



Advent Health

Orlando

**PODIATRIC MEDICINE
AND SURGERY
RESIDENT MANUAL**

Department of Graduate Medical Education
2018 – 2019

The following pages contain information, rules, and regulations pertaining to your residency. It is important that all residents review these pages and ask any questions they may have. Failure to read and understand the information contained within this manual does not excuse the resident from adherence and possible disciplinary action. Review each rotation section prior to the start of the rotation.

NOTE: Policies and Procedures within this manual are subject to change and are superseded by AdventHealth Orlando Policies and Procedures, except for the discipline and grievance sections.

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INTRODUCTION TO RESIDENCY

The podiatric medical and surgical residency based at AdventHealth Orlando at East Orlando is a thirty-six (36) month program in which the resident receives training in basic and advanced types of podiatric medicine and surgical procedures. The residency provides the podiatric medical college graduate with didactic instruction and clinical experience necessary to achieve competence in the full scope of advanced podiatric surgery. To this end, the resident will participate in both medical and surgical rotations designed to broaden and strengthen their capabilities as health practitioners and to clarify their role in comprehensive health care delivery systems.

This manual is designed to help provide the resident and rotation chief with an overview of the program as a whole, as well as to the goals and objectives of each rotation. Please use it in conjunction with the policy and procedure manual. This manual is only a guide and is subject to revision. It is our hope that the rotation chiefs will use their expertise in helping us strengthen each of the rotations.

Program Goals

The primary goal of the Residency Program is to provide post graduate podiatric medical students with learning and training experiences in podiatric surgery and medicine in such a manner as to strengthen their capabilities as health practitioners and to clarify their role in comprehensive health care delivery systems. To this end we believe there are three goals which must be achieved:

1. The nature of the practice of medicine involves a series of problem solving events. It is with this in mind that we have structured this program in such a way as to develop and strengthen the student's individual capabilities as a problem solver.
2. The integration of podiatric practitioner into the healthcare community as a whole is essential to quality health care, and the advancement of the podiatric profession.
3. The future of our profession will ultimately rest on the continued involvement in education by our former students.

Education

Residents are expected to attend all scientific and professional meetings sponsored by the various departments and committees of the hospital. Your attendance is required at all ward rounds made by the heads of departments of the assigned services, all teaching conferences, all clinical pathological conferences, and also staff and department meetings. During your training there may arise scheduling conflicts between the medical or surgical service to which you are assigned and podiatric surgical cases being performed in the hospital. In this event your primary responsibility is to the service to which you are assigned.

GENERAL PROGRAM DESCRIPTION

The podiatric medicine and surgery residency program is based at AdventHealth Orlando at East Orlando (AHOE) and is designed so the podiatric medicine/surgical resident is exposed to and participates in the most current diagnostic preventive and therapeutic measures in medicine and surgery as they apply to the practice of Podiatry. The podiatric medicine and surgery residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. The first year focuses on other medical specialties as well as podiatric surgery. The second year focuses more tightly on podiatric surgery and medicine with elective rotations in other disciplines. The third year continues with a stronger emphasis on podiatric surgery and medicine and allows for the possibility for fellowship training.

Program Core Competencies

1. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
2. Assess and manage the patient's general medical and surgical status.
3. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
4. Communicate effectively and function in a multi-disciplinary setting.
5. Manage individuals and populations in a variety of socioeconomic and healthcare settings.
6. Understand podiatric practice management in a multitude of healthcare delivery settings.
7. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

PODIATRIC RESIDENT RESPONSIBILITIES

- Members of the residency staff are expected to abide by the policies of the hospital and to be cooperative, well groomed, and professional at all times.
- Arrangement for any departure from the schedule must be made with the Podiatric Director.
- Senior Resident must supply the coordinator a copy of each resident's schedule by the 25th of the month prior to the schedule being active.
- First year residents are directly responsible to the second year resident and the Podiatric Director. Second year residents are directly responsible to the third year resident and the Podiatric Director.
- Residents will learn to perform pre and postoperative reports under the direction of the attending physician.
- Residents will perform rounds on all Podiatric patients at least once each day and write proper progress notes under the direction of the clinician and in accordance with FH guidelines (see Medical Records Section of Manual).
- Residents will attend to the patients of other medical disciplines when on that service in the capacity deemed appropriate by the attending physician.
- Residents will review all available medical literature relevant to the medical condition or proposed surgical procedures being considered for all patients, prior to participation in patient care.
- Residents are not to accept fees or gratuities from patients, their relatives, or friends.
- Residents will not participate in the practice of podiatry or assist any physician outside of the hospital except by special assignment or permission granted by the Podiatric Director.
- Residents are not to consume alcohol while on duty or attend patients while under the influence of alcohol or psychotropic drugs.
- Residents are expected, while in the hospital, to conduct themselves in a professional manner in their relationship not only with patients, but also with nurses and other hospital employees.
- Residents are expected to cooperate in every way possible, and maintain friendly relationships with all professional services, administrative departments, and other hospital personnel. Residents have no disciplinary jurisdiction over nurses or other hospital employees. If any personal difficulties arise, discuss these situations with the Podiatric Director. All formal complaints are to be in writing.
- Duties and/or responsibilities may be modified at the discretion of the Podiatric Director.

The second and third year of training carries the same general responsibilities and duties as the first year, however there are notable differences. The second and third year curriculum is largely made up of a concentrated focus on podiatric surgery with elective rotations interspersed. In addition, the second and third year residents should be completing scientific papers and actively participating in teaching responsibilities including, but not limited to, instructing podiatric students and year one residents, facilitating the Journal Club, designing patient education programs, and lecturing to members of the podiatric and non-podiatric medical staffs.

FACILITIES

AdventHealth Orlando at East Orlando (AHOE) is a two hundred thirty-eight (238) bed acute care general hospital in Orlando, Florida. Other experiences are at rural and urban practice sites in the Orlando area. Residents will have the opportunity to operate at several Orlando health sites and various surgery centers.

A virtual library through AdventHealth Orlando is available on the Internet at <https://provider.floridahospital.org/>. The medical data resource, SkolarMD, is provided to each resident through the Internet.

The AdventHealth Orlando Health Sciences Library, located at AdventHealth Orlando (601 E. Rollins Street), contains hundreds of books and maintains subscriptions to over 130 Journals. Through Florida Hospital's library and interlibrary loans, access to any published literature available in the United States is possible. Computer searches of published literature by topic or author are available. Internet access for medical research is provided.

GENERAL INFORMATION AND REGULATIONS

Badges

Residents are issued a AdventHealth Orlando ID Badge the first day of employment. The badge is for identification and access to secure areas. The badge is to be worn at all times in the hospital, Clinic, and on rotations. The badge is to be placed on the upper left top pocket of the lab coat or scrubs. **Badges are not to be altered in any way including pictures, tape, or stickers.**

If a badge is lost or stolen, report it immediately to prevent unauthorized charges. There will be a replacement charge for a new badge. This charge will be deducted from your paycheck.

Residents may use their badge to charge against payroll deduction at:

- AdventHealth Orlando Gift Shops
- Cafeteria

Cafeteria

Meals or a food allocation will be provided to residents while on duty in the hospital. This is a privilege. Do not abuse it. All food is to be consumed either in the cafeteria doctor's dining room or the conference room during lectures. No food is to be taken out of the hospital or distributed to other family, friend, or staff members.

Call and Clinic Switches

When a resident finds it necessary to switch call or clinic responsibilities, the following procedure is to be followed.

1. Arrange the switch with another resident.
2. Complete a "Clinic/Call Switch" form explaining the switch and have the covering resident

sign. Requests for changes in call and clinic schedules shall be made in advance by submitting the “Clinic/Call Switch” form to the Program Director at least thirty days for call changes and 45 days for clinic schedule changes. No switching is to be done without Program Director approval! Make sure the chiefs are aware.

3. Clinic Medical Director, staffing coordinator, rotation proctors and covering residents must be informed and reminded of the change in coverage.
4. Consider and address the impact on clinic operations and patient care. The Clinic Medical Director, Practice Manager, and Program Director must approve all clinic changes.
5. A signed approval form will be returned to the resident to demonstrate the request is authorized. It is the resident’s responsibility to follow up and confirm approval.

ALL CHANGES MUST HAVE THIRTY (30) DAY PRIOR APPROVAL FOR CALL AND FORTY-FIVE (45) DAY PRIOR APPROVAL FOR ROTATIONS AND CLINIC FROM THE PROGRAM DIRECTOR!

CERTIFICATIONS

The resident is required to maintain current certifications in BLS and ACLS throughout their training. The department of Medical Education will pay fees associated with keeping these courses current when approved by Program Director. (Fees may be prorated for time remaining in the residency.)

Residents coming into the program will take ACLS during orientation. Returning residents should make arrangements to renew ACLS during their second year.

Copies of all certifications shall be given to the Podiatry Coordinator within 30 days of receipt.

See the GME office for further information.

CITIZENSHIP – AdventHealth Orlando POLICY

This policy serves as guidelines for residents, but disciplinary actions will be governed by the separate discipline and grievance sections of this manual.

Part I of this document is applicable to the entire AdventHealth Orlando community of health care professionals and employees. Part II applies specifically to the members of the Medical Staff, including physician trainees of AdventHealth Orlando.

I. POLICY STATEMENT

- A. The purpose of this policy is to emphasize the necessity for all individuals working in AdventHealth Orlando to treat others with respect, courtesy, and dignity and to conduct themselves in a professional and cooperative manner. Additionally, this policy protects individuals from behavior which does not meet these standards.
- B. All members of the health care team, including administrators, the medical staff, nursing and clinical personnel, volunteers and all hospital employees are expected to conduct themselves and their activities in a manner that supports the mission of the hospital and enables the delivery of quality, efficient patient care. Professional behaviors that promote cooperation and teamwork are a priority.
- C. AdventHealth Orlando citizenship expectations include the following:
 - Respond to patient and staff calls and requests appropriately and timely;
 - Treat others with courtesy and respect;
 - Cooperate and communicate with other members of the health care team in a dignified, professional manner;
 - Respect patient's autonomy, confidentiality, and welfare;
 - Address clinical concerns with colleagues in a direct and respectful manner;
 - Manage disagreements with courtesy;
 - Encourage clear communication;
 - Assist in the identification of colleagues who may be in need of assistance;

- Address dissatisfaction with policies, practices, or behavior through appropriate medical staff and/or administrative channels;
- Participate in clinical improvement activities;
- Maintain professional education and skills;
- Comply with accepted practice standards;
- Seek and obtain appropriate consultation;
- Arrange for satisfactory coverage when unavailable and communicate same to involved parties;
- Complete patient records in a timely manner; and
- Disclose potential conflicts of interest.

D. Behaviors to be avoided include the following:

- Engaging in physical, visual, or verbal harassment;
- Indulging in disorderly conduct or abusive language, including profanity, shouting, and rudeness;
- Fighting, threatening, intimidating, attempting bodily harm or injury, or interfering with other individuals;
- Misconduct toward or abuse of others, including patients, visitors, employees, and colleagues;
- Blaming, shaming, or publicly criticizing others for unexpected or negative outcomes; and
- Engaging in dishonest or fraudulent practices.

II. DISRUPTIVE CONDUCT POLICY

Members of the AdventHealth Orlando medical staff, including physician trainees, who engage in disruptive conduct will be dealt with in accordance with this policy, as enacted by the AdventHealth Orlando Board of Directors. In addressing disruptive conduct, protection of patients, employees, physicians, volunteers, visitors and others in the hospital and the orderly operation of the hospital are paramount concern.

A. Definition:

- Disruptive behavior is defined as behavior that:
 - Is perceived by others to represent or which constitutes acts of degradation, intimidation, or the threat of harm.
 - Disrupts the orderly operations of the hospital;
 - Interferes with and/or impairs the ability of others to accomplish their work safely and competently;
 - Creates a hostile work environment; and/or
 - Interferes with the individuals' own ability to function in a safe and competent manner.
- This policy is not intended to inhibit freedom of speech nor to restrain the right to redress grievances.

- Examples of disruptive behavior include, but are not limited to, the following:
 - Threats, attacks, or abuse, in whatever form, which are personal, irrelevant, or outside the bounds of professional conduct and personal civility;
 - Impertinent or inappropriate verbal communication or written documentation in medical records or other official documents that, by fact or design, compromise the effectiveness or reputation of the hospital;
 - Public and/or non-constructive criticism, addressed in a manner so as to intimidate, undermine confidence, demean, belittle, or imply stupidity or incompetence;
 - Harassment of any kind; and
 - Use of profanity or similarly offensive language, written or not, signs or dramatics that are perceived to intimidate, degrade, embarrass or humiliate other persons or the hospital.

B. Procedure

- Physicians, nurses, or other hospital employees who observe, or are subjected to, disruptive behavior by a member of the AdventHealth Orlando medical staff are to notify the supervisor of the affected unit about the incident. In the event that the supervisor is unavailable, involved in the incident, or is the individual whose behavior is at issue, the next senior administrator of the department or functional unit is to be notified. Any medical staff member who observes such an incident may notify the Chief Executive Officer or a designee directly.
- Upon notification, the incident is to be documented in writing by the individual who reported the incident or by the supervisor or administrator receiving the report. The documentation shall include:
 - The date, time and location of the behavior in question and names of involved persons;
 - A factual description of the behavior in question;
 - The names(s) of any patient or family members(s) involved in the incident or any other individual who was a witness to the incident;
 - The circumstances which precipitated the incident;
 - The consequences, if any, of the disruptive behavior as it relates to patient care, personnel, or hospital operations; and
 - Details regarding any action taken to intervene in, or remedy, the incident and a factual description of any such action.
- The written report shall be forwarded to the Senior Medical Officer, who shall review that report, take necessary steps to confirm the details, and inform the members of the Citizenship Committee of any preliminary findings.
- The AdventHealth Orlando Medical Staff Citizenship Committee shall be constituted as follows:
 - Chief Executive Officer
 - Senior Medical Officer
 - President of the Medical Staff
 - President-elect of the Medical Staff, and
 - Chairperson of involved Department

The Citizenship Committee shall be responsible for reviewing incidents of alleged disruptive behavior; recommending corrective or remedial action; and reporting to the Medical Executive Committee and Administration of AdventHealth Orlando.

- This policy procedure is designed to facilitate a progressive remedial and disciplinary approach to the management of allegations of disruptive behavior. The implementation of this process may be modified subject to the judgment of responsible medical staff leaders and senior hospital administrators, depending upon the specific findings in each case. Other factors, including repeated infractions and the response of the individual involved to prior suggestions and/or recommendations for correction and remediation, shall be considered. The Medical Executive Committee may, at any time in the process, consider other options or when deemed prudent to do so, refer the matter to the Board for resolution, without a recommendation.
- Upon determination that an incident of disruptive conduct has occurred, a meeting will be arranged, including one hospital representative and at least one medical staff representative from the Citizenship Committee and the involved member of the medical staff. The initial meeting shall be informational and collegial, and designed to accomplish the following:
 - Advise the member of the nature of the reported incident;
 - Obtain the members perspective of the incident;
 - Emphasize that certain conduct is inappropriate and unacceptable;
 - Educate the member regarding established administrative channels for resolving complaints or concerns;
 - Advise the member that retaliation against any person involved in the incident or reporting process shall constitute grounds for immediate exclusion from hospital facilities;
 - Prepared and a copy provided to the member; and
 - Advise that a written response may be prepared by the member and included with the summary in the confidential portion of the member's medical staff credentials file.
- If another report of disruptive conduct involving the same staff member is received, a second meeting with the involved staff member will be held. The purpose of this second meeting will be to:
 - Inform the member of the nature of the reported incident;
 - Obtain the member's perspective on the incident;
 - Advise the member that certain conduct is inappropriate and unacceptable, advise the member that any future documentation of disruptive conduct will be referred to the Medical Executive Committee for more formal action; and
 - Inform the member that a letter documenting the substance of the meeting will be prepared and a copy will be retained in the confidential portion of the member's medical staff credentials file.
- In the event of a third reported incident of disruptive behavior, a meeting with the involved staff member will be arranged. The participants for such a meeting shall include:

- Chairperson, Professional Affairs Committee or a designee;
- President, AdventHealth Orlando or a designee; and
- A designated member(s) of the Citizenship Committee.

The purpose of this meeting is to inform the member for the last time and in unmistakable terms that the disruptive conduct will not be tolerated. A letter will be sent to the member and will address at least the following:

- A description of the disruptive conduct at issue;
- An outline of the steps taken in the past to correct the conduct in question;
- The details regarding the unacceptable behavior; and
- An explanation of the conditions applicable to continued practice at the hospital.

The member shall be required to sign this letter. Failure or refusal of the member involved to sign the letter will result in the letter becoming a part of the involved member's credentials file and the commencement of a formal investigation pursuant to the Medical Staff Bylaws of AdventHealth Orlando.

- A single additional incident of disruptive behavior after the signing of the notice letter, by the member involved, shall result in an adverse professional review recommendation pursuant to Medical Staff Bylaws. Exclusion from hospital facilities may be appropriate pending this process. The Medical Executive Committee shall be fully apprised of the history and actions taken to address the concerns.
- In situations where the member continues to engage in disruptive behavior, the member may be excluded from the hospital's facilities pending the formal investigative process and any related hearing and appeal that may result. Such exclusion is not a suspension of clinical privileges. Rather, the action is taken to protect patients, employees, and others on the hospital premises from inappropriate behavior and to emphasize to the member the serious nature of the hospital's intolerance of such behavior. The involved member may submit a written response to the Medical Executive Committee about the exclusion action within three (3) days of being notified.
- This policy outlines collegial and professional review steps that can be taken in an attempt to resolve complaints regarding disruptive conduct exhibited by medical staff members. However, there may be a single incident (or combination of incidents) of disruptive conduct that is so unacceptable as to make these multiple opportunities inappropriate and to require immediate adverse action. Therefore, nothing in this policy precludes immediate referral to the Medical Executive Committee (or to the Board), or the elimination of any step in the policy in dealing with a complaint about disruptive conduct.
- In order to effectuate the objectives of this policy, and except as may otherwise be provided, legal counsel shall not be permitted to attend any of the informal meetings described in the paragraphs above.

CONTINUING MEDICAL EDUCATION

First year residents receive no CME days. The Program Director will use part or all of the funds (\$500) for electronic Medical Library software and/or hardware (PDAs), if the resident does not have comparable resources acceptable to the Program Director.

Second year residents may be permitted to take up to five (5) CME days with Program Director approval in advance. CME time is to be used solely for presenting research, attending a board review course, or other educational activities deemed appropriate by the program director for resident education. The Program Director will use some of the CME fund allowance for electronic Medical Library software and/or hardware, if the resident does not have comparable resources acceptable to the Program Director. Expenses related to CME will be reimbursed up to the maximum allowable as stated in the resident contract after the original receipts are provided to the podiatry coordinator. (Refer to the FH Expense Reimbursement policy).

CME time is to be requested in writing on a “*Time Off*” form and approved by the Program Director forty-five (45) calendar days in advance. A copy of the program brochure showing the program content must be attached to your CME request.

CME funds may be applied toward approved medical reference texts or other educational materials with the approval of the Program Director. CME time and money will not be allowed to accrue from OGME 1 to OGME 2 to OGME 3 and will not be paid out at the end of the contract.

No CME time will be allowed during core rotations or rotations that explicitly state “No personal leave is allowed during this rotation.” (Please see Part II of this manual for more information.)

No CME time is permitted during the last two weeks of a resident’s contract period of the normal academic year.

COMMUNITY SERVICE

All community service performed by a resident is to be reported to the ME office no later than the second day of the following month this will become part of the resident’s portfolio.

CONFIDENTIALITY AND MEDICAL RECORDS

This applies to all patient information including paper, computer, and electric medical records in addition to all conversations. The HIPPA policy of AdventHealth Orlando governs all activities related to this area. See AdventHealth Orlando HIPPA policy.

Refer questions regarding patient diagnosis, prognosis, or other information to the attending physician.

Keep all medical records strictly confidential. Do not discuss confidential information in hallways or elevators where patients or visitors can overhear you. All information from current or

past medical records/charts is to be considered confidential, even from other family members without the permission of the patient.

Do not leave copies of reports, labs, or dictation in the cafeteria, conference room, or other unsecured locations. (Remember to shred or bring to ME to have the staff shred copies of any patient information.) Secure EPIC prior to leaving workstation.

Information Release

There are many statutes governing the release of medical records and information to patients and others. If you receive written or verbal requests from patients or others to release medical records, check with the service Attending, Medical Education and the supervisor of information release in the Health Information Management (Medical Records) Department (HIM) before complying. You may share medical information with another health care professional in an emergency situation. Refer all subpoenas to Medical Education who will inform HIM and Risk Management.

Patients are entitled by Florida law to copies of their records in most cases. Discuss all requests with the service Attending. Ask the patient who requests his/her records to make an appointment with HIM to obtain copies in the hospital. At FHCE, refer requests to the front office manager.

Refer financial questions from patients to the Nursing Station or Business Office. Shred all duplicate copies of labs, dictation etc. to protect the confidentiality of our patients. See AdventHealth Orlando HIPPA policy.

Computer Confidentiality

Hospital personnel share in the responsibility of maintaining the confidentiality of the medical record information accessed by computer for inpatients and outpatients. See AdventHealth Orlando HIPPA policy.

Computer accessed Medical Record information includes, but is not limited to the following:

- Patient orders, both current and future
- Order results
- Documentation
- Previous hospital records
- Current face sheet information
- Billing information

Hospital personnel that currently have a right to review the patient's medical record may access computer generated information, on-line and printed, strictly during their tour of duty and within their area(s) of responsibility. This includes:

- Nursing staff members directly responsible for the care of the patient (RN, LPN, NA, NT, Psych Tech, US, SN, SPN)
- Primary physician
- Consulting physician(s)

- Allied health personnel
- Ancillary personnel directly responsible for the care of the patient
- Personnel from authorized departments (i.e., HIM, QA, RM) for the purpose of data collection

Any question regarding the appropriateness of a request to access computer information is to immediately be referred to the supervisor/director for assessment of this request.

Any inappropriate or unauthorized retrieval/review/sharing of private patient information by or with hospital personnel (or with the assistance of hospital personnel) is considered a breach of confidentiality and will be considered just cause for immediate termination of employment at AdventHealth Orlando.

Paper Destruction

Copies of confidential information may be taken to HIM or ME office to be shredded. In addition, there are security gray boxes marked for shredding throughout the hospital. You may put confidential information into these boxes. NEVER discard copies of confidential information in a trash can or leave where it may be picked up or read by unauthorized personnel or visitors.

CONTAGIOUS DISEASES (FH POLICY 815.040)

Any employee diagnosed with any of the following diseases is to advise Medical Education IMMEDIATELY:

- Chicken Pox/Herpes Zoster
- Conjunctivitis
- Hepatitis (all types)
- Lice
- Measles
- Mumps
- Pertussis
- Rubella
- Salmonella
- Scabies
- Shigella
- Tuberculosis

CONTRACT EXTENSIONS

Contract extensions are made at the discretion of the Program Director. No time off is allowed to be taken between contract years. Any extension of a resident year greater than ninety (90) days will require the issuing of a new contract with the newly established termination date. All new contracts shall be recommended by the ME Committee and approved by the Program Director. These new contracts may be evaluated as if this is a new applicant to the program. Residents with contract extensions will be notified of the extension in writing.

The Director of the residency program may grant a leave of absence without pay in the case of extended illness or serious personal problems. Extended leaves may jeopardize the resident's standing in accordance with regulations established by the CPME and may result in extension of time or repeating rotations.

CONTRACTUAL OBLIGATIONS (*Refer to*

your contract addendum) AdventHealth Orlando at East

Orlando agrees:

- To provide two (2) white lab coats
- To provide a pager and on-call system
- To provide professional liability insurance for the resident
- To provide medical and life insurance and other standard benefits
- To grant twenty (20) personal leave days to be used for vacation and/or sick leave
- To provide food allotment while on duty (food while on night duty is to be picked up before the cafeteria closes)
- To allow up to \$1,500.00 moving expenses (see Expenses section for details)

The resident agrees:

- To provide living quarters for themselves within thirty (30) minutes driving time of the hospital
- To observe curriculum requirements
- To attend all rotations, lectures, educational experiences, and other assignments
- To be and remain certified in ACLS
- To complete and submit monthly logs, procedural logs, and other required paperwork
- To participate in “out rotation” training site(s) at the discretion of the Program Director
- To maintain membership in APMA (when applicable) and ACFAS

Resident’s non-compliance with any of these stipulations or other responsibilities of the Residency will result in disciplinary action according to the resident disciplinary policy.

COPYRIGHT MATERIAL

The unauthorized copying of copyrighted material is a practice that happens frequently and is both illegal and unethical. The AHS Compliance Steering Committee reviewed this practice and authorized a process to increase compliance through a company-wide copyright license.

This License allows unlimited copies of portions of copyrighted material for internal purposes. In addition, copies can also be stored and retrieved electronically through the AHS intranet and e-mail system. Again, this is for internal use only. All AHS/AdventHealth Orlando employees are covered. You can assume that all publications in general use are covered and can be copied unless the publication specifically states they are NOT covered by the CCC license. A publication can also be checked on the CCC web site at <http://www.copyright.com>. Once on the home page, go to "Database of Works" then the "Annual Authorizations Service (AAS)" link.

Specific articles within the publication can be copied. This does not take the place of a subscription for a journal, e.g., you cannot copy the whole journal, just the relevant article. Unlimited copies can be made for internal purposes only. If there are any additional questions or comments, please contact Karen Schimpf, Director of Corporate Compliance at 407/303-8555.

DIDACTIC PROGRAMS

All residents are expected to attend all lectures where feasible. The lecture schedule will be prepared, distributed, and posted on NI by the coordinator. If you wish to give a lecture, or if you know someone who does, contact the Program Director or Coordinator to schedule a date and time.

ATTENDANCE POLICY

All residents are expected to attend at least 70% of lectures.

The resident is expected to **attend lectures, arrive on time, and remain for the entirety of the lecture in order to be counted in attendance**, unless on an authorized leave of absence from the program. There will be excused absences for illness, rotation requirements, meetings, vacation days, or other as approved by Program Director. It is up to the resident to meet required standards each month.

Residents will make use of the Cloud CME software to log their attendance. Residents must create a profile on the site and link their phone to it. Instructions to do this can be obtained from the residency coordinator. Attendees have 15 minutes before, during, and 15 minutes after to text in their attendance. Sign-in for lectures is required. Residents who sign in prior to lecture and do not attend will be assigned extra call as determined by the Program Director.

Medical Education Office may request an explanation for absences. Absences will be addressed by the Program Director.

If the resident encounters a problem with texting in their attendance code please notify the residency coordinator as soon as possible to correct the problem.

The Program Director may assign appropriate punitive measures for failure to attend 70% of lectures. This includes warnings, additional call, suspension without pay, dismissal, or other actions deemed appropriate, including the loss of moonlighting privileges.

ACADEMIC CALENDAR

Case Reviews (Second and Third Friday of the month)

Presentations can be:

- Case presentations w/EBM added to evaluate the dx/treatment and discuss if there are other or better options for the pathology.
- Article Review/Chapter Review about board topic

This is for the residents' benefit and learning. Putting time and thought into each presentation ensures that it will be educational for all. This should prompt each resident to think critically and make the quality of their presentation to be that of a resident physician, and more than a glorified student presentation. Residents should view these presentations as though they are preparing a SAM seminar presentation or if presenting (or helping put together a presentation) at ACFAS. All attendings are invited to our 6:30 AM meetings but Dr. Bornstein will be present at each one.

PRESENT (Weekly)

PRESENT lectures will be reviewed roughly every other week in conjunction with journal clubs. Two weeks of lecture will be covered during one meeting and will likely combine attendings. It is the responsibility of the resident to watch the lectures every week.

Institute for Healthcare Improvement (Assigned for each year)

Patient safety and quality improvement will be a longitudinal educational process throughout the three years of residency training. Residents will be expected to complete required reading and pass specific testing.

After Action Reviews (Quarterly)

An after action review (AAR) is a structured review or de-brief process for analyzing what happened, why it happened, and how it can be done better by the participants and those responsible for the project or event. In our context we will use this tool to assess resident learning and team performance in the surgical arena. This tool is to be used immediately after the surgical procedure to evaluate the event. Ideally this should include all members of the surgical team but at a minimum it should include the surgeon, the resident(s) and any students in the OR suite.

DISASTER PLAN (HURRICANE)

At the issue of a Hurricane **WATCH** by State and/or local governments for Brevard, Volusia, Seminole, or Orange counties, faculty, residents, students, and staff will follow *initial preparations* guidelines.

At the issue of a Hurricane **WARNING** by State and/or local governments for Brevard, Volusia, Seminole, or Orange counties, faculty, residents, students, and staff will activate for the first 24 hour shift including overnight at the hospital in anticipation or preparation for the disaster. This is to ensure coverage in the event roads are not passable after the initial stages of the disaster. The second team will report to the hospital at 7:00 am the next day or as soon as physically possible to travel on the roads to relieve the first team that stayed overnight at the hospital. (See attached

Team Assignments.) All Team Members should contact Medical Education to advise of status, location, and current phone numbers.

Initial Preparations

At the issue of a Hurricane Watch, Team 1 of the Practice Management groups should begin emergency preparations. Check pagers and have a fresh battery. Externs are to come to Medical Education and provide current phone number. Podiatry residents are to prepare in the same manner as Family Practice residents.

Notification of Disaster (Hurricane) Warning

Teams will be activated. Normal rotations will be suspended until recovery is complete at a time determined by the Program Director.

All residents are to:

1. Report to the command center.
2. Support resident service areas if needed and available.
3. Keep attendings, Chiefs, and Command Center apprised of location and availability.
4. Both teams may be called in initially and the shifts worked out according to workload demands.

Teams will thereafter go to twelve-hour shifts with a twelve-hour recovery shift, or other shifts as assigned, before returning to normal rotations. Normal dress code regulations will be suspended for the duration of the emergency. Scrubs may be worn.

Clinics and Medical Education office will be closed at the discretion of the Clinic Director and Program Director. Notification will be given to employees as to possible responsibilities by one of these individuals. Clinic Manager with hospital Nursing Managers will coordinate clinic nursing staff usage.

All faculty, residents, externs, and other personnel are to wear name badges at all times while in the hospital. If name badge is missing, employee is to go to the command center check-in and be arm banded.

Faculty will release employees after discussion with the Program Director and not without Command Center notification and agreement. All employees will be available when in the hospital to provide whatever services Command Center may need. All employees are to be present at assigned location. Failure to appear will result in a review and possible disciplinary action up to and including termination.

Employees may bring immediate family members with them when they report to work. All family members are to bring three-day kits and bedding. Each person is to check in and be arm banded before taking them to their assigned location. Pets are not allowed.

All activities are to be coordinated with the Command Center.

After the Disaster (Hurricane)

The PROGRAM DIRECTOR will meet with the Command Staff for debriefing. Disaster (Hurricane) Report will be provided to Administration.

Command Center

The Command Center will begin functioning at the determination of the Hospital Administrator and will be located in the Emergency Department Conference Room. The PROGRAM DIRECTOR or PROGRAM DIRECTOR representative will attend all scheduled Command Center meetings prior to, during, and after disaster to assist with coordination.

Phone Numbers

Special Needs Patients (Orange County) 836-7115

Medical Education FHEO 303-8683

Command Center Extensions at FHEO

6842, 6843, 6844, 6845, 6846, 6847, 6848, 6849, 6850, 6851

Cell phone number: 342-8232

DISCIPLINARY ACTION (ACADEMIC AND NON-ACADEMIC)

(See GRIEVANCE, REMEDIATION, ROTATION FAILURE POLICY, and TERMINATION sections of this manual)

The Medical Education Department has clearly defined procedures for academic and disciplinary action. Residents review and sign the *Diagram of Criteria For Advancement of Residents* which lists expectations/requirements for advancement and graduation. Residents may be allowed counsel at hearings concerning disciplinary issues. Legal counsel will not be allowed to participate. The Medical Education department shall be notified ten (10) working days in advance of legal counsel's intent to attend.

Disciplinary Policy

The hospital follows a three-step procedure for corrective disciplinary action involving resident performance.

1. In the event of a perceived need for formal discipline, the resident will be notified verbally and in writing regarding the deficiencies and the steps outlined to correct these deficiencies.
2. If this corrective action fails to remediate the deficiencies, the Program Director shall take the problem to the Graduate Medical Education Committee. The Committee will vote whether to recommend placement of the resident on a "probationary" status. Along with the probationary status, there will be a verbal discussion and a notification letter to the resident stating the corrective actions required. If the deficiencies are serious enough, immediate dismissal may be enacted.
3. If the resident fails to fulfill the corrective actions outlined in the notification letter, or continues activities contrary to those expected and defined by any of the documents referenced in this disciplinary action section, then the Program Director will bring the issues again to the Graduate Medical Education Committee. Disciplinary action of formal dismissal from the program or continued probationary status with remediation will be determined. All such recommendations shall be provided verbally and in writing to them when approved and implemented by the Program Director.

Any disciplinary action may be appealed through the appeal mechanism outlined in this section.

Academic Disciplinary Actions

Academic dismissals result from failure to attain a proper level of scholarship or non-cognitive skills, including clinic abilities, interpersonal relations, and/or personal and professional characteristic. Institutional standards of conduct include but are not limited to Florida Hospital's Citizenship Policy, cheating, plagiarism, falsifying records, stealing, alcohol and/or substance abuse, or any other inappropriate actions or activities.

In cases of academic deficiencies, the Program Director or a designee will inform the resident verbally and in writing of inadequacies, corrective measures and their effect on academic standing and promotion. The resident will be provided a set time period in which to implement specified actions required to resolve the academic disciplinary process. Disciplinary action will be taken for reasons not substantially supported. Following this initial step, if academic deficiencies persist, the Resident may be placed on probation for a period of one (1) to six (6) months. The resident may be dismissed following the probation, if deficiencies remain and are judged to be irremediable, or, additional probation and remedial processes may be instituted. The resident may request to meet with the Graduate Medical Education Committee to appeal decisions regarding remediation probation.

In the case of disciplinary infraction judged irremediable and resulting in dismissal, the Program Director will provide the resident with notice of the deficiencies. The resident may request in writing to the Program Director for a hearing with the Graduate Medical Education Committee which will allow the resident to present their position, explanation, and information. The Graduate Medical Education Committee will act as the disciplinary authority with final approval and implementation being the responsibility of the Program Director. Pending the completion of the process for the disciplinary action, the Program Director may suspend the resident when it is believed such suspensions are in the best interest of the hospital, residency and/or patient care. Disciplinary and remedial actions may continue during an appeal process at the Program Director's discretion.

Non-Academic Disciplinary Actions

The Program Director may reprimand, suspend, terminate, or take other disciplinary actions, including withholding of certification, or pay of a resident for just cause. "Just cause," as used in this paragraph includes, but not limited to, infractions of the established AdventHealth Orlando policies and procedures and the AdventHealth Orlando Podiatry Residency manual; breach of the Contract and Addendum; failure to adhere to appropriate patient care and ethical or professional standards; failure to perform required work duties properly; or threatening the health, welfare, or safety of any patient, visitor, colleague or employee. In the case of an act or threat endangering the health, welfare or safety of any patient, visitor, colleague, or employee, the Program Director may suspend or terminate the resident immediately. While under suspension, the resident will not work or be on AdventHealth Orlando property other than for official activities approved or requested by the Program Director, and may be denied pay for the suspension period.

The Program Director will determine all disciplinary action with the advice of the Graduate Medical Education Committee if feasible.

Appeal Policy

Upon receipt of written notification of a disciplinary action or probationary status, the affected resident has the right to request in writing through the Program Director an appeal to an Ad Hoc Committee appointed by the DIO. The request must be received in the Office of Medical Education no later than ten (10) working days following the notification of the resident of the disciplinary action by the Program Director. Upon receipt of the written request for such an

appeal, the Program Director will schedule a meeting of the Ad Hoc Committee, within thirty (30) working days. At that time, the appeal will be heard.

The decision of this committee may be appealed in writing through the Program Director to the DIO and GMEC. This appeal must be submitted in writing to the Program Director within ten (10) working days following the notification of the resident of the disciplinary action. This meeting will take place within thirty (30) working days following receipt of the written request. The determination of the DIO and GMEC is final and binding on the resident.

DRESS CODE

Professional dress will be adopted by all residents. (See FH Policy.) Residents will appear neat and observe the AdventHealth Orlando dress code at all times while on duty in the hospital, on rotations, or at the Podiatric Clinic. Faculty/attendings may send a resident home to correct Dress Code infractions. The attached form will be completed and forwarded to Medical Education to become a permanent part of the residents' record.

A white jacket and name tag (provided by the hospital) are to be worn at all times while on duty at the hospital, on rotations, and at Podiatric Clinic. Jewelry will be limited and discreet as defined by FH standards.

Male residents are to wear scrubs dress shirt and tie, and clean, unwrinkled slacks that comply with a professional appearance. Hair should be cut above the neckline, off the ears and without long side burns. Ponytails on men are not acceptable. Open-toed shoes, or sandals are not allowed.

Female residents are to wear a dress or pants consistent with modesty and a professional appearance and hosiery. Shoes and socks conducive to comfort and a professional appearance are to be worn (no sandals, athletic footwear, or open-toed shoes). Hair should be neat and well groomed. T-shirts and jeans are not acceptable professional dress.

Scrub suits may be worn in the hospital when appropriate (ED, ICU, OB, Anesthesia, Surgery, Night rotations). Scrub suits are not to be worn outside of the hospital. Athletic footwear may be worn in the hospital if the resident is wearing surgical scrubs. Scrubs are not allowed in the Clinic.

The Program Director and FH's dress codes will determine what constitutes a professional appearance.

It is the responsibility of Medical Education to enforce the AdventHealth Orlando Dress Code. All faculty members will insist each resident and extern follow the regulations.

The following procedure will be followed:

First infraction – The resident or extern will be sent home to correct the problem. The Attending may recommend the loss of vacation time. Attendings will submit the appropriate form to Medical Education. (See Attached)

Additional infractions - Vacation time may be taken away at the discretion of the Program Director. In addition, moonlighting privileges may be suspended. The resident must gain the written re-approval of the Program Director to begin moonlighting again.

EXPENSES

Moving Reimbursement

Residents are reimbursed up to \$1,500.00 for moving expenses incurred one month before and up to six months after the start of the residency. Original receipts/documentation are required. (Refer to information package sent by Medical Education for instructions on repayment and “FH Expense Reimbursement Regulations” policy in this manual.)

Do not delay in turning receipts into Medical Education. Accounting requires all reimbursements be completed within a timely manner during the year of use.

FH Expense Reimbursement Regulations

There are expenses reimbursed by Medical Education. There are rules governing reimbursements, which ensure speedy and correct payment of expenses for travel, conferences, etc. To assist getting paid as quickly as possible, review the following before you travel. If you have questions, call or come to the office for clarification. All **Expense** reports submitted for reimbursement **must** include original, itemized receipts (must indicate clearly **PAID**) for expenses.

Expense Report Processing:

1. **Proper Backup on Expense Reports** – All Expense Reports submitted for reimbursement should include original, itemized receipts and must be clearly marked as PAID. Monthly original credit card statements are acceptable (with exception to meal payments, hotel payments, rental car payments, and the credit card annual fee.) Reimbursements without proper payment documentation will be taxable to the employee. **NOTE:** Reimbursed meal expenses must include an **original itemized** receipt. If an original itemized meal receipt is not presented by the employee for reimbursement, the employee must attest as to whether or not alcohol or smoking materials were purchased with the meal. This should be done directly on the restaurant receipt and should be dated and signed by the employee. AdventHealth Orlando does not reimburse for alcohol or smoking materials, meals that include shellfish or pork, other items not approved by the AdventHealth Orlando/Adventist Health System.
2. **Reimbursable Expenses** – The reasonable cost of the following expenses will be reimbursed:
 - **Single hotel or motel accommodation.** According to the IRS guidelines, single room rates in excess of \$162 per night are considered "lavish and extravagant." Reimbursements above this amount will be taxable to the employee unless allowed by the maximum Federal per diem lodging allowance for the specific location and season. Laundry, movie, spa or gym fees, safe charges, valet parking (self-parking is reimbursable) mini bar items, hotel business office expenses, and other personal items will not be reimbursed.

- **Air travel.** Only coach rate fares will be reimbursed. Only the original ticket receipt (not itinerary or travel agency receipt) is acceptable for reimbursement--exception is an e-ticket receipt. E-ticket receipts are acceptable for reimbursement purposes. Reimbursements for unused tickets must have original tickets attached to the **expense** report. Airfare expenses should stay under \$550.00 USD.
- **Auto rental and related gasoline expense for the automobile.** The hospital encourages employees to use compact cars when traveling alone or with one other person.
- **Phone calls.** In the era of cell phones no resident should submit expenses for phone calls. International calls are not reimbursable. Fax charges with receipt from the hotel business office or local office supply store will be reimbursed.
- **Charter plane or bus.** Requires Vice President approval 60 days in advance. A list of individuals taking the charter is required.
- **Taxi fare.** Receipts required with date and fare.
- **Convention or registration fees.** Receipt or paid invoice required. The front and back copy of the canceled check or the original credit card statement showing deposit by the payee is also acceptable.
- **Parking & tolls.** Actual parking fees and tolls will be reimbursed to those traveling on Hospital business. Receipts are required if single charge is over \$10.00. AdventHealth Orlando parking garage fees will not be reimbursed to employees.
- **Entertainment and Business luncheons.** All entertainment/luncheon expenses are to be submitted on the Expense Report, and the explanation column must contain the names of all participants, and the business purpose of the entertainment.
- **Incidental/Minor Business Expenses** associated with normal Hospital business or business travel (memo pads, pens, faxing information, making copies, tips not associated with a meal, etc.) may be included in an Expense Report. This will require an original paid invoice or receipt if any single item exceeds \$10.00. Minor equipment purchases under \$500 may be submitted in an expense report. Major equipment purchased over \$500 will not be reimbursed through a travel expense report to an employee.
- **Package Seminars.** When hotel/convention fees are inseparable, the entire amount, excluding airfare, will be paid directly to the sponsoring organization through the Payment Authorization System. As with charter services, a list of attendees must be submitted.
- **Non-reimbursable Expenses** - The following items are not reimbursable:
 - Fines for traffic violations, parking tickets, and towing charges.
 - Costs associated with legal defense of moving violations.
 - Alcoholic beverages and smoking materials. **No Exceptions.**

- Airline cabin upgrades.
- **Meals/Per Diem.** (for local travel, receipts are required) - Meals are reimbursed at the current per diem rate for:
 - Travel away from the Hospital longer than six hours, regardless of mileage.
 - Travel further than 50 miles, but away less than six hours will be reimbursed for actual cost up to 1/2 the per diem rate.
 - Travel where meals are partially furnished will be reimbursed for the actual cost up to 1/2 the per diem rate.
 - Travel where meals are fully furnished, there will be no per diem reimbursement.\
- **Staying with Friends** - AdventHealth Orlando allows \$25 per night for a gift or dinner out for friends if the employee stays with friends in lieu of a motel when traveling on Hospital business.
- **One Employee Paying Expenses for Another** - Expenses will be reimbursed to the individual who actually incurred the expenses, not the individual who paid (a signed copy of the paid receipt is required). Any repayment arrangement is between the individual parties involved. The Hospital discourages this practice and will not act as an intermediary.
- **Change of Plans/Hotel** - According to Corporate policy, "no show" charges will not be reimbursed unless through no fault of the employee. "No shows" which are to be paid should be initialed at the item on the Expense Report by the authorizing signatory.
- **Mixing Business and Personal Travel** - For IRS purposes, the business reason for the trip must be clearly stated and dated. Separate business from personal receipts. The Hospital will not reimburse for personal receipts or per diem on personal days.
- **Convention/Registration Fees** - Convention fees can be paid by the attending employee and reimbursed via the Expense Report prior to the date of the seminar/convention or paid directly to the vendor with a Payment Authorization Voucher prior to the date of the seminar/convention.
- **Professional Dues** - Allowable professional dues paid by the employee will be reimbursed on the expense report. Professional dues may also be paid directly to the organization by AdventHealth Orlando with a Payment Authorization Voucher.

Submit all receipts and paperwork at one time to the Residency Coordinator. Allow 4-6 weeks for payment. Employees will receive payment on their regular AdventHealth Orlando paycheck. All receipts must be presented within sixty (60) days of the event. Remember the policy states REASONABLE costs will be covered. If something seems excessive it will be questioned and possibly slow down payment.

GRADUATION

All residents are required to attend the annual Residency Graduation Ceremony. This semi-formal affair is held during the last two weeks of the academic year. Failure to attend may result in additional residency obligations, which may include withholding of graduation certificate.

GRIEVANCE

(See DISCIPLINARY ACTION, REMEDIATION, ROTATION FAILURE POLICY and TERMINATION sections of this manual)

The FHEO's Medical Education program provides the resident a method to file a grievance against the Residency. The resident shall bring the concern to the attention of the PROGRAM DIRECTOR by filing a brief written request defining the problem and possible solution. The PROGRAM DIRECTOR shall, within thirty (30) working days, review and investigate the problem and respond to the resident in writing. If s/he is not satisfied, the resident shall within ten (10) working days from the date the PROGRAM DIRECTOR issues a response, appeal to the ME Committee. The Appeal Policy of the Disciplinary Action of the Resident manual will be followed.

HOLIDAYS

Listed below are the FH recognized holidays. It is at the discretion of the program director to determine the call schedule for holiday coverage.

<i>New Year's Day</i>	<i>Labor Day</i>
<i>Memorial Day</i>	<i>Thanksgiving Day</i>
<i>Independence Day</i>	<i>Christmas</i>

RESIDENT CALL ROOM AND WORK SPACE

The resident call room and work space is located inside AdventHealth Orlando at East Orlando. Spouses, friend(s), hospital staff, and children of residents are not permitted to be in this area.

Do not leave personal items unattended. Please keep your personal items secure or keep them in your vehicle. If the call room or work space needs cleaning or maintenance, have the switchboard operators page Environmental Services. Please be neat at all times.

HOUSING

AdventHealth Orlando does not provide housing for residents. All residents must reside within thirty (30) minutes driving time of the hospital (this is a thirty minutes drive while obeying posted speed limits and during heavy traffic drive time).

IMPAIRED PHYSICIAN POLICY (SUBSTANCE ABUSE)

Policy: The Podiatric Residency recognizes that the state of a resident's health can affect job performance and will dictate the type of work performed. Substance abuse ranks as one of the major health problems in the world and no one is immune to its effects. This policy defines to employees the guidelines for consistent procedures in handling substance abuse incidents throughout the Hospital.

Residents demonstrating evidence of changes in or inappropriate or unacceptable behavior and/or job performance shall meet with the Program Director. Following this meeting, the Program Director will take appropriate actions and make recommendations to address the areas of concern. Options for the resident to seek help are the EAP, Physician Support Services, or other AdventHealth Orlando, community, or state counseling/treatment services. The impaired physician policy and/or discipline policy in the resident manual may be utilized to address the concerns.

All AdventHealth Orlando employees will be subject to discipline and/or denial of medical and indemnity benefits if, while on Hospital property, in Hospital vehicles, or conducting AdventHealth Orlando business, they:

- Misuse or abuse of alcohol, prescription or non-prescription drugs;
- Use, sell, or have possession of, or are under the influence of, controlled substances, hallucinogens, intoxicants, or any substances that significantly alter the employee's mental or physical faculties; or sell or have unauthorized possession of drug paraphernalia.

Employees, their possessions, and Hospital-issued equipment and containers under their control are subject to search and surveillance at all times while on Hospital premises or on Hospital business.

ASSESSMENT/TESTING

1. **Physical Examinations:** Employees scheduled for physical examinations mandated by federal, state, or local law, and who, because of the nature of their jobs, would pose a danger to themselves, other employees, or property if they worked while under the influence of these substances, are required to take and successfully pass a drug and/or alcohol assessment.
2. **For Cause:** Where there is reasonable suspicion that an employee is under the influence of any substances listed above, the employee will be required to submit to, and successfully pass, a drug and/or alcohol assessment. This will include situations where the employee has caused or contributed to an incident while at work.

The employee's immediate supervisor must document the bases for the finding of "reasonable suspicion," and the determination must be confirmed by the Nursing Supervisor, the Administrator on call, or the Employee Relations Manager before the employee is

required to submit to a drug and/or alcohol assessment. The objective criteria that will establish "reasonable suspicion" may include, but not be limited to:

- Odor of alcohol on breath.
 - Odor of marijuana smoke in the immediate area of the employee.
 - Slurred/incoherent speech.
 - Unauthorized periods away from the work station.
 - Lack of attention or sleeping while on duty.
 - Unusually aggressive behavior.
 - Documentation of drug administration that contradicts patient's stated pain relief.
 - Unexplained work errors and/or recent significant reduction in job performance.
 - Unexplained changes in mood.
 - Unexplained work-related accident or injury.
 - Unusually high number of absences and/or tardiness.
3. **Follow-up**: If an employee in the course of employment enters an Employee Assistance Program for drug and/or alcohol-related problems or enters a drug and/or alcohol rehabilitation program, the employee must submit to a drug and/or alcohol assessment as a follow-up to such a program on a periodic basis for up to three (3) years.
 4. **Refusal**: Any employee who refuses to submit to a drug and/or alcohol assessment may be subject to immediate termination and/or loss of worker's compensation, medical, and indemnity benefits.

Any alleged impaired physician who denies such a condition, but has been assessed as such, shall be subject to discipline as determined by the Program Director in consultation with HR and PRN Board.

LEARNING CENTER

A learning center is available for residents' use on the third floor of AdventHealth Orlando at East Orlando. The learning center provides three computers with an available printer. A reference library is also available for resident use.

LEAVE

Refer to the GME Manual for "Effects of Leave" policy.

Family/Medical Leave

Eligible residents may request a leave of absence for up to twelve (12) weeks within any twelve month period for the following reasons:

- The birth or placement (adoption or foster care) of a child (“child care leave”); or
- To care for an employee’s spouse, child, or parent (“family member”);
- For a serious health condition that makes the employee unable to perform the functions of his/her position.

Residents may take statutory leave for any combination of these reasons but the total of all combined leaves may not exceed twelve (12) weeks within a twelve month period. However, if a husband and wife are both employed by AdventHealth Orlando and either is entitled to leave for the birth or placement of a child, the aggregate number of the work-weeks of leave to which both are entitled may be limited to twelve during any twelve month period.

A child care leave must be taken within twelve months after the birth or placement of the child. A child care leave can only be taken in consecutive weeks. Requests for child care leave on an intermittent basis or reduced work schedule must be approved at the sole discretion of the Hospital.

When required by a doctor, due to the serious health condition of a family member or the resident, leave may be taken for consecutive weeks, intermittently or through a reduced work schedule.

Residents are to provide the Program Director and GME office with thirty (30) days’ notice before their leave, if possible.

If leave is requested because of a family member’s or a resident’s serious health condition, the resident must provide an approved certification form from a doctor or health care provider. The Hospital will provide residents with the form, describing the information to be included in the medical certification. The Hospital may require (at its expense) that the resident obtain a second opinion from a doctor or health care provider designated by the Hospital. Under certain circumstances, the Hospital may also require (at its expense) a third opinion by a mutually agreeable doctor or health care provider. Residents may also be required to provide re-certification from the doctor or health care provider during the leave as well as certification that the resident is able to return to work upon completion of the leave.

All statutory medical leaves will be without pay; however, either the resident may request or the Hospital may require that remaining vacation days of sick leave be used for all or any part of the child care leave, family care leave, or leave for a serious health condition of the resident. Contact the GME HR Coordinator regarding the most current AdventHealth Orlando FMLA policy.

Coverage

Coverage under the AdventHealth Orlando Health Care Plan will remain in effect during leave. Contact the AdventHealth Orlando HR office for insurance premium costs while on leave of absence.

It is the responsibility of the resident to reactivate medical coverage upon return from a Leave of Absence if it has been discontinued. Residents must report to the Hospital no later than the work day following the expiration of their leave.

Residents with a serious health condition who exhaust their leave benefits and need additional time off from work for treatment of an on or off the job illness, injury, or medical condition may apply for additional leave.

Resident must sign an Agreement of Extension of Training for maternity leave, illness, or any other extenuating circumstance that would prevent the resident from completing the required fifty-two (52) weeks of training during the contract period.

Maternity Leave

1. Any plan must:
 - Safeguard the health of the mother and infant.
 - Assure the resident fulfills all educational requirements.
 - Assure that patient care is uninterrupted by the resident's absence.
2. Pregnant residents must be allowed the same sick leave or disability benefits as other residents who are ill or disabled (1979 Amendment to the Civil Rights Act of 1964).
3. The duration of maternity leave for resident physicians should be based on the written recommendation of the physician(s) caring for the resident and infant.
4. The duration of the paid leave time is recommended to be made up of personal leave. Additional leave time would have to be made up by extending resident training. The additional leave time should be covered by a disability program, if medically indicated.
5. The pregnant resident should notify the Program Director and those responsible for scheduling of rotations as soon as pregnancy is confirmed.
6. Efforts should be made to schedule the most demanding rotations earlier in the pregnancy, allowing for the least strenuous rotations to be performed around the time of the resident's estimated delivery date (EDD).
7. The rotation performed around the time of the EDD should be one in which the resident is not essential to the service.
8. The resident call schedule should be arranged to have no call around the time of the EDD. While on leave, the resident may not work in any capacity.
9. When preparing to return to work, the resident is responsible for notifying the FH HR FMLA team and complying with the necessary return to work paperwork and physician clearance.

Paternity Leave

1. The duration of paid leave time for a father is recommended to be made up of the 20 PDO days. Under extenuating circumstances, this may be limited by the Program Director (i.e., inadequate staffing of essential services).
2. The father should be given time off while the mother is in labor.
3. The father should be entitled to take his paternity leave any time during the first after delivery, at the discretion of the father and the Program Director.
4. The father should inform the Program Director and those responsible for the scheduling of rotations and call as soon as he finds out the mother is pregnant. Coverage of responsibilities during delivery and leave should be arranged as early as possible.
5. The rotation the father does around the time of EDD should be one in which he is not essential to the service.
6. An attempt should be made to allow the father to have minimal or no call around the time of the EDD and no call while on leave, but he should be expected to make up his call at other times during the year, so as not to disadvantage other residents currently in the program.
7. The father should notify those who will cover his responsibilities as soon as the mother is in labor.
8. The father will assist the mother at home. Moonlighting is not allowed during paternity leave.

Adoption

1. The duration of paid leave time for an adoptive parent is recommended to be made up of personal leave, which may be up to twenty (20) working days per year. Under extenuating circumstances, this may be limited by the Program Director (i.e., inadequate staffing of essential services).
2. The adoptive parent should inform the program director as soon as the time of adoption, even if only approximate, is known. Coverage of responsibilities during leave should be arranged as early as possible, with confirmation as soon as definite dates are known.
3. Attempt should be made to place the adoptive parent on a rotation in which the resident is not essential to the service around the time of the adoption.
4. Attempt should be made to allow the adoptive parent minimal or no call around the time of the anticipated adoption and no call while on leave, but call should be expected to be made

up at other times during the year, so as not to disadvantage other residents currently in the program.

5. Moonlighting is not allowed during adoption leave.

Leave/Sick

The resident contract allows up to twenty personal days of leave annually with pay. These days are inclusive of sick days.

If a resident becomes ill during a rotation shift, s/he should follow the procedure below as soon as the illness requires them to leave their shift. The Team Senior Partner should notify appropriate people as outlined below within thirty minutes of notification.

Procedure:

If you need to call in sick or to report that you cannot work your regularly scheduled work hours, you must call the Program Director, Coordinator, and your attending at least one hour before your regularly scheduled work time.

Unexcused absences will be dealt with at the discretion of the Program Director. Excessive unexcused absences may result in additional disciplinary action at the discretion of the Program Director. All absences are unexcused until approved by the Program Director.

Whenever a resident feels slightly ill but wishes to continue working, s/he must call the Program Director. The resident and nurses should be alert to any signs of illness displayed by one another so that the resident can be evaluated. The resident who is ill must contact the attending to take care of or arrange care for his/her hospitalized and clinic patients, call, and clinic responsibilities.

Upon return to work after absences of three (3) days or more, or in circumstances where the potential of contagion or risk exists, employees may be required to provide to Medical Education (or Employee Clinic) a physician's statement which documents the validity of, or need for, time away from work.

Where there is a question of contagious illness, an employee may be referred to the Employee Clinic to determine fitness to return to work.

Leave/Sick – Extended

Residents may require additional time off from work for the treatment of an on or off the job injury, illness, or medical condition after exhausting a statutory or Hospital medical leave. To qualify for extended sick leave, residents must first exhaust their statutory (for personal medical reasons) or Hospital leave benefits. Residents must apply for extended sick leave through the Human Resources Department before expiration of their statutory or Hospital medical leave. Residents must provide certification from their doctor or health care provider on a proper

medical form regarding the need for a continued medical absence from work. The Hospital may require (at its expense) a second opinion by a doctor or health care provider before granting an extended sick leave. The resident's contract will be addressed by the general guidelines under leave which means consideration for a new contract.

Extended sick leaves will be without pay. Residents who qualify for extended sick leave may continue their absence for up to a maximum of fourteen (14) weeks (from the thirteenth up to the twenty-sixth week) during a twelve-month period. Extended sick leave must be taken in consecutive weeks.

Residents will not accrue service credit or employment benefits during an extended sick leave. However, employment benefits accrued prior to the extended sick leave will not be forfeited. Coverage under the Employee Health Care Plan will remain in effect if the resident pays the full premium during an extended sick leave. Arrangements for continued payment of Employee Health Care Plan premiums must be made upon commencement of the extended sick leave.

Residents who have questions regarding their eligibility for leave of absence or the procedures which apply to a leave should speak with the Human Resources Department and the Program Director.

Leave/Time-Off Requests

To request time off for personal or CME leave, the resident must complete and submit a *Time-Off Form* for **ALL** days off – regardless of type, reason, event, or holiday and submit to Medical Education. No time-off requests are permitted during the last two weeks of a resident's contract period of the normal academic year.

Time-off requests are considered individually by the PROGRAM DIRECTOR and must have his/her approval. Do not assume your request has been granted. An approval or disapproval will be forwarded to the resident in his/her mailbox.

- Requests for Leave are to be turned in at least forty-five (45) calendar days in advance.
- It is the responsibility of the resident to notify Medical Education.
- It is the responsibility of the resident to provide coverage for shifts when assignments have already been given by the Program Director.
- No request is approved without the signature of the Program Director.
- Verify days available with Medical Education **prior** to completing a *Time-Off Form*.
- CME, mission trip, Residency retreat, and granted days for Boards are not assumed; you must follow normal procedure and complete a *Time-Off Form*.
- Actual days of Boards are granted days. Any days before or after (including travel days), CME, and/or leave days must be approved by the Program Director.
- Resident is responsible for follow-up and confirmation of approval.

Leave without pay is allowed based on an as needed evaluation in cases of extended illness or serious personal problems. Request must be made no less than thirty days in advance. Leave without pay will extend the resident contract for the length of the leave and may jeopardize the resident's standing in accordance with regulations established by the CPME.

PM&S TIME-OFF REQUEST FORM

NAME: _____ CURRENT DATE: _____

- ✓ Request for leave are to be turned in at least forty-five (45) days in advance.
- ✓ It is the responsibility of the resident to notify Medical Education.
- ✓ The resident must provide coverage for shifts when assignments have already been given by the DME.
- ✓ By signing, the resident attests that there are no conflicts in schedule and has communicated to the Chief/Senior resident(s).
- ✓ No request is approved without the signature of the PD (signature of Clinic and attending is required first).

REQUESTED DAY(S) OFF: _____

REASON FOR REQUEST: _____

- CME (please attach a copy of information on the convention/seminar you are attending)
- PERSONAL
- OTHER (program required courses):

NUMBER OF ACTUAL LEAVE DAYS REQUESTED: _____

NAME OF ROTATION AND /OR ATTENDING(S): _____

APPROVED BY ATTENDING(S) YES NO N/A

(PRINT NAME) _____

SIGNATURE OF ATTENDING

FOR OFFICE USE ONLY

Leave days Remaining Verified: Yes _____ No _____ Rotation Verified? Yes _____ No _____

Whitney Kornegay, Residency Coordinator _____
Date

Approved: Yes No

Gerald (Jay) Bornstein, DPM, Program Director _____
Date

Approved Yes No

LIBRARY

A virtual library is available from all hospital, clinic, and personal computers with access to the Internet through AdventHealth Orlando MD. To log onto AdventHealth Orlando MD, log on to www.FloridaHospital.com and click on "Physicians." Then, click on AdventHealth Orlando MD. On the top row, click on members' sign in. You will see a link for Medical Library. Up-To-Date, a medical information Internet resource, and Internet access is provided to all residents.

The purpose of the Health Science Library at AdventHealth Orlando is to provide information for patient care, continuing education, management, and research. The library has approximately 1500 books, 1000 reference books and subscriptions to 319 journals to help fulfill this responsibility. There is a card catalog and a journal holdings list to acquaint patrons with the library holdings. There is interlibrary loan service available for materials not available in this library.

Library Policy

Hours

Monday-Thursday 8:00 AM - 4:30 PM/Friday 8:00 AM - 1:00 PM

Location

The Medical Library is located in the basement of the Orlando Campus beside the Barker Conference Rooms.(Below the Cafeteria)

After Hours Access

The Library is available to physicians and other designated FH healthcare professionals on a 24-hour basis, with an ID badge security access system. The resources and services of the library are continually being evaluated and assessed as to how they fulfill the mission of the hospital and the needs of the AdventHealth Orlando medical staff and administration.

LICENSING

1. All second year residents must apply for their Florida state license and DEA before finishing their second year in the program.
2. All Residents must provide evidence of licensure (copies to Medical Education) by the Board of Podiatric Medicine of the State of Florida and DEA Certificate or at least confirmation that all license requirements are completed.
3. Licensed Residents must maintain their licenses in accordance with the requirements of the State Board of Podiatric Medicine and provide copies of all current licenses.

4. For good cause shown, the Program Director may waive license requirements.
5. The Hospital has the right to not renew a contract of a resident for loss of their Florida Medical License or DEA, regardless of cause; or failure to obtain Florida Licensure or DEA.
6. Payment for license and DEA renewals will be prorated on the time remaining in the residency.

LOGS

Residents are required to maintain complete and accurate patient and/or procedure logs. Logs need to be completed on Residency Resource.

MAILBOXES AND BULLETIN BOARDS

Each resident will be provided with a mailbox located in the Resident Work Room. It is the responsibility of the resident to check their mailbox at least every other day for notices, memos, schedules, etc. All mailboxes are to be kept neat and should be cleaned out each Monday morning. Do not use your mailbox as a storage bin. Unkempt mailboxes may subject the resident to disciplinary action as deemed appropriate by the Program Director.

Residents should check the bulletin boards in the doctors' dining lounge and at the MOB FHEO at least every other day for notices and other pertinent information. Notices may not be posted on the bulletin boards without prior approval of Medical Education.

MASS CASUALTY AND MASS CASUALTY DRILLS

In the event of a mass casualty or a mass casualty drill, you will be beeped 911 by ME. There will also be an overhead page of "Mass Casualty" with expected numbers and estimated arrivals. You need to report to or phone ME quickly. The department reports to the disaster committee: who responded, how long it took each person to respond, or if they did not respond at all. You will also need to advise ME of how long it would take you to reach the hospital **IF** you were asked to come in.

Procedure:

1. For all residents and/or externs **in house** during a Mass Casualty Drill
 - Last Name Beginning A-M Report to the Emergency Room
 - Last Name Beginning N-Z Report to Ambulatory Surgery
 - Follow instructions given by team coordinator at your assigned location
 - Do not speak to the media. Refer all questions to Public Relations.

- During the drill, any actor who says “**Emergency Stop**” means they are no longer acting and are experiencing some medical problem. Respond accordingly.
2. For all residents and/or externs in house and as you arrive after being instructed to report to the hospital during a Mass Casualty
 - Last Name Beginning A-M Report to the Emergency Room
 - Last Name Beginning N-Z Report to Ambulatory Surgery
 - Follow instructions given by team coordinator at your assigned location
 - Do not speak to the media. Refer all questions to Public Relations.

MEDIA CONTACT

All media questions and contact are to be referred to AdventHealth Orlando Public Relations Department. Employees, Staff, Residents, and Externs are not to make statements to Press or Media representatives.

PROCEDURE TO FOLLOW WHEN NEWS MEDIA CALLS FOR INFORMATION OR COMES TO THE HOSPITAL LOOKING FOR INFORMATION:

During normal business hours: Call the Public Relations office at 407/303-1917 and ask for *Media Relations*.

After hours and on weekends (until 11 p.m.): Call the Orlando Switchboard (407/303-6611) and ask them to page the PR person on call. Please do not call their home and leave messages. Both the PR person on call and the backup wear a pager from 8 am until 11 p.m.

After 11 p.m.: Contact the nursing supervisor to give condition reports to the media. If there is a disaster or an incident that brings the media to your campus, or if the disaster is of a magnitude for extreme coverage that requires public relations assistance, the nursing supervisor will make the decision whether or not to contact the public relations person on call.

MEDICAL RECORDS/HEALTH INFORMATION MANAGEMENT (HIM) - FHEO

General Information

The following section is provided to new physicians by the Medical Records/Health Information Management department:

1. Department Location
First Floor AdventHealth Orlando at East Orlando
2. Hours of Service
Monday - Thursday 7:00 a.m. – 9:30 p.m.

Friday 7:00 a.m. – 9:30 p.m.
Saturday/Sunday Closed

Nursing Supervisors provide record retrieval during closed hours with Health Information Management personnel on call if a problem should arise.

3. For Your Assistance

Medical Record Completion	303-8630
Medical Records Receptionist	303-8630
Medical Records Transcriptionist	303-7858
Transcription Call In Line	303-6892
Medical Information Release	303-6810
Medical Records Coding	303-7822
Director	303-6737

4. Record Storage

1961 - 1987	On Microfilm rolls in Medical Records
1988 - 1995	On Microfiche in Medical Records
1996 - present	Hard copy in Medical Records

NOTE: Please use discretion in ordering microfilmed records, and state which portions of the record are needed because copying them is time consuming and expensive.

Emergency Department records are retained by that department for three days before being transferred to Health Information Management.

5. Record Completion Policy

It is imperative that all records are sent to Health Information Management (HIM) for processing as soon as possible after the patient is discharged. This is necessary for continued patient care, release of necessary for continued patient care, release of information, consistent hospital cash flow, and physician office billing. It is HIM's procedure to pick up patient records each morning the day after discharge. If a physician requests a record be held on the unit in order to complete documentation, it will be left an additional twenty-four (24) hours only.

Records are to be complete within ten days after discharge of the patient. If records are not completed by thirty (30) days from discharge, the staff physicians shall be suspended from the staff and denied the privilege of admitting patients, performing surgical procedures, and treating patients until the deficiencies are corrected. H&P's are to be dictated within 24 hours of admission. Clinical Resumes are to be dictated the day of discharge to facilitate correct coding.

Incomplete records are available in the Incomplete Record area and are pulled upon the physician request by the HIM staff. Weekly, physicians receive notification of their outstanding medical records.

6. Resident Record Completion:

Notices will be sent to Residents whose charting is incomplete or overdue. Failure to complete records within ten (10) days of availability will result in a notice to the Director of Medical Education. Appropriate action will be based on the recommendation of the Director. (see below)

7. Transfer of Medical Records

If a patient is transferred from AdventHealth Orlando at East Orlando to one of the other AdventHealth Orlando facilities, the record goes with the patient unless the patient goes to the Med-Psych, Psych, or Rehab unit. These are exempt DRG units so the patient has to be discharged and readmitted. This applies to all patients regardless of age.

To summarize: Transfer that patient with his/her medical record unless the patient is going to an exempt unit. In that case, discharge the patient and send the medical record to the HIM department.

8. Medico legal Issues

The HIM department contracts with a copy service for release of information. This service employs specialists who are knowledgeable of statutes and regulations governing release of medical information. Feel free to consult these employees with any questions regarding the release of hospital record copies, particularly attorney's requests.

Patients have access to copies of their completed medical records after discharge, per Florida Statute 395.3025. Patients may have access to records during the admission, or may grant access to certain others only with the approval of the attending physician's order.

Complaints, problems, or derogatory remarks about members of the health care team should not be documented in the medical record due to the implications to patients, hospital, physicians, and the many other users of the record. Instead, an "Incident Report" available at any nursing station, should be completed and forwarded to Administration. Documentation or any reference as to the existence of an incident report is not to be written in the medical record.

Consent form completion is monitored periodically and results reported to medical staff committees. Hospital approved consent forms are required due to Florida statutes which mandate content of these documents. Hospital consent forms may be obtained and completed prior to admission. All items must be completed.

9. Coding/DRG Assignment

Prospective Payment System (PPS) regulations make it necessary to document the following information for Medicare patients on the Diagnosis Summary Sheet at or before discharge:

Principal Diagnosis according to the PPS definition which is: “*The condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.*” All secondary diagnoses fitting this definition must be listed: “*Conditions that arise during the hospital stay, or pre-existing conditions that require treatment during the hospital stay*”.

Principal Procedure according to the PPS definition, which is: “*The principal procedure is that procedure most related to the principal diagnosis.*” In the case where no procedures were performed that relate to the principal diagnosis, your judgment would be used in listing the most definitive diagnostic or therapeutic procedure as principal procedure. All secondary procedures must be listed also.

The principal diagnosis is the KEY to accurate DRG assignment and reimbursement, and therefore MUST be documented at or before discharge. Timely completion of this required data allows the account to be processed, thereby assisting in faster payment from the government and a positive cash flow for the hospital. If obvious secondary diagnoses and procedures are not documented, HIM personnel will add this information for your review and signature.

Medical Dictation/Transcription

Lanier digital recorders are used to record medical dictation for all patients. Dictation recorders may be reached inside the hospital by using the direct wire Lanier phones at every nurses’ station, inside the HIM department, or from outside of the hospital by using a telephone and dialing:

East Orlando	303-6892
Orlando	303-5590/897-7744
Altamonte	303-6404
Apopka	767-2296
Kissimmee	933-6661

A Lanier computer is used to record receipt and completion of all dictation.

Handling of Transcribed Reports

The physician receives a copy of each report s/he dictates. If copies are to be sent to a referring physician, his/her full name and address should be stated. (**NOTE:** Please have patient sign consent for this prior to discharge to avoid delays since Statute 395.017 allows release only by consent.)

Material should be organized before starting to dictate and a quiet area selected. (Dictation from an auto, plane, or other mobile unit causes too much background noise and jeopardizes the confidentiality of the dictation and is to be avoided.)

Dictation Instructions

To Dictate:

Step 1 – Lift receiver (select channel) and a verbal prompt will follow.

Step 2 – Enter your four digit Physician number.

Step 3 – Enter 2 digit report type:

55 – Pre-surgical H&P	20 – Radiology Special
11 – History and Physical	21 – Hyperbaric Reports
12 – Operative Reports	22 – Rehabilitation
13 – Consultation	23 – Echos, Dopplers, Carotids
14 – Discharge Summary	24 – Psychiatric
15 – Cardiac Rehab & Holters	25 – Diabetes Clinic
16 – Catheterization/Angiograms	26 – Fetal-Maternal Clinic
17 – Neurology & EEG	28 – Pain Center
18 – Emergency Dept.	29 – Kidney Stone Center
19 – Endoscopy/Procedure	

Step 4 – Enter 7 digit Patient Account # (Steady tone indicates recorder is ready).

Step 5 – Press “D” on the handset while dictating.

To **EDIT** dictation, touch “R” on the handset, this will reverse the dictation.

To **LISTEN**, press “L” on the handset. Review dictation to the point of correction, then touch “D” to resume dictation.

If **MORE THAN ONE REPORT** is being dictated, press “5” after first report and listen to verbal prompt for more instructions.

Please take time to visit the Transcription Supervisor so she can become acquainted with you and answer your questions in person.

Dictate the following identifying information:

- Your Name - First and Last & Name of Attending you are dictating for
- Patient’s Name (spell)
- Patient’s Account Number or MRI # (if unknown state date of proposed admission)
- Room Number
- Type of Report
- Date of **admission, discharge and/or treatment** and state whether Inpatient or Outpatient. If Outpatient, what area?

Good Dictation Practices

Speak loudly and clearly, enunciating well; spell new words/medication, etc. Residents and externs should state for whom they are dictating, i.e., Staff (Attending) physician. Call for assistance on Lanier intercom or extension:

East Orlando	ext. 7364 or 8644
Orlando	ext. 5092
Altamonte	ext. 1161
Apopka	ext. 1015

Other tips include:

- **Dates** – Please always specify the date to be typed on the report by saying, “date of admission, consultation, surgery, etc., is...” otherwise the date will be left blank.
- **Consults** – Always identify the requesting physician on a consultation report. We cannot assume the admitting physician is also the requesting physician.
- **Copy To** – Please list all persons or department who should receive a copy of the report. Unless requested, the only place a report will be sent to is the dictating physician and the patient’s chart.
- When mentioning another physician in a report, please give his/her first name and/or specialty, as there are many physicians on staff with similar names. Please spell the names of non-staff physicians.
- **New medicines, instruments, or procedures** – It would be very helpful to the transcriptionist to have this spelled the first few occasions they are used.

Deleting Chart Errors

Do not scribble out errors in progress notes and orders. Draw one line through the error, then sign, time and date the lined out error. Then, write the correct note or order.

Abbreviations

Abbreviations are never used in diagnoses or impressions. For clarity and accuracy, do not use abbreviations as so many of them have multiple applications in different specialties. An abbreviation may be used for phrases/terms that are repeated several times in the report, but only after it has been identified/explained the first time, e.g., CVA (Cardiovascular or cerebrovascular accident).

Chart Access

When admitting a patient who has previously been cared for at AdventHealth Orlando, HIM will make every possible effort to provide documentation regarding those prior stays. To ensure these records are brought to the patient’s floors, write “OBTAIN OLD RECORDS” on the admitting orders. If patient care demands these records be found at night (after regular hours) write “STAT” also.

When ordering re-admission charts, please specify what information is needed from the previous record: e.g. if you need the cath report, please specify this, because if the chart is incomplete it cannot leave the HIM department or write “PERTINENT” for H&P, Dictated Reports, Labs, and Test Results. Courier will take copies of the requested information to the unit.

Master Registration Index (MRI)

This term refers to the on-line, hospital-wide patient registration system, in which all patients (in-patient and ambulatory care) are identified and assigned one file/ID number for life. (NOTE:

this is NOT the same as the accounting or billing number that is given with each patient encounter.) This system facilitates accurate patient ID and record merge throughout the hospital. Always use the patient's MRI number when you dictate a report or request a chart. Patient records are filed in HIM in terminal digit order by the MRI number.

Incomplete/Delinquent Records

Records are examined in detail by HIM staff to identify items required for chart completion. This generally occurs after discharge. Color tags mark places in the chart where physicians have to sign. Check the front page of the charge for the color tags key. Do not remove color tags after you sign.

After a patient is discharged, the physician has ten (10) days from discharge to complete all dictation and thirty days after discharge to affix all signatures. (NOTE: H&P's are due on the chart within twenty-four (24) hours of admission.) Both resident and attending signatures are required on all reports dictated by a resident.

Regular delinquent and incomplete physician notices will be printed and distributed in your box. You are required to immediately go to HIM for all records at FHEO. For records at FHO, or other FH campuses, you may sign the Delinquent Physician Records form and return to Medical Education to return.

Residents are to request HIM pull all of their charts and then dictate and sign all records at least weekly.

Failure to complete records within the prescribed period will result in notification of the Program Director. The resident will then be subject to action recommended by the Program Director and/or Medical Education Committee. Typically the resident will be mandated to use a one-half day of vacation to complete delinquent records. However, the Program Director may administer suspension without pay, termination of moonlighting, or other measures as s/he deems appropriate.

It is particularly important that before a resident leaves for vacation, CME, away rotation, or completes/ends Residency, that all records be brought up-to-date.

Timely chart completion is needed for the following reasons:

- For quality medical care
- To supply current information to other physicians (including those who practice elsewhere), courts, insurance companies and patients themselves
- For re-admission of a recently discharged patient
- For computer billing and for DRG assignment immediately after discharge
- For accreditation by JCAHO, AOA, and State accrediting agencies
- For accuracy--events are best recalled soon after they occur
- Because storage space for incomplete charts is limited

Division of Responsibilities for Dictation and Signatures

The Incomplete Records Coordinator will make assignments for chart completion based upon which resident had the bulk of the responsibility of care for that patient or the resident who discharged the patient. Records should not be given back for reassignment unless there are extreme extenuating circumstances.

Co-Signing of Charts

Inpatient

Residents must have the attending physician co-sign all orders and dictated reports. Clearly sign your name with a hash “ / ” after it then print the name of the attending physician. Use the correct covering attending physician’s name that is on call at the time the order is written. Residents must have the Attending co-sign all orders. Externs may not submit orders to nurses for implementation without a resident or attending physician’s approval.

Outpatient

All resident Epic visits need to be co-signed by faculty. When residents attempt to close their charts in EPICare, a screen will pop up asking the resident to designate a co-signer. The clinic director and/or Program Director may at his/her discretion mandate the loss of one-half day vacation time or other additional and/or alternative measures for failure to complete charts in a timely manner.

MEDICAL RECORDS/HEALTH INFORMATION MANAGEMENT – FHCE

(see Family Health Center East in Rotation section of manual)

The Medical Record Introduction

Medical records are the center of the family physician’s daily activities. The primary goal of the clinical medical record is to assist the physician in making decisions in service of the patient. Disorganized, poorly kept or incomplete records can lead to adverse outcomes. A medical record that functions for the family physician will provide easy retrieval of relevant accurate clinical information. The purposes of the medical record include patient care management, quality review, administrative, legal, research, education and public health. (*Spencer*) The National Committee for Quality Assurance (NCQA), 1997 standard guidelines for accreditation of managed care organizations, lists twenty one (21) specific areas of the medical record to be reviewed.

Security and control of the medical record is a vital part of the assurance of patient confidentiality. Physical access to records should be controlled to prevent unauthorized access. Any change to the medical record should be corrected by inserting an addendum.

Maintenance Requirements

Have all electronic medical records completed by the end of the day.

Charting Requirements

As per Electronic Medical Records. **The problem lists are required to be updated at every visit. After two visits the past medical history shall be completed.** Summary of systems, physical exam, and health maintenance are comprehensive medical care.

The standards required by *The American Osteopathic Association (AOA)* include all the above.

Delegation of Chart Responsibility

The resident is the primary physician with chart responsibility at the Family Health Center East Clinic.

Attending Clinic Faculty

Faculty supervising residents are responsible for reviewing each chart and integrating their level of involvement according to the AdventHealth Orlando Compliance Plan.

(*) Spencer, Donald C: *The Medical Record: Residency to Reality*, Series 2, No. 3.

NEEDLESTICK OR OTHER EXPOSURE TO BLOOD AND/OR BODY FLUIDS

In the event of a needle stick follow these procedures:

1. First Aid:
 - Needle sticks and cuts should be washed with soap and water.
 - Splashes to the nose, mouth, or skin should be flushed with water.
 - Eyes should be irrigated with large amounts of clean water or saline. Remove contacts first.
2. Report the incident to your supervisor and to the Medical Education department.
3. Call the AdventHealth Orlando 24-Hour needle stick hotline for immediate counseling and guidance at 407-741-4702 or 1-866-258-6259.

PAGERS

Each resident is provided with a blackberry. The device is to be returned to the hospital at the end of your Residency. There is a charge (current market cost of replacement) for lost or damaged blackberries.

To access the hospital pager system you must dial 303-5599. Within the hospital, dial 87. The system will then prompt you to enter a four-digit pager number and the number to be displayed. Wait for the prompts or the page will not properly go through.

There are service beepers for rotation use. Repair or replacement charges for damaged or lost service beepers may be charged to the last resident responsible for the equipment.

Private calls and pages are not to interrupt patient care in rotations. Emergency exceptions are allowed.

PARKING

Employee parking is restricted to certain areas. Park behind the building (hospital and MOB) in unmarked spaces.

Do Not Park in the Emergency Department parking lot, Pastoral care, or front parking lot of the Hospital or MOB.

Parking in areas designated for patient/visitor parking could result in having your car towed.

RESIDENTS:

Residents may park in the Doctors Parking lot on the west side of the hospital. Residents will need their employee badge to access the gate.

PASTORAL CARE

AdventHealth Orlando at East Orlando has a full time Chaplain on staff. The Chaplain is available to see to the spiritual needs of our patients and visitors. S/He is also available to members of the medical staff and residents as needed. The Chaplain can be contacted through the hospital operator.

PATIENT CARE

History and Physicals (H&P's)

H&P's are due on all inpatients within 24 hours of admission. Surgery patients must have an H&P on the chart prior to surgery. The history, physical, and structural examination forms must be comprehensive. Residents should verify compliance to DNV and FH guidelines. Admission notes must be written by the admitting resident assigned to the patient covering the key points, thought processes and care plan. A note should be dictated with the H&P.

Only approved FH Abbreviations are to be used during dictation and in the chart.

Documentation

All entries on the patient chart must include the date, time, and legible signature to comply with CPME and DNV requirements. Do not scribble out errors in progress notes and orders. Draw

one line through the error. Then, sign, time and date the lined out error, then write the correct note or order. The attending physician who is currently covering the case will be indicated as the doctor the resident is ordering or noting for the chart.

Resident Responsibilities

Daily progress notes, in the SOAP format, will be written legibly by residents on assigned patients.

If the admitting diagnosis is apparently in conflict with the physical findings and summary, the resident must immediately discuss the case with the attending physician.

The attending staff shall be constantly advised by residents of the progress of patients and promptly notify them of any significant changes or emergencies which may occur.

The resident must document all patient contacts and orders. Residents shall respond to calls from the floor if the attending or physician responsible for patient care is Residency Faculty or Attendings. Other patient calls will be referred to the attending unless the information provided is determined to be a life-threatening emergency. In those situations, the residents will evaluate the patient, provide emergent care, if determined as necessary, and communicate if possible with the attending or consultant on the case.

PAY CHECKS

All employees of AdventHealth Orlando at East Orlando are paid on alternate Fridays through direct deposit. Allow six weeks from sign-up to receive direct deposit. To prevent paychecks from being delayed in getting to you, notify FH Payroll department immediately if you close your account or if your bank merges.

It is highly recommended that employees have direct deposit of paychecks to prevent lost or delayed checks.

REMEDICATION

(See DISCIPLINARY ACTION, GRIEVANCE, ROTATION FAILURE POLICY and TERMINATION sections of this manual)

may be recommended by the Faculty and/or Medical Education Committee to the Program Director for appropriate action when a resident fails to progress satisfactorily with the academic requirements.

RESIDENT SELECTION POLICY AND PROCEDURES

AdventHealth Orlando East Orlando will comply with all of the requirements for the basic standards for training. All residents considered for application for training will meet the requirements of the basic standard for residency training: having graduated from an Accredited College of Podiatric Medicine.

1. Applicant makes an application through CASPR and sends a processing fee to the Department of Medical Education AHOE.
2. The interview is arranged through CRIP and conducted as follows:
 - The applicant is advised where to report.
 - The applicant will be interviewed by the Podiatric Director, Faculty, and current residents.
3. Each interviewer completes an evaluation form for each applicant. These will be calculated and summarized.
4. Files are reviewed and ranked by the Podiatric Selection Committee as determined by the Podiatric Director.
5. Applicants will be notified of acceptance.
6. A \$40 fee will be collected from each applicant. This fee will be paid to AdventHealth Orlando Orlando and will be used to pay for the interview trip for the faculty as well as materials sent to the applicants (i.e. program information, update letters, etc.).

ROTATION DOCUMENTATION

By the end of each rotation, the resident must complete an attending evaluation form and a resident rotation evaluation form. These forms are available on New Innovations. All evaluations, patient logs, procedure logs, and summaries are to be completed and submitted to Medical Education no later than seven (7) working days after the end of each rotation.

Faculty members and preceptors will also complete an evaluation on each resident at the conclusion of each rotation. These evaluations are located on New Innovations and are included in this manual for resident reference.

Procedure Logs

Resident procedure and activity logs are maintained on Podiatric Residency Resource and should be kept current on at least a weekly basis. Procedures include all those performed in the OR, ED, hospital and clinic settings. Activities include all rounding, rotations and didactic events. Duty hours should also be kept current on a weekly basis.

RESIDENT ROTATIONS

For rotation objectives and goals, and evaluation forms, please see New Innovations.

The rotation curriculum is designed to provide the resident a sufficient volume and diversity of experiences in the supervised diagnosis and management of patients with a variety of diseases, disorders, and injuries through achievement of the competencies listed below:

- Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
- Assess and manage the patient's general medical and surgical status
- Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
- Communicate effectively and function in a multi-disciplinary setting.
- Manage individuals and populations in a variety of socioeconomic and healthcare settings.
- Understand podiatric practice management in a multitude of healthcare delivery settings.
- Be professional, inquisitive, lifelong learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

Rotation Failure Policy

(See DISCIPLINARY ACTION, GRIEVANCE, REMEDIATION and TERMINATION sections of this manual)

In order to maintain reasonable academic standards in the Podiatric Surgical Program at AdventHealth Orlando East Orlando, a resident who does not successfully complete a substantial portion of any given academic year will not be granted credit or a certificate for that year. The resident may be dismissed from the program. Dismissal from the program and/or the withholding of credit/certificate is based on the criteria and definitions listed below.

Successful completion means passing a rotation with a satisfactory or higher rating.

The criteria for remediation, withholding credit, and dismissal are as follows:

A resident who fails or minimally fulfills the academic standard for one rotation will follow the remedial and/or probation process described in the Resident Manual. If the resident fails or is marginal on the remediation/probation rotation or any other rotation during or following this process, they may be dismissed from the program.

A combination of two failures, one failure and one marginal pass or two or more marginal passes in different rotations during the academic year could be grounds for dismissal and/or result in not receiving credit for the year. A remediation period may be recommended before dismissal. The action is at the discretion of the Director of Medical Education.

If any resident meets any of the above criteria over more than one academic year, they will be subject to the same actions.

If a resident is dismissed from the program, it may be recommended that they repeat the entire academic year. To reenter AdventHealth Orlando East Orlando's program after dismissal, a new application would be required. The resident would be considered in the applicant pool with all other applicants for the upcoming year.

Anesthesiology

This rotation provides clinical experience in the various techniques and instrumentation utilized in anesthesiology. The resident upon completion of this rotation should demonstrate competency in the evaluation of the pre and post operative patient, be familiar with the appropriate selection of anesthesia and the drugs used as well as all pertinent laboratory data. Residents will be given the opportunity to observe and/or assist in the administration of anesthetics. The training experience will include but not be limited to local, general, epidural, regional, and conscious sedation anesthesia.

Behavioral Medicine/Science

This rotation is designed to assist the resident in understanding the psychosocial aspects of healthcare delivery. This includes knowledge of and experience in effective patient-physician communication skills as well as understanding the cultural, ethnic, and socioeconomic diversity of patients and the implications of prevention and wellness.

Emergency Medicine

This rotation is designed to provide clinical experience in emergency medicine. The resident will actively participate in the evaluation and treatment of the patient with particular emphasis on injuries to the lower extremity. The resident upon completion of this rotation should demonstrate competency in performance of an appropriate history and physical examination, evaluation and treatment of lacerations, foreign bodies and other soft tissue injuries, radiographic evaluation and treatment of fractures, management of diabetic emergencies, and allergic or toxic reactions. ACLS should be completed before beginning this rotation

Medical Imaging

This rotation is designed to provide clinical experience in the various techniques and interpretation of diagnostic radiology. The resident upon completion of this rotation should demonstrate competency in the interpretation of adult and pediatric foot/ankle radiographs, and diagnostic techniques such as fluoroscopy, bone scans, arteriography, and computerized tomography. The resident should also be familiar with the general osseous disease processes and be able to evaluate preoperative chest radiographs.

Pathology

Upon completion the resident should be familiar with performing and interpreting tests in the areas of clinical pathology and microbiology and gross and microscopic pathology. Residents should become familiar with performing and interpreting tests in hematology, chemistry, urinalysis, blood banking, and coagulation studies. Exposure to obtaining and interpreting tests

in bacteriology and mycology, including organism identification and susceptibility studies will be afforded, as well as familiarity with biopsies and gross dissection techniques.

Medicine and Medical Subspecialties Rotations

These rotations are designed to provide clinical and academic experience in internal medicine. While exposure to all aspects of internal medicine may be obtained the emphasis will be on hospital management of the surgical or infected patients and the management of systemic disease states with podiatric manifestations. The resident upon completion of this rotation should demonstrate competency in the medical management of the infectious patient, postoperative patient, as well as recognition of basic abnormal symptomatology encountered in practice.

Endocrinology

This rotation is designed to provide the resident with exposure to the diagnostic evaluation of a wide variety of symptoms, variations, and the long-term management of disorders of deficiency or excess of one or more hormones with emphasis on their local manifestations or effects on the lower extremities.

Infectious Disease

This rotation will is designed to provide the resident with active participation in the recognition and diagnosis of common infective organisms. The use of appropriate antimicrobial therapy as well as the interpretation of laboratory data including blood cultures, gram stains, microbial studies, and antibiosis monitoring in the local and systemic infections will be provided.

Neurology

This rotation is designed to aid the resident in understanding the pathogenesis of common lower extremity manifestations of neurological diseases. The resident will be expected to perform a competent neurological exam and to understand the indications for common neurological tests such as EMG and nerve conduction studies.

Pain Management

This rotation is designed to provide the resident with exposure to an interdisciplinary approach for easing the suffering and improving the quality of life of those living with pain. This involves both medical and interventional modalities.

Wound Care

This rotation is designed to provide the resident with exposure to the evaluation and management of the chronic lower extremity wound in both the inpatient and outpatient setting.

Podiatric Clinic/Office

This rotation will include direct participation of the resident in the treatment of podiatric patients in an office/clinic setting. The resident will become competent in evaluation and management of the podiatric patient including conservative and surgical care. The resident will be competent in the perioperative care of the patient including history and physical exam, biomechanical exam, laboratory evaluation, and the formulation of a comprehensive treatment plan. The resident will also be exposed to the principals and approaches to office practice and patient management.

Surgical Services

These rotations are designed to provide clinical and academic experience in the surgical specialties. Upon completion, the resident should be competent in the basics of surgical principals and practices including but not limited to tissue handling, instrumentation, perioperative patient management, and surgical indications.

- The resident will be required to actively participate in the management of all surgical cases assigned to him/her during assignment to the surgical service.
- Formal rounds with the clinician are required (these may take place in the hospital and/or office setting.) During rounds resident will be responsible for any aspects of the case deemed appropriate by the clinician including x-ray, laboratory findings, clinical course, and treatment.
- Common procedures will be discussed, along with surgical criteria and preoperative evaluation in each case. Exposure in surgery will be determined by the clinician and may include observation or assistance.

General Surgery

The resident should have a general understanding of pre and post operative management of the general surgical patient including the management of complications. They should understand the principles of fluid and electrolyte balance, blood loss, and replacement principles as well as the concepts of wound healing. The resident should also become familiar with tissue handling techniques.

Orthopedic Surgery

The resident is expected to become familiar with the management of orthopedic trauma including splinting, casting, and immobilization techniques. Surgical principles including open and closed fracture reduction and internal fixation as well as infection control.

Plastic Surgery

Resident becomes knowledgeable in the management of the plastic surgical aspects of the trauma patient including familiarity with skin grafting principles, flap management, and utilization of various suturing techniques. The resident should also become familiar with the management of keloids and hypertrophic scars.

Vascular Surgery

The resident is expected to be familiar with the prophylaxis and treatment of venous disease including invasive and noninvasive diagnostic techniques. The resident should become familiar with the diagnosis and treatment of both deep and superficial thrombophlebitis including anticoagulant therapy. The resident should also be familiar with arterial disease and its management including invasive and noninvasive testing techniques, arteriography and common vascular surgical techniques.

Podiatric Surgery

This rotation will encompass the entire twenty four months of the residency program.

During the course of the rotation the resident will participate in the surgical management of podiatric patients. The resident will be expected to directly participate in the surgical care as surgeon primary resident on cases in a progressive fashion under the direct supervision of the attending physician. The surgical caseload will include but not be limited to arthroplasties, arthrodesis, implantations, tenoplasties, tenodesis, tendon transfers, osteotomies, internal fixation, management of surgical complications, and podiatric trauma.

Objectives are as follows:

- Identification of Podiatric surgical pathology and proper preoperative evaluation of patient and procedure choice.
- Proficiency in basic operating room assistance and technique
- Proficiency in podiatric surgery.
- Proficiency in postoperative care and management of postoperative complication.
- Identification of Podiatric surgical pathology and proper preoperative evaluation of patient and procedure choice.
- Resident will participate in the Utilization review mechanism in coordination with the utilization review coordinator.
- Resident will gain exposure to surgical criteria through established lecture and case review series.
- Resident will participate in office rotations for the purpose of gaining practical experience with podiatric surgical indications.
- Resident will gain proficiency in basic operating room assistance and technique.
- Resident will ensure patients preoperative status by reviewing consent form, H&P (including biomechanical exam), surgical indications, and laboratory studies.
- Resident will dictate surgical note and evaluate patient post operatively.

SCRUBS

Each resident is provided with two sets of scrubs upon entry to the program, one set as a PGY2, and two sets as a PGY3.

SUPERVISION OF RESIDENTS

Purpose: The purpose of this section is to safeguard patient care and enhance graduate medical education by setting standards for supervision of residents.

Supervision Privileges: Florida licensed physicians credentialed through AdventHealth Orlando Medical Staff and with appropriate clinical privileges must supervise all residents in their patient care responsibilities. Supervising physicians are either Podiatric faculty, voluntary faculty with signed agreements, or attendings who request and/or accept the responsibility for supervising

residents. This section does not prohibit non-supervising physicians from writing orders and shall not deny or limit non-supervising physicians privileges.

Neither residents nor interns are credentialed at AdventHealth Orlando to have medical staff privileges. Therefore, all resident activities within AdventHealth Orlando must be supervised by an attending who is licensed in the State of Florida and credentialed at AdventHealth Orlando in the care and/or procedures to be performed by the resident. The “supervising” physician may be a Podiatric faculty, the admitting physician or any physician on Florida Hospital’s medical staff. The residents do not require direct supervision except in surgery. Direct supervision does not have to be provided at all times.

Residents are responsible for their own decisions and actions without reference to the “supervising” physician. Residents should provide only medical care procedures for which they are qualified by training or experience, even if they are under the supervision of a credentialed attending physician. Therefore, even residents who are not under direct supervision (i.e. under “indirect supervision”) are expected to seek the counsel and advice of their supervising physician before proceeding in an area with which the resident has no training or experience.

In turn, supervising physicians will accept as their responsibility the education and monitoring of residents who seek their advice and direction. In particular, the assigned faculty member for a resident, or the contracted attending physicians who serve as on-call faculty, shall be available to address concerns and questions of residents and shall directly supervise them.

Inpatient Activities

All inpatient resident activities must be supervised directly or indirectly by an attending physician who has been granted privileges by the Medical Staff.

The actual procedures, level of training of intern/resident, and severity of illness of the patient will be used to determine if the supervising physician will be physically present at the time of service. If the supervising physician is not physically present, they must be available on short notice by telephone and be willing/able to make themselves physically present in a reasonable amount of time.

Interns/residents may write admitting orders and subsequent orders for the care of the patient. These orders in combination with all pertinent information regarding the patient’s specific case must be communicated with the attending physician within a reasonable amount of time based on the urgency, or severity of the patient’s condition. The entry of orders into a patient chart does not preclude the attending or licensed dependent practitioner involved in the care of that patient from entering orders on their own.

The resident should not involve themselves with the care of non-residency service patients without prior approval from the Program Director or supervising attending. In non-emergency situations, residents may assist the attending physician or that physician’s partner or covering physician if the resident’s duties to residency service patients allow. Otherwise, non-residency service patients will not be seen by residents. In an emergency situation for a non-residency

service patient, when residents are unable to contact the attending physician, the resident shall attempt to contact a supervising physician in this order: (a) the patient's attending physician or that physician's partner or covering physician, (b) a consultant on the case, (c) The on-call faculty physician for Podiatric Medicine and Surgery Residency Service, (d) other faculty physicians, (e) the on-call resident.

Efforts to contact one or more of the attendings and potential supervisors must be continued during and after the emergency activities. The attending and on-call faculty member should be notified if any care or procedures were carried out in advance of conversations with a "supervising" physician. All conversations, efforts to contact supervising physicians, and actions supporting the above process must be documented in a timely manner in the patient's chart.

Progress notes and orders shall be written before the resident leaves the hospital for each patient contact which includes the date, time, name of the supervising physician contacted, and resident signature. All physician attendings and supervising attendings shall be notified ASAP. The supervising physician must countersign all orders and notes written by the residents.

TELEPHONE CALLS/FAXES – LONG DISTANCE

Residents may not make personal long distance phone calls while on duty or in the hospital. Pay phones are located by the Cafeteria. Personal long distance faxes are not to be made from Medical Education or other hospital fax machines.

Long distance calls related to patient care may be made in the Department of Medical Education during normal hours of operation or through the switch board operator after hours. The operator must log all long distance calls made through the switchboard. The resident will be asked to identify him/herself, name of patient call is related to, number calling, name of person calling, and name of attending physician. Copies of call logs are forwarded to Medical Education.

TERMINATION

(See DISCIPLINARY ACTION, GRIEVANCE, REMEDIATION, and ROTATION FAILURE POLICY sections of this manual as well as the RESIDENT CONTRACT and GME MANUAL))

Medical Education Exit forms and AdventHealth Orlando Separation From Work forms must be completed prior to termination of employment. Resident should allow appropriate time to complete all paperwork and make appropriate appointments as directed during the last few days prior to termination.

Residents should verify with Medical Education ALL separation forms and requirements are met before leaving on last day of employment.

WORK HOURS

Trainee Work Hours and Supervision Policy:

Situations in which trainees work an excessive number of hours can lead to errors in judgment and clinical decision-making. These errors can impact on patient safety, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression, and illness related complications. The training institution and program directors must maintain a high degree of sensitivity to the physical and mental well-being of trainees and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue, or inability to conduct personal activities.

The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call. The trainee shall not work in excess of 24 consecutive hours inclusive of morning and noon educational programs. Allowances for inpatient and outpatient continuity, transfer of care, educational debriefing, and formal didactic activities may occur, but may not exceed 4 hours. Residents may not assume responsibility for a new patient after working 24 hours. The trainee shall have on alternate weeks 48-hour periods off, or at least one 24-hour period off each week. Upon conclusion of a 24-hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided. All off-duty time must be totally free from assignment to clinical or educational activity.

Rotations in which trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts. The trainee and training institution must always remember the patient care responsibility is not precluded by the work hour policy. In cases where a trainee is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the resident involved. The trainee may not be assigned to call more often than every third night averaged over any consecutive four-week period.

Moonlighting

(See GME Manual for moonlighting policy and requirements)

AdventHealth Orlando Podiatry Resident Rotations 2017 - 2018

GROUP	BLOCK 1				BLOCK 2				BLOCK 3				
Sahli	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx
Sebag	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER	Pod Sx	ER
Carter	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Jung	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Cavins	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Anesth	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Endo
Mikheyev	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Anesth	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
	7/1-7/2	7/3-7/9	7/10-7/16	7/17-7-/23	7/24-7/30	7/31-8/6	8/7-8/13	8/14-8/20	8/21-8/27	8/28-9/3	9/4-9/10	9/11-9/17	

GROUP	BLOCK 4				BLOCK 5				BLOCK 6				
Sahli	Pod Sx	Pod Sx	Pod Sx	Pod Sx	ID	ID	ID	ID	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Sebag	FMRS	FMRS	FMRS	FMRS	Pod Sx	Pod Sx	Pod Sx	Pod Sx	ID	ID	ID	ID	ID
Carter	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Jung	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Cavins	Pod Sx	Wound Care	Wound Care	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Mikheyev	Pod Sx	Pod Sx	Pod Sx	Wound Care	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
	9/18-9/24	9/25-10/1	10/2-10/8	10/9-10/15	10/16-10/22	10/23-10/29	10/30-11/5	11/6-11/12	11/13-11/19	11/20-11/26	11/27-12/3	12/4-12/10	

GROUP	BLOCK 7				BLOCK 8				BLOCK 9				
Sahli	Pod Sx	Pod Sx	Pod Sx	Rad/Anesth	Ortho	Ortho	Ortho	Ortho	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Sebag	Pod Sx	Pod Sx	Rad/Anesth	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Ortho	Ortho	Ortho	Ortho	Ortho
Carter	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Vasc	Vasc	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Jung	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Vasc	Vasc	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Cavins	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Mikheyev	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
	12/11-12/17	12/18-12/24	12/25-12/31	1/1-1/7	1/8-1/14	1/15-1/21	1/22-1/28	1/29-2/4	2/5-2/11	2/12-2/18	2/19-2/25	2/26-3/4	

GROUP	BLOCK 10				BLOCK 11				BLOCK 12				
Sahli	Gen Surg	Gen Surg	Pod Sx	Pod Sx	Vasc Surg	Pod Sx	Path	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Sebag	Pod Sx	Pod Sx	Gen Surg	Gen Surg	Pod Sx	Vasc Surg	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Carter	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Endo	Endo	Endo
Jung	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Cavins	Wound Care	Wound Care	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Elective or Pod Sx	Elective or Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Mikheyev	Pod Sx	Pod Sx	Wound Care	Wound Care	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx	Pod Sx
	3/5-3/11	3/12-3/18	3/19-3/25	3/26-4/1	4/2-4/8	4/9-4/15	4/16-4/22	4/23-4/29	4/30-5/6	5/7-5/13	5/14-5/20	5/21-5/27	

GROUP	BLOCK 13			
Sahli	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Sebag	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Carter	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Jung	Pod Sx	Pod Sx	Pod Sx	Pod Sx
Cavins	BM	BM	Pod Sx/ Clinic	Pod Sx/ Clinic
Mikheyev	BM	BM	Pod Sx/ Clinic	Pod Sx / Clinic
	5/28-6/3	6/4-6/10	6/11-6/17	6/18-6/30

Rotation	Location	Details
FMRS	FH East	Dr. Gandikal - Coordinator will notify them of your schedule
ORTHO	FH East/Office	Dr McFadden - Coordinator will notify him of your schedule
ID	FH East	Dr Sniffen - 407-766-6854 Call or email in advance of rotation
PATH	FH East/South	Dr Ma - Email or stop by office before rotations
GEN SURG	FH South	AHO Residency - Send rotation schedule to Maria Cepero
VASC SURG	FH South	Dr Wladis - Call or text before rotation 407-461-9357
RAD	FH South	Dr Bancroft - Send rotation schedule to Patti Horvath

Rotation	Location	Details
WOUND CARE	FH South	Podiatry Rotation or Plastics Dr. Steig (407) 647-4601
ANESTH	FH East/South	Dr. Grant - find on campus and discuss
ER	FH East ER	Coordinator will notify him of your schedule
BEHAV MED	FH East	Dr. Spruill - Coordinator will notify him of your schedule

All rotations are to be confirmed by resident at least one month in advance and then one week before start date.

Html in title

Anesthesiology Evaluation Template



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

 Evaluator
[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Html in overall instructions

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

Html in Question
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1) Formulate and implement an appropriate plan of management, including: **Performs an appropriate preanesthetic evaluation.** 1 2 3 4 5 N/A
 ○○○○○○

Html in Question
Html in grade scale

2) Formulate and implement an appropriate plan of management, including: **Administers field blocks, digital blocks, Mayo blocks, and isolated nerve blocks of the lower extremities with proper technique.** 1 2 3 4 5 N/A
 ○○○○○○

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[Exit](#)

Html in Question
Html in grade scale

- 3) Formulate and implement an appropriate plan of management, including: **Utilizes proper technique while injecting the local anesthetic.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

- 4) Formulate and implement an appropriate plan of management, including: **Utilizes adjunctive topical agents, as needed.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

- 5) Formulate and implement an appropriate plan of management, including: **Utilizes universal precautions and appropriate needle precautions.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

- 6) Formulate and implement an appropriate plan of management, including: **Monitors for, recognizes, and manages adverse reactions to the local anesthetic.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

- 7) Formulate and implement an appropriate plan of management, including: **Performs preanesthetic evaluation, including history and physical examination.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

- 8) Formulate and implement an appropriate plan of management, including: **Orders and interprets appropriate preoperative diagnostic tests.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

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Exit

1 2 3 4 5 N/A

9) Formulate and implement an appropriate plan of management, including: **Assigns correct ASA status.**



Html in Question
Html in grade scale

10) Formulate and implement an appropriate plan of management, including: **Secures and positions patient properly.**



Html in Question
Html in grade scale

11) Formulate and implement an appropriate plan of management, including: **Places and secure intravenous line.**



Html in Question
Html in grade scale

12) Formulate and implement an appropriate plan of management, including: **Administers agents for conscious sedation.**



Html in Question
Html in grade scale

13) Formulate and implement an appropriate plan of management, including: **Monitors patient during the surgical procedure.**



Assess and manage the patient's general medical status.

Html in Question
Html in grade scale

14) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **comprehensive medical history.**



Html in Question
Html in grade scale

15) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **comprehensive physical examination.**



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[Exit](#)

Html in Question
Html in grade scale

16) Formulate an appropriate differential diagnosis of the patient's general medical problem(s), which includes diagnoses in the following tabular ICD-9 subsections: **Charts most likely diagnosis appropriately as well as other possible diagnoses.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

17) Formulate an appropriate differential diagnosis of the patient's general medical problem(s), which includes diagnoses in the following tabular ICD-9 subsections: **Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

18) Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: **EKG.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

19) Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: **medical imaging.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

20) Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: **plain radiography.**

1 2 3 4 5 N/A
○○○○○○○

Html in Question
Html in grade scale

21) Formulate and implement an appropriate plan of management, when indicated, including: **appropriate therapeutic intervention.**

1 2 3 4 5 N/A
○○○○○○○

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

Html in grade scale
[Learn More](#)

[Exit](#)

22) Practices and abides by the principles of informed consent.

1 2 3 4 5 N/A

[Html in grade scale](#)

23) Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

[Html in grade scale](#)

24) Completes medical record components in appropriate format and detail.

1 2 3 4 5 N/A

[Html in grade scale](#)

25) Completes medical record components in a timely fashion.

1 2 3 4 5 N/A

[Html in grade scale](#)

26) Updates the medical problem list and medication list at each visit.

1 2 3 4 5 N/A

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

[Html in grade scale](#)

27) Reads, interprets, critically examines, and presents medical and scientific literature.

1 2 3 4 5 N/A

Attitudinal Assessment

[Html in Question Instruction](#)
[Html in grade scale](#)

Legend for Attitudinal Assessment

1 = *Never*

2 = *Some of the Time*

3 = *Most of the Time*

[Learn More](#)

4 = *Always*

[Exit](#)

N/A = Not Applicable

28) Accepts criticism constructively.



Html in grade scale

29) Acts as a patient advocate, involving the patient/family in the decision-making process.



Html in grade scale

30) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.



Html in grade scale

31) Provides high quality, comprehensive care in an ethical manner.



Html in grade scale

32) Demonstrates moral and ethical conduct.



Html in grade scale

33) Respects and adapts to cultural differences.



Html in grade scale

34) Establishes trust and rapport with patients and peers.



Html in grade scale

35) Demonstrates primary concern for patient's welfare and well-being.



Html in grade scale

36) [Learn More](#)



[Exit](#)

Functions appropriately in a multidisciplinary setting, using good communication skills.

Html in grade scale

37) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.



Html in grade scale

38) Comments

Remaining Characters: 5,000

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Behavioral Science Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

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

- | | |
|---|-------------------------|
| 1) Obtains informed consent. | 1 2 3 4 5 N/A
○○○○○○ |
| 2) Appropriately documents informed consent. | 1 2 3 4 5 N/A
○○○○○○ |
| 3) Demonstrates compassion, sensitivity, and respect in interactions with patients and families. | 1 2 3 4 5 N/A
○○○○○○ |
| 4) Accepts responsibility. | 1 2 3 4 5 N/A
○○○○○○ |
| 5) Demonstrates reliability and leadership. | 1 2 3 4 5 N/A
○○○○○○ |
| 6) Is well organized, punctual, and efficient. | 1 2 3 4 5 N/A
○○○○○○ |
| 7) Embraces self-learning and professional development skills. | 1 2 3 4 5 N/A
○○○○○○ |
| 8) | 1 2 3 4 5 N/A
○○○○○○ |

Is aware of one's own limitations of knowledge, experience, and skills.

- 9) Accepts criticism, performs realistic self-assessments, and develops and implements a plan that addresses their personal learning needs. 1 2 3 4 5 N/A
○○○○○○○
- 10) Personifies honesty and integrity through one's behaviors. 1 2 3 4 5 N/A
○○○○○○○
- 11) Advocates for quality patient care. 1 2 3 4 5 N/A
○○○○○○○
- 12) Assists patients in dealing with healthcare system complexities. 1 2 3 4 5 N/A
○○○○○○○
- 13) Maintains a sustained commitment to service by accepting inconvenience to meet patients' needs. 1 2 3 4 5 N/A
○○○○○○○
- 14) Volunteers one's skills and expertise to advance the welfare of patients and community. 1 2 3 4 5 N/A
○○○○○○○
- 15) Behaves with high regard and respect for colleagues, other members of the health care team, and patients and their families. 1 2 3 4 5 N/A
○○○○○○○

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

- 16) Teaches effectively to ensure patient and family understand rationale for management plan, expected outcomes, and potential problems. 1 2 3 4 5 N/A
○○○○○○○
- 17) Utilizes effective methods to modify behavior and enhance compliance. 1 2 3 4 5 N/A
○○○○○○○
- 18) Involves patient and family in coordinating decisions. 1 2 3 4 5 N/A
○○○○○○○
- 19) Patiently reinforces learning for patients and family. 1 2 3 4 5 N/A
○○○○○○○
- 20) Creates and sustains therapeutic relationships with patients. 1 2 3 4 5 N/A
○○○○○○○
- 21) Demonstrates attentiveness, active listening, and good interviewing skills. 1 2 3 4 5 N/A
○○○○○○○
- 22) Obtains essential data for decision analysis. 1 2 3 4 5 N/A
○○○○○○○
- 23) 1 2 3 4 5 N/A
○○○○○○○

Provides the opportunity for participants to request, provide, and receive information.

24) Asks questions and provides information using language that is understandable. 1 2 3 4 5 N/A
○○○○○○○

25) Learns and applies strategies for dealing with individuals who present significant communication challenges such as domination, anger, confusion, or an ethno-cultural background different than one's own. 1 2 3 4 5 N/A
○○○○○○○

26) Effectively facilitates conflict resolution. 1 2 3 4 5 N/A
○○○○○○○

27) Is collegial in interpersonal relationships with colleagues. 1 2 3 4 5 N/A
○○○○○○○

28) Discusses pertinent aspects of patient's condition with consultant. 1 2 3 4 5 N/A
○○○○○○○

29) Demonstrates caring and respectful behavior when interacting with patients. 1 2 3 4 5 N/A
○○○○○○○

30) Recognizes and responds appropriately to nonverbal communication. 1 2 3 4 5 N/A
○○○○○○○

31) Negotiates a mutually agreed upon treatment plan. 1 2 3 4 5 N/A
○○○○○○○

32) Communicates with clerical staff and nursing staff in a manner that fosters mutual respect and facilitates an effectively run practice. 1 2 3 4 5 N/A
○○○○○○○

33) Communicates with colleagues and other professionals on the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues. 1 2 3 4 5 N/A
○○○○○○○

34) Effectively communicates by telephonic and electronic means. 1 2 3 4 5 N/A
○○○○○○○

35) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. 1 2 3 4 5 N/A
○○○○○○○

36) Maintains appropriate medical records. 1 2 3 4 5 N/A
○○○○○○○

Demonstrates sensitivity and responsiveness to cultural values, behaviors, and preferences of their patients when providing care to persons whose race, ethnicity, nation or origin, religion, gender, or sexual orientation is different from their own.

37) 1 2 3 4 5 N/A
○○○○○○○

Is aware of how one's own cultural values, assumptions, and beliefs affect patient care and clinical decision-making.

38) Demonstrates sensitivity and respect when interacting with individuals whose culture is different from our own.

1 2 3 4 5 N/A

39) Exhibits a willingness and tendency to learn and apply culture-specific knowledge to the care of patients.

1 2 3 4 5 N/A

40) Advocates for quality patient care and assists patients in dealing with system complexities.

1 2 3 4 5 N/A

41) Facilitates cultural sensitization for office/clinical staff.

1 2 3 4 5 N/A

42) Understands all cultural systems are sources of beliefs about health, recognition of symptoms, communication about symptoms, and treatment.

1 2 3 4 5 N/A

43) Uses the assistance of family members, translators/interpreters, and other community resources and advocacy groups.

1 2 3 4 5 N/A

44) Conducts history, physical examination, and diagnostic and therapeutic interventions in a culturally sensitive manner.

1 2 3 4 5 N/A

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

45) Reads, interprets, critically examines, and presents medical and scientific literature.

1 2 3 4 5 N/A

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

46) Accepts criticism constructively.

1 2 3 4 N/A

47) Acts as a patient advocate, involving the patient/family in the decision-making process.

1 2 3 4 N/A
○ ○ ○ ○ ○

48) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.

1 2 3 4 N/A
○ ○ ○ ○ ○

49) Provides high quality, comprehensive care in an ethical manner.

1 2 3 4 N/A
○ ○ ○ ○ ○

50) Demonstrates moral and ethical conduct.

1 2 3 4 N/A
○ ○ ○ ○ ○

51) Respects and adapts to cultural differences.

1 2 3 4 N/A
○ ○ ○ ○ ○

52) Establishes trust and rapport with patients and peers.

1 2 3 4 N/A
○ ○ ○ ○ ○

53) Demonstrates primary concern for patient's welfare and well-being.

1 2 3 4 N/A
○ ○ ○ ○ ○

54) Functions appropriately in a multidisciplinary setting, using good communication skills.

1 2 3 4 N/A
○ ○ ○ ○ ○

55) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.

1 2 3 4 N/A
○ ○ ○ ○ ○

56) Comments

Remaining Characters: 5,000

Close Window

Emergency Medicine Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
 [Subject Rotation]

Evaluator
 [Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

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5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Assess and manage the patient's general medical status.

- | | |
|--|--|
| <p>1) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in adequate detail.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| <p>2) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in appropriate period of time.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| <p>3) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history using logical organization.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| <p>4) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Utilizes the correct technique for obtaining each of the vital signs.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| | <p>1 2 3 4 5 N/A</p> |

5) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Recognizes (correctly interprets) the normal or abnormal findings of each of the components performed upon a patient.**



6) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains vital signs in an appropriate period of time.**



7) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **head, eyes, ears, nose, and throat (HEENT).**



8) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neck.**



9) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **chest/breast.**



10) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **heart.**



11) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **lungs.**



12) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **abdomen.**



13) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **genitourinary.**



14) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **rectal.**



15) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **upper extremities.**



16) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neurologic examination.**



Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

17) Charts most likely diagnosis appropriately as well as other possible diagnoses.



18) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.



Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including:

19) EKG: Recognizes (correctly interprets) the normal or abnormal findings.



20) EKG: Selection of EKG/cardiac testing fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.



21) EKG: Recognizes when EKG/cardiac testing results indicate further history, physical exam, diagnostic studies or consultation.



22) Medical Imaging: Plain radiography.



23) Medical Imaging: Nuclear medicine imaging.



24) Medical Imaging: MRI.



25) Laboratory Tests: Hematology.



26) Laboratory Tests: Serology/Immunology.



27) Laboratory Tests: Blood Chemistries.



28) Laboratory Tests: Toxicology/Drug Screens.



29) Laboratory Tests: Coagulation Studies.



30) Laboratory Tests: Blood Gases.



31) Laboratory Tests: Microbiology.



32) Laboratory Tests: Synovial Fluid Analysis ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

33) Laboratory Tests: Urinalysis. ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

34) Appropriate therapeutic intervention. ○○○○○○○
1 2 3 4 5 N/A

35) Appropriate consultations and/or referrals. ○○○○○○○
1 2 3 4 5 N/A

36) Appropriate general medical health promotion and education. ○○○○○○○
1 2 3 4 5 N/A

37) Airway management. ○○○○○○○
1 2 3 4 5 N/A

38) Diabetic crisis. ○○○○○○○
1 2 3 4 5 N/A

39) Critical limb ischemia. ○○○○○○○
1 2 3 4 5 N/A

40) Closed management of pedal fractures and dislocations. ○○○○○○○
1 2 3 4 5 N/A

41) Closed management of ankle fractures an dislocations. ○○○○○○○
1 2 3 4 5 N/A

42) Medical management of foot and ankle infections. ○○○○○○○
1 2 3 4 5 N/A

43) Charcot arthropathy. ○○○○○○○
1 2 3 4 5 N/A

44) Gout. ○○○○○○○
1 2 3 4 5 N/A

45) Osteomyelitis. ○○○○○○○
1 2 3 4 5 N/A

46) Simple and complex lacerations and wounds. ○○○○○○○
1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

47) Communicate in oral and written form with patients, colleagues, payers and the public. ○○○○○○○
1 2 3 4 5 N/A

1 2 3 4 5 N/A

- 48) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. ○○○○○○○

- 49) Completes medical record components (see didactic indicators) in appropriate format and detail. 1 2 3 4 5 N/A
○○○○○○○

- 50) Completes medical record components in a timely fashion. 1 2 3 4 5 N/A
○○○○○○○

- 51) Updates the medical problem list and medication list at each visit. 1 2 3 4 5 N/A
○○○○○○○

Attitudinal Assessment

Legend for Attitudinal Assessment

- 1 = *Never*

- 2 = *Some of the Time*

- 3 = *Most of the Time*

- 4 = *Always*

- N/A = *Not Applicable*

- 52) Accepts criticism constructively. 1 2 3 4 N/A
○○○○○○○

- 53) Acts as a patient advocate, involving the patient/family in the decision-making process. 1 2 3 4 N/A
○○○○○○○

- 54) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity. 1 2 3 4 N/A
○○○○○○○

- 55) Provides high quality, comprehensive care in an ethical manner. 1 2 3 4 N/A
○○○○○○○

- 56) Demonstrates moral and ethical conduct. 1 2 3 4 N/A
○○○○○○○

- 57) Respects and adapts to cultural differences. 1 2 3 4 N/A
○○○○○○○

- 58) Establishes trust and rapport with patients and peers. 1 2 3 4 N/A
○○○○○○○

- 59) Demonstrates primary concern for patient's welfare and well-being. 1 2 3 4 N/A
○○○○○○○

60) Functions appropriately in a multidisciplinary setting, using good communication skills.



61) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.



62) Comments

Remaining Characters: 5,000

Close Window

Endocrinology Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
 [Subject Rotation]

Evaluator
 [Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

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5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Assess and manage the patient's general medical status.

- | | |
|--|---|
| <p>1) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in adequate detail.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>2) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in appropriate period of time.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>3) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history using logical organization.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>4) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Utilizes the correct technique for obtaining each of the vital signs.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| | <p>1 2 3 4 5 N/A</p> |

5) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Recognizes (correctly interprets) the normal or abnormal findings of each of the components performed upon a patient.**



6) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains vital signs in an appropriate period of time.**



7) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **head, eyes, ears, nose, and throat (HEENT).**



8) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neck.**



9) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **chest/breast.**



10) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **heart.**



11) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **lungs.**



12) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **abdomen.**



13) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **genitourinary.**



14) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **rectal.**



15) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **upper extremities.**



16) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neurologic examination.**



Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

17) Charts most likely diagnosis appropriately as well as other possible diagnoses.



18) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.



Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including:

19) EKG: Recognizes (correctly interprets) the normal or abnormal findings.



20) EKG: Selection of EKG/cardiac testing fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.



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23) Medical Imaging: Nuclear medicine imaging.



24) Medical Imaging: MRI.



25) Laboratory Tests: Hematology.



26) Laboratory Tests: Serology/Immunology.



27) Laboratory Tests: Blood Chemistries.



28) Laboratory Tests: Toxicology/Drug Screens.



29) Laboratory Tests: Coagulation Studies.



30) Laboratory Tests: Blood Gases.



31) Laboratory Tests: Microbiology.



32) Laboratory Tests: Synovial Fluid Analysis ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

33) Laboratory Tests: Urinalysis. ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

34) Appropriate therapeutic intervention. ○○○○○○○
1 2 3 4 5 N/A

35) Appropriate consultations and/or referrals. ○○○○○○○
1 2 3 4 5 N/A

36) Appropriate general medical health promotion and education. ○○○○○○○
1 2 3 4 5 N/A

37) Recognizes and diagnoses disorders of deficiency or excess of common hormonal imbalances ○○○○○○○
1 2 3 4 5 N/A

38) Recognizes local (lower extremity) manifestations of disorders of deficiency or excess of common hormonal imbalances ○○○○○○○
1 2 3 4 5 N/A

39) Understands and impliments an effective medical plan for managing common hormonal imbalances ○○○○○○○
1 2 3 4 5 N/A

40) Understands the podiatric role in the management of hormonal imbalances ○○○○○○○
1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

41) Communicate in oral and written form with patients, colleagues, payers and the public. ○○○○○○○
1 2 3 4 5 N/A

42) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. ○○○○○○○
1 2 3 4 5 N/A

43) Completes medical record components (see didactic indicators) in appropriate format and detail. ○○○○○○○
1 2 3 4 5 N/A

44) Completes medical record components in a timely fashion. ○○○○○○○
1 2 3 4 5 N/A

45) Updates the medical problem list and medication list at each visit. ○○○○○○○
1 2 3 4 5 N/A

Attitudinal Assessment

1 2 3 4 N/A

46) Accepts criticism constructively.



Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

47) Acts as a patient advocate, involving the patient/family in the decision-making process.



48) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.



49) Provides high quality, comprehensive care in an ethical manner.



50) Demonstrates moral and ethical conduct.



51) Respects and adapts to cultural differences.



52) Establishes trust and rapport with patients and peers.



53) Demonstrates primary concern for patient's welfare and well-being.



54) Functions appropriately in a multidisciplinary setting, using good communication skills.



55) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.



56) Comments

Remaining Characters: 5,000

Close Window

Family Medicine Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
 [Subject Rotation]

Evaluator
 [Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

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N/A = Not Applicable

[View with page breaks](#)

Assess and manage the patient's general medical status.

1) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains a comprehensive history in adequate detail.** 1 2 3 4 5 N/A
○○○○○○○

2) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains a comprehensive history in appropriate period of time.** 1 2 3 4 5 N/A
○○○○○○○

3) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains a comprehensive history using logical organization.** 1 2 3 4 5 N/A
○○○○○○○

4) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Utilizes the correct technique for obtaining each of the vital signs.** 1 2 3 4 5 N/A
○○○○○○○

1 2 3 4 5 N/A

5) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Recognizes (correctly interprets) the normal or abnormal findings of each of the components performed upon a patient.**



6) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains vital signs in an appropriate period of time.**



7) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **head, eyes, ears, nose, and throat (HEENT).**



8) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neck.**



9) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **chest/breast.**



10) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **heart.**



11) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **lungs.**



12) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **abdomen.**



13) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **genitourinary.**



14) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **rectal.**



15) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **upper extremities.**



16) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neurologic examination.**



Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

17) Charts most likely diagnosis appropriately as well as other possible diagnoses.



18) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.



Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including:

19) EKG: Recognizes (correctly interprets) the normal or abnormal findings.



20) EKG: Selection of EKG/cardiac testing fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.



21) EKG: Recognizes when EKG/cardiac testing results indicate further history, physical exam, diagnostic studies or consultation.



22) Medical Imaging: Plain radiography.



23) Medical Imaging: Nuclear medicine imaging.



24) Medical Imaging: MRI.



25) Laboratory Tests: Hematology.



26) Laboratory Tests: Serology/Immunology.



27) Laboratory Tests: Blood Chemistries.



28) Laboratory Tests: Toxicology/Drug Screens.



29) Laboratory Tests: Coagulation Studies.



30) Laboratory Tests: Blood Gases.



31) Laboratory Tests: Microbiology.



32) Laboratory Tests: Synovial Fluid Analysis ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

33) Laboratory Tests: Urinalysis. ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

34) Appropriate therapeutic intervention. ○○○○○○○
1 2 3 4 5 N/A

35) Appropriate consultations and/or referrals. ○○○○○○○
1 2 3 4 5 N/A

36) Appropriate general medical health promotion and education. ○○○○○○○
1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

37) Communicate in oral and written form with patients, colleagues, payers and the public. ○○○○○○○
1 2 3 4 5 N/A

38) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. ○○○○○○○
1 2 3 4 5 N/A

39) Completes medical record components (see didactic indicators) in appropriate format and detail. ○○○○○○○
1 2 3 4 5 N/A

40) Completes medical record components in a timely fashion. ○○○○○○○
1 2 3 4 5 N/A

41) Updates the medical problem list and medication list at each visit. ○○○○○○○
1 2 3 4 5 N/A

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

1 2 3 4 N/A

42) Accepts criticism constructively.



1 2 3 4 N/A

43) Acts as a patient advocate, involving the patient/family in the decision-making process.



1 2 3 4 N/A

44) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.



1 2 3 4 N/A

45) Provides high quality, comprehensive care in an ethical manner.



1 2 3 4 N/A

46) Demonstrates moral and ethical conduct.



1 2 3 4 N/A

47) Respects and adapts to cultural differences.



1 2 3 4 N/A

48) Establishes trust and rapport with patients and peers.



1 2 3 4 N/A

49) Demonstrates primary concern for patient's welfare and well-being.



1 2 3 4 N/A

50) Functions appropriately in a multidisciplinary setting, using good communication skills.



1 2 3 4 N/A

51) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.



52) Comments

Remaining Characters: 5,000

Close Window

General Surgery Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
 [Subject Rotation]

Evaluator
 [Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

- | | |
|--|--|
| <p>1) Perform and interpret the findings of a thorough prolem-focused history and physical exam, including: problem-focused history.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| <p>2) Perform and interpret the findings of a thorough prolem-focused history and physical exam, including: neurologic examination.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| <p>3) Perform and interpret the findings of a thorough prolem-focused history and physical exam, including: vascular examination.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| <p>4) Perform and interpret the findings of a thorough prolem-focused history and physical exam, including: dermatologic examination.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
| <p>5) Perform and interpret the findings of a thorough prolem-focused history and physical exam, including: musculoskeletal examination.</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |

Formulate an appropriate diagnosis and/or differential diagnosis.

- | | |
|------------------|--|
| <p>6)</p> | <p>1 2 3 4 5 N/A
 ○○○○○○</p> |
|------------------|--|

Based upon history, physical exam, and appropriate diagnostic studies, can recognize and correctly diagnose patients with any of the diagnoses listed in the section above.

- 7) Appropriately charts most likely diagnosis, other possible diagnoses and contributing factors. 1 2 3 4 5 N/A
○○○○○○○
- 8) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management. 1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

- 9) **Secures proper patient positioning.** 1 2 3 4 5 N/A
○○○○○○○
- 10) **Utilizes hemostasis appropriately, when indicated.** 1 2 3 4 5 N/A
○○○○○○○
- 11) **Performs skin incision appropriately.** 1 2 3 4 5 N/A
○○○○○○○
- 12) **Performs appropriate anatomic dissection.** 1 2 3 4 5 N/A
○○○○○○○
- 13) **Demonstrates appropriate tissue-specific handling techniques.** 1 2 3 4 5 N/A
○○○○○○○
- 14) **Procures specimen for microbiology/pathology appropriately, when indicated.** 1 2 3 4 5 N/A
○○○○○○○
- 15) **Uses manual instrumentation appropriately.** 1 2 3 4 5 N/A
○○○○○○○
- 16) **Uses power instrumentation appropriately.** 1 2 3 4 5 N/A
○○○○○○○
- 17) **Uses special instrumentation appropriately, when indicated.** 1 2 3 4 5 N/A
○○○○○○○
- 18) **Handles and applies bioimplants appropriately, when indicated.** 1 2 3 4 5 N/A
○○○○○○○
- 19) **Handles and applies graft materials appropriately.** 1 2 3 4 5 N/A
○○○○○○○

20) Utilizes wound irrigation appropriately. 1 2 3 4 5 N/A
○○○○○○○

21) Applies wound drainage system appropriately, when indicated. 1 2 3 4 5 N/A
○○○○○○○

22) Performs wound closure appropriately. 1 2 3 4 5 N/A
○○○○○○○

23) Applies appropriate bandage, splint and/or cast. 1 2 3 4 5 N/A
○○○○○○○

24) Procedural steps are followed correctly. 1 2 3 4 5 N/A
○○○○○○○

25) Procedure is performed in appropriate period of time. 1 2 3 4 5 N/A
○○○○○○○

26) Recognizes preoperative, intraoperative and postoperative variations/complications and adapts accordingly. 1 2 3 4 5 N/A
○○○○○○○

27) Selects the appropriate procedure(s). 1 2 3 4 5 N/A
○○○○○○○

28) Justifies the chosen technical pathway to completion of the procedure. 1 2 3 4 5 N/A
○○○○○○○

29) Appropriate consultation and/or referrals. 1 2 3 4 5 N/A
○○○○○○○

30) Assess the treatment plan and revise it as necessary. 1 2 3 4 5 N/A
○○○○○○○

Assess and manage the patient's general medical status.

31) Assess and manage the patient's general medical status. 1 2 3 4 5 N/A
○○○○○○○

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

32) Demonstrate the ability to communicate effectively and function in a multidisciplinary setting. 1 2 3 4 5 N/A
○○○○○○○

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

1 2 3 4 5 N/A

33) Reads, interprets, critically examines, and presents medical and scientific literature.



Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

34) Accepts criticism constructively.



35) Acts as a patient advocate, involving the patient/family in the decision-making process.



36) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.



37) Provides high quality, comprehensive care in an ethical manner.



38) Demonstrates moral and ethical conduct.



39) Respects and adapts to cultural differences.



40) Establishes trust and rapport with patients and peers.



41) Demonstrates primary concern for patient's welfare and well-being.



42) Functions appropriately in a multidisciplinary setting, using good communication skills.



43) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.



44) Comments

Remaining Characters: 5,000

Close Window

Infectious Disease Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
 [Subject Rotation]

Evaluator
 [Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Assess and manage the patient's general medical status.

- | | |
|--|---|
| <p>1) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in adequate detail.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>2) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in appropriate period of time.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>3) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history using logical organization.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>4) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Utilizes the correct technique for obtaining each of the vital signs.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |

1 2 3 4 5 N/A

5) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Recognizes (correctly interprets) the normal or abnormal findings of each of the components performed upon a patient.**



6) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains vital signs in an appropriate period of time.**



7) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **head, eyes, ears, nose, and throat (HEENT).**



8) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neck.**



9) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **chest/breast.**



10) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **heart.**



11) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **lungs.**



12) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **abdomen.**



13) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **genitourinary.**



14) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **rectal.**



15) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **upper extremities.**



16) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neurologic examination.**



Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

17) Charts most likely diagnosis appropriately as well as other possible diagnoses.



18) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.



Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including:

19) EKG: Recognizes (correctly interprets) the normal or abnormal findings.



20) EKG: Selection of EKG/cardiac testing fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.



21) EKG: Recognizes when EKG/cardiac testing results indicate further history, physical exam, diagnostic studies or consultation.



22) Medical Imaging: Plain radiography.



23) Medical Imaging: Nuclear medicine imaging.



24) Medical Imaging: MRI.



25) Laboratory Tests: Hematology.



26) Laboratory Tests: Serology/Immunology.



27) Laboratory Tests: Blood Chemistries.



28) Laboratory Tests: Toxicology/Drug Screens.



29) Laboratory Tests: Coagulation Studies.



30) Laboratory Tests: Blood Gases.



31) Laboratory Tests: Microbiology.



32) Laboratory Tests: Synovial Fluid Analysis ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

33) Laboratory Tests: Urinalysis. ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

34) Appropriate therapeutic intervention. ○○○○○○○
1 2 3 4 5 N/A

35) Appropriate consultations and/or referrals. ○○○○○○○
1 2 3 4 5 N/A

36) Appropriate general medical health promotion and education. ○○○○○○○
1 2 3 4 5 N/A

37) Recognizes and diagnose common primary skin pathology ○○○○○○○
1 2 3 4 5 N/A

38) Recognizes characteristics (qualitative and quantitative) of potential neoplastic skin changes ○○○○○○○
1 2 3 4 5 N/A

39) Recognizes characteristics (qualitative and quantitative) of potential ulcerative skin changes ○○○○○○○
1 2 3 4 5 N/A

40) Recognizes characteristics (qualitative and quantitative) of potential infectious skin changes ○○○○○○○
1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

41) Communicate in oral and written form with patients, colleagues, payers and the public. ○○○○○○○
1 2 3 4 5 N/A

42) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. ○○○○○○○
1 2 3 4 5 N/A

43) Completes medical record components (see didactic indicators) in appropriate format and detail. ○○○○○○○
1 2 3 4 5 N/A

44) Completes medical record components in a timely fashion. ○○○○○○○
1 2 3 4 5 N/A

45) Updates the medical problem list and medication list at each visit. ○○○○○○○
1 2 3 4 5 N/A

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

- 46)** Accepts criticism constructively. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 47)** Acts as a patient advocate, involving the patient/family in the decision-making process. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 48)** Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 49)** Provides high quality, comprehensive care in an ethical manner. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 50)** Demonstrates moral and ethical conduct. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 51)** Respects and adapts to cultural differences. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 52)** Establishes trust and rapport with patients and peers. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 53)** Demonstrates primary concern for patient's welfare and well-being. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 54)** Functions appropriately in a multidisciplinary setting, using good communication skills. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 55)** Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 56)** Comments

Remaining Characters: 5,000

Close Window

Medical Imaging Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

- | | |
|---|-------------------------|
| 1) Perform (and/or) and interpret appropriate diagnostic studies, including: plain radiography. | 1 2 3 4 5 N/A
○○○○○○ |
| 2) Perform (and/or) and interpret appropriate diagnostic studies, including: radiographic contrast studies. | 1 2 3 4 5 N/A
○○○○○○ |
| 3) Perform (and/or) and interpret appropriate diagnostic studies, including: stress radiography. | 1 2 3 4 5 N/A
○○○○○○ |
| 4) Perform (and/or) and interpret appropriate diagnostic studies, including: fluoroscopy. | 1 2 3 4 5 N/A
○○○○○○ |
| 5) Perform (and/or) and interpret appropriate diagnostic studies, including: nuclear medicine imaging. | 1 2 3 4 5 N/A
○○○○○○ |
| 6) Perform (and/or) and interpret appropriate diagnostic studies, including: MRI. | 1 2 3 4 5 N/A
○○○○○○ |

- 7) Perform (and/or) and interpret appropriate diagnostic studies, including: **CT**. ○○○○○○○
- 8) Perform (and/or) and interpret appropriate diagnostic studies, including: **diagnostic ultrasound**. 1 2 3 4 5 N/A
○○○○○○○
- 9) Perform (and/or) and interpret appropriate diagnostic studies, including: **vascular imaging**. 1 2 3 4 5 N/A
○○○○○○○
- 10) Perform (and/or) and interpret appropriate diagnostic studies, including: **bone mineral densitometry - radiographic/ultrasonographic**. 1 2 3 4 5 N/A
○○○○○○○

Attitudinal Assessment

Legend for Attitudinal Assessment

- 1 = *Never*
- 2 = *Some of the Time*
- 3 = *Most of the Time*
- 4 = *Always*
- N/A = *Not Applicable*

- 11) Accepts criticism constructively. 1 2 3 4 N/A
○○○○○○○
 - 12) Acts as a patient advocate, involving the patient/family in the decision-making process. 1 2 3 4 N/A
○○○○○○○
 - 13) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity. 1 2 3 4 N/A
○○○○○○○
 - 14) Provides high quality, comprehensive care in an ethical manner. 1 2 3 4 N/A
○○○○○○○
 - 15) Demonstrates moral and ethical conduct. 1 2 3 4 N/A
○○○○○○○
 - 16) Respects and adapts to cultural differences. 1 2 3 4 N/A
○○○○○○○
 - 17) Establishes trust and rapport with patients and peers. 1 2 3 4 N/A
○○○○○○○
- 1 2 3 4 N/A

18) Demonstrates primary concern for patient's welfare and well-being.



19) Functions appropriately in a multidisciplinary setting, using good communication skills.



20) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.



21) Comments

Remaining Characters: 5,000

Close Window

Orthopedics Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

- | | |
|--|------------------------------|
| 1) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 2) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: neurologic examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 3) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: vascular examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 4) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: dermatologic examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 5) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: musculoskeletal examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |

Perform (and/or order) and interpret appropriate diagnostic studies, including:

1 2 3 4 5 N/A

- 6) Medical Imaging: Plain Radiography. ○○○○○○○
- 7) Medical Imaging: Nuclear medicine imaging. 1 2 3 4 5 N/A
○○○○○○○
- 8) Medical Imaging: MRI. 1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

- 9) Appropriate non-surgical management when indicated, including: **closed management of fractures and dislocations.** 1 2 3 4 5 N/A
○○○○○○○
- 10) Appropriate non-surgical management when indicated, including: **cast management.** 1 2 3 4 5 N/A
○○○○○○○
- 11) Appropriate non-surgical management when indicated, including: **pharmacologic management.** 1 2 3 4 5 N/A
○○○○○○○
- 12) Appropriate medical/surgical management when indicated, including: **Can perform appropriate local anesthetic block, if indicated.** 1 2 3 4 5 N/A
○○○○○○○
- 13) Appropriate medical/surgical management when indicated, including: **Can perform appropriate skin incision.** 1 2 3 4 5 N/A
○○○○○○○
- 14) Appropriate medical/surgical management when indicated, including: **Can perform anatomic dissection appropriate to the anatomic area.** 1 2 3 4 5 N/A
○○○○○○○
- 15) Appropriate medical/surgical management when indicated, including: **Can identify and remove the hardware.** 1 2 3 4 5 N/A
○○○○○○○
- 16) Appropriate medical/surgical management when indicated, including: **Can perform suture repair of deep tissues as indicated.** 1 2 3 4 5 N/A
○○○○○○○
- 17) Appropriate medical/surgical management when indicated, including: **Can perform suture repair of skin appropriately.** 1 2 3 4 5 N/A
○○○○○○○
- 18) Appropriate medical/surgical management when indicated, including: **Can apply appropriate bandage.** 1 2 3 4 5 N/A
○○○○○○○
- 19) Appropriate medical/surgical management when indicated, including: **Can select and prescribe proper antibiotics as indicated.** 1 2 3 4 5 N/A
○○○○○○○

1 2 3 4 5 N/A

20) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Secures proper patient positioning.**



21) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Utilizes hemostasis appropriately, when indicated.**



22) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Performs skin incision appropriately.**



23) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Performs appropriate anatomic dissection.**



24) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Demonstrates appropriate tissue-specific handling techniques.**



25) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Procures specimen for microbiology/pathology appropriately, when indicated.**



26) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Performs open reduction of fracture/dislocation.**



27) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Performs appropriate fixation to maintain reduction (k-wire, external fixator, etc.) if needed.**



28) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Uses manual instrumentation appropriately.**



29) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Uses power instrumentation appropriately.**



30) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Uses special instrumentation appropriately, when indicated.**



31) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Handles and applies fixation devices appropriately.**



32) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Handles and applies bioimplants appropriately, when indicated.**

1 2 3 4 5 N/A

33) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Handles and applies graft materials appropriately.**

1 2 3 4 5 N/A

34) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Procures specimen for microbiology/pathology appropriately, when indicated.**

1 2 3 4 5 N/A

35) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Utilizes wound irrigation appropriately.**

1 2 3 4 5 N/A

36) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Demonstrates appropriate tissue-specific repair techniques.**

1 2 3 4 5 N/A

37) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Applies wound drainage system appropriately, when indicated.**

1 2 3 4 5 N/A

38) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Performs wound closure appropriately.**

1 2 3 4 5 N/A

39) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Applies appropriate bandage, splint and/or cast.**

1 2 3 4 5 N/A

40) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Procedural steps are followed correctly.**

1 2 3 4 5 N/A

41) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Procedure is performed in appropriate period of time.**

1 2 3 4 5 N/A

42) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Recognizes preoperative, intraoperative and postoperative variations/complications and adapts accordingly.**

1 2 3 4 5 N/A

43)

1 2 3 4 5 N/A

Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Selects the appropriate procedure(s).**

44) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Justifies the chosen technical pathway to completion of the procedure.**

1 2 3 4 5 N/A

45) Appropriate surgical management when indicated, including: reconstructive rearfoot and ankle surgery. **Presents the procedure, alternatives, risks, and postoperative recovery process to the patient.**

1 2 3 4 5 N/A

Assess the treatment plan and revise it as necessary.

46) Assess the treatment plan and revise it as necessary.

1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

47) Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

1 2 3 4 5 N/A

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

48) Be professionally inquisitive, lifelong learners and teachers utilizing research, scholarly activity and information technologies to enhance professional knowledge and clinical practice.

1 2 3 4 5 N/A

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

49) Accepts criticism constructively.

1 2 3 4 N/A

50) Acts as a patient advocate, involving the patient/family in the decision-making process.

1 2 3 4 N/A

- 51) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity. 1 2 3 4 N/A
○○○○○

- 52) Provides high quality, comprehensive care in an ethical manner. 1 2 3 4 N/A
○○○○○

- 53) Demonstrates moral and ethical conduct. 1 2 3 4 N/A
○○○○○

- 54) Respects and adapts to cultural differences. 1 2 3 4 N/A
○○○○○

- 55) Establishes trust and rapport with patients and peers. 1 2 3 4 N/A
○○○○○

- 56) Demonstrates primary concern for patient's welfare and well-being. 1 2 3 4 N/A
○○○○○

- 57) Functions appropriately in a multidisciplinary setting, using good communication skills. 1 2 3 4 N/A
○○○○○

- 58) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner. 1 2 3 4 N/A
○○○○○

59) Comments

Remaining Characters: 5,000

Close Window

Pain Management Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
 [Subject Rotation]

Evaluator
 [Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

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Assess and manage the patient's general medical status.

- | | |
|--|---|
| <p>1) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in adequate detail.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>2) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in appropriate period of time.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>3) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history using logical organization.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>4) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Utilizes the correct technique for obtaining each of the vital signs.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| | <p>1 2 3 4 5 N/A</p> |

5) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Recognizes (correctly interprets) the normal or abnormal findings of each of the components performed upon a patient.**



6) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains vital signs in an appropriate period of time.**



7) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **head, eyes, ears, nose, and throat (HEENT).**



8) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neck.**



9) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **chest/breast.**



10) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **heart.**



11) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **lungs.**



12) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **abdomen.**



13) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **genitourinary.**



14) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **rectal.**



15) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **upper extremities.**



16) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neurologic examination.**



Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

17) Charts most likely diagnosis appropriately as well as other possible diagnoses.



18) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.



Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including:

19) EKG: Recognizes (correctly interprets) the normal or abnormal findings.



20) EKG: Selection of EKG/cardiac testing fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.



21) EKG: Recognizes when EKG/cardiac testing results indicate further history, physical exam, diagnostic studies or consultation.



22) Medical Imaging: Plain radiography.



23) Medical Imaging: Nuclear medicine imaging.



24) Medical Imaging: MRI.



25) Laboratory Tests: Hematology.



26) Laboratory Tests: Serology/Immunology.



27) Laboratory Tests: Blood Chemistries.



28) Laboratory Tests: Toxicology/Drug Screens.



29) Laboratory Tests: Coagulation Studies.



30) Laboratory Tests: Blood Gases.



31) Laboratory Tests: Microbiology.



32) Laboratory Tests: Synovial Fluid Analysis ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

33) Laboratory Tests: Urinalysis. ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

34) Appropriate therapeutic intervention. ○○○○○○○
1 2 3 4 5 N/A

35) Appropriate consultations and/or referrals. ○○○○○○○
1 2 3 4 5 N/A

36) Appropriate general medical health promotion and education. ○○○○○○○
1 2 3 4 5 N/A

37) Recognizes and diagnose common neurogenic pain pathology ○○○○○○○
1 2 3 4 5 N/A

38) Recognizes characteristics of neurogenic pain ○○○○○○○
1 2 3 4 5 N/A

39) Recognizes and diagnose common musculoskeletal pain pathology ○○○○○○○
1 2 3 4 5 N/A

40) Recognizes characteristics of musculoskeletal pain ○○○○○○○
1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

41) Communicate in oral and written form with patients, colleagues, payers and the public. ○○○○○○○
1 2 3 4 5 N/A

42) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. ○○○○○○○
1 2 3 4 5 N/A

43) Completes medical record components (see didactic indicators) in appropriate format and detail. ○○○○○○○
1 2 3 4 5 N/A

44) Completes medical record components in a timely fashion. ○○○○○○○
1 2 3 4 5 N/A

45) Updates the medical problem list and medication list at each visit. ○○○○○○○
1 2 3 4 5 N/A

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

46) Accepts criticism constructively.

1	2	3	4	N/A
<input type="radio"/>				

47) Acts as a patient advocate, involving the patient/family in the decision-making process.

1	2	3	4	N/A
<input type="radio"/>				

48) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.

1	2	3	4	N/A
<input type="radio"/>				

49) Provides high quality, comprehensive care in an ethical manner.

1	2	3	4	N/A
<input type="radio"/>				

50) Demonstrates moral and ethical conduct.

1	2	3	4	N/A
<input type="radio"/>				

51) Respects and adapts to cultural differences.

1	2	3	4	N/A
<input type="radio"/>				

52) Establishes trust and rapport with patients and peers.

1	2	3	4	N/A
<input type="radio"/>				

53) Demonstrates primary concern for patient's welfare and well-being.

1	2	3	4	N/A
<input type="radio"/>				

54) Functions appropriately in a multidisciplinary setting, using good communication skills.

1	2	3	4	N/A
<input type="radio"/>				

55) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.

1	2	3	4	N/A
<input type="radio"/>				

56) Comments

Remaining Characters: 5,000

Close Window

Pathology Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

 Evaluator
[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

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3 = Performs only with consistent direction.

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5 = Performs the entire task independently.

N/A = Not Applicable

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

- | | |
|---|------------------------------|
| 1) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: hematology . | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 2) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: serology/immunology . | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 3) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: blood chemistries . | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 4) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: toxicology/drug screens . | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 5) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: coagulation studies . | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 6) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: blood gases . | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |

- 7) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: **microbiology**. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 8) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: **synovial fluid analysis**. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 9) Perform (and/or order) and interpret appropriate diagnostic studies, including laboratory tests, including: **urinalysis**. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 10) Performs the correct technique for procuring pathology specimens, including each of the techniques listed in the knowledge indicator. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 11) Recognizes (correctly interprets) the normal or abnormal gross features of the specimen. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 12) Recognizes (correctly interprets) the normal or abnormal microscopic features of the specimen. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 13) Utilizes appropriate specimen procurement method (including frozen section) as indicated by patient's chief complaint and clinical findings. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 14) Selection of test(s) fits the overall management of hte patient in terms of evaluation sequence, timeliness, and cost-effectiveness. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 15) Recognizes when test values indicate further history, physical exam, diagnostic studies, consultation. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

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

- 16) Reads, interprets, critically examines, and presents medical and scientific literature. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

- 17) Accepts criticism constructively. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 18) Acts as a patient advocate, involving the patient/family in the decision-making process. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 19) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 20) Provides high quality, comprehensive care in an ethical manner. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 21) Demonstrates moral and ethical conduct. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 22) Respects and adapts to cultural differences. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 23) Establishes trust and rapport with patients and peers. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 24) Demonstrates primary concern for patient's welfare and well-being. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 25) Functions appropriately in a multidisciplinary setting, using good communication skills. 1 2 3 4 N/A
○ ○ ○ ○ ○
- 26) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner. 1 2 3 4 N/A
○ ○ ○ ○ ○

27) Comments

Remaining Characters: 5,000

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Podiatry Clinic/Office Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

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5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

- | | |
|--|------------------------------|
| 1) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: problem-focused history. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 2) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: neurologic examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 3) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: vascular examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 4) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: dermatologic examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 5) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: musculoskeletal examination. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |
| 6) Perform (and/or order) and interpret appropriate diagnostic studies, including: medical imaging. | 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○ |

7) Perform (and/or order) and interpret appropriate diagnostic studies, including: **laboratory tests**. 1 2 3 4 5 N/A
○○○○○○○

8) Perform (and/or order) and interpret appropriate diagnostic studies, including: **pathology**. 1 2 3 4 5 N/A
○○○○○○○

9) Perform (and/or order) and interpret appropriate diagnostic studies, including: **electrodiagnostic studies**. 1 2 3 4 5 N/A
○○○○○○○

10) Perform (and/or order) and interpret appropriate diagnostic studies, including: **non-invasive vascular studies**. 1 2 3 4 5 N/A
○○○○○○○

11) Perform (and/or order) and interpret appropriate diagnostic studies, including: **computerized gait/force plate studies**. 1 2 3 4 5 N/A
○○○○○○○

12) Formulate an appropriate diagnosis and/or differential diagnosis.
Based upon history, physical exam, and appropriate diagnostic studies, can recognize and correctly diagnose patients with any of the diagnoses listed in the section above.

13) Formulate an appropriate diagnosis and/or differential diagnosis.
Appropriately charts most likely diagnosis, other possible diagnoses and contributing factors.

14) Formulate an appropriate diagnosis and/or differential diagnosis.
Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.

15) Formulate and implement an appropriate plan of management, including: **palliation of keratotic lesions**. 1 2 3 4 5 N/A
○○○○○○○

16) Formulate and implement an appropriate plan of management, including: **palliation of toenails**. 1 2 3 4 5 N/A
○○○○○○○

17) Formulate and implement an appropriate plan of management, including: **manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain**. 1 2 3 4 5 N/A
○○○○○○○

18) Formulate and implement an appropriate plan of management, including: **manipulation/mobilization of congenital foot deformity**. 1 2 3 4 5 N/A
○○○○○○○

19) 1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including: **closed management of pedal fractures and dislocations.**

20) Formulate and implement an appropriate plan of management, including: **closed management of ankle fracture/dislocation.**



21) Formulate and implement an appropriate plan of management, including: cast management.

Secures proper patient positioning.



22) Formulate and implement an appropriate plan of management, including: cast management.

Appropriately pads/avoids neurovascular compression.



23) Formulate and implement an appropriate plan of management, including: cast management.

Utilizes appropriate technique in applying the various devices/techniques listed in knowledge indicators.



24) Formulate and implement an appropriate plan of management, including: cast management.

Procedure is performed in appropriate period of time.



25) Formulate and implement an appropriate plan of management, including: cast management.

Orders adjunctive therapies listed in knowledge indicators when appropriate.



26) Formulate and implement an appropriate plan of management, including: cast management.

Utilizes appropriate technique for removal and disposal of the various devices listed in knowledge indicators section.



27) Formulate and implement an appropriate plan of management, including: cast management.

Effectively presents potential risks and monitoring instructions to the patient.



28) Formulate and implement an appropriate plan of management, including: cast management.



Assures patient can manage weightbearing status with selected assistive device.

29) Formulate and implement an appropriate plan of management, including: **tape immobilization**. 1 2 3 4 5 N/A
○○○○○○○

30) Formulate and implement an appropriate plan of management, including: **orthotic, brace, prosthetic, and custom shoe management**. 1 2 3 4 5 N/A
○○○○○○○

31) Formulate and implement an appropriate plan of management, including: **footwear and padding**. 1 2 3 4 5 N/A
○○○○○○○

32) Formulate and implement an appropriate plan of management, including: injections and aspirations. 1 2 3 4 5 N/A
○○○○○○○

Utilizes appropriate technique while performing techniques listed in knowledge indicators section.

33) Formulate and implement an appropriate plan of management, including: injections and aspirations. 1 2 3 4 5 N/A
○○○○○○○

Selection of injection and/or aspiration fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.

34) Formulate and implement an appropriate plan of management, including: injections and aspirations. 1 2 3 4 5 N/A
○○○○○○○

Monitors the patient during the injection.

35) Formulate and implement an appropriate plan of management, including: injections and aspirations. 1 2 3 4 5 N/A
○○○○○○○

Diagnoses and manages adverse reactions to the injection/aspiration.

36) Formulate and implement an appropriate plan of management, including: injections and aspirations. 1 2 3 4 5 N/A
○○○○○○○

Recognizes when aspiration results indicate further history, physical exam, diagnostic studies, consultation, or surgical intervention.

37) Formulate and implement an appropriate plan of management, including: injections and aspirations. 1 2 3 4 5 N/A
○○○○○○○

Performs the injection/aspiration in an appropriate period of time.

38) Formulate and implement an appropriate plan of management, including: injections and aspirations.

1 2 3 4 5 N/A

Utilizes universal precautions while performing aspiration/injections listed in knowledge indicators section.

39) Formulate and implement an appropriate plan of management, including: **physical therapy**.

1 2 3 4 5 N/A

40) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **NSAIDs**.

1 2 3 4 5 N/A

41) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **antibiotics**.

1 2 3 4 5 N/A

42) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **antifungals**.

1 2 3 4 5 N/A

43) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **narcotic analgesics**.

1 2 3 4 5 N/A

44) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **muscle relaxants**.

1 2 3 4 5 N/A

45) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **medications for neuropathy**.

1 2 3 4 5 N/A

46) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **sedative/hypnotics**.

1 2 3 4 5 N/A

47) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **peripheral vascular agents**.

1 2 3 4 5 N/A

48) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **anticoagulants**.

1 2 3 4 5 N/A

49)

1 2 3 4 5 N/A

Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **antihyperuricemic/uricosuric agents.**

50) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **tetanus toxoid/immune globulin.**



51) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **laxatives/cathartics.**



52) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **fluid and electrolyte agents.**



53) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **corticosteroids.**



54) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **antirheumatic medications.**



55) Formulate and implement an appropriate plan of management, including pharmacologic management, including the use of: **topicals.**



56) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including: **debridement of superficial ulcer or wound.**



57) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including: **excision or destruction of skin lesion (including skin biopsy and laser procedures).**



58) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including: **nail avulsion (partial or complete).**



59) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including: **matrixectomy (partial or complete, by any means).**



60) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when



indicated, including: **repair of simple laceration (no neurovascular, tendon, or bone/joint involvement).**

61) Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including: **digital surgery.**

1 2 3 4 5 N/A

62) Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including: **first ray surgery.**

1 2 3 4 5 N/A

63) Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including: **other soft tissue foot surgery.**

1 2 3 4 5 N/A

64) Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including: **other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).**

1 2 3 4 5 N/A

65) Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including: **reconstructive rearfoot and ankle surgery.**

1 2 3 4 5 N/A

66) Formulate and implement an appropriate plan of management, including appropriate anesthesia management when indicated, including: **local anesthesia.**

1 2 3 4 5 N/A

67) Formulate and implement an appropriate plan of management, including appropriate consultation and/or referrals.

1 2 3 4 5 N/A

Utilizes effective written/oral communication skills when requesting consultation or referral.

68) Assess the treatment plan and revise it as necessary.

1 2 3 4 5 N/A

Appropriately documents patient progress.

69) Assess the treatment plan and revise it as necessary.

1 2 3 4 5 N/A

Generates/revises treatment plan based on diagnostic and therapeutic results.

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

70) Practices and abides by the principles of informed consent.

1 2 3 4 5 N/A

Obtains informed consent.

- 71)** Practices and abides by the principles of informed consent.

1 2 3 4 5 N/A

Appropriately documents informed consent.
- 72)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Demonstrates compassion, sensitivity, and respect in interactions with patients and families.
- 73)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Accepts responsibility.
- 74)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Is well organized, punctual, and efficient.
- 75)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Embraces self-learning and professional development skills.
- 76)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Is aware of one's own limitations of knowledge, experience, and skills.
- 77)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Accepts criticism, performs realistic self-assessments, and develops and implements a plan that addresses their personal learning needs.
- 78)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Personifies honesty and integrity through one's behaviors.
- 79)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Advocates for quality patient care.
- 80)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Assists patients in dealing with healthcare system complexities.
- 81)** Demonstrates professional humanistic qualities.

1 2 3 4 5 N/A

Maintains a sustained commitment of service by accepting inconvenience to meet patients' needs.

82) Demonstrates professional humanistic qualities. 1 2 3 4 5 N/A
○○○○○○○

Volunteers one's skills and expertise to advance the welfare of patients and community.

83) Demonstrates professional humanistic qualities. 1 2 3 4 5 N/A
○○○○○○○

Behaves with high regard and respect for colleagues, other members of the health care team, and patients and their families.

84) Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care needs. 1 2 3 4 5 N/A
○○○○○○○

Uses an evidence-based approach to therapeutic intervention.

85) Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care needs. 1 2 3 4 5 N/A
○○○○○○○

Derives a treatment plan based upon a thorough history, physical examination, and appropriate diagnostic tests.

86) Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care needs. 1 2 3 4 5 N/A
○○○○○○○

Adheres to the principle "above all else, do no harm" in formulating and applying a treatment plan.

87) Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care needs. 1 2 3 4 5 N/A
○○○○○○○

Uses a treatment approach that logically progresses from less interventional (conservative) to more interventional (surgical) when applicable.

88) Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care needs. 1 2 3 4 5 N/A
○○○○○○○

Uses a treatment approach that considers cost-to-benefit and chooses the least costly, most effective therapeutic approach when applicable.

89) Demonstrates ability to formulate a methodical and comprehensive treatment plan with appreciation of health care needs. 1 2 3 4 5 N/A
○○○○○○○

Uses a comprehensive treatment approach that responds to the etiologic factors as well as resultant pathology when applicable.

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

- 90) Communicate in oral and written form with patients, colleagues, payers and the public. 1 2 3 4 5 N/A
○○○○○○○
- 91) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. 1 2 3 4 5 N/A
○○○○○○○
- 92) Completes medical record components in appropriate format and detail. 1 2 3 4 5 N/A
○○○○○○○
- 93) Completes medical record components in a timely fashion. 1 2 3 4 5 N/A
○○○○○○○
- 94) Updates the medical problem list and medication list at each visit. 1 2 3 4 5 N/A
○○○○○○○

Has the capacity to manage individuals and populations in a variety of socioeconomic and health care settings.

- 95) Demonstrate an understanding of the psychosocial and health care needs for patients in all life stages: pediatric through geriatric. 1 2 3 4 5 N/A
○○○○○○○
- 96) Demonstrates sensitivity and responsiveness to cultural values, behaviors, and preferences of their patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, or sexual orientation is different from their own. 1 2 3 4 5 N/A
○○○○○○○
- 97) Demonstrates understanding of public health concepts, health promotion and disease prevention. 1 2 3 4 5 N/A
○○○○○○○
- 98) Advocates for quality patient care and assists patients in dealing with system complexities. 1 2 3 4 5 N/A
○○○○○○○

Has the capacity to manage a podiatric practice in a multitude of health care delivery settings.

- 99) Understands health care reimbursement. 1 2 3 4 5 N/A
○○○○○○○
Utilizes diagnostic and procedural codes effectively.
- 100) Demonstrate understanding of common business practices. 1 2 3 4 5 N/A
○○○○○○○
Utilizes legal and business professional resources for all pertinent practice decisions.

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

- 101) Applies research design and statistical techniques to the critical analysis of research. 1 2 3 4 5 N/A
○○○○○○○

102 Regularly reviews, either individually or in a group journal club participation, the scientific literature to enhance professional knowledge and patient care.

1 2 3 4 5 N/A

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

103 Accepts criticism constructively.

1 2 3 4 N/A

104 Acts as a patient advocate, involving the patient/family in the decision-making process.

1 2 3 4 N/A

105 Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.

1 2 3 4 N/A

106 Provides high quality, comprehensive care in an ethical manner.

1 2 3 4 N/A

107 Demonstrates moral and ethical conduct.

1 2 3 4 N/A

108 Respects and adapts to cultural differences.

1 2 3 4 N/A

109 Establishes trust and rapport with patients and peers.

1 2 3 4 N/A

110 Demonstrates primary concern for patient's welfare and well-being.

1 2 3 4 N/A

111 Functions appropriately in a multidisciplinary setting, using good communication skills.

1 2 3 4 N/A

112 Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner.

1 2 3 4 N/A

113)Comments

Remaining Characters: 5,000

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Podiatric Procedure Competency



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Digital Surgery

1) Partial Ostectomy/Exostectomy	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>
2) Phalangectomy	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>
3) Arthroplasty (interphalangeal joint [IPJ])	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>
4) Implant IPJ	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>
5) Diaphysectomy	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>
6) Phalangeal Osteotomy	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>
7) Fusion (IPJ)	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>
8) Amputation	<p>1 2 3 4 5 N/A</p> <p>○ ○ ○ ○ ○ ○</p>

- 9) Management of osseous tumor/neoplasm 1 2 3 4 5 N/A
○○○○○○○
- 10) Management of Bone/Joint Infection 1 2 3 4 5 N/A
○○○○○○○
- 11) Open Management of Digital Fracture/Dislocation 1 2 3 4 5 N/A
○○○○○○○
- 12) Revision/Repair of Surgical Outcome 1 2 3 4 5 N/A
○○○○○○○
- 13) Other Osseous Digital Procedure not listed above 1 2 3 4 5 N/A
○○○○○○○

Hallux Valgus Surgery

- 14) Bunionectomy (Partial Osteotomy/Silver Procedure) 1 2 3 4 5 N/A
○○○○○○○
- 15) Bunionectomy with Capsulotendon Balancing Proce 1 2 3 4 5 N/A
○○○○○○○
- 16) Bunionectomy with Phalangeal Osteotomy 1 2 3 4 5 N/A
○○○○○○○
- 17) Bunionectomy with Distal First Metatarsal Osteotomy 1 2 3 4 5 N/A
○○○○○○○
- 18) Bunionectomy with First Metatarsal Base or Shaft osteotomy 1 2 3 4 5 N/A
○○○○○○○
- 19) Bunionectomy with First Metatarsocuneiform Fusion 1 2 3 4 5 N/A
○○○○○○○
- 20) Metatarsophalangeal joint (MPJ) fusion 1 2 3 4 5 N/A
○○○○○○○
- 21) MPJ Implant 1 2 3 4 5 N/A
○○○○○○○
- 22) MPJ Arthroplasty 1 2 3 4 5 N/A
○○○○○○○

Hallux Limitus Surgery

- 23) Cheilectomy 1 2 3 4 5 N/A
○○○○○○○
- 1 2 3 4 5 N/A

- 24)** Joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement) ○ ○ ○ ○ ○ ○
- 25)** Joint Salvage with Distal Metatarsal Osteotomy 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 26)** Joint salvage with first metatarsal shaft or base osteotomy 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 27)** Joint Salvage with First Metatarsocuneiform Fusion 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 28)** MPJ Fusion 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 29)** MPJ Implant 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 30)** MPJ Arthroplasty 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Other First Ray Surgery

- 31)** Tendon Transfer/Lengthening/Capsulotendon Balancing procedure 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 32)** Osteotomy (e.g. Dorsiflexory) 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 33)** Metatarsocuneiform Fusion (Other than for hallux valgus or hallux limitus) 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 34)** Amputation 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 35)** Management of osseous tumor/neoplasm (with or without bone graft) 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 36)** Management of Bone/Joint Infection (With or With or without bone graft) 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 37)** Open Management of Fracture or MPJ Dislocation 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 38)** Corticotomy/callous distraction 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

39) Revision/Repair of Surgical Outcome (e.g. Non-union, hallux varus) 1 2 3 4 5 N/A
○○○○○○○

40) Other First Ray Procedure not listed above 1 2 3 4 5 N/A
○○○○○○○

Other Soft Tissue Foot Surgery

41) Excision of Ossicle/Sesamoid 1 2 3 4 5 N/A
○○○○○○○

42) Excision of Neuroma 1 2 3 4 5 N/A
○○○○○○○

43) Removal of Deep Foreign Body (Excluding Hardware removal) 1 2 3 4 5 N/A
○○○○○○○

44) Plantar Fasciotomy 1 2 3 4 5 N/A
○○○○○○○

45) Lesser MPJ Capsulotendon Balancing 1 2 3 4 5 N/A
○○○○○○○

46) Tendon Repair, Lengthening, or Transfer Involving the forefoot (including digital flexor digitorum longus transfer) 1 2 3 4 5 N/A
○○○○○○○

47) Open Management of Dislocation (MPJ/Tarsometatarsal) 1 2 3 4 5 N/A
○○○○○○○

48) Incision and Drainage/Wide Debridement of Soft tissue infection (including plantar space) 1 2 3 4 5 N/A
○○○○○○○

49) Plantar Fasciectomy 1 2 3 4 5 N/A
○○○○○○○

50) Excision of Soft Tissue Tumor/Mass of the Foot or ankle (without reconstructive surgery) 1 2 3 4 5 N/A
○○○○○○○

51) External Neurolysis/Decompression (including tarsal tunnel) 1 2 3 4 5 N/A
○○○○○○○

52) Plastic Surgery Techniques (Incl: skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot) 1 2 3 4 5 N/A
○○○○○○○

53) Microscopic nerve/vascular repair (forefoot only) 1 2 3 4 5 N/A
○○○○○○○

54) Other Soft Tissue Procedures not listed above (limited to the foot) 1 2 3 4 5 N/A
○○○○○○○

Other Osseous Foot Surgery

55) Partial Osteotomy (including the talus and calcaneus)	1 2 3 4 5 N/A ○○○○○○○
56) Lesser MPJ Arthroplasty	1 2 3 4 5 N/A ○○○○○○○
57) Bunionectomy Of The Fifth Metatarsal Without Osteotomy	1 2 3 4 5 N/A ○○○○○○○
58) Metatarsal Head Resection (Single Or Multiple)	1 2 3 4 5 N/A ○○○○○○○
59) Lesser MPJ Implant	1 2 3 4 5 N/A ○○○○○○○
60) Central Metatarsal Osteotomy	1 2 3 4 5 N/A ○○○○○○○
61) Bunionectomy Of The Fifth Metatarsal With Osteotomy	1 2 3 4 5 N/A ○○○○○○○
62) Open Management Of Lesser Metatarsal Fractures	1 2 3 4 5 N/A ○○○○○○○
63) Harvesting Of Bone Graft Distal To The Ankle	1 2 3 4 5 N/A ○○○○○○○
64) Amputation (lesser ray, transmetatarsal amputation)	1 2 3 4 5 N/A ○○○○○○○
65) Management Of bone/joint infection (distal to the tarsometatarsal joints with or without bone graft)	1 2 3 4 5 N/A ○○○○○○○
66) Management Of bone tumor/neoplasm (distal to the tarsometatarsal joints with or without bone graft)	1 2 3 4 5 N/A ○○○○○○○
67) Open Management of Tarsometatarsal Fracture/Dislocation	1 2 3 4 5 N/A ○○○○○○○
68) Multiple osteotomy management of metatarsus adductus	1 2 3 4 5 N/A ○○○○○○○
69) Tarsometatarsal Fusion	1 2 3 4 5 N/A ○○○○○○○
70) Corticotomy/Callus distraction of lesser metatarsal	1 2 3 4 5 N/A ○○○○○○○
Revision/Repair of Surgical Outcome in the Forefoot	1 2 3 4 5 N/A

- 71) ○○○○○○○
- 72) Detachment/reattachment of Achilles tendon with partial osteotomy 1 2 3 4 5 N/A
○○○○○○○
- 73) Other Osseous Procedure Not Listed Above (distal to the tarsometatarsal joint) 1 2 3 4 5 N/A
○○○○○○○

Reconstructive Rearfoot/Ankle

- 74) **Elective-Soft Tissue:** Plastic surgery techniques involving the midfoot, rearfoot or ankle 1 2 3 4 5 N/A
○○○○○○○
- 75) **Elective-Soft Tissue:** Tendon transfer involving the midfoot, rearfoot ankle or leg 1 2 3 4 5 N/A
○○○○○○○
- 76) **Elective-Soft Tissue:** Tendon lengthening involving the midfoot, rearfoot, ankle or leg 1 2 3 4 5 N/A
○○○○○○○
- 77) **Elective-Soft Tissue:** Soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus) 1 2 3 4 5 N/A
○○○○○○○
- 78) **Elective-Soft Tissue:** Delayed Repair Of Ligamentous Structures 1 2 3 4 5 N/A
○○○○○○○
- 79) **Elective-Soft Tissue:** Ligament or tendon augmentation/supplementation/restoration 1 2 3 4 5 N/A
○○○○○○○
- 80) **Elective-Soft Tissue:** Open Synovectomy Of The Rearfoot/Ankle 1 2 3 4 5 N/A
○○○○○○○
- 81) **Elective-Soft Tissue:** Other elective rearfoot reconstructive/ankle soft tissue surgery not listed above 1 2 3 4 5 N/A
○○○○○○○
- 82) **Elective-Osseous:** Operative Arthroscopy 1 2 3 4 5 N/A
○○○○○○○
- 83) **Elective-Osseous:** Subtalar Arthroeresis 1 2 3 4 5 N/A
○○○○○○○
- 84) **Elective-Osseous:** Midfoot, Rearfoot, Or Ankle Fusion 1 2 3 4 5 N/A
○○○○○○○
- 85) **Elective-Osseous:** Midfoot, Rearfoot, Or Tibial Osteotomy 1 2 3 4 5 N/A
○○○○○○○
- 86) **Elective-Osseous:** Coalition Resection 1 2 3 4 5 N/A
○○○○○○○

- 87) Elective-Osseous:** Open Management Of Talar Dome Lesion (with or without osteotomy) 1 2 3 4 5 N/A
○○○○○○○
- 88) Elective-Osseous:** Ankle arthrotomy with removal of loose body or other osteochondral debridement 1 2 3 4 5 N/A
○○○○○○○
- 89) Elective-Osseous:** Ankle implant 1 2 3 4 5 N/A
○○○○○○○
- 90) Elective-Osseous:** Corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle or tibia 1 2 3 4 5 N/A
○○○○○○○
- 91) Elective-Osseous:** Other elective rearfoot reconstructive/ankle osseous surgery not listed above 1 2 3 4 5 N/A
○○○○○○○
- 92) Non-Elective-Soft Tissue:** Repair of acute tendon injury 1 2 3 4 5 N/A
○○○○○○○
- 93) Non-Elective-Soft Tissue:** Repair of acute ligament injury 1 2 3 4 5 N/A
○○○○○○○
- 94) Non-Elective-Soft Tissue:** Microscopic nerve/vascular repair of the midfoot, rearfoot or ankle 1 2 3 4 5 N/A
○○○○○○○
- 95) Non-Elective_Soft Tissue:** Excision of soft tissue tumor/mass of the foot (with reconstructive surgery) 1 2 3 4 5 N/A
○○○○○○○
- 96) Non-Elective-Soft Tissue:** Excision of soft tissue tumor/mass of the ankle (with reconstructive surgery) 1 2 3 4 5 N/A
○○○○○○○
- 97) Non-Elective-Soft Tissue:** Open repair of dislocation (proximal to tarsometatarsal joints) 1 2 3 4 5 N/A
○○○○○○○
- 98) Non-Elective-Soft Tissue:** Other non-elective rearfoot reconstructive/ankle soft tissue surgery not listed above 1 2 3 4 5 N/A
○○○○○○○
- 99) Non-Elective-Osseous:** Open Repair Of Adult Midfoot Fracture 1 2 3 4 5 N/A
○○○○○○○
- 100) Non-Elective-Osseous:** Open Repair Of Adult Rearfoot Fracture 1 2 3 4 5 N/A
○○○○○○○
- 101) Non-Elective-Osseous:** Open Repair Of Adult Ankle Fracture 1 2 3 4 5 N/A
○○○○○○○

- 102) Non-Elective-Osseous:** Open Repair Of Pediatric Rearfoot/Ankle Fractures or dislocations

1 2 3 4 5 N/A
- 103) Non-Elective-Osseous:** Management of bone tumor/neoplasm (with or without bone graft)

1 2 3 4 5 N/A
- 104) Non-Elective-Osseous:** Management of bone/joint infection (with or without bone graft)

1 2 3 4 5 N/A
- 105) Non-Elective-Osseous:** Amputation proximal to the tarsometatarsal joints

1 2 3 4 5 N/A
- 106) Non-Elective-Osseous:** Other non-elective rearfoot reconstructive/ankle osseous surgery not listed above

1 2 3 4 5 N/A
- 107) Non-Elective-Osseous:** Other Elective Rearfoot Reconstructive/Ankle Os

1 2 3 4 5 N/A

Other Podiatric Procedures

- 108) Debridement of Superficial Ulcer or Wound**

1 2 3 4 5 N/A
- 109) Excision or destruction of skin lesion (including skin biopsy and laser procedures)**

1 2 3 4 5 N/A
- 110) Nail Avulsion (partial or complete)**

1 2 3 4 5 N/A
- 111) Matricectomy (partial or complete, by any means)**

1 2 3 4 5 N/A
- 112) Removal of Hardware**

1 2 3 4 5 N/A
- 113) Repair of simple laceration (no neurovascular, tendon or bone/joint involvement)**

1 2 3 4 5 N/A
- 114) Biological Dressings**

1 2 3 4 5 N/A
- 115) Extracorporeal Shock Wave Therapy**

1 2 3 4 5 N/A
- 116) Taping/padding (limited to the foot and ankle)**

1 2 3 4 5 N/A
- 117) Orthotics (limited to the foot, and ankle casting for foot orthosis and ankle orthosis)**

1 2 3 4 5 N/A

118) Prosthetics (including prescribing and/or dispensing toe filler and prosthetic feet) 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

119) Other biomechanical experiences not listed above (may include, but is not limited to, physical therapy, shoe prescriptions shoe modification) 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

120) Percutaneous procedures, i.e., coblation, cryosurgery, radiofrequency ablation, platelet rich plasma 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Biomechanics

121) Biomechanical case; must include diagnosis, evaluation (biomechanical and gait examination) and treatment 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

History and Physical

122) Complete History and Physical Examination 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

123) Problem-Focused History and Physical Examination 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Close Window

Podiatric Surgery Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

- | | |
|---|---|
| <p>1) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: Obtains a problem-focused history using local organization.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>2) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: Obtains a problem-focused history in appropriate period of time.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>3) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: Obtains a problem-focused history in adequate detail.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>4) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: neurologic examination.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>5) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: vascular examination.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| | <p>1 2 3 4 5 N/A</p> |

- 6) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: **dermatologic examination.**

○○○○○○○
- 7) Perform and interpret the findings of a thorough problem-focused history and physical exam, including: **musculoskeletal examination.**

1 2 3 4 5 N/A
○○○○○○○
- 8) Formulate an appropriate diagnosis and/or differential diagnosis.

1 2 3 4 5 N/A
○○○○○○○

Based upon history, physical exam, and appropriate diagnostic studies, can recognize and correctly diagnose patients with any of the diagnoses listed in the section above.
- 9) Formulate an appropriate diagnosis and/or differential diagnosis.

1 2 3 4 5 N/A
○○○○○○○

Appropriately charts most likely diagnosis, other possible diagnoses and contributing factors.
- 10) Formulate an appropriate diagnosis and/or differential diagnosis.

1 2 3 4 5 N/A
○○○○○○○

Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.
- 11) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including: **palliation.**

1 2 3 4 5 N/A
○○○○○○○
- 12) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.

1 2 3 4 5 N/A
○○○○○○○

Can effectively present the procedure, alternatives, risks and perireduction recovery process to the patient.
- 13) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.

1 2 3 4 5 N/A
○○○○○○○

Secures proper patient positioning.
- 14) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.

1 2 3 4 5 N/A
○○○○○○○

Utilizes anesthesia, sedation, and/or muscular relaxation appropriately, when indicated.
- 15) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.

1 2 3 4 5 N/A
○○○○○○○

Demonstrates appropriate reduction methodology.

16) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Recognizes perireduction variations and adapts accordingly.

17) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Recognizes appropriate endpoint for determination of reduction failure.

18) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Demonstrates appropriate use of instrumentation and related appliances.

19) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Demonstrates appropriate use of imaging to direct and confirm reduction and fixation (if required).

20) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Handles and applies fixation devices appropriately, if indicated.

21) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Applies appropriate bandage, splint and/or cast.

22) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Selects appropriate weight bearing status and assistive devices.

23) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Procedural steps are followed appropriately.

24) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of pedal fractures and dislocations.



Procedure is performed in appropriate period of time.

25) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Can effectively present the procedure, alternatives, risks and perireduction recovery process to the patient.

26) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Secures proper patient positioning.

27) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Utilizes anesthesia, sedation, and/or muscular relaxation appropriately, when indicated.

28) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Demonstrates appropriate reduction methodology.

29) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Recognizes perireduction variations and adapts accordingly.

30) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Recognizes appropriate endpoint for determination of reduction failure.

31) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Demonstrates appropriate use of instrumentation and related appliances.

32) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Demonstrates appropriate use of imaging to direct and confirm reduction.

33) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Applies appropriate bandage, splint and/or cast.

34) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Selects appropriate weight bearing status and assistive devices.

35) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Procedural steps are followed appropriately.

36) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including closed management of ankle fracture/dislocation.



Procedure is performed in appropriate period of time.

37) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Secures proper patient positioning.

38) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Appropriately pads/avoids neurovascular compression.

39) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Utilizes appropriate technique in applying the various devices/techniques listed in knowledge indicators.

- 40) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Procedure is performed in appropriate period of time.

- 41) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Orders adjunctive therapies listed in knowledge indicators when appropriate.

- 42) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Utilizes appropriate technique for removal and disposal of the various devices listed in knowledge indicators section.

- 43) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Effectively presents potential risks and monitoring instructions to the patient.

- 44) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including cast management.



Assures patient can manage weightbearing status with selected assistive device.

- 45) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including injections and aspirations.



Utilizes appropriate technique while performing techniques listed in knowledge indicators section.

- 46) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including injections and aspirations.



Selection of injection and/or aspiration fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.

47) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including injections and aspirations.

1 2 3 4 5 N/A

Monitors the patient during the injection.

48) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including injections and aspirations.

1 2 3 4 5 N/A

Diagnoses and manages adverse reactions to the injection/aspiration.

49) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including injections and aspirations.

1 2 3 4 5 N/A

Recognizes when aspiration results indicate further history, physical exam, diagnostic studies, consultation, or surgical intervention.

50) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including injections and aspirations.

1 2 3 4 5 N/A

Performs the injection/aspiration in an appropriate period of time.

51) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including injections and aspirations.

1 2 3 4 5 N/A

Utilizes universal precautions while performing aspiration/injections listed in knowledge indicators section.

52) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **NSAIDs.**

1 2 3 4 5 N/A

53) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **antibiotics.**

1 2 3 4 5 N/A

54) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **antifungals.**

1 2 3 4 5 N/A

1 2 3 4 5 N/A

55) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **narcotic analgesics.**



56) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **muscle relaxants.**



57) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **medications for neuropathy.**



58) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **sedative/hypnotics.**



59) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **peripheral vascular agents.**



60) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **anticoagulants.**



61) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **antihyperuricemic/uricosuric agents.**



62) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **tetanus toxoid/immune globulin.**



63) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **laxatives/cathartics.**



64) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **fluid and electrolyte agents.**



65) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **corticosteroids.**

1 2 3 4 5 N/A

66) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **antirheumatic medications.**

1 2 3 4 5 N/A

67) Formulate and implement an appropriate plan of management, including appropriate non-surgical management when indicated, including pharmacologic management, including the use of: **topicals.**

1 2 3 4 5 N/A

68) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including debridement of superficial ulcer or wound.

1 2 3 4 5 N/A

Selects appropriate instrument(s) (tissue nipper, scalpel, rongeur, currette).

69) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including debridement of superficial ulcer or wound.

1 2 3 4 5 N/A

Uses instrumentation appropriately.

70) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including debridement of superficial ulcer or wound.

1 2 3 4 5 N/A

Removes tissue appropriately, based on tissue type, quality, and depth.

71) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including debridement of superficial ulcer or wound.

1 2 3 4 5 N/A

Obtains microbiology and/or pathology specimens, as indicated.

72) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including debridement of superficial ulcer or wound.

1 2 3 4 5 N/A

Applies appropriate wound care agent.

73) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when

1 2 3 4 5 N/A

indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).

Can perform appropriate local anesthetic block.

74) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).



Can perform appropriate skin incision as indicated (i.e., wide excision, punch biopsy, incisional and excisional biopsy techniques).

75) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).



Can perform anatomic dissection appropriate to this anatomic area.

76) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).



Can perform suture repair of deep tissue as indicated.

77) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).



Can apply laser, electrocautery, or cryotherapy for destruction of skin lesion - as indicated.

78) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).



Can apply appropriate bandage.

79) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).



Can initiate proper care of postoperative complications.



80) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including excision of destruction of skin lesion (including skin biopsy and laser procedures).



Can interpret histologic/pathology report when indicated.

81) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including nail avulsion (partial or complete).



Can perform appropriate local anesthetic digital block.

82) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including nail avulsion (partial or complete).



Can dissect, split, and avulse part of the nail plate (partial nail avulsion).

83) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including nail avulsion (partial or complete).



Can dissect and avulse the nail plate (total nail avulsion).

84) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including nail avulsion (partial or complete).



Can apply appropriate bandage.

85) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including matrixectomy (partial or complete, by any means).



Can perform appropriate local anesthetic digital block.

86) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including matrixectomy (partial or complete, by any means).



Can dissect, split, and avulse part of the nail plate (partial matrixectomy).

87) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including matrixectomy (partial or complete, by any means).



Can dissect, avulse the nail plate (total matrixectomy).

88) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including matrixectomy (partial or complete, by any means).



Can apply chemical agents of laser to nail matrix for permanent correction.

89) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including matrixectomy (partial or complete, by any means).



Can apply appropriate bandage.

90) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including removal of hardware.



Can perform appropriate local anesthetic block, if indicated.

91) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including removal of hardware.



Can perform appropriate skin incision.

92) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including removal of hardware.



Can perform anatomic dissection appropriate to the anatomic area.

93) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including removal of hardware.



Can identify and remove the hardware.

94) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including removal of hardware.



Can perform suture repair of deep tissues as indicated.

95) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when



indicated, including removal of hardware.

Can perform suture repair of skin appropriately.

96) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including removal of hardware.



Can apply appropriate bandage.

97) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including removal of hardware.



Can select and prescribe proper antibiotics as indicated.

98) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including repair of simple laceration (no neurovascular, tendon, or bone/joint involvement).



Can perform appropriate local anesthetic block.

99) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including repair of simple laceration (no neurovascular, tendon, or bone/joint involvement).



Can perform suture repair of the laceration.

100) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including repair of simple laceration (no neurovascular, tendon, or bone/joint involvement).



Can apply appropriate bandage.

101) Formulate and implement an appropriate plan of management, including appropriate medical/surgical management when indicated, including repair of simple laceration (no neurovascular, tendon, or bone/joint involvement).



Can initiate proper care of postoperative complications.

102) Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Selects the appropriate procedure(s).

103)



Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

Justifies the chosen technical pathway to completion of the procedure.

104 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Presents the procedure, alternatives, risks, and postoperative recovery process to the patient.

105 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Secures proper patient positioning.

106 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Utilizes hemostatis appropriately when indicated.

107 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Performs skin incision appropriately.

108 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Performs appropriate anatomic dissection.

109 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Demonstrates appropriate tissue-specific handling techniques.

110 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Procures specimen for microbiology/pathology appropriately when indicated.

1 2 3 4 5 N/A

111) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Uses manual instrumentation appropriately.

112) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Uses power instrumentation appropriately.

113) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Utilizes wound irrigation appropriately.

114) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Demonstrates appropriate tissue-specific repair techniques.

115) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Applies wound drainage system appropriately when indicated.

116) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Performs wound closure appropriately.

117) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Applies appropriate bandage, splint and/or cast.

118) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Recognizes perioperative variations and adapts accordingly.

119) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Follows procedural steps correctly.

120 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including digital surgery.



Procedure is performed in appropriate period of time.

121 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Secures proper patient positioning.

122 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Utilizes hemostasis appropriately, when indicated.

123 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Performs skin incision appropriately.

124 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Performs appropriate anatomic dissection.

125 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Demonstrates appropriate tissue-specific handling techniques.

126 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Procures specimen for microbiology/pathology appropriately, when indicated.

127 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Uses manual instrumentation appropriately.

128) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Uses power instrumentation appropriately.

129) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Uses special instrumentation appropriately, when indicated.

130) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Handles and applies fixation devices appropriately.

131) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Handles and applies bioimplants appropriately, when indicated.

132) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Handles and applies graft materials appropriately.

133) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Procures specimen for microbiology/pathology appropriately, when indicated.

134) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Utilizes wound irrigation appropriately.

135) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A

Demonstrates appropriate tissue-specific repair techniques.

136) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Applies wound drainage system appropriately, when indicated.

137) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Performs wound closure appropriately.

138) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Applies appropriate bandage, splint and/or cast.

139) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Procedural steps are followed correctly.

140) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Procedure is performed in appropriate period of time.

141) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Recognizes preoperative, intraoperative and postoperative variations/complications and adapts accordingly.

142) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Justifies the chosen technical pathway to completion of the procedure.

143) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.

1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Selects the appropriate procedure(s).

1 2 3 4 5 N/A

144) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including first ray surgery.



Presents the procedure, alternatives, risks, and postoperative recovery process to the patient.

145) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Secures proper patient positioning.

146) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Utilizes hemostasis appropriately, when indicated.

147) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Performs skin incision appropriately.

148) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Performs appropriate anatomic dissection.

149) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Demonstrates appropriate tissue-specific handling techniques.

150) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Procures specimen for microbiology/pathology appropriately, when indicated.

151) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Uses manual instrumentation appropriately.

152)



Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

Uses special instrumentation appropriately, when indicated.

153 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Performs appropriate tendon repair/lengthening or transfer, as indicated.

154 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Evaluates dislocation with fluoroscopic imaging under anesthesia.

155 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Reduces dislocation and applies percutaneous fixation.

156 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Recognizes and debrides all purulent material and necrotic soft tissue from the surgical site by sharp and/or blunt means.

157 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Plans return to surgery with repeat debridement and delayed primary closure with quantitative cultures when appropriate.

158 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Interprets histology/pathology report and initiates proper medical consultation for evaluation of malignant masses.

159 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.



Performs suture repair of skin utilizing appropriate plastic

surgery techniques for skin plasty, skin flaps, syndactylization, desyndactylization, and debulking procedures.

160 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Isolates affected nerve(s) or vessel(s) and repairs them appropriately using microscopic techniques.

161 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Handles and applies soft tissue bioimplants appropriately, when indicated.

162 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Handles and applies soft tissue graft materials appropriately.

163 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Utilizes wound irrigation appropriately.

164 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Demonstrates appropriate tissue-specific repair techniques.

165 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Applies wound drainage system appropriately, when indicated.

166 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Performs wound closure appropriately.

167 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
○○○○○○○

Applies appropriate bandage, splint and/or cast.

168) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Procedural steps are followed correctly.

169) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Procedure is performed in appropriate period of time.

170) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Recognizes preoperative, intraoperative and postoperative variations/complications and adapts accordingly.

171) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Selects the appropriate procedure(s).

172) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Justifies the chosen technical pathway to completion of the procedure.

173) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other soft tissue foot surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Presents the procedure, alternatives, risks, and postoperative recovery process to the patient.

174) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Secures proper patient positioning.

175) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated,

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

Utilizes hemostasis appropriately, when indicated.

176) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Performs skin incision appropriately.

177) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Performs appropriate anatomic dissection.

178) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Demonstrates appropriate tissue-specific handling techniques.

179) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Procures specimen for microbiology/pathology appropriately, when indicated.

180) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Uses manual instrumentation appropriately.

181) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Uses power instrumentation appropriately.

182) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Uses special instrumentation appropriately, when indicated.

183) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Handles and applies fixation devices appropriately.

184) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Handles and applies bioimplants appropriately, when indicated.

185) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Handles and applies graft materials appropriately.

186) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Procures specimen for microbiology/pathology appropriately, when indicated.

187) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Utilizes wound irrigation appropriately.

188) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Demonstrates appropriate tissue-specific repair techniques.

189) formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A

Applies wound drainage system appropriately, when indicated.

190 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).



Performs wound closure appropriately.

191 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).



Applies appropriate bandage, splint and/or cast.

192 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).



Procedural steps are followed correctly.

193 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).



Procedure is performed in appropriate period of time.

194 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).



Recognizes preoperative, intraoperative and postoperative variations/complications and adapts accordingly.

195 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).



Selects the appropriate procedure(s).

196 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).



Justifies the chosen technical pathway to completion of the procedure.

197 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including other osseous foot surgery (distal to the tarsometatarsal joints, except where specifically indicated).

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Presents the procedure, alternatives, risks, and postoperative recovery process to the patient.

198 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Secures proper patient positioning.

199 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Utilizes hemostasis appropriately, when indicated.

200 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Performs skin incision appropriately.

201 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Performs appropriate anatomic dissection.

202 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Demonstrates appropriate tissue-specific handling techniques.

203 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Procures specimen for microbiology/pathology appropriately, when indicated.

204 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○

Performs open reduction of fracture/dislocation.

205 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Performs appropriate fixation to maintain reduction (k-wire, external fixator, etc.) if needed.

206 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Uses manual instrumentation appropriately.

207 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Uses power instrumentation appropriately.

208 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Uses special instrumentation appropriately, when indicated.

209 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Handles and applies fixation devices appropriately.

210 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Handles and applies bioimplants appropriately, when indicated.

211 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Handles and applies graft materials appropriately.

212 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.



Procures specimen for microbiology/pathology appropriately, when indicated.

213 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Utilizes wound irrigation appropriately.

214 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Demonstrates appropriate tissue-specific repair techniques.

215 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Applies wound drainage system appropriately, when indicated.

216 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Performs wound closure appropriately.

217 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Applies appropriate bandage, splint and/or cast.

218 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Procedural steps are followed correctly.

219 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Procedure is performed in appropriate period of time.

220 formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Recognizes preoperative, intraoperative and postoperative variations/complications and adapts accordingly.

221 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Selects the appropriate procedure(s).

222 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Justifies the chosen technical pathway to completion of the procedure.

223 Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated, including reconstructive rearfoot and ankle surgery.

1 2 3 4 5 N/A

Presents the procedure, alternatives, risks, and postoperative recovery process to the patient.

224 Formulate and implement an appropriate plan of management, including appropriate anesthesia management when indicated, including:

1 2 3 4 5 N/A

Performs an appropriate preanesthetic evaluation.

225 Formulate and implement an appropriate plan of management, including appropriate anesthesia management when indicated, including:

1 2 3 4 5 N/A

Administers field blocks, digital blocks, Mayo blocks, and isolated nerve blocks of the lower extremities with proper technique.

226 Formulate and implement an appropriate plan of management, including appropriate anesthesia management when indicated, including:

1 2 3 4 5 N/A

Utilizes proper technique while injecting the local anesthetic.

227 Formulate and implement an appropriate plan of management, including appropriate anesthesia management when indicated, including:

1 2 3 4 5 N/A

Utilizes adjunctive topical agents, as needed.

228 Formulate and implement an appropriate plan of management, including appropriate anesthesia management when indicated, including:

1 2 3 4 5 N/A

Utilizes universal precautions and appropriate needle precautions.

229 Formulate and implement an appropriate plan of management, including appropriate anesthesia management when indicated, including:



Monitors for, recognizes, and manages adverse reactions to the local anesthetic.

230 Formulate and implement an appropriate plan of management, including appropriate consultation and/or referrals.



Utilizes effective written/oral communication skills when requesting consultation or referral.

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

231 Accepts criticism constructively.



232 Acts as a patient advocate, involving the patient/family in the decision-making process.



233 Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity.



234 Provides high quality, comprehensive care in an ethical manner.



235 Demonstrates moral and ethical conduct.



236 Respects and adapts to cultural differences.



237 Establishes trust and rapport with patients and peers.



238) Demonstrates primary concern for patient's welfare and well-being. 1 2 3 4 N/A
○○○○○

239) Functions appropriately in a multidisciplinary setting, using good communication skills. 1 2 3 4 N/A
○○○○○

240) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner. 1 2 3 4 N/A
○○○○○

241) Comments

Remaining Characters: 5,000

[Close Window](#)

Vascular Surgery Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
[Evaluator Status]
[Evaluator Program]

[View with page breaks](#)

Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity by nonsurgical (educational, medical, physical, biomechanical) and surgical means.

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with constant direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

- | | |
|---|---|
| <p>1) Perform and interpret the findings of a thorough problem-focused history and physical exam, including problem-focused history.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>2) Perform and interpret the findings of a thorough problem-focused history and physical exam, including neurologic examination.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>3) Utilizes the correct technique for performing each of the components of a problem-focused vascular examination.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>4) Recognizes (correctly interprets) the normal or abnormal findings of each of the vascular exam components when performed upon a patient.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>5) Utilizes appropriate vascular exam components indicated by patient's chief complaint.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |

6) Performs the problem-focused vascular exam in an appropriate period of time. 1 2 3 4 5 N/A
○○○○○○○

7) Perform and interpret the findings of a thorough problem-focused history and physical exam, including **dermatologic examination**. 1 2 3 4 5 N/A
○○○○○○○

8) Perform and interpret the findings of a thorough problem-focused history and physical exam, including **musculoskeletal examination**. 1 2 3 4 5 N/A
○○○○○○○

Perform (and/or order) and interpret appropriate diagnostic studies, including other diagnostic studies and non-invasive vascular studies.

9) Recognizes (correctly interprets) the normal or abnormal findings on each test listed in the section above. 1 2 3 4 5 N/A
○○○○○○○

10) Selects appropriate noninvasive vascular test as indicated by patient's chief complaint and clinical findings. 1 2 3 4 5 N/A
○○○○○○○

11) Selection of noninvasive vascular test fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness. 1 2 3 4 5 N/A
○○○○○○○

12) Recognizes when noninvasive vascular test results indicate further history, physical exam, diagnostic studies, or consultation. 1 2 3 4 5 N/A
○○○○○○○

Formulate an appropriate diagnosis and/or differential diagnosis.

13) Based upon history, physical exam, and appropriate diagnostic studies, can recognize and correctly diagnose patients with any of the diagnoses listed in the section above. 1 2 3 4 5 N/A
○○○○○○○

14) Appropriately charts most likely diagnosis, other possible diagnoses and contributing factors. 1 2 3 4 5 N/A
○○○○○○○

15) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management. 1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

16) Appropriate non-surgical management when indicated. 1 2 3 4 5 N/A
○○○○○○○

17) Appropriate medical/surgical management when indicated. 1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including appropriate surgical management when indicated

1 2 3 4 5 N/A

- 18) Secures proper patient positioning. ○ ○ ○ ○ ○ ○
- 19) Utilizes hemostasis appropriately, when indicated. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 20) Performs skin incision appropriately. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 21) Performs appropriate anatomic dissection. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 22) Demonstrates appropriate tissue-specific handling techniques. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 23) Uses manual instrumentation appropriately. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 24) Uses power instrumentation appropriately. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 25) Uses special instrumentation appropriately, when indicated. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 26) Handles and applies bioimplants appropriately, when indicated. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 27) Handles and applies graft materials appropriately. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 28) Procures specimen for microbiology/pathology appropriately, when indicated. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 29) Utilizes wound irrigation appropriately. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 30) Demonstrates appropriate tissue-specific repair techniques. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 31) Applies wound drainage system appropriately, when indicated. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 32) Performs wound closure appropriately. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 33) Applies appropriate bandage, splint and/or cast. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 34) Procedural steps are followed correctly. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○
- 35) Procedure is performed in appropriate period of time. 1 2 3 4 5 N/A
○ ○ ○ ○ ○ ○

Formulate and implement an appropriate plan of management, including:

36) Recognizes preoperative, intraoperative and postoperative variations/complications and adapts accordingly. 1 2 3 4 5 N/A
○○○○○○○

37) Selects the appropriate procedure(s). 1 2 3 4 5 N/A
○○○○○○○

38) Justifies the chosen technical pathway to completion of the procedure. 1 2 3 4 5 N/A
○○○○○○○

39) Presents the procedure, alternatives, risks, and postoperative recovery process to the patient. 1 2 3 4 5 N/A
○○○○○○○

40) Utilizes effective written/oral communication skills when requesting consultation or referral. 1 2 3 4 5 N/A
○○○○○○○

Assess the treatment plan and revise it as necessary.

41) Appropriately documents patient progress. 1 2 3 4 5 N/A
○○○○○○○

42) Generates/revises treatment plan based on diagnostic and therapeutic results. 1 2 3 4 5 N/A
○○○○○○○

Assess and manage the patient's general medical status.

43) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: 1 2 3 4 5 N/A
○○○○○○○

Assess and manage the patient's general medical status.

44) Formulate an appropriate differential diagnosis of the patient's general medical problem(s), which includes diagnoses in the following tabular ICD-9 subsections (Please refer to Index A for complete listing of appropriate diagnoses). 1 2 3 4 5 N/A
○○○○○○○

45) Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including: 1 2 3 4 5 N/A
○○○○○○○

46) Formulate and implement an appropriate plan of management, when indicated, including: 1 2 3 4 5 N/A
○○○○○○○

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

47) Reads, interprets, critically examines, and present medical and scientific literature. 1 2 3 4 5 N/A
○○○○○○○

Attitudinal Assessment

Legend for Attitudinal Assessment

1 = Never

2 = Some of the Time

3 = Most of the Time

4 = Always

N/A = Not Applicable

48) Accepts criticism constructively. 1 2 3 4 N/A
○○○○○

49) Acts as a patient advocate, involving the patient/family in the decision-making process. 1 2 3 4 N/A
○○○○○

50) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity. 1 2 3 4 N/A
○○○○○

51) Provides high quality, comprehensive care in an ethical manner. 1 2 3 4 N/A
○○○○○

52) Demonstrates moral and ethical conduct. 1 2 3 4 N/A
○○○○○

53) Respects and adapts to cultural differences. 1 2 3 4 N/A
○○○○○

54) Establishes trust and rapport with patients and peers. 1 2 3 4 N/A
○○○○○

55) Demonstrates primary concern for patient's welfare and well-being. 1 2 3 4 N/A
○○○○○

56) Functions appropriately in a multidisciplinary setting, using good communication skills. 1 2 3 4 N/A
○○○○○

57) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner. 1 2 3 4 N/A
○○○○○

58) Comments:

Remaining Characters: 5,000

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Wound Care Rotation Evaluation



[Subject Name]
 [Subject Status]
 [Subject Program]
 [Evaluation Dates]
 [Subject Rotation]

Evaluator
 [Evaluator Name]
 [Evaluator Status]
 [Evaluator Program]

Legend for Goals and Skills Assessment

1 = Demonstrates inadequate knowledge of the task.

2 = Demonstrates knowledge but is unable to perform.

3 = Performs only with consistent direction.

4 = Performs with minimal direction.

5 = Performs the entire task independently.

N/A = Not Applicable

[View with page breaks](#)

Assess and manage the patient's general medical status.

- | | |
|--|---|
| <p>1) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in adequate detail.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>2) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history in appropriate period of time.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>3) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Obtains a comprehensive history using logical organization.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| <p>4) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: Utilizes the correct technique for obtaining each of the vital signs.</p> | <p>1 2 3 4 5 N/A
 ○ ○ ○ ○ ○ ○</p> |
| | <p>1 2 3 4 5 N/A</p> |

5) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Recognizes (correctly interprets) the normal or abnormal findings of each of the components performed upon a patient.**



6) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **Obtains vital signs in an appropriate period of time.**



7) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **head, eyes, ears, nose, and throat (HEENT).**



8) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neck.**



9) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **chest/breast.**



10) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **heart.**



11) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **lungs.**



12) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **abdomen.**



13) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **genitourinary.**



14) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **rectal.**



15) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **upper extremities.**



16) Perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination), including: **neurologic examination.**



Formulate an appropriate differential diagnosis of the patient's general medical problem(s).

17) Charts most likely diagnosis appropriately as well as other possible diagnoses.



18) Reassesses and revises differential diagnosis as indicated during the course of patient evaluation and management.



Recognize the need for (and/or orders) additional diagnostic studies, when indicated, including:

19) EKG: Recognizes (correctly interprets) the normal or abnormal findings.



20) EKG: Selection of EKG/cardiac testing fits the overall management of the patient in terms of evaluation sequence, timeliness, and cost-effectiveness.



21) EKG: Recognizes when EKG/cardiac testing results indicate further history, physical exam, diagnostic studies or consultation.



22) Medical Imaging: Plain radiography.



23) Medical Imaging: Nuclear medicine imaging.



24) Medical Imaging: MRI.



25) Laboratory Tests: Hematology.



26) Laboratory Tests: Serology/Immunology.



27) Laboratory Tests: Blood Chemistries.



28) Laboratory Tests: Toxicology/Drug Screens.



29) Laboratory Tests: Coagulation Studies.



30) Laboratory Tests: Blood Gases.



31) Laboratory Tests: Microbiology.



32) Laboratory Tests: Synovial Fluid Analysis ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

33) Laboratory Tests: Urinalysis. ○○○○○○○
1 2 3 4 5 N/A
○○○○○○○

Formulate and implement an appropriate plan of management, including:

34) Appropriate therapeutic intervention. ○○○○○○○
1 2 3 4 5 N/A

35) Appropriate consultations and/or referrals. ○○○○○○○
1 2 3 4 5 N/A

36) Appropriate general medical health promotion and education. ○○○○○○○
1 2 3 4 5 N/A

37) Recognizes and diagnose common primary skin pathology ○○○○○○○
1 2 3 4 5 N/A

38) Recognizes characteristics (qualitative and quantitative) of potential neoplastic skin changes ○○○○○○○
1 2 3 4 5 N/A

39) Recognizes characteristics (qualitative and quantitative) of potential ulcerative skin changes ○○○○○○○
1 2 3 4 5 N/A

40) Recognizes characteristics (qualitative and quantitative) of potential infectious skin changes ○○○○○○○
1 2 3 4 5 N/A

41) Understands the role of modalities such as HBO in wound healing ○○○○○○○
1 2 3 4 5 N/A

42) Understands the role of off loading in wound healing ○○○○○○○
1 2 3 4 5 N/A

43) Understands the role of Infection control and biofilms ○○○○○○○
1 2 3 4 5 N/A

44) Understands the role of Topical wound products ○○○○○○○
1 2 3 4 5 N/A

45) Understands the role of vascularity in wound healing ○○○○○○○
1 2 3 4 5 N/A

46) Understands the role of neuropathy in wound healing ○○○○○○○
1 2 3 4 5 N/A

47) Understands the role of systemic diseases in wound healing ○○○○○○○
1 2 3 4 5 N/A

Demonstrate the ability to communicate effectively and function in a multidisciplinary setting.

- 48) Communicate in oral and written form with patients, colleagues, payers and the public. 1 2 3 4 5 N/A
○○○○○○○
- 49) Is able to partner with health care managers and health care providers to assess, coordinate and improve health care. 1 2 3 4 5 N/A
○○○○○○○
- 50) Completes medical record components (see didactic indicators) in appropriate format and detail. 1 2 3 4 5 N/A
○○○○○○○
- 51) Completes medical record components in a timely fashion. 1 2 3 4 5 N/A
○○○○○○○
- 52) Updates the medical problem list and medication list at each visit. 1 2 3 4 5 N/A
○○○○○○○

Attitudinal Assessment

Legend for Attitudinal Assessment

- 1 = Never**
- 2 = Some of the Time**
- 3 = Most of the Time**
- 4 = Always**
- N/A = Not Applicable**

- 53) Accepts criticism constructively. 1 2 3 4 N/A
○○○○○○○
- 54) Acts as a patient advocate, involving the patient/family in the decision-making process. 1 2 3 4 N/A
○○○○○○○
- 55) Communicates effectively with the patient/family, recognizing their concern for safety, comfort, and medical necessity. 1 2 3 4 N/A
○○○○○○○
- 56) Provides high quality, comprehensive care in an ethical manner. 1 2 3 4 N/A
○○○○○○○
- 57) Demonstrates moral and ethical conduct. 1 2 3 4 N/A
○○○○○○○
- 58) Respects and adapts to cultural differences. 1 2 3 4 N/A
○○○○○○○
- 59) Establishes trust and rapport with patients and peers. 1 2 3 4 N/A
○○○○○○○

60) Demonstrates primary concern for patient's welfare and well-being. 1 2 3 4 N/A
○○○○○

61) Functions appropriately in a multidisciplinary setting, using good communication skills. 1 2 3 4 N/A
○○○○○

62) Demonstrates responsible, reliable, punctual, cooperative behavior, and maintains records in a timely manner. 1 2 3 4 N/A
○○○○○

63) Comments

Remaining Characters: 5,000

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