Ascension WI PMSR/RRA Residency Manual

2026/2027

Ascension

PMSR/RRA Personnel

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2026/2027 Residents

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2026/2027 Residents continued

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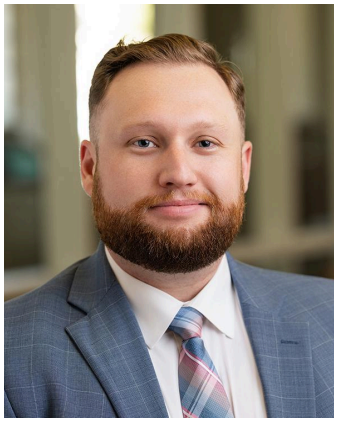
2026/2027 Residents continued



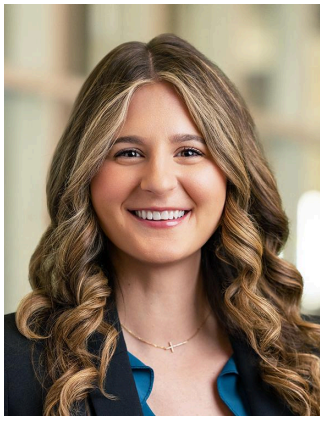
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CPME 320 and CPME 330 can be accessed on the CPME website:
https://www.cpme.org/residencies/content.cfm?ItemNumber=52235&navItemNumber=523504

Introduction

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

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

Licensing/NPI Information

Each resident must hold a license to practice in the state of Wisconsin, with the 1st and 2nd year residents holding a temporary training permit that must be obtained prior to the start of the 1st year and renewed prior to the 2nd year expiration.
The 3rd year resident can obtain a full license to practice in the state of Wisconsin and may obtain this upon completion of the 2nd year.

The 3rd year resident is also able to obtain a DEA # upon obtaining a full state license. Information on obtaining licensure, NPI and DEA available at website sites listed below: NPI:
https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart - Online registration
Wisconsin State License: http://dsps.wi.gov/Licenses-Permits/Credentialing - Obtain forms for Temporary Education License (1st /2nd yr.)
DEA #: https://www.deadiversion.usdoj.gov/webforms/ - Online registration

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Training Schedule

PGY1-AA	PGY1-BB	PGY1-CC	PGY1-DD	PGY2- AA	PGY2-BB	PGY2-CC	PGY3-AA	PGY3-B	PGY3-CC
		North Call	South Call			Clinic (Wilson)	North Call	MIS - Hulbert	South Call
North Call	Dei/Wound Care			*Elective*	South Call	Clinic (Wilson)	MIS - Hulbert	North Call	RR/A
Dei/Wound Care	North Call	Hospital Med		Vascular Med	Clinic (Wilson)	South Call	MIS - Hulbert	RR/A	North Call
		Dei/Wound Care	North Call	South Call	Clinic (Wilson)	*Elective*	North Call	RR/A	MIS - Hulbert
Hospital Med		North Call	Dei/Wound Care	Clinic (Wilson)	South Call	Vascular Med	RR/A	North Call	MIS - Hulbert
South Call	Dei/Wound Care			Clinic (Wilson)	Vascular Med	North Call	RR/A	MIS - Hulbert	South Call
Dei/Wound Care	South Call		Hospital Med	North Call	*Elective*	Clinic (Wilson)	South Call	MIS - Hulbert	RR/A
		South Call	Dei/Wound Care		North Call	Clinic (Wilson)	MIS - Hulbert	South Call	RR/A
	Hospital Med	Dei/Wound Care	South Call	Infectious Disease	Clinic (Wilson)	North Call	MIS - Hulbert	RR/A	South Call
North Call	Dei/Wound Care			South Call	Clinic (Wilson)		North Call	RR/A	MIS - Hulbert
Dei/Wound Care	North Call	ED - 1		Clinic (Wilson)	South Call	Infectious Disease	RR/A	North Call	MIS - Hulbert
		North Call	Dei/Wound Care	Clinic (Wilson)		South Call	RR/A	MIS - Hulbert	North Call
ED - 1		Dei/Wound Care	North Call	South Call	Infectious Disease	Clinic (Wilson)	North Back Up	MIS - Hulbert	RR/A
South Call	Dei/Wound Care				North Call	Clinic (Wilson)	MIS - Hulbert	South Back Up	RR/A
Dei/Wound Care	South Call		ED - 1	Ortho	Clinic (Wilson)	North Call	MIS - Hulbert	RR/A	South Back Up
		South Call	Dei/Wound Care	North Call	Clinic (Wilson)		South Back Up	RR/A	MIS - Hulbert
	ED - 1	Dei/Wound Care	South Call	South Back Up (RC)	North Call	Ortho	RR/A	*Elective*	MIS - Hulbert
North Call	Dei/Wound Care		Vascular Med	Clinic (Wilson)		South Call	RR/A	MIS - Hulbert	North Back Up
Dei/Wound Care	North Call	Infectious Disease	Radiology	South Call	Ortho	Clinic (Wilson)	North Back Up	MIS - Hulbert	RR/A
	Vascular Med	North Call	Dei/Wound Care		South Call	North Back Up (RC)	MIS - Hulbert	*Elective*	RR/A
Infectious Disease	Radiology	Dei/Wound Care	North Call	Gen Surg	Clinic (Wilson)	South Call	MIS - Hulbert	RR/A	North Back Up
South Call	Dei/Wound Care	Vascular Med		North Call	Clinic (Wilson)		South Back Up	RR/A	MIS - Hulbert
Dei/Wound Care	South Call	Radiology	Infectious Disease	South Back Up (RC)	North Call	Gen Surg	RR/A	*Elective*	MIS - Hulbert
Vascular Med		South Call	Dei/Wound Care	Clinic (Wilson)		North Call	RR/A	MIS - Hulbert	South Back Up
Radiology	Infectious Disease	Dei/Wound Care	South Call	North Call	Gen Surg	Clinic (Wilson)	*Elective*	MIS - Hulbert	RR/A
North Call	South Call			*Elective*	*Call Back Up*	Clinic (Wilson)	MIS - Hulbert	RR/A	RR/A
		North Call	South Call	Clinic (Wilson)	*Elective*	*Call Back Up*	MIS - Hulbert	RR/A	*Elective*
North Call	Dei/Wound Care				Clinic (Wilson)	*Elective*	South Call	RR/A	MIS - Hulbert
Dei/Wound Care	North Call	Hospital Med		South Call		Clinic (Wilson)	RR/A	*Elective*	MIS - Hulbert
		North Call	Dei/Wound Care	Clinic (Wilson)	South Call		RR/A	MIS - Hulbert	*Elective*
Hospital Med		Dei/Wound Care	North Call		Clinic (Wilson)	South Call	*Elective*	MIS - Hulbert	RR/A
South Call	Dei/Wound Care			California Rotation		Clinic (Wilson)	MIS - Hulbert	North Call	RR/A
Dei/Wound Care	South Call		Hospital Med	North Call		Clinic (Wilson)	MIS - Hulbert	RR/A	*Elective*
		South Call	Dei/Wound Care	Clinic (Wilson)	California Rotation	North Call	*Elective*	RR/A	MIS - Hulbert
	Hospital Med	Dei/Wound Care	South Call	Clinic (Wilson)	North Call		RR/A	*Elective*	MIS - Hulbert
North Call	South Call			*Elective*	Clinic (Wilson)	California Rotation	RR/A	MIS - Hulbert	*Elective*
		North Call	South Call		*Elective*	Clinic (Wilson)	*Elective*	MIS - Hulbert	RR/A
North Call				Clinic (Wilson)		*Elective*	MIS - Hulbert	RR/A	South Call
	North Call	ED - 2			South Call	Clinic (Wilson)	MIS - Hulbert	RR/A	*Elective*
		North Call	Dei/Wound Care	South Call	Clinic (Wilson)		RR/A	*Elective*	MIS - Hulbert
ED - 2		Dei/Wound Care	North Call	Clinic (Wilson)		South Call	RR/A	*Elective*	MIS - Hulbert
North Call	Dei/Wound Care				Clinic (Wilson)	*Elective*	South Call	MIS - Hulbert	RR/A
Dei/Wound Care	North Call		ED - 2	South Call	Clinic (Wilson)		*Elective*	MIS - Hulbert	RR/A
		North Call	Dei/Wound Care		South Call	Clinic (Wilson)	MIS - Hulbert	RR/A	*Elective*
	ED - 2	Dei/Wound Care	North Call	Clinic (Wilson)		South Call	MIS - Hulbert	RR/A	*Elective*
South Call	Dei/Wound Care			*Elective*	Clinic (Wilson)		RR/A	North Call	MIS - Hulbert
Dei/Wound Care	South Call	Anesthesia		North Call	*Elective*	Clinic (Wilson)	RR/A	*Elective*	MIS - Hulbert
		South Call	Dei/Wound Care	Clinic (Wilson)	North Call	MIS - Hulbert	*Elective*	*Elective*	RR/A
Anesthesia		Dei/Wound Care	South Call	MIS - Hulbert	Clinic (Wilson)	North Call	*Elective*	*Elective*	RR/A
North Call	Dei/Wound Care				MIS - Hulbert	Clinic (Wilson)	*Elective*	RR/A	South Call
Dei/Wound Care	North Call		Anesthesia	South Call	MIS - Hulbert	Clinic (Wilson)	RR/A	*Elective*	*Elective*
		North Call	Dei/Wound Care	Clinic (Wilson)	South Call	MIS - Hulbert			
	Anesthesia	Dei/Wound Care	North Call	MIS - Hulbert	Clinic (Wilson)	South Call			

Daily schedule

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

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Podiatric Residency Program Faculty

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Ascension GME Handbook

Handbook/Manual

The GME Resident Physician Manual supersedes the PMSR manual. Please consult the PMSR manual first, cross-referencing with the GME manual as needed. If unsure, contact your Chief Resident, then the Program Coordinator or Director.
Link: GME Manual 2025/2026

Goals of PMSR/RRA Program

PGY 1

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

PGY 2

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

PGY 3

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

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Objectives of PMSR/RRA

PGY-1

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

PGY-2

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

PGY-3

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

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Podiatry Residency Program

PMSR/RRA Curriculum

I. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
   A. Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem- focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gain analysis in the above.
   B. Formulate an appropriate diagnosis and/or differential diagnosis.
   C. Perform (and/or order) and interpret appropriate diagnostic studies, including:
      1. Medical imaging, including plain radiography, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging;
      2. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, and urinalysis;
      3. Pathology, including anatomic and cellular pathology;
      4. Other diagnostic studies, including electro diagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, and compartment pressure studies

II. Formulate and implement an appropriate plan of management including:
   A. Direct participation in the evaluation and management of patients in a clinic/office setting.
      1. perform biomechanical cases and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear.
      2. Management, including:
      3. dermatologic conditions.
      4. manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity
      5. closed fractures and dislocations including pedal fractures and dislocations, and ankle fracture/dislocation
      6. cast management
      7. tape immobilization
      8. orthotic, brace, prosthetic, and custom shoe management
      9. footwear and padding
      10. injections and aspirations
      11. physical therapy
      12. pharmacologic management, including the use of NSAIDS, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents, tetanus, toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, and anti-rheumatic medications

B. Surgical management, including
    1. evaluating, diagnosing, and selecting appropriate treatment and avoiding complications
    2. Progressive development of knowledge, attitudes, and skills in preoperative, intraoperative, and postoperative assessment and management in surgical areas including, but not limited to: digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, reconstructive rearfoot/ankle surgery (for added credential), and other procedures
    3. Anesthesia management, including local and general, spinal, epidural, regional and conscious sedation anesthesia
    4. Consultation and/or referrals
    5. Lower extremity health promotion and education
    6. Assess the treatment plan and revise it as necessary.
    7. Direct participation in urgent and emergent evaluation and management of podiatric and non-podiatric patients.

III. Assess and manage the patient's general medical and surgical status.
    A. Perform and interpret the findings of comprehensive medical history and physical examinations (including pre- operative history and physical examination including:
        1. vital signs
        2. physical examination including head, eyes, ears, nose and throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, and neurologic examination
    B. Formulate an appropriate differential diagnosis of the patient's general medical problem(s)
    C. Recognize the need for (and/or order) additional diagnostic studies, when indicated, including:
        1. EKG
        2. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, and diagnostic ultrasound
        3. Laboratory studies including, hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, and urinalysis
        4. Other diagnostic studies
    D. Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion

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Competencies in Program Rotations

I. Participate actively in Internal Medicine and medical subspecialties rotations that include medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status
   A. Perform and interpret comprehensive medical history and comprehensive physical examination
   B. Order and interpret laboratory tests, understanding proper medications utilized for treatment and additional diagnostic studies
   C. Utilize information obtained from history and physical exam and ancillary studies to arrive at a different diagnosis and treatment plan with the medical team.

II. Participate actively in General/Vascular Surgery and surgical subspecialty rotations that include surgical evaluation and management of non-podiatric patients, but not limited to:
   A. Understanding management of preoperative and postoperative surgical patients with emphasis on complications
   B. Enhancing surgical skills, such as suturing, retracting, and performing surgical procedures under appropriate supervision
   C. Understanding surgical procedures and principles applicable to non-podiatric surgical specialties
   D. Able to evaluate noninvasive and invasive vascular studies, with some emphasis on the lower extremities.

III. Participate actively in an anesthesiology rotation that includes pre-anesthetic and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences must include, but not be limited to:
   A. Local anesthesia
   B. General, spinal, epidural, regional, and conscious sedation anesthesia

IV. Participate actively in an emergency medicine rotation that includes emergent evaluation and management of podiatric and non-podiatric patients.
   A. Understand and appreciate the principles of general emergency medicine and emergency room protocol
   B. Recognize and be able to assist in the care of acute systemic emergencies (i.e. cardiac arrest, diabetic coma, insulin reactions, etc.)
   C. Handling of common emergencies with emphasis on the lower extremity, (i.e. dirty and infected wounds, burns, lacerations, fracture, etc.)
   D. Handling of orthopedic emergencies with emphasis on the lower extremity
   E. Perform and interpret the findings of a comprehensive medical history and physical examination of the emergency room patient, including: comprehensive medical history, chief complaint, review of systems history of present illness, and social and family history
   F. Comprehensive physical examination, including vital signs and physical examination including: HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurologic examination

V. Participate actively in an infectious disease rotation that includes, but is not limited to, the following training experiences:
   A. Recognizing and diagnosing common infective organisms
   B. Understanding appropriate antimicrobial therapy
   C. Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiosis monitoring
   D. Exposure to local and systemic infected wound care

VI. Participate actively in a behavioral science rotation that includes, but is not limited to:
   A. Understanding of psychosocial aspects of health care delivery
   B. Knowledge of and experience in effective patient physician communication skills
   C. Understanding cultural, ethnic and socioeconomic diversity of patients Knowledge of the implications of prevention and wellness

VII. Participate actively in a Plastic Surgery rotation that includes, but is not limited to:
   A. Knowledge in the more advanced surgical techniques and procedures involved in plastic surgery, including traumatic tissue handling, suturing techniques, and instrumentation
   B. Understanding various techniques of soft tissue coverage, i.e. skin grafts, vascular flaps, etc.. *FYI: This is currently elective, following a long hiatus [2026JUN]*
   C. Knowledge in the comprehensive team approach to medical & surgical management of diabetic foot ulcers
   D. Management of basic and complex wounds and infections

VIII. Participate actively in a Radiology rotation that includes, but is not limited to:
   A. Understanding/observation of the interpretation of diagnostic studies, including: plain radiography, radiographic contrast studies, stress radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging
   B. Understanding/observation of basic chest film pathology such as pulmonary edema and cardiomegaly
   C. Understanding/observation of various bone and soft tissue tumors/masses
   D. Recognizing the need for (and/or ordering) additional diagnostic medical imaging studies when necessary

IX. Participate actively in a Wound Care rotation that includes, but is not limited to:
   A. Understanding of and knowledge in diagnosis and treatment of different types of wounds, including: venous ulcers, arterial ulcers, diabetic and other neuropathic ulcers, pressure ulcers, infected ulcers with osteomyelitis, inflammatory ulcers, chronic ulcers secondary to any type of cutaneous condition
   B. Assessment of the pertinence and the type of debridement to use
   C. Application of knowledge related to wound healing for the selection of dressings and other topical wound-care products and devices
   D. Understanding the role of investigation tools to evaluate the vascular status of some chronic wounds

X. Participate actively in a Physical Medicine rotation that includes, but is not limited to:
   A. Performing a comprehensive musculoskeletal history and physical examination
   B. Review and discussion of a WC16/WC16B for patient disability evaluations
   C. Understanding usage of proper pain management modalities in dealing with chronic pain conditions

XI. Participate actively in a Physical Therapy rotation that includes, but is not limited to:
   A. Recognizing/observing a comprehensive musculoskeletal exam, with emphasis on the lower extremities
   B. Familiarity with the principles and ability to perform manipulation/mobilization of the foot/ankle joint to increase/reduce associated pain and /or deformity
   C. Knowledge of the indications and contraindications of the use of orthotic devices, bracing, prosthetics, and custom shoe management
   D. Understanding and observation of appropriate physical therapy intervention in patients in the immediate postoperative period or after injury

XII. Participate actively in a Pathology rotation that includes, but is not limited to:
   A. Understanding of joint fluid analysis
   B. Identification of microbiological sources of infection
   C. Understanding proper acquisition and preparation of tissue samples
   D. Understanding inflammation, osteomyelitis, benign/malignancy, common soft tissue lesions histologically

XIII. Participate actively in a Podiatric Medicine and Surgery Rotation that includes, but not limited to.
   A. Comprehensive knowledge in the basic principles of podiatric surgery, including suturing techniques, sterile techniques, fixation techniques, instrumentation, proper tissue handling, hemostasis, and operating room protocol
   B. Understands and utilizes appropriate hospital protocol including appropriate admission and discharge procedures, maintains appropriate medical records, and adheres to hospital safety measures
   C. Perform and interpret the findings of a thorough problem-focused history and physical exam on podiatric patients, including problem focused history, and where appropriate vascular, dermatologic, neurologic and musculoskeletal examination
   D. Evaluates a patient as to the appropriateness of a surgical and nonsurgical treatment, including in the history and physical exam, review of laboratory and radiologic studies, and performs a biomechanical examination where indicated
   E. Assessment of appropriateness of a surgical procedure, includes assessment of efficacy and potential complications relating to procedure
   F. Demonstrates progressive competency in preoperative, intraoperative, and postoperative assessment and management of podiatric surgical cases
   G. Demonstrates progressive development of knowledge, attitude and skills in performance of podiatric procedures by performing as per CPME 320 requirements an appropriate volume and diversity of cases and procedures in the categories of digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, and reconstructive rearfoot/ ankle surgery
   H. Application of knowledge /-participation in pediatric evaluations and treatment options
   I. Application of knowledge/-participation in podiatric orthopedics: footwear, taping and padding, and form box impressions/-casting for orthotics

Ascension

Common Competencies

I. Practice with professionalism, compassion, and concern in a legal, ethical and moral fashion
   A. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery
   B. Practice and abide by the principles of informed consent
   C. Understand and respect the ethical boundaries of interactions with patients, colleagues, and associates
   D. Demonstrate professional humanistic qualities
   E. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs

II. Communicate effectively and function in a multi-disciplinary setting.
   A. Communicate in oral and written form with patients, colleagues, payers and the public
   B. Maintain appropriate medical records
   C. Manage individuals and populations in a variety of socioeconomic and healthcare settings
   D. Demonstrate an understanding of the psychosocial and healthcare needs for patients in all life stages - pediatric through geriatric
   E. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own
   F. Demonstrate an understanding of public health concepts, health promotion and disease prevention

III. Understand podiatric practice management in a multitude of healthcare delivery settings
   A. Demonstrate familiarity with utilization management and quality improvement
   B. Understand healthcare reimbursement
   C. Understand insurance issues including professional and general liability, disability and Workers' Compensation
   D. Understand medical-legal considerations involving healthcare delivery
   E. Demonstrate understanding of common business practice

IV. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical experience
   A. Read, interpret, and critically examine and present medical and scientific literature
   B. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery
   C. Demonstrate information technology skills in learning, teaching and clinical practice
   D. Participate in continuing education activities

Rotations

- Anesthesiology
- Dermatology
- Emergency Medicine
- Behavioral Science
- Medical Imaging
- Wound Care
- Infectious Disease
- Orthopedic Surgery
- General Surgery
- Vascular Medicine and Surgery
- Podiatric Surgery – ongoing for 36 months
- Podiatric Medicine (Office) – 1 or 2 mornings/afternoons per week for 36 months

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

Biomechanics Curriculum

A. A biomechanics case must include the following three components
    a. Diagnosis
    b. Evaluation
B. Complete biomechanical exam must include the following:
    a. Static examination of area of chief complaint
    b. Dynamic examination of area of chief complaint
    c. Any other areas of potential abnormal biomechanical function contributing to chief complaint.
C. Gait analysis on ambulatory patients must include one of the following:
    a. Visual gait analysis
    b. Demonstrate the thought process in determining a diagnosis and treatment as they relate to the evaluation.
D. Treatment may include but not be limited to the following:
    a. Taping
    b. Padding
    c. Orthotics
    d. Shoe modifications
    e. Prosthetics
    f. Surgical correction
E. 100 comprehensive biomechanical cases must be performed by each resident prior to completion of our podiatric medicine and surgery residency program. Each biomechanical exam must include all aspects of a biomechanics case as described above.

F. Each resident must document all pertinent biomechanical information, as related to the chief complaint, in the patient's medical record. Each resident must also log each biomechanical case in the *Podiatry Residency Resource* as well as document on their spreadsheet as a quick reference guide.
G. Each resident is given a handout that may serve as a template of pertinent biomechanical information that may be included in their examination and documented in the patient chart. The resident can use this template as a guide and document only the pertinent information as it pertains to the patient's chief complaint

Surgical Locations

- Ascension WI North
  - Ascension CSM Milwaukee
  - Ascension CSM Ozaukee
- Ascension WI South
  - Ascension St. Joseph
  - Ascension St. Francis
  - Ascension Franklin
  - Ascension Elmbrook
  - Ascension All Saints
  - Midwest Orthopedic Specialty Hospital
  - Ascension Wisconsin-Podiatric Clinic
- Ascension WI Northeast
  - Ascension-Mercy Hospital
  - Ascension-Midway Place
  - Ascension-St. Elizabeth Hospital
- Mercy Healthcare
  - Mercyhealth East-Janesville
- Surgery Centers
  - Wisconsin Surgery Center
  - Milwaukee Surgical Suites, LLC
  - Advanced Foot & Ankle of Wisconsin
  - Aspen Ortho & Rehab
  - Third Coast Foot & Ankle
  - Orthopaedic Hospital of Wisconsin
  - Ascension Wisconsin-Podiatric Clinic
- California (Redding,CA)
  - Mercy Regional Hospital
  - Shasta Orthopedics
  - Shasta Regional Hospital

Surgical Locations continued

- Aurora Healthcare Facilities
    - Aurora West Allis Medical Center
    - Aurora St. Luke's South Shore
    - Aurora LakeShore
    - Aurora Health Center Greenfield
    - Aurora-Mount Sinai
    - Aurora-Podiatric Clinic Waukesha
    - Aurora-St. Luke's Medical Center
    - Aurora Mayfair Surgery Center
    - Aurora Medical Center-Kenosha
    - Aurora Medical Center-Washington County
    - Aurora Mount Pleasant
    - Aurora Pleasant Prairie
    - Aurora SUM (Surgery Center Waukesha)

Resident Didactic Activities/Education

Didactic activities that complement and supplement the curriculum shall be available at least weekly to our residents.

Didactic activities must be provided in a variety of formats. These formats may include lectures, case discussions, clinical pathology conferences, morbidity and mortality conferences, cadaver dissections, tumor conferences, informal lectures, teaching rounds, and/or continuing education. The majority of these didactic activities must include participation by faculty.

The resident should participate in research activities to broaden the scope of training. The program director may appoint a faculty member to coordinate didactic activities.

Journal Club (Dr. Timothy Henke)

Held once every 4 weeks. Attending Supervised.

Articles from medical literature will be picked from recent articles. This will be picked by the chief resident based on our current didactic, 36 months curriculum. Articles will be sent out to the other residents and all interested teaching faculty several days ahead of time. Articles will be presented and discussed in a concise fashion. Residents should know the level of clinical evidence for the article. Articles will be reviewed to facilitate reading, analyzing, and presenting medical and scientific literature. Residents should be able to answer questions about the article and related topic. If questions are asked to the resident and he/she is unable to answer, the resident must get the research answer with a reference to the attending and resident cohort prior to surgery the next day.

The ***Journal Club*** will assist in the ***Research Methodology*** curriculum and will afford resident instruction in the critical analysis of scientific literature. These presentations should analyze the content and validity of the research. The schedule should include a *primer* for the PGY-1 residents.

Case presentation Ascension Faculty

Held once every 4 weeks. Attending Supervised

Session: Rotating radio review with a different attending each month.

Nowak/Shasta Case Conference: Northern California Reconstructive Foot and Ankle Fellowship; Jason Nowak Garrett Strand, Anthony Schwab

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

In-training Examination/Board Preparation (Dr. Zachary Beth)

Held once every 4 weeks. Attending Supervised.

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

Practice Management (Dr. Lucinda Meier)

Held once every 4 weeks. Attending Supervised.

GOALS:

- To educate the residents and students on how to apply medical treatment in an ethical, efficient and productive way.
- To increase synergy between medical reasoning and application of medical care in multiple different insurance and provider settings.
- To create a better understanding on billing and coding, compliance, insurance, and malpractice.
- To create awareness of the dangers of physician burnout and addiction. To promote general wellbeing and healthy lifestyles
- Improve physician to physician and physician to patient communication.

- Demonstrate use of evidence-based medicine in the application of daily practice through building treatment protocols.

*link: https://docs.google.com/document/d/1tkCuWorVA-Uh4LgNXUyX2XZQC06hiP4zVQxNyD5vsYU/edit*htt

Medicine and Surgical Topic Review (Dr. Eoin Gorman)

Held once every 4 weeks. Attending Supervised.

Educational Session Attendance

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

Conferences / Workshops

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

Research Expectation

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

Poster Presentation:

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

Journal Article for submission

Each resident can elect to write an article for submission to a journal. This can be performed with any attending physician, but must be approved by the residency director and assistant director. If the article requires patient data/interviews, IRB approval is required. Deadlines for data collection and completion of the paper will be set by the attending and should be strictly followed. It is the resident's responsibility to meet regularly with the attending to discuss the progress of the article. The Collaborative Institutional Training Initiative (CITI Program) is dedicated to serving the training needs of colleges and universities, healthcare institutions, technology and research organizations, and governmental agencies, as they foster integrity and professional advancement of their learners.

Research Methodology Curriculum and Instruction

Research methodology should be included in all didactic activities when indicated.

Ascension Wisconsin Podiatric Medicine and Surgery Residency program provides a *Research Methodology DVD Lecture Series* for the purpose of training in Research Methodology. After viewing the DVD series each resident is required to take a test on each section. This needs to be **completed within the first 6 weeks of residency training**.

Training in Research Methodology shall also include CITI training modules. This needs to be **completed within the first 6 weeks of residency training**.

Resident Duties

Communications

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

PTO (paid time off)

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

Residents must submit a PTO approval form which has been signed by the Program Director and turned in to the Medical Education Office six weeks prior to the start of PTO. Paid time off is not allowed for the first two weeks or the last week of the academic year. Exceptions to this policy must be approved by the Program Director. Refer to the Ascension Wisconsin Graduate Medical Education policy entitled, *Paid Time Off (Accrual and Front-Loaded Time Off).*

Ascension

AMA/IPM

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

CME-related Annual Stipend

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

CME Policy - Policy and Procedure_ Continuing Medical Education (CME).docx

Dress Code

Dress Code		
Department:	PMSR	**Reviewed and Approved by PMSR**
Origination Date:	July 2025	**Next Review Date:** June 2026

Purpose: Residents at all Ascension Wisconsin facilities and ALL affiliate training sites are required to present a professional appearance and inspire confidence in the patients they treat and the staff with whom they work.

- On-call and inpatient rotations may wear clean scrubs or business casual attire
- All other locations where direct care occurs should wear clean scrubs or business casual attire
- Special event requests that involve a change of policy should be proposed to residency leadership for approval for prior approval

Business Casual Attire Examples

- Skirts/dresses
- Dress paints including Dockers and khakis
- Blouses, shirts with collars, pullover polo shirts
- Blazers, sweaters and vests

A picture ID badge issued by Ascension and/or any affiliated training sites must be worn in clear view at all times by all associates on duty. The badges should be worn at the chest area.

- Fingernails will be clean and neatly trimmed and in compliance with all applicable infection control standards. Artificial nails, enhancements or acrylic overlays of any length are prohibited for all direct patient care givers.
- Tattoos or other body markings may remain visible if they do not have objectionable or obscene wording or illustration. Questionable tattoos or body markings must be covered by a bandage, clothing or other material.
- Hair must be clean, neatly styled and of a conservative style and color. Extreme hair colors or styles are not permitted. Hair of associates involved in direct patient care must be secured so that it does not fall forward over the shoulders or into the face.
- Appropriate shoes must be worn and must be in good repair. Heel height should not pose a safety risk. Soft rubber soled clogs or mules may be worn

The following is a list of unacceptable attire and is applicable to all associates during paid working hours. This list is not inclusive of all items or attire that may be deemed inappropriate.

- T-shirts, sweatshirts, sweatpants and jogging suits
- Midriff tops or crop tops that bare the stomach, sheer tops, tank tops, spaghetti straps, halter tops, revealing shirts and blouses
- Jeans or denim garments
- Shorts
- Skirts/dresses of an inappropriate length
- Skirts/dresses with slits that extend beyond 2 inches above the knees
- Colored undergarments visible through clothing
- Leggings or spandex pants
- Hats unless worn for religious, medical or safety reasons
- Casual footwear (flip-flops/slides) and or clothing more often associated with warm-weather recreational activities (beachwear type tops and bottoms)

*Hospital owned surgical scrub clothing is the property of Ascension Wisconsin and all of our affiliated training sites respectively. Hospital owned surgical scrubs are to be worn in accordance with the hospital policy. This policy states that they are not to be worn out of the hospital or removed from the hospital, and should be covered with a lab coat if available outside the operating or procedural environment.

*The use of hospital owned surgical scrubs is at the discretion of the residency program and the dress requirements for the job.

It is allowed for residents to wear Ascension Wisconsin owned scrubs while on Ascension facilities if they are unstained, unwrinkled, clean and of the same day. Scrubs MUST be changed if the resident comes in any contact with infectious material. Scrubs MUST be changed following any change of facilities.

*When traveling between Ascension and affiliated training sites facilities, your scrubs MUST be changed into the scrubs owned by that facility - without exception.

Personally owned scrub attire (plain colored) may be considered professional attire as approved by the Program Director.

Deficiencies

Refer to Policy: **Ascension Wisconsin Graduate Medical Education policy entitled, *Academic/Corrective Actions.***

Reports

All clinical reports including: Podiatry Residency Resources (PRR), Work hour summary, clinical reports, case logs and Biochemical exams are expected to be kept up to date and will be checked and reviewed monthly by the Residency Director. All logging should be done immediately after completion of the task. Logs will be checked weekly by the program coordinator. Contemporaneous documentation is a foundation of accurate recordkeeping, failure to log weekly may result in disciplinary action.

Duty Hour Log

Podiatry Residency Resource (PRR) is used to log and track your work hours and procedures.

Medical Records

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

On Call

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

Guidelines for Activation of Secondary Call Protocol:

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

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

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

Surgery

Resident Expectations

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

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

Surgical Room Setup

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

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

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

Inpatient Management

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

Consults

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

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

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

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

Rounding

- Daily rounding **BEFORE 0730 sx cases** (unless arrangements made with attending for another time so they can be there for rounding)
- Dressing changes performed with students
- Phone call to attending after rounds (if no answer leave a detailed voice message, if no answer by afternoon send a text to the attending with pictures)
- All SOAP notes must be completed when rounding.

- Date, time, and sign all notes.
- Labs, cultures, IV antibiotics, anticoagulants, consults, x-ray findings in EPIC – note this in the Plan area of the electronic record SOAP note.
- If questions occur during rounding, contact the attending/upper residents for help.
- Conflicts with rounding need to be handled **the NIGHT before** with the attending

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

Clinic

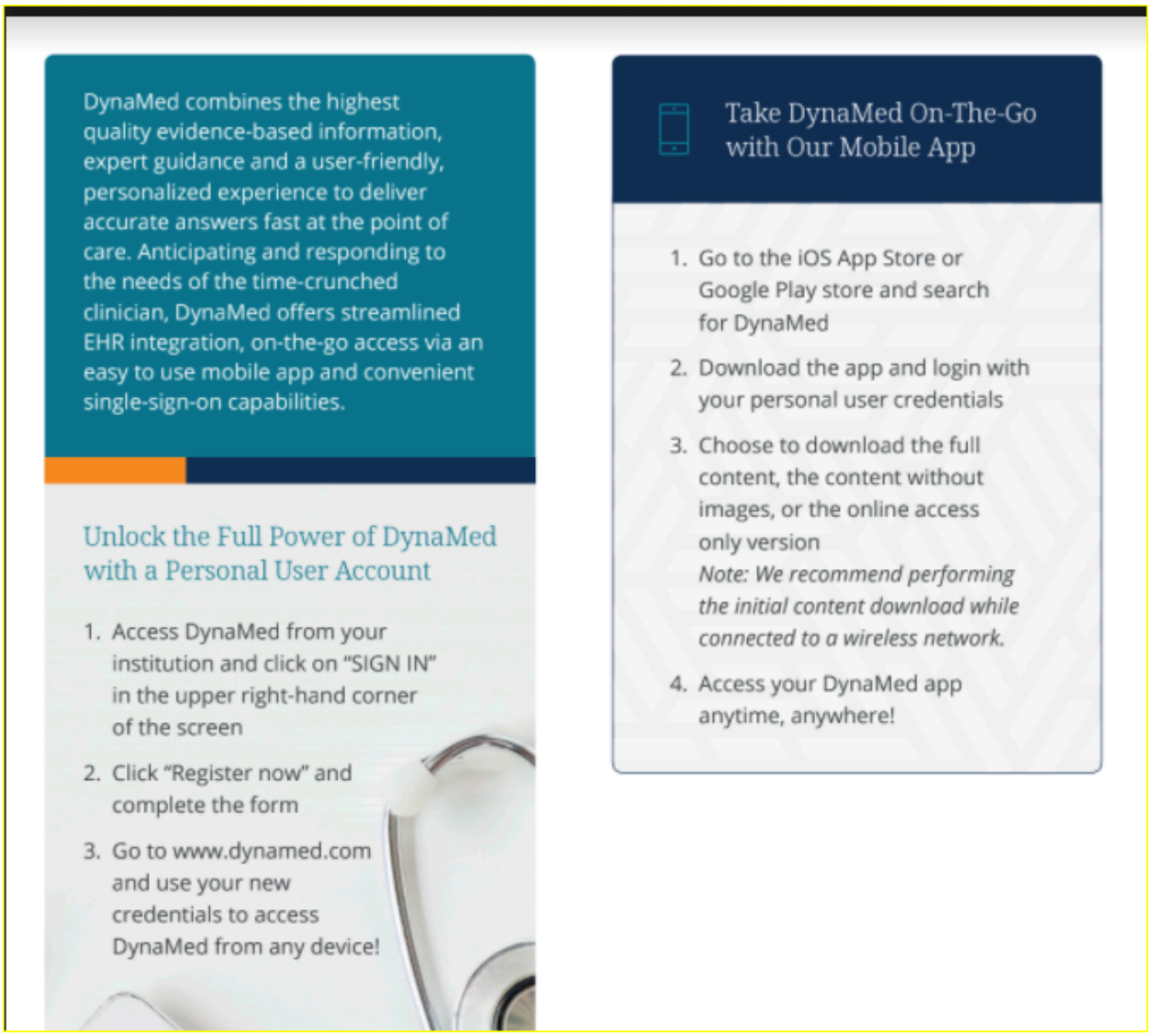
Residents are expected to do the following while participating in clinic:

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

Health Science Library - Online Resources

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

DynaMed --One of our most popular databases, DynaMed features reviews by subject experts and contains patient handouts. DynaMed is available in the EHR and on/off campus. You need to set up a personal account. Below are the steps on creating a personal account. You need to be on-campus to set it up. After that you can access it anywhere.



EBSCO Databases-- are a combination of Badgerlink databases, provided by the State of Wisconsin, and our purchased databases. They can be accessed both on/off campus at http://search.epnet.com. The login is **csmlib** and the password is **Library20!**

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

Ebsco A to Z
This database offers electronic access to over 3000 full text journals at http://atoz.ebsco.com/home.asp?Id=cgcsm. Included are journals obtained through packages the library has purchased from some publishers such as Lippincott, Williams, & Wilkins, Wiley and Elsevier as well as full text received through subscriptions. Publishers control access to these journals, so some are only available on campus, while others can be obtained from anywhere. Whenever a password is called for, use the log-in **csmlib**, and the password **Library20!** This list is very fluid and changes frequently. Please feel free to inform the librarians if you are having a problem accessing the full text.

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

Accessing The Health Sciences Library Catalog & Databases:

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

1. At the top of the Intranet page look for the tab marked "departments" – it is in the middle of the homepage.
2. Go to the alphabetical listing and choose "L".
3. Click on the word "library" to get to the Library's Intranet homepage.
4. Look for the list of items on the left-hand side of the page.
5. The first item is the Book and Journal catalog. This can be searched by keyword, title, author, subject heading or journal title. Note: the catalog does not contain the over 15,000 online journal titles that are covered in EBSCO, OVID and PubMed.
6. The third through fifth items on the list are a series of databases you can use to search for journal articles and full-text books. They include: EBSCOdatabases, OVID and PubMed. See separate pages for instructions on accessing these databases.

7. A-Z Journals is the eighth link on the list. Use it to find a particular journal or article in a journal when you have its title. The journals are listed alphabetically. Underneath the title there are links that show the subscription coverage by CSM.

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

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

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

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

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

PubMed (NLM) - Podiatry residents have access to PubMed through the CSM Intranet. There are over 5000 journals (over 11 million citations) and hundreds of full-text books online available through this service. In order to use PubMed through CSM the resident must enter a user name and password. user name: **csmlib** password: **Library20!**

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

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

A-Z Journals - Coverage includes thousands of titles of full-text articles in medical and health journals. Listed below are some of the podiatry titles, with dates of coverage, that can be accessed through this database.

The Foot

ScienceDirect 1991 to present
Your Access: 1995 to present
Resource Type: Journal
ISSN: 0958-2592 Online ISSN: 1532-2963

Foot and Ankle Clinics

ScienceDirect 2001 to present
Your Access: 2001 to present
Resource Type: Journal
ISSN: 1083-7515

Foot & Ankle International

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

Foot & Ankle International (Date Trace)

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

Foot and Ankle Surgery

ScienceDirect 1994 to present
Your Access: 1995 to present
Resource Type: Journal
ISSN: 1268-7731 Online ISSN: 1460-9584

Journal of foot and ankle Surgery

ScienceDirect 1995 to present
Your Access: 1995 to present
Resource Type: Journal
ISSN: 1067-2516 Online ISSN: 1542-2224

Techniques in Foot & Ankle Surgery

LWW Total Access Collection 2012
Your Access: 2002 to present
Resource Type: Journal
ISSN: 1536-0644 Online ISSN: 1538-1943

Practice Guidelines - Government Agencies:

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

Miscellaneous Websites:

Links to resources and other organizations' information may be helpful.

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

Professional Associations and Websites:

- American Academy of Podiatric Sports Medicine

  -American Podiatric Medical Association (AAPSM)

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

Ascension

Podiatric Medicine and Surgical Residency Policy

Podiatry - Structure and Governance

Policy Name:	Podiatry - Structure and Governance
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	June 2026

Policy:

1. Ascension Wisconsin is the sole sponsor of the Podiatric Medicine and Surgery Residency Program and as the sponsoring institution, shall:
   1.1. Develop, implement and monitor the Podiatric Medicine and Surgery Residency Program;
   1.2. Formulate, publish and implement policies that affect the resident(s);
   1.3. Ensure the availability of appropriate facilities and resources for residency training; and
   1.4. Report to the Council on Podiatric Medical Education ("CPME") in a timely manner and at least annually.
2. The Ascension Wisconsin Podiatric Medicine and Surgery Residency Program is designed as a 36-month training experience with the added certificate in reconstructive rearfoot and ankle surgery including the following essential training experiences:
   2.1. Clinical and surgical experience, providing an appropriate opportunity to expand the resident's competencies in the care of diseases, disorders, and injuries of the foot and ankle, by medical, biomechanical, and surgical means.
   2.2. Clinical experience and surgical, providing participation in complete preoperative and postoperative patient care to enhance the resident's competencies in the perioperative care of diseases, disorders, and injuries of the foot and ankle.
   2.3. Clinical and surgical experience, providing an opportunity to expand the resident's competencies in the breadth of podiatric and non-podiatric medical and surgical evaluation and management.

2.4. Didactic experience, providing an opportunity to expand the resident's knowledge in the breadth of podiatric and non-podiatric medical and surgical evaluation and management.

3. The program will strive to enhance the resident's level of competence in the following:
   3.1. Ability to prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by non-surgical (educational, medical, physical, biomechanical) and surgical means.
   3.2. Ability to assess and manage the patient's general medical status.
   3.3. Ability to practice with professionalism, compassion, and concern, in a legal, ethical, and moral fashion.
   3.4. Ability to communicate effectively and function in a multidisciplinary setting.
   3.5. Capacity to manage individuals and populations in a variety of socioeconomic and health care settings.
   3.6. Capacity to manage a podiatric practice in a multitude of health care delivery settings.
   3.7. Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.
4. The following committees and governance shall exist to support the achievement of the essential training experiences and competencies, as stated above.
   4.1. The Southeast Wisconsin Graduate Medical Education Committee or Ascension Wisconsin Equivalent ("GMEC"), has responsibility for the overall academic quality of the Ascension Wisconsin Podiatric Residency Program. The Graduate Medical Education Director chairs the GMEC and appoints members. The Podiatric Residency Program Director and other appointed representatives shall serve as GMEC members. The GMEC will meet as needed.
   4.2. Graduate Medical Education Director
      4.2.1. In addition to chairing the Graduate Medical Education Committee and appointing members, the Administrative Director of Medical Education shall oversee that residents receive equitable rights and educational opportunities as other residents in comparable positions at Ascension Southeast Wisconsin facilities.
      4.2.2. The Administrative Director of Medical Education shall oversee equitable analysis of compensation for residents who are employed by Ascension Wisconsin via a Resident Employment Agreement

4.2.3. The Administrative Director of Medical Education shall provide a new Podiatric Residency Program Director with an orientation based upon assessed needs.

4.3. Podiatric Residency Program Director

4.3.1. The Podiatric Residency Program Director ("Program Director"), serving as the podiatric medical education director, oversees the general administration of the Ascension Wisconsin Podiatric Residency Program. The Program Director reports to the Administrative Director of Medical Education. The Program Director shall be certified in the appropriate specialty area(s) by the American Board of Podiatric Medicine (ABPM) and/or the American Board of Foot and Ankle Surgery (ABFAS) or possess similar qualifications.

4.3.2. It is the Program Director's responsibility to ensure that the residents follow the guidelines established for them within their Podiatric Resident Employment Agreements ("Agreement") as well as all Program and other associated policies and procedures.

4.3.3. The Program Director is responsible for maintenance of records related to the Ascension Wisconsin Podiatric Residency Program, including: resident bi-annual review, evaluation and verification of resident case logs; communication with the GMEC and Council on Podiatric Medical Education; scheduling of training experiences, instruction, supervision, and evaluation of the resident; annual review and revision of curriculum content; and annual program self-assessment. The Program Director will not delegate these activities to the resident.

4.3.4. The Program Director will ensure resident participation in training resources and didactic experiences.

4.3.5. The Program Director will ensure that each resident receives equitable training experiences.

4.3.6. The Program Director will assess adequate patient treatment areas and training resources, including the availability of a health information management system for resident training. The Program Director will periodically report his/her findings to the Administrative Director of Medical Education and/or GMEC.

4.3.7. The Program Director shall participate at least annually in faculty development activities approved as continuing education programs by the Council on Podiatric Medical Education or another appropriate agency.

4.3.8. The Program Director may appoint individuals or committees to assist him/her in his/her responsibilities as Program Director.

4.3.9. The Program Director or his/her designee will coordinate the various rotations. If a conflict should arise, the Residency Training Committee, in collaboration with the staff at the affected institution, will make the final decision regarding the rotation structure.

4.3.10. The Program Director serves as the liaison with the Council on Podiatric Medical Education ("CPME").

4.3.11. In the event the Program Director is unable to perform his/her duties as Program Director, or leaves the Program, the Graduate Medical Education Director will appoint a qualified Program Site Coordinator to assume any or all the Program Director's responsibilities until the Program Director returns, or until a new Program Director can be recruited.

4.4. Program On-Site Coordinator(s) at Affiliated Training sites;

4.4.1. The position of Program On-Site Coordinator ("On-site Coordinator") of each major affiliate institution may or may not be a podiatrist, but must be a member of that institution's Medical Staff. An On-site Coordinator must remain actively involved at that institution for as long as the affiliation agreement between the Program and that institution is in force.

4.4.2. The Program Director will assign the On-site Coordinator as indicated in the On-Site Coordinator agreement.

4.4.3. The On-site Coordinator will be responsible for the day by day functioning of the residents at their institution(s).

4.4.4. The On-site Coordinator will serve as an advisor to the residents and a liaison with the attending and teaching faculty, leads of various rotations and departments affiliated with the Program at their institution.

4.5. Residency Training Committee

4.5.1. The Residency Training Committee ("RTC") is responsible for the overall direction and regulation, as well as the day by day functioning of the Program. More specifically, the RTC is responsible for:

4.5.1.1. Developing and periodically reviewing Program policies;

4.5.1.2. Developing Program curriculum;

4.5.1.3. Ensuring that the Program is established and conducted in an ethical manner, including a focus upon the educational development of the resident rather than on service responsibility to individual faculty members;

4.5.1.4. Reviewing overall resident and Program performance;

4.5.1.5. Mediating conflicts that arise within the teaching program, whether they are generated by residents, podiatric and medical staff, nursing staff or administration.

4.5.1.6. Recommending dismissal of the resident should that situation arise.

4.5.2. The Podiatric Residency Program Director ("Program Director") shall chair the RTC and schedule meetings at least semi-annually.

4.5.3. The Program Director will appoint RTC members for a one-year term, from July 1 to June 30. Members shall include: Program Director (Chair); Assistant Directors and may include Program Site Coordinators and/or appropriate faculty representatives from affiliate institutions; administrative representative(s); and other individuals who are active in the residency program. Each member will have one vote unless stated otherwise. In the event of a tie vote, the Program Director will make the final decision.

4.6. Residency Selection Committee (a RTC sub-committee)

4.6.1. The Residency Selection Committee ("RSC"), a subcommittee of the RTC, is responsible for the screening of residency applicants.

4.6.2. The Program Director will appoint RSC members for a one-year term, from July 1 to June 30. Members shall include: Program Director (Chair), Assistant Directors and may include Program Site Coordinators and/or appropriate faculty representatives from affiliate institutions; an administrative representative(s); and other individuals who are active in the residency program.

4.6.3. Members of the RSC will screen and review each application and suggest those applicants whom should be offered interviews at the Centralized Residency Interview Program (CRIPs) of the Centralized Application Service for Podiatric Residencies (CASPR) match process. A selected group of representatives of the RSC will attend the CRIPs and formally interview the selected applicants. This group will develop 'score cards' on each applicant to present to the entire RSC for final ranking consideration.

4.6.4. A final meeting of the RSC will discuss the merits of the applicants under consideration based on their CASPR application, their Clerkship experiences with Ascension and the

outcome of their CRIPs interviews. This meeting will be done prior to the published CASPR rankling submission deadline. Current residents will be asked to comment on these applicants also. A consensus ranking order of these qualified applicants will be finalized and this ranking will be submitted to CASPR. If the RSC cannot reach consensus, each member of the RSC will have one vote to develop a final rankling by closed ballot. In the event of a tie vote, the Program Director will make the final decision.

4.7. Residency Grievance Committee (a RTC sub-committee)

4.7.1. The Residency Grievance Committee ("RGC") is responsible for: Serving as the initial hearing body for any appeal of a resident evaluation. Refer to the Ascension Wisconsin Podiatric Medicine and Surgery Residency Program policies entitled, Resident Evaluation Process and Due Process. Grievance matters that are unrelated to resident evaluation will be managed in accordance with Ascension Columbia St. Mary's HR PolicyStat # 249724 entitled, Grievance Procedure.

4.7.2. The Program Director or his/her designee shall chair this RTC sub-committee and schedule meetings as needed. The RGC will meet as needed when residents are having academic problems. The RTC will meet to review a resident's progress while on academic probation.

4.7.3. The Program Director will appoint members for a one-year term, from July 1 to June 30. Members shall include: Program Director; designated Chair, if the Chair is someone other than the Program Director; and may include Assistant Directors; Program Site Coordinators; appropriate faculty representatives from affiliate institutions; Resident representative(s); an administrative representative(s); and other members as deemed appropriate by the RTC. Each member will have one vote unless stated otherwise. In the event of a tie vote, the Program Director will make the final decision.

4.7.4. Any individual possessing a conflict of interest related to the dispute, including the Program Director, must be excluded from all levels of the appeal process.

4.8. Teaching Faculty

4.8.1. Faculty members must take an active role in the presentation of lectures, conferences, journal review sessions, and/or other didactic activities.

4.8.2. Faculty members must supervise and evaluate the resident in clinical and/or surgical sessions and assume responsibility for the quality of care provided by the resident during

the clinical and/or surgical sessions that they supervise. The term clinical and/or surgical session refers to direct patient encounters and/or documentation in the patient health record.

4.8.3. Faculty members must discuss patient evaluation, treatment planning, patient management, complications, and outcomes with the resident.

4.8.4. Faculty must review records of patients assigned to the resident to ensure the accuracy and completeness of those records.

4.8.5. Faculty must complete resident assessments and evaluations.

4.8.6. Faculty should engage associated support staff for input to assist in the completion of the assessment.

4.8.7. Faculty members shall participate in faculty development activities to improve teaching, research, and evaluation skills as scheduled.

4.9. Attending Faculty

4.9.1. Faculty members should take an active role in the presentation of lectures, conferences, journal review sessions, and other didactic activities.

4.9.2. Faculty members must supervise and evaluate the resident in clinical and/or surgical sessions and assume responsibility for the quality of care provided by the resident during the clinical and/or surgical sessions that they supervise. The term clinical and/or surgical session refers to direct patient encounters and/or documentation in the patient health record.

4.9.3. Faculty members must discuss patient evaluation, treatment planning, patient management, complications, and outcomes with the resident.

4.9.4. Faculty must review records of patients assigned to the resident to ensure the accuracy and completeness of those records.

4.9.5. Faculty may be asked to complete resident assessments and evaluations.

4.9.6. Faculty should engage associated support staff for input to assist in the completion of the assessment.

4.9.7. Faculty members should participate in faculty development activities to improve teaching, research, and evaluation skills as scheduled.

4.10. Reporting Requirements

4.10.1. Ascension Wisconsin shall report annually to the Council on Podiatric Medical Education ("Council") office on institutional data, residents completing training, residents selected for training, changes in the curriculum, and other information requested by the Council and/or the Residency Review Committee.

4.10.2. Ascension Wisconsin shall inform the Council in writing within 30 calendar days of substantive changes in the Program including, but not limited to: sponsorship, affiliated training sites, appointment of a new Director of Podiatric Medical Education, curriculum, and resident transfer.

4.10.3. Ascension Wisconsin shall provide the Council office with copies of its correspondence to Program applicants including current and incoming residents.

4.10.3.1. Prior to application Ascension Wisconsin will offer Program applicants electronic access to Program curriculum, competencies, and assessments.

4.10.3.2. Prior to interview Ascension Wisconsin will notify Program applicants of their application status including completeness and final disposition (acceptance or denial) of the application via electronic correspondence.

4.10.3.3. Ascension Wisconsin will notify Program applicants of pertinent Program changes via electronic correspondence including, but not necessarily limited to, denial of eligibility for initial on-site evaluation, probation, administrative probation, withholding of provisional approval, withdrawal of approval, denial of an increase in positions, or voluntary termination of the program. The Council office shall receive correspondence of pertinent Program changes within 50 calendar days of the Program Director's receipt of the letter informing Ascension Wisconsin of the action taken by Council on Podiatric Medical Education.

4.10.3.4. Annual Self-Assessment:

4.10.3.4.1. An Annual Programmatic Self-Assessment of the program's resources and curriculum will be performed every June as a function of the Residency Training Committee. Information resulting from this review shall be used in improving the program.

4.10.3.4.2. The Annual Programmatic Self-Assessment shall include but not be limited to at least the following items for review:

4.10.3.4.2.1.1. identification of individuals involved (e.g. program director, faculty, and residents), the performance data utilized (e.g., evaluation of the program's compliance with the standards and requirements of the Council, the resident's formal evaluation of the program, the director's formal evaluation of the faculty, and the extent to which the didactic activities complement and supplement the curriculum),

4.10.3.4.2.1.2. the measures of program outcomes utilized (e.g., in-training examination results, success of previous residents in private practice and teaching environments, board certification pass rates, hospital appointments, and publications),

4.10.3.4.2.1.3. results of the review (i.e., whether the curriculum is relevant to the competencies, the extent to which the competencies are being achieved, whether all those involved understand the competencies, and whether the resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved)

4.10.3.4.2.2. The outcome of the Annual Programmatic Self-Assessment should be reviewed by the GMEC and/or other appropriate Ascension entities. The GMEC and/or other appropriate Ascension entities should assist the program in any outcome that may potentially affect the program's compliance with the standards and requirements of the Council. The GMEC and/or other appropriate Ascension entities should assist in identified programmatic improvement(s) that could be need or gaining access to additional training resources as considered beneficial.

END POLICY

Ascension

Podiatry Academic (Didactic) Activities

Policy Name:	Podiatry Academic (Didactic) Activities
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	June 2026

POLICY STATEMENT

Ascension Wisconsin Podiatric Medicine and Surgery Residency Program (Program) shall establish and maintain an ongoing schedule of academic activities to fulfill curricular objectives. The academic activities may be presented in a variety of formats including; lectures, case discussions, clinical pathology conferences, morbidity and mortality conferences, journal article review, cadaver dissections, tumor conferences, informal lectures, teaching rounds, and/or continuing education.

SCOPE

This policy applies to all residents and faculty associated with the Ascension Wisconsin Podiatric Medicine and Surgery Residency Program

PROCESS

Academic activities are overseen by the Program Director and supported by faculty and other qualified professionals. Academic activities are open to all podiatry residents, visiting podiatry clerks, and participating faculty. The schedule may be revised from time to time to accommodate various Program initiatives, however; academic activities will generally follow the schedule listed below:

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1				6:00 pm Lab Session			Occasional Lab Session

2		6:00 am Past/Future Case Discussion		6:00 pm Journal Club			Occasional Lab Session
3				6:00 pm Book Review			Occasional Lab Session
4		6:00 am Topic Lecture & Discussion		6:00 pm Student Presentation & Mock Interview			Occasional Lab Session

Podiatry residents are invited to attend continuing medical education events sponsored by the Ascension Medical Staff which include, but not necessarily limited to, weekly *Medical Grand Rounds* and the *Spring and Fall Clinics*. Ascension is accredited by the Wisconsin Medical Society to provide continuing medical education activities for Medical Staff members and guests, including residents and students.

Each resident receives an annual stipend per his/her Employment Agreement that can be used to attend courses and conferences.

END POLICY

Ascension

Podiatry Resident Call Schedule

Policy Name:	Podiatry Resident Call Schedule
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	June 2026

POLICY STATEMENT

Ascension Wisconsin Podiatric Medicine and Surgery Residency Program will establish and maintain an ongoing resident call schedule to ensure equitable training opportunities for all residents 365 days a year. The call schedule affords each resident the opportunity to participate directly in urgent and emergent evaluation and management of patients who present with health matters involving the foot, including reconstructive rearfoot/ankle trauma and/or surgery.

SCOPE

This policy applies to the residents of the Ascension Wisconsin Podiatric Medicine and Surgery Residency Program.

PROCESS

1. The "podiatry resident on-call pager" is forwarded to the resident who assumes call responsibilities. The Hospital Operator maintains all pager numbers. [DDR1] [ZZ2]

2. During the week, one of the two residents assigned to the Podiatry Medicine and Surgery Service will take call.

3. Weekends are split among all residents on a six- (6) week cycle: the PGY I resident covers 3 of 6 weekends; the PGY II resident covers 2 of 6 weekends; and the PGY III resident covers 1 of 6 weekends.

4. Holidays are generally covered as follows: the PGY I resident covers Christmas Eve/Day and New Year's Eve/Day; the PGY II resident covers Thanksgiving; and the PGY III resident covers Easter. Other official Holidays are split evenly among all residents.

5. The chief resident (PGY III) is accountable for the call schedule and resolving conflicts however, the Program Director or his/her designee has ultimate authority in the event a conflict cannot be resolved.

END POLICY

Ascension

POLICY: On-Call Residents (OCR) and Rounding

1. The first six weeks of year of the PGY-I's training year:

   1.1. Call/rounding by PGY-I OCR will be in a shadowing function with the PGY-III OCR2's as scheduled.

   1.2. The PGY-I OCR will communicate all 'call' contacts with their PGY-III OCR2 and then the appropriate attending faculty before any orders/treatment are being considered/rendered.

   1.3. The PGY-I OCR will communicate full rounding status updates daily with their PGY-III OCR2 and then the appropriate attending faculty before any orders/treatment are being considered/rendered as needed.

   1.4. The PGY-1 OCR will double scrub the more complex daily cases with the OCR2 as available and as the schedule allows.

   1.5. The PGY-I will scrub all available call cases as directed by the PGY-III Chief (in coordination with the PGY-III OCR2 if different).

   1.6. Formal review evaluations will be completed by all PGY-III's on each PGY-I regarding their respective progress on call/rounding after the first 6 weeks are completed and forwarded to the PD.

2. For the second six weeks of the PGY-I's training year:

   2.1. PGY-I OCR will check with PGY-III OCR2 on all 'calls' for triaging status and give full rounding status updates daily.

   2.2. PGY-III OCR2's will be available for all complex 'calls" PRN

   2.3. The PGY-I will scrub all available call cases as directed by the PGY-III Chief (in coordination with the PGY-III OCR2 if different).

   2.4. Formal review evaluations will be completed by all PGY-III's on each PGY-I regarding their respective progress on call/rounding and their ability to handle more autonomy after the first 12 weeks are completed and forwarded to the PD.

3. For September through December of the PGY-I's training year:

   3.1. The PGY-I OCR will check with senior OCR's (or their respective Sector Chiefs) on all complex cases and then the appropriate podiatric attending before any orders/treatment are being considered/rendered.

   3.2. Formal review evaluations of the PGY-I's will be done by Attending Faculty and their more senior residents for the 6-months of call/rounding to be used as input for their 6-month reviews and further 'call' progression.

4. Switching call responsibilities

4.1. Changing ‘on-call’ days and weeks are specifically prohibited under most circumstances

4.2. Residents who want to change their ‘on-call’ responsibilities must notify and get approval from the Chief of that Sector that they are ‘on-call’.

4.3. Residents who want to change their ‘on-call’ responsibilities must engage another resident(s) to take on their ‘call’ and then get the official clearance from their respective Chief for the call changes. Approved changes are not guaranteed at this level. Changes of call responsibility must negatively impact rotational responsibilities.

4.4. Call changes are made on a first-come basis as approved.

4.5. If PTO (see PTO policy).

Podiatry Resident Selection Process

Policy Name:	Podiatry Resident Selection Process
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	May 2025

POLICY:

To assure fairness in the selection of residents, Ascension Wisconsin Podiatric Medicine and Surgery Residency Program (“Program”) shall adhere to the following process and guidelines.

1. To be eligible for appointment to the Program, an applicant must be a graduate of a college of Podiatric medicine accredited by the Council on Podiatric Medical Education (“CPME”).

2. All PGY1 positions will be offered through the Centralized Application Service for Podiatric Residencies (“CASPR”) following their established guidelines and policies. All interviewing will be done through the Centralized Residency Interview Process (“CRIP”) at the central CRIP.

3. All PGY1 applicants must pass Parts I and II of the national boards prior to the time they begin training.

4. All PGY2 and above applicants must pass Parts I, II, and III of the national boards prior to the time they begin training.

5. All PGY1 must apply through CASPR. The program requires applicants who are currently in podiatry colleges to be in the upper 50% of their class. The Program at its discretion may waive this requirement for applicants who can demonstrate solid academic credentials, and other exceptional qualities (i.e. preparedness, ability, communication skills, and personal qualities such as motivation and integrity).

6. D.P.M.s (applicants who have already graduated from podiatry school) must provide the following items in addition to their CASPR application:

    6.1. Letter from current program director or a letter detailing what they have done since graduation instead of residency training: and

    6.2. Notarized proof of graduation from podiatry school with date of graduation.

7. All PGY2 and above applicants must provide the following:

    7.1. Curriculum Vitae and Personal Statement;

    7.2. National Board part I, II, and III scores;

    7.3. Podiatry college transcripts;

    7.4. Three letters of recommendation;

    7.5. Letter from current/former program director; and

    7.6. Notarized proof of graduation from podiatry school with date of graduation.

8. The Program will provide applicants the following information on request:

    8.1. Instructions for submitting the application and required documentation (PGY2 and above);

    8.2. Program training and policy manuals;

    8.3. Graduate Medical Education brochure; and

    8.4. A statement that “Ascension does not discriminate on the basis of sex, race, age, religion, color, national origin, disability, or veteran’s status.”

9. Candidates for this Program are selected based on their preparedness, ability, academic credentials, communication skills, and personal qualities such as motivation and integrity.

10. Application packets are reviewed via criteria set forth by the CPME Program Requirements, the CASPR process and Ascension Wisconsin. Committee members will review applicants who meet the criteria. Based on the quality of the application packet and academic credentials, the applicant is subsequently invited, if appropriate, for an interview. At the central CRIP, applicants receive an informational packet and interview with members of the Resident Selection Committee (“RSC”)

including the Podiatric Residency Program Director ("Program Director") whenever possible. At the conclusion of the interview, the interviewers complete a standard evaluation form for each applicant they interviewed. The results are tallied and form the basis of the preliminary rank order. The RTC bases final match rank order on preliminary ranking and the interview process. A match list is developed and submitted to CASPR. Strict conformance with the rules of the match is maintained throughout the selection process.

11. In the event the Program fails to match all PGY1 positions in a given year, the Program will open up recruitment to all remaining applicants in the CASPR system under the Match Part II system that has been developed by CASPR. Interviewing protocols and timing will be determined at the time of this event. Qualified individuals who did not participate in the CASPR process will provide the information listed for PGY2 applicants.

12. Appointees to the Residency must fulfill the current licensing requirements for podiatric residents in the State of Wisconsin and must obtain a license as soon as possible during their PGY1 year. Part III of the boards must be taken in December of PGY1. The Resident must pass the exam to have renewal of contract. If the Resident fails to pass the exam in December, he/she may retake the exam the following June with special authorization from the Program Director to continue until results are available. Residents who receive a second failing score will not be allowed to continue pending review by the RTC.

END POLICY

Ascension

Podiatry Resident Evaluation Process

Policy Name:	Podiatry Resident Evaluation Process
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	May 2025

POLICY STATEMENT:

The Graduate Medical Education Committee ("GMEC") has responsibility for the overall academic quality of postgraduate medical education offered at Ascension Wisconsin, including the Podiatric Medicine and Surgery Residency Program ("Program"). A part of that quality can be measured by the performance of the residents who participate in this Program. The Program expects a progression of knowledge from beginning to end of training, and such progress needs to be monitored. It is further expected that residents will be eligible for the specialty board examination upon completion of this Program, and all evaluations will be directed at that ultimate objective. The Ascension Wisconsin Medical Director of Postgraduate Medical Education will chair the GMEC and report pertinent issues to the Board of Directors.

1. Standards of Performance

1.1. The Program will have a written set of performance standards for residents that help define clinical and surgical competence. At all times, residents are expected to demonstrate appropriate behavior towards patients, colleagues, and staff while attaining the following general competencies (see Program manual for rotation specific competencies).

1.1.1. Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.

1.1.2. Assess and manage the patient's general medical status.

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

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

1.1.5. Manage individuals and populations in a variety of socioeconomic and healthcare settings.

1.1.6. Understand podiatric practice management in a multitude of healthcare delivery settings.

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

1.2. Each resident is required to maintain logs documenting participation in all relevant podiatric medical and podiatric surgical activities. The logs are to be in a format approved by the Residency Review Committee ("RRC") of the Council on Podiatric Medical Education (CPME).

1.3. At the beginning of the training year, the Program will publish a formal schedule for clinical training that includes experiences at all training sites. The schedule will also include what percentage of the program is to be conducted in a podiatric private practice office-based setting(s). The schedule will be distributed to residents, faculty and administrative staff.

1.4. Performance standards are further defined, but not necessarily limited to the following documents: *Ascension Wisconsin Podiatric Medicine and Surgery Residency Program Code of Conduct*; *Ascension Wisconsin Podiatric Medicine and Surgery Residency Program Code of Ethics*; Ascension HR PolicyStat # 246757 entitled, *Rules of Personal Conduct*; Ascension HR PolicyStat # 246455 entitled, *Dress Code*; Ascension HR PolicyStat # 246460 entitled, *Harassment*; Ascension PolicyStat # 249772 entitled, *Smoke-Free;* Ascension HR PolicyStat # 203911 entitled, *Corporate Compliance, Harassment, Discrimination and other Questionable Behaviors;* and Ascension Medical Staff PolicyStat # 701783 entitled, *HIPPA:* Ascension *Medical Staff Compliance*.

1.5. Each resident will receive a copy of or electronic access to performance and evaluation standards on or before the first day of training in the Ascension Wisconsin Podiatric Residency Program. The evaluation process shall be identified in policy and will include the method and frequency of evaluation for residents in the training program. If an in-service examination is given, the purpose will be identified. If it is used as a performance measure, that will be clearly stated to the resident(s).

2. Academic Evaluation

2.1. In addition to regular contact with faculty, the supervising faculty will evaluate the resident at the end of each rotation. When a rotation extends beyond one month, an evaluation will be completed at the conclusion of the rotation or at six-month intervals when the rotation extends beyond six months. When a resident does not demonstrate satisfactory progression in the rotation, the Program Director may conduct an interim evaluation. The supervising faculty must document evaluations.

2.2. Each resident will meet with the Program Director at least on a semi-annual basis to review the accumulated written evaluations of the year's performance.

2.3. The written or electronic evaluations will be placed in the resident's file and will be available for review by the resident upon request.

2.4. Whenever an evaluation reveals less than satisfactory performance, the Program Director must be notified. The Program Director, in consultation with appropriate faculty, will:

2.4.1. Discuss the evaluation with the resident immediately.

2.4.2. Outline in writing and in the discussion any corrective action(s) to be taken to remedy the deficiency, and how the resident will be evaluated to determine if the problem has been corrected.

2.4.3. Notify the Residency Education Committee (REC) of the unsatisfactory evaluation.

2.5. The resident will be allowed to refute in writing any evaluation, which will be placed in his/her file along with the evaluation.

3. Remediation

3.1. Refer to the Ascension Wisconsin Graduate Medical Education policy entitled, *Academic/Corrective Actions.*

4. Academic Probation

4.1. Refer to the Ascension Wisconsin Graduate Medical Education policy entitled, *Academic/Corrective Actions.*

5. Administrative Redress and Remedy (Due Process)

5.1. Refer to the Ascension Wisconsin Graduate Medical Education policy entitled, *Grievance and Due Process Policy.*

6. Promotion/Graduation

6.1. The resident is eligible for promotion/graduation upon the satisfactory completion of the training program. During his/her residency program, the resident shall maintain satisfactory academic performance, demonstrate clinical competence, complete responsibilities as outlined by the Residency Rotation/Training Manual, fulfill all the requirements set forth in CPME 320 for the appropriate category of residency training and fulfill all financial obligations to all institutions affiliated with the program.

6.2. Residents will be evaluated on a bi-annual basis by the Residency Training Committee and/or training faculty. A negative recommendation may be accompanied by a proposed remediation plan including the type of remediation and expected duration. If the plan extends beyond the end of the current training appointment a statement regarding employee status of the position (i.e. with/without compensation) will be attached. However, in cases where corrective action/remediation has already been attempted the

decision will be final subject to the due process procedure. Certification of completion of the Ascension Wisconsin Podiatric Residency Program will be made by an approval vote from the RTC. Following approval, the Program Director will authorize that a certificate evidencing successful completion of the Program be issued to the resident.

6.3. A final written evaluation, completed by the Residency Training Committee, will be done for each resident who completes the Program. This evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final written evaluation will state whether a resident has successfully completed requirements for board eligibility, or list areas of deficiency for board eligibility. This final evaluation should be part of the resident's permanent record maintained by the Office of Graduate Medical Education. The final written evaluation will be signed by the Program Director.

7. Renewal of Resident Agreements

7.1. Residents performing satisfactorily may have the resident agreement renewed for the subsequent year. The resident agreement is renewable annually as agreed among the resident, and the Program Director. Upon issuance of an agreement for one year does not imply the resident will complete the training program. Agreements for succeeding years of training will be issued only after specified conditions have been met.

END POLICY

Ascension

CPME Standards Acknowledgment

Policy Name:	CPME Standards Acknowledgement
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	May 2025

Policy:

1. The Ascension WI Podiatric Medicine and Surgery Residency Program Residency Manual is reviewed and distributed to the residents, podiatric faculty, and non-podiatric faculty annually.
2. The manual is re-distributed to all residents, podiatric faculty, and non-podiatric faculty when any major changes are made.
3. The residency manual contains all of the program's policies and procedures and links to the CPME 320 and CPME 330 standards.
4. Receipt of the residency manual is confirmed through the acknowledgement page as shown on page 2-4 of this policy and again when any major changes are made.
5. Signed acknowledgement pages are saved in each resident file.

CPME 320

Standard 3.0 The sponsoring institution formulates, publishes, and implements policies affecting the resident.

3.10 The sponsoring institution shall develop a ***residency manual that is distributed to and acknowledged in writing by the resident at the beginning of the program and following any revisions***.

Ascension Wisconsin Podiatric Medical and Surgical Residency Program's Manual:

https://docs.google.com/document/d/1GnOmwUIhYX1tQtL4Zg1T0HzaQzwqTZmRMs5LLV61u9Q/edit#

The manual shall include, but not be limited to, the following:

a. The mechanism of appeal

The sponsoring institution must establish a written mechanism of appeal that ensures due process for the resident and the sponsoring institution, should there be a dispute between the parties. Any individual possessing a conflict of interest related to the dispute, including the program director, must be excluded from all levels of the appeal process.

b. The remediation methods established to address instances of unsatisfactory resident performance

The sponsoring institution must establish and delineate remediation methods to address instances of unsatisfactory resident performance (academic and/or attitudinal) and that identify the time frame allowed for remediation. Remediation methods may include, but not be limited to, requiring that the resident repeat particular training experiences, spend additional hours in a clinic, or complete additional assigned reading to facilitate achievement of the stated competencies of the curriculum. Remediation should be completed no later than three months beyond the normal length of the residency program.

c. The rules and regulations for the conduct of the resident

d. Competencies specific to each rotation (refer to requirements 6.1 and 6.4)

e. Training schedule

The schedule must be for the length of the residency (36 or 48 months, if applicable), reflect the number of approved residency positions, and clearly identify the rotation, location, format, and date of each rotation. (refer to requirement 6.3)

f. Schedule of didactic activities (refer to requirement 6.7)

g. Journal review schedule (refer to requirement 6.8)
h. Assessment documents (refer to requirement 7.2)

i. CPME 320 and CPME 330

These documents may be provided within the manual or the manual may include links to the residency section of CPME's website.

CPME 320:
https://www.cpme.org/files/CPME%20320%20Updated%20May%202020%20-%20DP%20Edit%2012-2020_1608320338618_5.pdf

CPME 330:
https://www.cpme.org/files/CPME%20330%20final%20June%202015.pdf

Ascension

Podiatry Training Materials

Policy Name:	Podiatry Training Materials
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	May 2025

Policy:

1. The Ascension WI Podiatric Medicine and Surgery Residency Program Administrative staff will perform annual reviews of the curriculum, competencies, evaluations, and create the annual resident training schedule each spring in anticipation of the academic year beginning on July 1st.
2. When the internal review is complete and the training schedule is drafted, all curriculum, competencies, evaluations, and the training schedule will be sent to the residency program directors, residents, podiatric teaching faculty, and non-podiatric teaching faculty for review and approval.
3. Any changes or adjustments to the training materials shall be completed prior to the beginning of the academic year on July 1st.
4. Acknowledgement of receipt of all training materials shall be recorded annually by signature and date on the form on page 2 of this policy.

I acknowledge that I have received and reviewed the Ascension WI Podiatric Medical and Surgical Residency curriculum, competencies, evaluations, and training schedule.

I acknowledge that I have read and understood the contents of this training materials and will act in accordance with these policies and procedures as a condition of my employment with Ascension WI Podiatric Medical and Surgical Residency Program.

Finally, I understand that the contents of the training materials and that the contents of the training materials may change at any time. I also understand I will be made aware of any revisions.

CPME 320

Standard 3.0 The sponsoring institution formulates, publishes, and implements policies affecting the resident.

3.10 The sponsoring institution shall develop a ***residency manual that is distributed to and acknowledged in writing by the resident at the beginning of the program and following any revisions***.

Ascension Wisconsin Podiatric Medical and Surgical Residency Program's Manual:

https://docs.google.com/document/d/1GnOmwUIhYX1tQtL4Zg1T0HzaQzwqTZmRMs5LLV61u9Q/edit#

The manual shall include, but not be limited to, the following:

a. The mechanism of appeal

The sponsoring institution must establish a written mechanism of appeal that ensures due process for the resident and the sponsoring institution, should there be a dispute between the parties. Any individual possessing a conflict of interest related to the dispute, including the program director, must be excluded from all levels of the appeal process.

b. The remediation methods established to address instances of unsatisfactory resident performance

The sponsoring institution must establish and delineate remediation methods to address instances of unsatisfactory resident performance (academic and/or attitudinal) and that identify the time frame allowed for remediation. Remediation methods may include, but not be limited to, requiring that the resident repeat particular training experiences, spend additional hours in a clinic, or complete additional assigned reading to facilitate achievement of the stated competencies of the curriculum. Remediation should be completed no later than three months beyond the normal length of the residency program.

c. The rules and regulations for the conduct of the resident

d. Competencies specific to each rotation (refer to requirements 6.1 and 6.4)

e. Training schedule

The schedule must be for the length of the residency (36 or 48 months, if applicable), reflect the number of approved residency positions, and clearly identify the rotation, location, format, and date of each rotation. (refer to requirement 6.3)

f. Schedule of didactic activities (refer to requirement 6.7)

g. Journal review schedule (refer to requirement 6.8)
h. Assessment documents (refer to requirement 7.2)

i. CPME 320 and CPME 330

These documents may be provided within the manual or the manual may include links to the residency section of CPME's website.

CPME 320: Standards and Requirements

CPME 330: Procedures for Approval

Ascension

PMSR Annual Education Requirements

Policy Name:	PMSR Annual Education Requirements
Affected Parties:	AW PMSR Residents
Approval Authority:	AW PMSR Program Director
Issue Date:	January 2024
Review Date:	May 2025

POLICY

The Podiatry Medicine and Surgery Residency Program is dedicated to upholding the highest standards of education and resident well-being as outlined by the Council on Podiatric Medical Education (CPME) Standards 320. In accordance with these accreditation requirements, the program has implemented policies and procedures to address critical areas of focus, including falls prevention, resident well-being, pain management and opioid addiction, cultural humility, workplace harassment and discrimination awareness, foundation of coding and medical documentation, and training in research methodology. These policies are designed to ensure compliance with CPME Standards 320 while fostering a supportive and inclusive learning environment for our residents.

1. Falls Prevention:

Residents in the Podiatry Medicine and Surgery Residency Program will be assigned training in falls prevention strategies. This training will include identification of fall risk factors, implementation of preventive measures, and management of patients at risk for falls.
myLearning Module Link:
https://ascension.sumtotal.host/Core/pillarRedirect?relyingParty=LM&url=core%2Factivitydetails%2FViewActivityDetails%3FActivityId%3D941139%26UserMode%3D0
CPME 320, 6.7.

2. Resident Well-being:

The residency program prioritizes resident well-being and provides resources for addressing issues such as substance abuse, fatigue mitigation, suicide prevention, self-harm, and physician burnout. Residents will have access to support services and interventions aimed at promoting their mental and emotional health.
myLearning Module Link:
https://ascension.sumtotal.host/Core/pillarRedirect?relyingParty=LM&url=core%2Factivitydetails%2FViewActivityDetails%3FActivityId%3D1094594%26UserMode%3D0
CPME 320, 6.7

3. Pain Management and Opioid Addiction:

Residents will receive training in a multi-modal approach to chronic and acute pain management, with an emphasis on minimizing opioid use and addressing opioid addiction. The program will provide education on alternative pain management techniques and resources for managing opioid addiction.
myLearning Module Link:
https://ascension.sumtotal.host/Core/pillarRedirect?relyingParty=LM&url=core%2Factivitydetails%2FViewActivityDetails%3FActivityId%3D1013898%26UserMode%3D0
CPME 320, 6.7

4. Cultural Humility:

The residency program values cultural humility and provides training in implicit bias, diversity, inclusion, and culturally effective components related to access to care and health outcomes. Residents will engage in activities and discussions aimed at enhancing cultural competency and sensitivity.
myLearning Module Link:
https://ascension.sumtotal.host/core/pillarRedirect?relyingParty=LM&url=app%2Fmanagement%2FLMS_ActDetails.aspx%3FActivityId%3D1116297%26UserMode%3D0
CPME 320, 6.7

5. Workplace Harassment and Discrimination Awareness and Prevention:

Residents will receive training on workplace harassment and discrimination awareness and prevention. This training will cover identifying, addressing, and preventing instances of harassment and discrimination in the workplace.
myLearning Module Link:
https://ascension.sumtotal.host/Core/pillarRedirect?relyingParty=LM&url=core%2Factivitydetails%2FViewActivityDetails%3FActivityId%3D1129496%26UserMode%3D0
CPME320, 6.7

6. Foundation of Coding and Medical Documentation:

Residents will receive education on the foundation and importance of coding and medical documentation as part of the practice management course, which meets monthly over a three-year curriculum. Additionally, didactic sessions with Dr. Meier will be conducted to reinforce coding, billing, and medical documentation principles.
Education Link:
CPME 320, 6.7
Along with course objectives and information from orientation, the name of the In-PT coding associate will also be provided.

7. Training in Research Methodology:

Residents will receive training in research methodology at least once during their residency training. This training may include web-based modules, formal lectures, or a dedicated research rotation. Additionally, residents will be required to complete CITI training.

Ascension Research Education Link:
https://ascensionwisconsinresearchinstitute.org/researchers/research-integrity-and-protection/research-education
CPME 320, 6.7
Training sessions will be conducted with Dr. Beth.

Ascension

MEDICAL EDUCATION MATERIAL ACKNOWLEDGMENT

I hereby acknowledge receipt of the following documents:

- Ascension Wisconsin Podiatric Medicine and Surgery Residency Program (PMSR/RRA) Manual
- CPME 320 and 330 Requirements & Policies (available at www.cpme.org)

By signing this document, I confirm that I have received these materials for reference during my employment with Ascension Wisconsin. I understand my responsibility to read, understand, and adhere to all policies, practices, and guidelines contained within these documents while acting within the scope of my residency at any Ascension Wisconsin facility or affiliated training site.

I acknowledge that I have reviewed the contents of this handbook and agree to act in accordance with its policies and procedures as a condition of my employment with the Ascension Wisconsin Podiatric Medical and Surgical Residency Program.

I understand that the working conditions, policies, procedures, appeal processes, and benefits described in this Manual are confidential and may not be distributed. Furthermore, I understand that the contents of this Manual serve as guidelines rather than a contract or implied contract of employment. I acknowledge that these policies may be updated at any time and that I will be notified of any such revisions.

Resident Signature: _____

Date: _____

Resident Name: _____