medical and scientific literature
- 12. Understand medical-legal consideration involving healthcare delivery
- 13. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 14. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.



Emergency Medicine: Podiatry Resident E	valuation								
Evaluator:									
Evaluation of:									
Date:	<u> </u>								
Please complete the assigned evaluation.									
Interpersonal and Communication Skills				I	1	I			
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*									
Medical Knowledge									
Please evaluate the resident's medical kno	wledge.			I	I	I			
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
 Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 									
The resident is able to assist in acute		П	_	П	_		П		
medical emergency situations, such as cardiac arrest, diabetic coma, insulin shock, and various examples of trauma.*									
Patient Care and Procedural Skills	I		I		l				
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
4. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*									
5. The resident demonstrated knowledge of the general principles of emergency care.*									
Practice-Based Learning and Improvement	ent			- 55					

Evaluation Form - MedHub

	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational
		■ Describes basic			▼ Expa	■ Applies a set of critical		■ Conducts a clinical		■ Teaches and
6. Able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*					П					
Professionalism										
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational
7. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*										
Skills										
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational
8. The resident demonstrated the ability to manage common medical emergencies such as infection, frostbite, burns, lacerations, and fractures.*										
9. The resident is able to perform a focused history and physical examination on a patient in an emergency room situation.*										
10. The resident demonstrated an understanding of the principles of handling common orthopedic emergencies.*										
				'		'				
11. The resident is able to interpret various diagnostic laboratory and radiographic studies in addition to the MRI, ultrasound and various scans.*										
12. The resident is able to demonstrate knowledge in prescribing pharmacologic products for the care and management of a broad range of emergency situations.*										
			1	1	1	1	1		1	

System-Based Practices						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
13. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*						
Comments						
Comments: Please write about strengths, weaknesses, and areas for improvement.				-		
				- -		
				_		
Feedback Confirmation						
14. Evaluator Question: Did you provide direct feedback on this evaluation?*	☐ Yes ☐ No					
15. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No					

INFECTIOUS DISEASE

TIME: 4 Weeks

- 1. Perform and interpret the findings of a comprehensive medical history
- 2. Perform and interpret the findings of a comprehensive physical exam
- 3. Perform and interpret the findings of microbiology and fungal studies
- 4. Recognize the need for and/or order additional diagnostic studies when indicated
- 5. Assess the treatment plan and revise as necessary
- 6. Recognize the need for and/or order additional studies when indicated, including but not limited to:
 - Blood chemistries
 - Microbiology
 - Synovial fluid analysis
- 7. Maintain appropriate medical records.
- 8. Read, interpret and critically examine and present medical and scientific literature
- 9. Understand medical-legal consideration involving healthcare delivery
- 10. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 11. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.



Evaluator:							
End of the Control							
Evaluation of:							
Date:	_						
lease complete the assigned evaluation.							
Patient Care and Procedural Skills	I		I	I	I		
	Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirationa
Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*							
 The resident is familiar with and has actively participated in the performance of focused physical examinations to gain adequate information appropriate for a patient with infectious disease.* 							
Medical Knowledge							
Medical Knowledge Please evaluate the resident's medical kno	wledge.	I					
	wledge. Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirationa
Please evaluate the resident's medical kno 3. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient	Critical					Unsupervised	Aspiration:
Please evaluate the resident's medical kno 3. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient	Critical Deficiencies		1st year residents	2nd year residents	3rd year residents	Unsupervised Practice	
	Critical Deficiencies		1st year residents	2nd year residents	3rd year residents	Unsupervised Practice	Aspirationa
3. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 4. The resident is familiar with and has actively participated in the performance of focused physical examinations to gain adequate information appropriate for a	Critical Deficiencies		1st year residents	2nd year residents	3rd year residents	Unsupervised Practice	
3. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 4. The resident is familiar with and has actively participated in the performance of focused physical examinations to gain adequate information appropriate for a	Critical Deficiencies		1st year residents	2nd year residents	3rd year residents	Unsupervised Practice	
Please evaluate the resident's medical kno B. Able to demonstrate knowledge about satablished and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* I. The resident is familiar with and has actively participated in the performance of focused physical examinations to gain adequate information appropriate for a patient with infectious disease.*	Critical Deficiencies		1st year residents	2nd year residents	3rd year residents	Unsupervised Practice	

Practice-Based Learning and Improvement	ent 						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
		■ Describes basic			■ Applies a set of critical	■ Conducts a clinical	■ Teaches and
				▼ Expa	na ▼		
6. Able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*							
Professionalism							
Professionalism					I		
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
7. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*							
Interpersonal and Communication Skills							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
8. Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*							
Skills							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
 The resident is familiar with the interpretation of common laboratory evaluative methods including culture and sensitivity examinations and other laboratory tests.* 							
10. The resident exhibited knowledge in the use of a wide array of pharmacologic products in the management of infectious disease conditions.*							
Comments			 				
Comments: Please write about strengths, weaknesses, and areas for improvement.							
					- -		
					_		

Feedback Confirmation	
11. Evaluator Question: Did you provide direct feedback on this evaluation?*	□ Yes □ No
12. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No

MEDICAL IMAGING AND DIAGNOSTIC RADIOLOGY

TIME: 1 Week

- 1. Know the indications for and be able to interpret the findings of plain radiographs.
- 2. Know the indications for and be able to interpret the findings of a nuclear medicine study.
- 3. Know the indications for and be able to interpret the findings of a CT scan.
- 4. Know the indications for and be able to interpret the findings of an MRI.
- 5. Know the indications for and be able to interpret the findings of non-invasive vascular studies.
- 6. Know the indications for and be able to interpret the findings of bone mineral densitometry studies.
- 7. Recognize the need for and/or order additional diagnostic studies when indicated.
- 8. Assess the treatment plan and revise it as necessary.
- 9. Maintain appropriate medical records.
- 10. Read, interpret and critically examine and present medical and scientific literature
- 11. Understand medical-legal consideration involving healthcare delivery
- 12. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 13. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.



Radiology: Podiatry Resident Evaluation						
Evaluator:						
Evaluation of:						
Date:						
Please complete the assigned evaluation.						
Patient Care and Procedural Skills						
					Ready for	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Unsupervised Practice	Aspirational
Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.						
Medical Knowledge						
Please evaluate the resident's medical kno	wledge.					
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
 Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 						
The resident is familiar with techniques for the performance of radiographic examinations on a wide variety of conditions.*						
4. The provident in familiary with the	_	_	_			_
4. The resident is familiar with the interpretation of radiographic examinations, including flat x-ray plates, stress studies, contrast studies, CT scans, and MRIs.*						
System-Based Practices						
					Ready for	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Unsupervised Practice	Aspirational
5. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*						
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Evaluat	ion Fo	rm - M	edHi	ıh
Lvalual	וט ו ווטו		cui ii	JU

 The resident is familiar with the need for, and the cost benefit for the performance of additional radiographic studies.* 									
Practice-Based Learning and Improvement	ent			1	1				
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
			■ Describes basic			▼ Expa	Applies a set of critical	■ Conducts a clinical	■ Teaches and
7. Able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*									
Professionalism		1	I	ı	I	1			
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
8. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*									
Interpersonal and Communication Skills									
interpersonal and communication oxins	, 							Poody for	
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
 Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.* 									
Comments									
Comments: Please write about strengths, weaknesses, and areas for improvement.									
							_		
							-		
Feedback Confirmation									
10. Evaluator Question: Did you provide direct feedback on this evaluation?*	□ Yes □ No								
11. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No								

ANESTHESIOLOGY

TIME: 1 Week

- 1. Perform and interpret the findings of a comprehensive medical history
- 2. Perform and interpret the findings of a comprehensive physical exam including but not limited to:
 - Examination of the head, ears, eyes, nose and throat
 - Examination of the neck
 - Examination of the chest/breast
 - Examination of the lungs
 - Examination of the abdomen
 - Examination of the genitourinary system
 - Rectal examination
 - Neurological examination
- 3. Recognize the need for and/or order additional diagnostic studies when indicated
- 4. Assess the treatment plan and revise as necessary
- 5. Recognize the need for an EKG
- 6. Recognize the need for additional medical imaging
- 7. Recognize the need for additional laboratory studies
- 8. Formulate and implement appropriate anesthesia management when indicated including:
 - Local anesthesia
 - General anesthesia
 - Regional anesthesia
 - Spinal anesthesia
 - Epidural anesthesia
 - Conscious sedation
- 9. Maintain appropriate medical records
- 10. Read, interpret and critically examine and present medical and scientific literature
- 11. Understand medical-legal consideration involving healthcare delivery
- 12. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 13. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.



Anesthesia: Podiatry Resident Evaluation						
Evaluator:						
Evaluation of:						
Date:	<u>—</u>					
Please complete the assigned evaluation.						
Patient Care and Procedural Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
1. The resident is able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.*						
2. The resident is able to evaluate patients pre-operative physical status regarding the appropriateness of the administration of anesthesia.*						
3. The resident is able to assist in instances of anesthetic emergencies.*						
Medical Knowledge Please evaluate the resident's medical kno	wledge.					
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
4. The resident is able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*						
5. The resident is familiar with the performance of general and regional anesthetic techniques, including inhalation and intravenous anesthetic techniques.*						
6. The resident is able to identify the pharmacologic products commonly used in anesthesia.*						
7. The resident is familiar with the overall management of patients from the point of			66			

view of the anesthesiologist.*								
8. The resident is conversant with various techniques utilized for pain management.*				0				
Contain December 1								
System-Based Practices								
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
9. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*								
Practice-Based Learning and Improvem	ent							
							Ready for	
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Unsupervised Practice	Aspirational
		Describes basic				 Applies a set of critical 	■ Conducts a clinical	■ Teaches and
10. The resident is able to investigate					▼ Expa			
and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*								
Professionalism	T		1			I		
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
11. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*								
Interpersonal and Communication Skills	5		1		ı	I		
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
12. Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*								
O								
Comments								
Comments: Please write about strengths,								

Feedback Confirmation		
13. Evaluator Question: Did you provide direct feedback on this evaluation?*	□ Yes □ No	
14. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No	

BEHAVIORAL MEDICINE

TIME: 1 Week

- 1. Perform and interpret the findings of a comprehensive medical history
- 2. Perform and interpret the findings of a comprehensive physical exam including but not limited to:
 - Examination of the head, ears, eyes, nose and throat
 - Examination of the neck
 - Examination of the chest/breast
 - Examination of the lungs
 - Examination of the abdomen
 - Examination of the genitourinary system
 - Rectal examination
 - Neurological examination
- 3. Demonstrate an understanding of the psychological and healthcare needs for patients in all life stages.
- 4. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patient when providing care to a person whose race, ethnicity, nation of origin, religion, gender and/or sexual orientation is/are different from one's own.
- 5. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.
- 6. Maintain appropriate medical records.
- 7. Read, interpret and critically examine and present medical and scientific literature
- 8. Understand medical-legal consideration involving healthcare delivery
- 9. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 10. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.



Behavioral Medicine: Podiatry Resident E	valuation					
Evaluator:						
Evaluation of:						
Date:						
Please complete the assigned evaluation.						
Patient Care and Procedural Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
1. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*						
2. The resident is able to perform a focused history and physical examination on patients exhibiting behavioral disease symptoms.*						
		<u>'</u>	'			
3. The resident demonstrated familiarity with cultural, ethnic, and socioeconomic diversity among patients.*						
		1	1			
Medical Knowledge						
Please evaluate the resident's medical kno	wledge.					
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
4. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*						
5. The resident demonstrated understanding in prescribing pharmacologic products for the care and management of a broad range of clinical conditions.*						
System-Based Practices						
L	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
6. Demonstrates an awareness of and responsiveness to the larger context and			70	0		

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system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*							
7. The resident demonstrated an understanding and appreciation of the psychosocial aspects of healthcare delivery.*						П	
8. The resident demonstrated knowledge of the implications of prevention programs, wellness programs, and various other social programs currently available in healthcare.*						0	
Practice-Based Learning and Improvem	ent						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
		■ Describes basic		▼ Expa	■ Applies a set of critical	■ Conducts a clinical	Teaches and
9. Able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*							
Professionalism							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
10. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*							
Interpersonal and Communication Skills							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
11. Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*							
12. The resident demonstrated an appropriate level of understanding and experience in doctor/patient communication skills.*							0
	1						
Comments							
			71				

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Comments: Please write about strengths, weaknesses, and areas for improvement.		
Feedback Confirmation		
13. Evaluator Question: Did you provide direct feedback on this evaluation?*	□Yes □No	
14. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	☐ Yes ☐ No	

PATHOLOGY

TIME: 1 Week

<u>COMPETENCIES</u>: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret laboratory tests in hematology
- 2. Perform and interpret synovial fluid analysis
- 3. Perform and/or order appropriate studies in cellular pathology
- 4. Perform appropriate gross anatomic pathology studies including postmortem examination
- 5. Recognize the need for additional pathological studies
- 6. Communicate appropriately with ordering physician with respect to results of the studies.

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Pathology/Clinical Lab: Podiatry Resident	Evaluation						
Evaluator:							
Evaluation of:							
Date:							
Please complete the assigned evaluation.							
Patient Care and Procedural Skills							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
1. The resident is able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.*							
Medical Knowledge							
Please evaluate the resident's medical kno	wledge.						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
2. The resident is able to demonstrate				_			
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*							
3. The resident is familiar with the indications for ordering and interpreting appropriate diagnostic studies, including anatomic and cellular pathology, on a broad range of medical conditions and diseases.*							
4. The resident is familiar with the proper use of the microscope in common laboratory tests and specimen processing, including hematology, serology, blood chemistries, toxicology, coagulation studies and microbiology.*							
The resident is familiar with the performance of common laboratory							
studies such as gram stains, KOH preparations and securing both anaerobic and aerobic cultures.*							
System-Based Practices							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised	Aspirational

						Practice	
6. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*							
Practice-Based Learning and Improvement	ent						
Tractice-based Learning and improvement						Doods for	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
		Describes basic		▼ Expa	Applies a set of critical	Conducts a clinical	Teaches and
7. The resident is able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*							
Professionalism							
T TOTOGOTOTIANON						Ready for	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Unsupervised Practice	Aspirational
8. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*							
Interpersonal and Communication Skills							
interpersonal and Communication Skills							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
9. Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*							
Comments							
Comments: Please write about strengths,							
weaknesses, and areas for improvement.					- -		
					_		
					- -		
Feedback Confirmation							
10. Evaluator Question: Did you provide direct feedback on this evaluation?*	☐ Yes ☐ No						

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Yes

11. Evaluatee Question: Did the

evaluator provide you with direct feedback on this evaluation?*	□No

VASCULAR SURGERY

TIME: 4 Weeks

<u>COMPETENCIES</u>: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret the findings of a thorough preoperative history and physical examination.
- 2. Recognize the need for and/or order additional preoperative diagnostic studies when indicated.
- 3. Assess the treatment plan and revise as necessary.
- 4. Perform and interpret the findings of non-invasive studies
- 5. Perform and interpret the findings of a thorough vascular examination
- 6. Interpret the findings of an invasive vascular study including but not limited to:
 - MRA
 - Arteriogram
 - Venogram
- 7. Demonstrate an understanding of the management of preoperative and postoperative surgical patients with an emphasis on postoperative complications.
- 8. Demonstrate a respect for proper tissue handling including but not limited to:
 - Suture techniques
 - Retraction techniques
 - Postoperative wound dressing
- 9. Maintain appropriate medical records
- 10. Read, interpret and critically examine and present medical and scientific literature
- 11. Understand medical-legal consideration involving healthcare delivery
- 12. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 13. Demonstrate an ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.

Evaluation Form Printed on Dec 21, 2020



Vascular Surgery: Podiatry Resident Evalu	uation							
Evaluator:								
Evaluation of:								
Date:								
Please complete the assigned evaluation.								
Patient Care and Procedural Skills								
	Critical	Appropriate for		Appropriate for	Appropriate for		Ready for Unsupervised	Accientional
4. The resident restining to discovering	Deficiencies	1st year residents	_	2nd year residents	3rd year residents	_	Practice	Aspirational
The resident participated in various approaches to both the mechanical and chemical debridement of wounds complicated by vascular disease.*								
2. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*								
3. The resident is able to perform appropriate physical and history examinations on patients with vascular disease.*								
The resident participated in "Vascular Surgery Rounds".*								
Medical Knowledge	udada a							
Please evaluate the resident's medical kno	wieage.						Ready for	
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents	Appropriate for 3rd year residents		Unsupervised Practice	Aspirational
5. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*								
6. The resident is familiar with the utilization and interpretation of various non-invasive vascular and arterial diagnostic techniques.*								
7. The resident is familiar with the diagnosis and management of patients				□ 78				

Comments: Please write about strengths,

Comments

weaknesses, and areas for improvement.		
		- -
Feedback Confirmation		
13. Evaluator Question: Did you provide direct feedback on this evaluation?*	☐ Yes ☐ No	
14. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□Yes □No	

GENERAL SURGERY

TIME: 4 Weeks

<u>COMPETENCIES</u>: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret the findings of a thorough preoperative history and physical examination.
- 2. Recognize the need for and/or order additional preoperative diagnostic studies when indicated.
- 3. Assess the treatment plan and revise as necessary.
- 4. Demonstrate an understanding of management of preoperative and postoperative surgical patients with an emphasis on postoperative complications.
- 5. Demonstrate a respect for proper tissue handling including but not limited to:
 - Suture techniques
 - Retraction techniques
 - Postoperative dressings
- 6. Maintain appropriate medical records
- 7. Read, interpret and critically examine and present medical and scientific literature
- 8. Understand medical-legal consideration involving healthcare delivery
- 9. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 10. Demonstrate an ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.

Printed on Dec 21, 2020



General Surgery: Podiatry Resident Evalu	ation										
Evaluator:											
Evaluation of:											
Date:	_										
Please complete the assigned evaluation.											
Patient Care and Procedural Skills											
									Ready for		
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Unsupervised Practice		Aspirational
Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*											
The resident demonstrated an understanding of basic surgical techniques and procedures in general											
surgery including tissue handling, suturing, techniques and instrumentation on a broad range of surgical procedures, as well as the appropriate use of monitoring devices used in the operating room.*											
Medical Knowledge											
Please evaluate the resident's medical known	wledge.	ı	I			ı	I	ı	I		
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational
3. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*											
4. The regident deposition of the second of	_		_	_	_		_		_	_	
4. The resident demonstrated knowledge and understanding of the management of uncomplicated general surgical procedures, as well as the appropriate use of monitoring devices used in the operating room.*											
	_		_		_		_		_		_
5. The resident is aware of the prompt and/or emergency response to various surgical complications that may arise.*											

6. The resident demonstrated knowledge regarding the effective management and importance of electrolyte imbalance, and peri-operative management.*						
7. The resident demonstrated knowledge in prescribing pharmacologic products for the care and management of a broad range of common surgical situations.*						
System-Based Practices						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
8. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*						
Professionalism						
					Ready for	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Unsupervised Practice	Aspirational
9. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*						
				'	1	
Interpersonal and Communication Skills						
					Ready for	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Unsupervised Practice	Aspirational
10. Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*						
Comments						
Comments: Please write about strengths,						
weaknesses, and areas for improvement.				_		
	-					
Feedback Confirmation						

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11. Evaluator Question: Did you provide direct feedback on this evaluation?*	☐ Yes ☐ No
12. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□Yes □No

PLASTIC SURGERY

TIME: 4 Weeks

<u>COMPETENCIES</u>: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret the findings of a thorough preoperative history and physical examination.
- 2. Recognize the need for and/or order additional preoperative diagnostic studies when indicated.
- 3. Assess the treatment plan and revise as necessary.
- 4. Demonstrate an understanding of the management of preoperative and postoperative surgical patients with emphasis on postoperative complications.
- 5. Demonstrate a respect for proper tissue handling including but not limited to:
 - Suture techniques
 - Retraction techniques
 - Postoperative wound dressing
- 6. Maintain appropriate medical records.
- 7. Read, interpret and critically examine and present medical and scientific literature
- 8. Understand medical-legal consideration involving healthcare delivery
- 9. Abide by the state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of medicine.
- 10. Demonstrate the ability to formulate a methodical and comprehensive treatment plan with the appreciation of healthcare cost.

Evaluation Form Printed on Dec 21, 2020



Plastic Surgery: Podiatry Resident Evalua	tion					
Evaluator:						
Evaluation of:						
Date:	_					
Please complete the assigned evaluation.						
Patient Care and Procedural Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
1. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*						
O The resident to the		<u>_</u>	_	<u>_</u>	_	
The resident developed an understanding and demonstrated competence in the use of various suturing techniques.*						
3. The resident demonstrated knowledge, ability, and understanding in the performance of various skin flap and tension reduction surgical procedures.*			0			
 The resident participated in performing plastic surgery procedures and in plastic surgery rounds.* 						
Medical Knowledge						
Please evaluate the resident's medical kno	wledge.					
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
5. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*						
6. The resident demonstrated an understanding of various techniques and principles utilized for skin grafting.*						
7. The resident demonstrated understanding of plastic surgical			86			

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∟va	iuation	1 01111	- IVICU	uu

concerns attendant with the care of trauma patients.*								
. The resident demonstrated knowledge in prescribing pharmacologic products for the care and management of a broad lange of plastic surgical situations.*								
system-Based Practices								
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspiration
Demonstrates an awareness of and apponsiveness to the larger context and system of health care and the ability to ffectively call on system resources to rovide care that is of optimal value.*								
Practice-Based Learning and Improvem	ent		1	I	ı	I		
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspiration
		■ Describes basic			▼ Expa	Applies a set of critical	■ Conducts a clinical	■ Teacher and
O. Able to investigate and evaluate his r her patient care practices, appraise and simulate scientific evidence, and approve his or her patient care ractices.*								
Professionalism								
Totessionalism							Ready for	
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Unsupervised Practice	Aspiration
Demonstrates a commitment to arrying out professional responsibilities, dherence to ethical principles, and ensitivity to a diverse patient opulation.*								
nterpersonal and Communication Skills	8							
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspiration
2. Able to demonstrate interpersonal nd communication skills that result in ffective information exchange and naming with patients, families and rofessional associates.*								
Comments								

PHYSICAL MEDICINE AND REHABILITATION

COMPETENCIES: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret the findings of a comprehensive medical history
- 2. Perform and interpret the findings of a comprehensive physical exam including but not limited to:
 - Examination of the head, ears, eyes, nose and throat
 - Examination of the neck
 - Examination of the chest/breast
 - Examination of the lungs
 - Examination of the abdomen
 - Examination of the genitourinary system
 - Rectal examination
 - Neurological examination
- 3. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
- 4. Recognize the need for and/or order additional diagnostic studies, when indicated, including:
 - EKG
 - Plain radiography
 - Nuclear medicine imaging
 - MRI/CT
 - Diagnostic ultrasound
- 5. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
- 6. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
- 7. Understand the indications for and interpretation of electrodiagnostic studies
- 8. Understand the indications for advanced physical therapy techniques and bracing with attention to the use of prosthetics and orthotics.
- 9. Demonstrate professional humanistic qualities.
- 10. Maintain appropriate medical records.
- 11. Participate in continuing education activities.

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PM & R: Podiatry Resident Evaluation										
Evaluator:										
Evaluation of:										
Date:										
Please complete the assigned evaluation.										
Patient Care and Procedural Skills										
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
The resident is familiar with the performance of complete history and physical examinations of patients with neuromuscular disease.*										
2. The resident is able to provide patient		_	-	_	-	_	-			
2. The resident is able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*										
Medical Knowledge Please evaluate the resident's medical knowledge	wledge.									
	Critical		Appropriate for		Appropriate for		A		Ready for	
	Deficiencies		1st year residents		2nd year residents		Appropriate for 3rd year residents		Unsupervised Practice	Aspirational
3. The resident is able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*	Deficiencies									Aspirational
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of			1st year residents		2nd year residents		3rd year residents	0	Practice	
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of			1st year residents		2nd year residents		3rd year residents		Practice	
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 4. The resident demonstrates an understanding of the indications of various electro diagnostic studies such as EMG, nerve conductions studies, and			1st year residents		2nd year residents		3rd year residents		Practice	
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 4. The resident demonstrates an understanding of the indications of various electro diagnostic studies such as EMG, nerve conductions studies, and			1st year residents		2nd year residents		3rd year residents		Practice	
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 4. The resident demonstrates an understanding of the indications of various electro diagnostic studies such as EMG, nerve conductions studies, and their interpretation.*			1st year residents		2nd year residents		3rd year residents		Practice	
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 4. The resident demonstrates an understanding of the indications of various electro diagnostic studies such as EMG, nerve conductions studies, and their interpretation.*			1st year residents		2nd year residents		3rd year residents		Practice	
knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.* 4. The resident demonstrates an understanding of the indications of various electro diagnostic studies such as EMG, nerve conductions studies, and their interpretation.* 5. The resident demonstrates the understanding of the indications for orthotics, bracing, and other devices used in the neuromuscular disorders.*			1st year residents		2nd year residents		3rd year residents		Practice	

		_		
Eval	⊔ation	Form .	- Medl	Hurb

7. The resident is familiar with various pharmacological products used in the management of neuromuscular disease.*								
8. The resident developed an understanding of the pathogenesis of a broad range of neuromuscular disorders with particular emphasis on diseases that affect the lower extremity.*							0	
		'		1		'		
9. The resident is familiar with the formulation of a treatment plan for neuromuscular disease and its modification as necessary to accomplish the goal.*								
System-Based Practices	I		1	I				
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
10. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*								
Practice-Based Learning and Improvem	ent Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
	Bollolollolo	■ Describes basic		Zira your residente		 Applies a set of critical 	■ Conducts a clinical	■ Teaches and
					▼ Expa	nd 🕶		
11. The resident is able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*								
Professionalism							D4-f	
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
12. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*								
Interpersonal and Communication Skills	5							
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
13. Able to demonstrate interpersonal		1		01		1		

☐ Yes ☐ No

15. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*

ORTHOPEDIC SURGERY

<u>COMPETENCIES</u>: Upon completion of his/her rotation the resident shall be capable of achieving the following competencies:

- 1. Perform and interpret the findings of a comprehensive medical history including a pre-operative history and physical examination.
- 2. Perform and interpret the findings of a comprehensive physical exam including but not limited to:
 - Examination of the head, ears, eyes, nose and throat
 - Examination of the neck
 - Examination of the chest/breast
 - Examination of the lungs
 - Examination of the abdomen
 - Examination of the genitourinary system
 - Rectal examination
 - Neurological examination
- 3. Formulate an appropriate differential diagnosis of the patient's general medical problem(s).
- 4. Recognize the need for and/or order additional diagnostic studies, when indicated, including:
 - EKG
 - Plain radiography
 - Nuclear medicine imaging
 - MRI/CT
 - Diagnostic ultrasound
- 5. Recognize the need for and/or order additional laboratory studies, when indicated, including:
 - Hematology
 - Serology/immunology
 - Blood chemistries
 - Toxicology/drug screens
 - Coagulation studies
 - Blood gases
 - Microbiology
 - Synovial fluid analysis
 - urinalysis
- 6. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
- 7. Understand the management of preoperative and postoperative surgical patients with emphasis on complications.
- 8. Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision.
- Understanding surgical procedures and principles applicable to non-podiatric surgical specialties.
- 10. Understand the conservative and surgical management of fracture care as well as joint arthroplasty and trauma management.
- 11. Read, interpret, and critically examine and present medical and scientific literature.

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Orthopedic Surgery: Podiatry Resident Ev	raluation								
Evaluator:									
Evaluation of:									
Date:	_								
Please complete the assigned evaluation.									
Patient Care and Procedural Skills									
	Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational
1. Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*									
The resident is able to demonstrate									
competency in the utilization of diagnostic techniques and measurements in orthopedic practices.*		L				Ц		Ш	
			'	'	,		'		
 The resident is able to demonstrate competency in the management of trauma cases including casting and other immobilization techniques.* 									
The resident actively participated in									
orthopedic surgical rounds.*			<u> </u>	L			–		
5. The resident is familiar with and actively participated in the performance of focused physical examinations required to gain information appropriate for a patient with orthopedic concerns.*									
Medical Knowledge	wledge								
Please evaluate the resident's medical kno	wieuge.						Poodu for		
	Critical Deficiencies		Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational
6. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*									
				94					

Interpersonal and Communication Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
13. Able to demonstrate interpersonal			₀₅ □			

Evaluation Form - MedHub

and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*						
Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
14. The resident is familiar with the interpretation of common laboratory evaluative methods including culture and sensitivity examinations and other laboratory tests.*						
Comments						
Comments: Please write about strengths, weaknesses, and areas for improvement.				- - -		
				-		
Feedback Confirmation						
15. Evaluator Question: Did you provide direct feedback on this evaluation?*	☐ Yes ☐ No					
16. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No					

Additional Evaluation Forms Used During Training

In addition to the rotation evaluations, the residency program also uses the evaluations listed in the table below and displayed on the following pages to provide quarterly and annual feedback as well as to elicit resident feedback on their satisfaction with their training experience.

Evaluation	Subject	Evaluator	Time Frame
Resident Evaluation of Faculty	Rotation Faculty	Resident	Completion of rotation
Resident Evaluation of Rotation	Actual Rotation	Resident	Completion of rotation
Quarterly Self Evaluation	Self	Resident	Quarterly
Podiatry Rotation and Quarterly Eval BY PD	Resident	Program Director	Quarterly
Sr. Resident Evaluates Jr Resident	Residents	Resident	Semi Annual
Jr. Resident Evaluates Sr. Resident	Residents	Resident	Semi Annual
End of Year Summative Evaluation	Residents	PD	End of Year
Resident Overall Evaluation of Program	Podiatry Program	Resident	Annual

Printed on Dec 23, 2020



HFHS Resident of Faculty Evaluation					
Evaluator:					
Evaluation of:					
Date:					
This evaluation includes a review of the faculty member's clinical teaching abilities, engager to their skills as an educator, clinical performance, professionalism, and scholarly activities.	ment with the educational pro	ogram, pa	articipatio	on in facu	ulty development related
	Strongly Disagree	2	3	4	Strongly Agree
Faculty member was a role model of professionalism*					
2. The faculty member demonstrated an interest in the education of residents/fellows*					
3. Faculty member created an environment of inquiry*					
4. Faculty member provided appropriate level of supervision*					
5. Faculty member regularly participated in organized clinical discussions, rounds, journal clubs, and conferences*					
6. Faculty member demonstrated a commitment to the delivery of safe, quality, cost-effective, and patient-centered care*					
7. Faculty member reviewed the goals and objectives of the rotation with you at the					
beginning of the rotation*					
8. Faculty member provided sufficient instruction (teaching)*					
Additional comments for areas of strength and/or opportunities for improvement *					

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Resident Evaluation of Rotation						
Evaluator:						
Evaluation of:						
Date:						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
1. Specific goals and objectives were sent to me via email prior to the beginning of the rotation.						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
2. Faculty members were available for clinical supervision in timely manner.						
		I	I	I	I	ı
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
3. I received feedback during the rotation that provided me an opportunity to improve my performance.						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
4. During this rotation, my faculty ensured my attendance at educational conferences.						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
5. The variety and caseload was excellent.						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA

6. Faculty stressed an evidence-based medicine approach to patient care.						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	1
	1	2	3	4	5	NA
7. Nursing, allied health personnel and ancillary staff were helpful and available.						
7. Harding, allied reduit percention and aromally stall word respirat and available.	Ц		Ш		Ц	
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
8. I had the proper amount of autonomy on this rotation (not too much and not too little).						
						1
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
9. The faculty provided me with a written, summative assessment at the end of the rotation and offered suggestions for improvement.						
		1				
		1	1			1
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
	1	2	3	4	5	NA
10. My overall rating of this rotation is:						
Comments (Please write about Strengths, Weaknesses and Areas for Improvement)						
**Confidential Comments (The following comments will only be seen by the Program Director)						

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Evaluator:											
Evaluation of:											
Date:											
Medical Knowledge											
	Critic Deficie		Earl <u>:</u> Learn			lvancing earner	u	Ready for nsupervis	ed	Aspirational	N/A
I. I am able to demonstrate my knowledge of current and evolving medical sciences and can apply this knowledge to the care of my patients.											
Comments											
											_
											<u> </u>
Patient Care and Procedural Skills											
Patient Care and Procedural Skills	Critic	al	Earl		Ac	Ivancing		Ready for	r A	Aspirational	N/A
Patient Care and Procedural Skills	Critic Deficie		Early Learn			Ivancing earner		Ready for Insupervis	ed	Aspirational	N/A
Patient Care and Procedural Skills 2. I can perform all medical, diagnostic and /or surgical procedures considered essential for my training.	1		Learn	er				nsupervis	ed	Aspirational	N/A
I can perform all medical, diagnostic and /or surgical procedures considered	Deficie	ncy	Learn	er	L	earner.	U	nsupervis Practice	ed		
I can perform all medical, diagnostic and /or surgical procedures considered essential for my training.	Deficie	ncy	Learn	er	L	earner.	U	nsupervis Practice	ed		
I can perform all medical, diagnostic and /or surgical procedures considered	Deficie	ncy	Learn	er	L	earner.	U	nsupervis Practice	ed		
I can perform all medical, diagnostic and /or surgical procedures considered essential for my training.	Deficie	ncy	Learn	er	L	earner.	U	nsupervis Practice	ed		
I can perform all medical, diagnostic and /or surgical procedures considered essential for my training.	Deficie	ncy	Learn	er	L	earner.	U	nsupervis Practice	ed		
I can perform all medical, diagnostic and /or surgical procedures considered essential for my training.	Deficie	ncy	Learn	er	L	earner.	U	nsupervis Practice	ed		
2. I can perform all medical, diagnostic and /or surgical procedures considered essential for my training. Comments	Deficie	ncy	Learn	er	L	earner.	U	nsupervis Practice	ed		
I can perform all medical, diagnostic and /or surgical procedures considered essential for my training.	Deficie		Learn	er				Practice	ed		
2. I can perform all medical, diagnostic and /or surgical procedures considered essential for my training. Comments	Deficie	ncy	Learn	er [Acc	earner.		nsupervis Practice	ed		

Comments									
rofessionalism									
	Critica	al	Early	Advancing	,	Ready for		Aspirational	N/
	Deficie		Learner	Learner		Jnsupervise Practice		Aspirational	14
									_
. I routinely demonstrate professionalism through my compassion, integrity and espectful interactions with patients, their caregivers, health care team members, ellow residents and faculty.									
I meet deadlines for assignments. I return residency-related emails and register or required courses. I contribute to a culture of collaboration with my fellow									[
esidents and attendings. I look for opportunities to contribute and improve my esidency program.									
Comments									
comments									
Comments									
comments									
omments									
omments									
Practice-Based Learning and Improvement									
	Critica		Early	Advancing	3	Ready for		Aspirational	
	Critica Deficien		Early	Advancinç Learner		Ready for Jnsupervise Practice		Aspirational	N/
ractice-Based Learning and Improvement I can appraise and assimilate scientific evidence, apply that evidence to the care	1				3	Jnsupervise		Aspirational	
	Deficie	ncy	Learner	Learner	ι	Jnsupervise Practice	ed		N/
ractice-Based Learning and Improvement I can appraise and assimilate scientific evidence, apply that evidence to the care patients and engage in self-evaluation and lifelong learning as a means of	Deficie	ncy	Learner	Learner	ι	Jnsupervise Practice	ed		
ractice-Based Learning and Improvement I can appraise and assimilate scientific evidence, apply that evidence to the care patients and engage in self-evaluation and lifelong learning as a means of	Deficie	ncy	Learner	Learner	ι	Jnsupervise Practice	ed		
ractice-Based Learning and Improvement I can appraise and assimilate scientific evidence, apply that evidence to the care f patients and engage in self-evaluation and lifelong learning as a means of ontinuously improving patient care.	Deficie	ncy	Learner	Learner	ι	Jnsupervise Practice	ed		
ractice-Based Learning and Improvement I can appraise and assimilate scientific evidence, apply that evidence to the care patients and engage in self-evaluation and lifelong learning as a means of continuously improving patient care.	Deficie	ncy	Learner	Learner	ι	Jnsupervise Practice	ed		
ractice-Based Learning and Improvement I can appraise and assimilate scientific evidence, apply that evidence to the care f patients and engage in self-evaluation and lifelong learning as a means of ontinuously improving patient care.	Deficie	ncy	Learner	Learner	ι	Jnsupervise Practice	ed		
Practice-Based Learning and Improvement I can appraise and assimilate scientific evidence, apply that evidence to the care f patients and engage in self-evaluation and lifelong learning as a means of	Deficie	ncy	Learner	Learner	ι	Jnsupervise Practice	ed		

Evaluation Form - MedHub

	Critica Deficier		Early Learne	Advancin Learner	Ready fo Unsupervis Practice	ed	Aspirational	N/A
7. I am comfortable with my ability to advocate for quality patient care by participating in identifying system errors and working towards improvement.] [
8. I advocate for my patients to ensure they are able to receive cost effective care and that their care goals are met.] 🗆	
Procedures and Procedure Logging								
9. I am required to log procedures in ADS as a part of my residency training.	No 🗖	Yes						
I need to gain more experience with the following procedures:								
12. I am up to date with logging bedside procedures in MedHub.	No 🗖	Yes						
Scholarly Activity								
Please list the scholarly activity projects you are working on and your progress to date.								<u> </u>

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Evaluator:						
Evaluation of:						
Date:	_					
ease complete the assigned evaluation.						
Patient Care and Procedural Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
Able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.*						
2. The resident is able to perform an accurate history and physical evaluation of the operative patient with detail evaluations of preoperative labs and diagnostic test.*						
The resident is able to perform an accurate preoperative differential diagnostic as well as a thorough understanding of the boarded operative procedure, including templates when indicated.*					0	
			1			
4. The resident displays adequate knowledge of sustained sterile techniques, as well as operative room protocol. The resident displays adequate tissue handling techniques and suturing techniques.*						
5. The resident has a thorough understanding of the surgical anatomy and the role it plays in each specific procedure. The resident displays adequate tissue handling techniques and suturing techniques.*						
5. The resident is able to formulate and write postoperative orders, including charmacological agents, radiology, and appropriate physical therapy. The esident is able to appropriately discharge a postoperative patient.*						0

Medical Knowledg

Please evaluate the resident's medical knowledge.												
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational	
7. Able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.*												
8. The resident is able to develop thought provocative treatment plans as well as anticipate perioperative complications and their solutions.*												
System-Based Practices												
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice		Aspirational	
9. Demonstrates an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.*												
Practice-Based Learning and Improveme	ent											
									Ready for			
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Unsupervised Practice		Aspirational	
			Describes basic				Applies a set of critical		■ Conducts a clinical		Teaches and	
10. Able to investigate and evaluate his or her patient care practices, appraise and simulate scientific evidence, and improve his or her patient care practices.*						▼ Expa	nd •					
Professionalism												
	Critical		Appropriate for		Appropriate for		Appropriate for		Ready for Unsupervised			
	Deficiencies		1st year residents		2nd year residents		3rd year residents		Practice		Aspirational	
11. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*												
12. The resident routinely demonstrates professionalism through his/her compassion, integrity, and respectful interactions with patients, their caregivers, health care team members, fellow residents and faculty.												
					105							

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13. The resident meets deadlines. He/she returns residency related emails and registers for required courses. The resident contributes to a culture of collaboration with his/her fellow residents and attendings. He/she looks for opportunities to contribute and improve the residency program.								
Interpersonal and Communication Skills	5		1	I	ı	I		
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
14. Able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families and professional associates.*								
Additional Questions								
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
15. The resident is up to date in logging procedures and conference attendance.								
16. The resident is engaging in scholarly activity as appropriate to his/her level of training.							0	
Comments								
Comments: Please write about strengths, weaknesses, and areas for improvement.						- - -		
						<u>-</u>		
Feedback Confirmation								
17. Evaluator Question: Did you provide direct feedback on this evaluation?*	☐ Yes ☐ No							
18. Evaluatee Question: Did the evaluator provide you with direct feedback on this evaluation?*	□ Yes □ No							

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Senior Resident Evaluates Junior Reside	nt						
Evaluator:							
Evaluation of:							
Date:	<u>—</u>						
Professionalism							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
		Is consistently unreliable in	Completes administrative		■ Completes administrative	Prioritizes multiple	Role-models prioritizing man
How well does resident demonstrate duty and service?*							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
		■ Dishonest in clinical	■ Honest and forthright in		■ Honest and forthright in	Demonstrates integrity,	 Assists others i adhering to
How well does resident demonstrate					Д		
honesty and integrity?*	_	_	_		_	_	
						Ready for	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Unsupervised Practice	Aspirational
		 Disrespectful in interactions with 	 Consistently respectful in 		■ Consistently respectful in	 Demonstrates empathy, 	 Role-models compassion,
3. How well does resident demonstrate respect for others?*							
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
		Utilizes communication	Inconsistently engages in		Inconsistently engages in	Consistently and actively	Role models and teaches
4. How well does resident communicate					pand ▼		
effectively?*	Ш	 Ц	Ш		Ц	Ц	
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
		Is consistently unreliable in	Completes administrative		Completes administrative	Prioritizes multiple	Role-models prioritizing man
5. How well does resident accept			107	▼E	spand ▼		

Ready for Critical Appropriate for Appropriate for Appropriate for Unsupervised Deficiencies 1st year residents 2nd year residents 3rd year residents Practice Aspirational ■ Dishonest in Honest and Honest and Demonstrates Assists others i clinical forthright in forthright in integrity, adhering to ▼ Expand •

11. How is resident at exhibiting

enthusiasm while teaching?

Moral and Ethical Behavior										
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
			■ Dishonest in clinical		Honest and forthright in		Honest and forthright in		Demonstrates integrity,	Assists others adhering to
12. How well does resident demonstrate moral and ethical behavior?*						▼E:	xpand ▼			
Responsibility										
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
			Is consistently unreliable in		■ Completes administrative		■ Completes administrative		Prioritizes multiple	■ Role-models prioritizing ma
13. How well does resident take		П					xpand ▼			
responsibility for the education of the students and residents?*			Ш	"	Ц		Ц	٦	Ш	Ц
Teaching Skills										
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
			Utilizes communication		■ Inconsistently engages in		■ Inconsistently engages in		Consistently and actively	Role models and teaches
14. Does the resident give informative			П		П		xpand ♥		П	
lectures?*										
				Т						
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised Practice	Aspirational
			Utilizes communication		Inconsistently engages in	▼ E:	■ Inconsistently engages in		Consistently and actively	Role models and teaches
15. Does the resident use teaching aids										
(slides and/or handouts)?*										
									Ready for	
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Unsupervised Practice	Aspirational
			Utilizes communication		Inconsistently engages in		Inconsistently engages in		Consistently and actively	 Role models and teaches
16. How would you rate the resident's			П		П		xpand ▼		П	
overall teaching abilities?*										
17. Descriptive Criteria-Please check all that apply:*	☐ Abrasive☐ Adaptable☐ Apathetic☐ Arrogant									

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Evaluation Form

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lunior Resident Evaluates Senior Reside	ent										
Evaluator:											
Evaluation of:											
Date:											
Professionalism											
									Ready for		
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Unsupervised Practice		Aspirational
How well does this Resident											
demonstrate accountability?*					<u> </u>	Ľ					
2. How well does this Resident demonstrate duty and service?*											
									I.		
3. How well does this Resident demonstrate honor and integrity?*											
demonstrate notion and integrity:											
4. How well does this Resident											
demonstrate respect for others?*		_	_		_		_		_		
5.1. W. W. B	_		_	l	_		_		_		
5. How well does this Resident communicate effectively?*											
6. How well does this Resident accept responsibility?*											
•											
7. How available is this Resident as a											
consultant to other physicians?*											
8. How well does this Resident		_	-		П	_	П	_	П	_	П
demonstrate professionalism?*											
Attendance & Availability											
	Critical Deficiencies		Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents		Ready for Unsupervised		Aspirational
	2511010110103		100 7001 1001001110	11			5.4 ,541 1031461113		2Supervised		

/23/2020			Eval	uation Form - Me	dHub			
							Practice	
9. How is this Resident at making themselves available?*								
10. How is this Resident at being accessible while on-call?*								
Enthusiasm & Responsiveness								
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
11. How is this Resident at responding to questions?*								
12. How is this Resident at making themselves approachable?*								
13. How is this Resident at exhibiting enthusiasm while teaching?*								
Moral & Ethical Behavior								
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
14. How well does this Resident demonstrate moral and ethical behavior?								
Personality								
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
15. How is this Resident's personality?*								
16. How is this Resident at making themselves approachable?*								
Responsibility								
	Critical Deficiencies	Appropriate for 1st year residents		Appropriate for 2nd year residents		Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirational
17. How well does this Resident take			712	2 🗆				

Evaluation Form - MedHub

responsibility for the education of the students and residents?*						
Teaching Skills						
	Critical Deficiencies	Appropriate for 1st year residents	Appropriate for 2nd year residents	Appropriate for 3rd year residents	Ready for Unsupervised Practice	Aspirationa
18. Does the Resident give informative lectures?*						
19. Does the Resident use teaching aids (e.g. slides &/or handouts)?*						
20. How would you rate this Resident's overall teaching abilities?*						

Evaluation Form

Printed on Dec 23, 2020



Evaluator:									
	_								
Evaluation of:	_								
Date:									
Medical Knowledge									
medical Kilowiedge						Doody for			
	Critica Deficiend		Novice (PGY1)	Intermedia (PGY2)	te	Ready for unsupervise practice		Aspirational (Master)	N/A
The resident is able to discuss current and evolving medical sciences.									
2. The resident participates in regular educational sessions and is able to actively discuss topics on the schedule.									
Comments									
Confinents									
Patient Care									
Patient Care						Ready for			
Patient Care	Critica Deficience		Novice (PGY1)	Intermedia (PGY2)	te	Ready for unsupervise practice	ed	Aspirational (Master)	N/A
Patient Care 3. The resident can perform all medical, diagnostic and/or surgical procedures considered essential for residency training.				(PGY2)	te	unsupervise	ed 🗖	(Master)	N/A
The resident can perform all medical, diagnostic and/or surgical	Deficienc	ces	(PGY1)	(PGY2)		unsupervise practice	d	(Master)	
The resident can perform all medical, diagnostic and/or surgical procedures considered essential for residency training.	Deficienc	ces	(PGY1)	(PGY2)		unsupervise practice	d	(Master)	
The resident can perform all medical, diagnostic and/or surgical	Deficienc	ces	(PGY1)	(PGY2)		unsupervise practice	d	(Master)	
The resident can perform all medical, diagnostic and/or surgical procedures considered essential for residency training.	Deficienc	ces	(PGY1)	(PGY2)		unsupervise practice	d	(Master)	
The resident can perform all medical, diagnostic and/or surgical procedures considered essential for residency training.	Deficienc	ces	(PGY1)	(PGY2)		unsupervise practice	d	(Master)	
The resident can perform all medical, diagnostic and/or surgical procedures considered essential for residency training.	Deficienc	ces	(PGY1)	(PGY2)		unsupervise practice	d	(Master)	
The resident can perform all medical, diagnostic and/or surgical procedures considered essential for residency training.	Deficienc	ces	(PGY1)	(PGY2)		unsupervise practice	d	(Master)	

	Form -		

	Critica Deficien	Novice (PGY1)	lı	ntermediate (PGY2)		Ready for unsupervised practice	d	Aspirational (Master)	N/A
4. The resident engages in communication that results in the effective exchange of information and collaboration with patients and family members.									
								<u>'</u>	
5. The resident engages in communication that results in an effective exchange of information and collaboration with physicians, nurses, and ancillary health care team members.									
6. The resident enters timely and comprehensive documentation in the EMR.									
Comments									
Professionalism									
	Critica Deficien	Novice (PGY1)	I	ntermediate (PGY2)	е	Ready for unsupervised practice	d	Aspirational (Master)	N/A
7. The resident routinely demonstrates professionalism through his/her compassion, integrity, and respectful interactions with patients, their caregivers, health care team members, fellow residents and faculty.									
8. The resident meets deadlines. He/she returns residency-related emails and registers for required courses. The resident contributes to a culture of collaboration with his/her fellow residents and attendings. He/she looks for opportunities to contribute and improve the residency program.									
Comments								<u> </u>	
Practice-based Learning and Improvement									
	Critica Deficien	Novice (PGY1)	- II	ntermediate		Ready for unsupervised	d	Aspirational (Master)	N/A

14. The resident is required to log procedures in ADS as a part of her/his residency training.

Yes

No

		1	٦							
	No	Yes								
17. The resident is up to date with logging bedside procedures in MedHub.										
Scholarly Activity	1									
	Critica Deficien	I	Novice (PGY1)		Intermedia (PGY2)		Ready for unsupervise practice		Aspirational (Master)	N/A
18. The resident is engaging in scholarly activity as appropriate to his/her level of training.										
19. The resident has acquired sufficient knowledge and skill to progress to the next level of training.	☐ Fully F ☐ Prepa ☐ Unpre	red to Pro	gress w	ith Are	as of Con xt Level o	centrate f Trainin	ed Focus g; Will Rem	nain at Cu	urrent Trainin	g Leve
20. Please list the areas for concentration for the next year, if answer 2 was selected in the question above.										

Evaluation Form

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Annual Resident Evaluation of Overall Program					
Evaluator:					
Evaluation of:					
Date:					
Overall					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. Overall, I believe the residency is strong and provides residents with outstanding training.*					
Faculty					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
2. I am satisfied with the overall quality of our teaching by the faculty.*					
		ı	ı	ı	
3. I believe the faculty overall delegates appropriate patient care responsibility to residents based on their level of education, ability, and experience.*					
		I	ı		
4. Overall, I am satisfied with the faculty's knowledge in the relevant specialty and subspecialty fields.*					
Education	I	I			
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
5. The curriculum meets realistic goals for resident education.*					
6. The residency provides an adequate quantity and quality of educational	_	_	_		_
The residency provides an adequate quantity and quality of educational conferences.*					
7. The regidency provides a fair halance between education and according to	<u></u>	_	_	_	_
7. The residency provides a fair balance between education and service.*					
118					

Residents and faculty are provided support and resources for research and quality improvement projects.*					
9. Please provide feedback on rotations you were on in the last year that you feel need to be improved or you felt were outstanding. *					
to be improved or you left were outstanding.					
Patient Care					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
10. Residents and faculty manage appropriate patient volumes.*					
		I			
11. The program places a high emphasis on patient safety.*					
		ı			
12. The program prepares residents to provide appropriate, effective, and compassionate clinical care.*					
compassionate dimed care.					
Program Director					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
13. I receive adequate direction and appropriate feedback from my Program Director.*					
To the second and appropriate reasonable second sec					
14. I am confident in the Program Director's leadership of the residency program.*					
Workload	I	I	I	I	I
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
15. I have backup when needed.*					
16. My patient workload is manageable.*					

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	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
17. The hospital provides adequate salary and benefits.*					
18. The hospital provides adequate clinical and educational facilities.*					
40.71	_	_	_		_
19. The hospital provides adequate electronic resources.*					
Evaluation and Feedback					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
20. My performance is discussed with me on a regular basis.*					
21. I have the opportunity to meet with the DIO/DME if needed.*					
Treatment of Residents and Faculty	1	 	1	1	
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
22. My program treats me and my peers professionally.*					
23. My program is responsive to issues, suggestions, and complaints raised by me or other residents.*					
24. My program is sensitive to cultural differences.*					
Medical Knowledge					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
25. The program improves residents' knowledge about established and evolving biomedical, clinical and cognate sciences and its application to patient care.*					
			1	1	
Perfection from					
Professionalism	Strongly Disagree	Disagree	Neither	Agroo	Strongly Agree
26. The program prepares residents regarding professional responsibilities, adherence		Disagree		Agree	
20. The program propared redicents regarding professional responsibilities, adherence					

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to ethical principles, and how to be sensitive to a diverse patient population.*					
Practice Based Learning and Improvement					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
27. The program prepares residents for critical analysis of quality patient care.*					
Interpersonal and Communication Skills					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
28. The program consistently develops residents' interpersonal and communication skills with patients, patient's families, and professional associates.*					
		ı	1	I	
System Based Practice					
	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
29. Residents develop an ability to effectively use system resources to provide optimal patient care.*					
Overall					
30. Please summarize the strengths and weaknesses of your program and any suggestions for improvement. *					

Henry Ford Macomb Hospitals

Macomb County, Michigan

hereby certifies that

(Name of Resident)

用.非.册.

has satisfied the graduate educational requirements for completion of the

Podiatric Medicine & Surgery Residency with the added credential in Reconstructive Rearfoot/Ankle Surgery

In accordance with the statutes of the Michigan State Board of Podiatric Medicine and Surgery, approved by the Council on Podiatric Medical Education in testimony thereof, the undersigned have affixed their signatures

Huly 1st.

- Aune 30th

Anthony Affatato, D.O., FACOEP-D

Director of Medical Education

Residency Program Directo