



Ascension Wisconsin Podiatric Medicine & Surgery Residency with added
credential in Reconstructive Rearfoot/Ankle Surgery
(PMSR-RR/A)

Competencies – Anesthesiology

Description of Rotation:

Rationale:

The practicing podiatric physician must be familiar with the application of anesthetic techniques in the clinical and perioperative settings. The resident should develop knowledge that will assist in assessing the preoperative status of patients that may affect anesthetic outcome. This training resource shall include direct participation of the resident in pre-anesthetic, anesthetic, and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences shall include, but not be limited to: local anesthesia, general, spinal, epidural, regional, and conscious sedation anesthesia.

Plan:

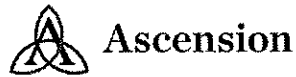
This rotation will be in the PGY-1 year of training. Each resident will spend the equivalent of two weeks on the anesthesia service rotation (Monday thru Thursday) in order to achieve the listed competencies below. All other anesthesia-related training will occur on an on-going, case by case basis with the anesthesia department.

Specific Competencies:

1. Assess the patient's pre-anesthesia physical status and assist in the management of the patient's general medical status and how it may affect anesthesia. Perform and interpret the findings of a comprehensive medical history and physical examination.
2. Recognizes the need for (and/or order) additional diagnostic studies, when indicated, including: EKG, chest x-ray, or other diagnostic studies and laboratory medicine.
3. Formulates and implements an appropriate plan of management and appropriate therapeutic intervention.
4. Demonstrate knowledge of basic and invasive monitoring techniques.
5. Demonstrates the ability to verify various levels and staging of anesthesia.
6. Demonstrates knowledge of intubation techniques.



7. Demonstrates knowledge and skills for vascular access, maintenance of the airway and mechanical ventilation.
8. Demonstrates knowledge of the pharmacology of common anesthetic agents, both regional and local, including indications, dosages, potential interactions, and side effects.
9. Demonstrates knowledge of the techniques and appropriate management of general, spinal, epidural, regional, and conscious sedation anesthesia.
10. Participates in the immediate postoperative care as well as acute pain management of the perioperative patient.
11. Demonstrates knowledge of the complications of anesthesia and their treatments (including human errors, loss of airway/difficult intubation, obstructive sleep apnea, opiate-induced respiratory depression, OR fires, nerve injury, adverse cardiovascular events, temperature management, perioperative anticoagulant therapy, enhanced recovery after surgery protocol).
12. Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion
 - a. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
 - b. Practice and abide by the principles of informed consent.
 - c. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
 - d. Demonstrate professional humanistic qualities.
 - e. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of health-care costs.
13. Communicate effectively and function in a multi-disciplinary setting.
 - a. Communicate in oral and written form with patients, colleagues, payers, and the public.
 - b. Maintain appropriate medical records.
14. Manage individuals and populations in a variety of socioeconomic and health-care settings.
 - a. Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.
 - b. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race,



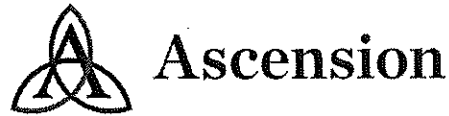
ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own.

- c. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.
15. Understand podiatric practice management in a multitude of health-care delivery settings.
- a. Demonstrate familiarity with utilization management and quality improvement.
 - b. Understand health-care reimbursement.
 - c. Understand insurance issues including professional and general liability, disability, and Workers' Compensation.
 - d. Understand medical-legal considerations involving health-care delivery.
 - e. Demonstrate understanding of common business practices.
16. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
- a. Read, interpret, and critically examine and present medical and scientific literature.
 - b. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
 - c. Demonstrate information technology skills in learning, teaching, and clinical practice.
 - d. Participate in continuing education activities.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The anesthesiology team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

END OF COMPETENCY

Updated 03/15/2026



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

Competencies

Behavioral Science

Description of Rotation:

Rationale:

Podiatric physicians treat many patients who are also being treated with psychiatric medications and/or have psychological or psychiatric problems. The primary emphasis of this rotation will be on behavioral science, especially as it relates to patient/physician communication. Working in conjunction with members of the Psychiatry Department, the Podiatric residents will obtain exposure to the management of patients in need of psychiatric care in inpatient, outpatient, and/or clinical settings, and in group sessions as available. The residents will obtain exposure to the differential diagnosis and treatment of mental illness in the above settings. They will obtain exposure to the use of medication, psychotherapy, and psychosocial interventions.

Specific Behavioral Medicine Rotational Competencies:

1. Demonstrates an understanding of the psychosocial and healthcare needs for patients with mental illness.
2. Demonstrates an understanding of the psychiatric approach to the management of patients with mental illness.

3. Demonstrates familiarity with the psychiatric approach in establishing a differential diagnosis in the treatment of patients with mental illness.
4. Recognize depression, anxiety, dementia, substance abuse and understand treatment options.
5. Demonstrates familiarity with the various medications used in the treatment of mental illness, including potential interactions and side-effects.
6. Knows how to proceed when a patient refuses a recommended intervention or requests ineffective or harmful treatment.
7. Demonstrates professional humanistic qualities.

Additional general competencies to be attained *as available*:

1. ***Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion.***
 - a. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
 - b. Practice and abide by the principles of informed consent.
 - c. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
 - d. Demonstrate professional humanistic qualities.
 - e. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of health-care costs.
2. ***Communicate effectively and function in a multi-disciplinary setting.***
 - a. Communicate in oral and written form with patients, colleagues, payers, and the public.
 - b. Maintain appropriate medical records.
3. ***Manage individuals and populations in a variety of socioeconomic and health-care settings.***
 - a. Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.
 - b. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own.
 - c. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.

4. ***Understand podiatric practice management in a multitude of health-care delivery settings.***
 - a. Demonstrate familiarity with utilization management and quality improvement.
 - b. Understand health-care reimbursement.
 - c. Understand insurance issues including professional and general liability, disability, and Workers' Compensation.
 - d. Understand medical-legal considerations involving health-care delivery.
 - e. Demonstrate understanding of common business practices.

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

Curriculum – Behavioral Medicine

Description of Rotation:

Podiatric physicians treat many patients who are also being treated with psychiatric medications and/or have psychological or psychiatric problems. The primary emphasis of this rotation will be on behavioral science, especially as it relates to patient/physician communication. Working in conjunction with members of the Psychiatry Department, the Podiatric residents will obtain exposure to the management of patients in need of psychiatric care in inpatient, outpatient, and/or clinical settings, and in group sessions as available. The residents will obtain exposure to the differential diagnosis and treatment of mental illness in the above settings. They will obtain exposure to the use of medication, psychotherapy, and psychosocial interventions.

Rotational outline:

This rotation will be in the PGY-1 year of training. Each resident will spend the equivalent of one week on the behavioral medicine service rotation (Monday thru Thursday) in order to achieve the listed competencies. All other behavioral medicine related training will occur on an on-going, case by case basis with this department.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The anesthesia team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

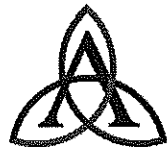
Faculty rotation leader: Eric Kaplan, MD

Contact information link: eric.kaplan@ascension.org

Report: 0800am - 7th Floor - Ascension St. Francis Hospital

END OF COMPETENCY AND CURRICULM

Updated 02/10/2026



Ascension

Ascension SE Wisconsin Podiatric Medicine & Surgery Residency (PMSR)
with an added credential in Reconstructive Rearfoot/Ankle Surgery
Curriculum and Competencies

General Dermatology Rotation

Description of Rotation:

Dermatology is the management of disorders of the skin, mucous membranes and adnexal structures including inflammatory, infectious, neoplastic, metabolic, congenital and structural disorders.

1. Gain expertise in outpatient, inpatient and consultative dermatology.
2. Gain expertise in the principles and practice of dermatologic surgery.
3. Gain expertise in the management of complex medical dermatologic problems and management of systemic drugs.

Residents rotating through Dermatology should have general knowledge of the major diseases and tumors of the skin.

This podiatric residency training resource shall include a broad and varied exposure to the surgical and non-surgical evaluation and management of dermatology patients. The rotation should enhance the skills of the podiatric resident in recognizing common skin conditions, understanding their pathophysiology, and knowing when to refer patients to a dermatologist. Residents also gain experience in assisting and/or performing dermatological procedures and understanding the potential side effects of dermatological medications. The rotation may also focus on developing competencies in diagnosing and managing dermatological conditions affecting the foot and ankle.

Competencies:

1. Residents perform and interpret the findings of a comprehensive medical history and physical examination.

2. Residents should be able to proficiently describe morphology of skin conditions and understand the importance of anatomic location in constructing a differential diagnosis.
3. Residents will increase their understanding of the pathophysiologic framework of dermatologic diseases and improve their ability to formulate rational differential diagnoses for common dermatologic presentations.
4. Review of the recommended text and websites will familiarize the resident with less commonly encountered skin disease and those associated with systemic diseases, including HIV. Residents will be well versed in the use of technology to support medical decisions.
5. Residents learn to recognize that certain systemic diseases can manifest in the skin of the feet and ankles, requiring a comprehensive approach to diagnosis and treatment.
6. Residents develop the ability to recognize dermatological emergencies requiring immediate attention and referral.
7. Residents learn when it is appropriate to refer a patient to a dermatologist for specialized care.
8. Residents identify and manage common dermatological conditions like seborrheic dermatitis, eczematous conditions, and psoriasis, as they relate to the foot and ankle.
9. Residents gain knowledge of common dermatological agents and their potential side effects, particularly as they relate to podiatric care.
10. Residents gain hands-on experience with procedures like shave biopsies, punch biopsies, and simple excisional biopsies.
11. Residents learn to work effectively with dermatologists and other specialists as part of a multidisciplinary team.
12. Residents acquire a strong foundation in dermatological principles relevant to podiatric practice.
13. Residents gain the ability to provide comprehensive care to patients with dermatological conditions of the foot and ankle.
14. Residents demonstrate ethical and compassionate care while adhering to legal and moral standards.

General competencies link:

<https://docs.google.com/document/d/1NrADcHqjDAG0u6WOz8UTSGE7Kr0AgMim/edit>

END OF COMPETENCY
07/01/2025

Assessment / Validation

Required Assessment for Dermatology

Resident's Name: _____ Date _____

Evaluator's Name: _____

Competencies for this Clinical Experience

1=Unsatisfactory; 2=Below Average Performance; 3=Average Performance; 4=Above Average Performance; 5=Outstanding Performance; N/A=not applicable	Place a ✓ in the appropriate box					
	1	2	3	4	5	N/A
Demonstrates the ability to perform and interpret the findings of a comprehensive medical history and physical examination.						
Demonstrates the ability to proficiently describe morphology of skin conditions and understand the importance of anatomic location in constructing a differential diagnosis.						
Demonstrates understanding of the pathophysiologic framework of dermatologic diseases and improved their ability to formulate rational differential diagnoses for common dermatologic presentations.						
Demonstrates the ability to recognize that certain systemic diseases can manifest in the skin of the feet and ankles, requiring a comprehensive approach to diagnosis and treatment.						
Developed the ability to recognize dermatological emergencies requiring immediate attention and referral.						
Demonstrates the understanding of when it is appropriate to refer a patient to a dermatologist for specialized care.						
Demonstrates the ability to identify and manage common dermatological conditions like seborrheic dermatitis, eczematous conditions, and psoriasis, as they relate to the foot and ankle.						
Demonstrates knowledge of common dermatological agents and their potential side effects, particularly as they relate to podiatric care.						
Gained hands-on experience with procedures like shave biopsies, punch biopsies, and simple excisional biopsies.						
Demonstrates the ability to work effectively with dermatologists and other specialists as part of a multidisciplinary team.						
Demonstrates a foundation in dermatological principles relevant to podiatric practice.						
Demonstrates the ability to provide comprehensive care to patients with dermatological conditions of the foot and ankle.						
Demonstrates ethical and compassionate care while adhering to legal and moral standards.						

Specific Explanation of Any Unsatisfactory or Marginal Ratings from Above:

Specific Compliments:

Additional or General Comments or Remarks:



Ascension Wisconsin Podiatric Medicine & Surgery Residency
(PMSR-RR/A)
with an added credential in Reconstructive Rearfoot/Ankle Surgery

Competencies

Emergency Medicine

Description of Rotation:

This training resource shall include direct participation of the resident to prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult patient by non-surgical and/or surgical means. Resident is to obtain knowledge and ability in the work-up and presentation of patients with emergent problems, being able to specify the working diagnosis, indicated studies, and possible treatment alternatives and expected outcomes.

Residents will learn to:

1. Understand and appreciate the principles of general emergency medicine and emergency room protocol
2. Recognize and be able to assist in the care of acute systemic emergencies (i.e. cardiac arrest, diabetic coma, insulin reactions, etc.)
3. Handle common emergencies with emphasis on the lower extremity (i.e. dirty and infected wounds, burns, lacerations, fractures, etc.)
4. Handle orthopedic emergencies with emphasis on the lower extremity
5. Obtain the ability to perform and/or assist essential procedures in the emergent patient (suture of laceration, IV access, closed reduction of fracture, etc.).

Competencies:

1. Performs and interprets the findings of a thorough comprehensive and problem-focused document with reliable history and physical examinations.
2. Performs (and/or orders) and interprets appropriate diagnostic studies, including medical imaging.
3. Performs (and/or orders) and interprets appropriate diagnostic laboratory tests, including hematology, serology, toxicology, and microbiology.
4. Performs (and/or orders) and interprets appropriate diagnostic studies, including non-invasive vascular or invasive studies.
5. Formulates an appropriate diagnosis and/or differential diagnosis.
6. Assesses and manages the patient's general medical status.
7. Formulates and implements an appropriate plan of management, including appropriate consultations and/or referrals for the Emergency Department setting.
8. Formulates and implements an appropriate plan of management and appropriate therapeutic intervention.
9. Practices with professionalism, compassion, and concern in a legal, ethical, and moral fashion. Understands and respects the ethical boundaries of interactions with patients, colleagues, and employees. Demonstrates professional humanistic qualities.
10. Demonstrates the ability to communicate effectively and function in a multi-disciplinary setting. Communicates in oral and written form with patients, colleagues, and the public. Is able to partner with healthcare managers and healthcare providers to assess, coordinate, and improve healthcare.
11. Actively and consistently incorporates faculty feedback into clinical practice, demonstrating clear progress in targeted areas. Seeks opportunities for self-improvement and engages in reflective learning and progress.
12. Maintains appropriate medical records.
13. Understands medical-legal considerations involving healthcare delivery.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The Emergency Department team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

Curriculum link: [Emergency Medicine Curriculum 09.30.2025](#)

Assessment link: [Emergency Medicine Evaluation 09.30.2025](#)

General competencies link: [Podiatry General Competencies](#)

Schedule link: [2025-26 PMSR Schedule.xlsx - 2025-26.pdf](#)

Faculty rotation leader (2025-2026): Andrew Makowski, MD

Contact information link: andrew.makowski@acension.org

Rotation location link(s): Ascension SE WI Hospitals

END OF COMPETENCY

Updated 09.30.2025



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

Competencies

General Surgery and Clinic

Description of Rotation:

This training resource shall include direct participation of the resident in the medical and surgical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.

This training resource shall include a broad and varied exposure to the surgical and non-surgical evaluation and management of general surgical patients. The resident shall gain an understanding of the management of the peri-operative general surgical patients through direct participation. The residents should also gain an understanding in the management of emergent general surgical patients. The residents should enhance their surgical skills through direct participation in suturing, retracting, proper tissue handling, and performing surgical procedures under appropriate supervision where appropriate. The resident should gain an understanding of general surgical anatomy, procedures, principles, and techniques.

The resident must develop the ability to utilize information obtained from the history and physical examination and ancillary studies to arrive at an appropriate diagnosis and treatment plan. Documentation of the approach to treatment must reflect adequate investigation, observation, and judgment.

Rotational outline:

The rotation will normally fall into the PGY-2 year. The rotation will be two sets of 2-week rotations in each half of the year typically, Monday-Friday. The rotation is mostly in-patient based with clinical exposure as well as available. The rotation should allow the resident the opportunity to gain knowledge and skills as noted above in the rotational description. The resident should learn how in-patient medical and surgical care integrates into the larger picture of healthcare delivery.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The general surgery team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

Specific Competencies:

1. Performs and interprets the findings of a thorough, comprehensive, or problem-focused history and physical exam.
2. Demonstrates improved knowledge of the more commonly performed general surgical procedures. Presents in OR to observe and scrub in on selected surgical procedures.
3. Demonstrates appropriate peri-operative evaluation for patients undergoing general surgery.
4. Participates in both in-patient rounds and clinic evaluation of surgery patients.
5. Develops improved understanding of indications, contraindication, and complications of general surgical procedures.
6. Understands the basic management of burns.
7. Improve knowledge and understanding of fluid and electrolyte management of surgical patients.
8. Develops a better understanding of the use of skin grafts.
9. Assists in evaluation and management of all lower extremity conditions presenting to general surgery during the rotation.
10. Demonstrates knowledge of cardiac disease and skills to interpret EKG's.
11. Recognizes indications and demonstrates knowledge of techniques and interpretation utilized in medical imaging studies, including nuclear, angiographic, and CT/MRI.

12. Formulates and implements an appropriate plan of management and appropriate therapeutic intervention.
13. Demonstrates knowledge of and participates in general surgical procedures

Additional general competencies:

1. Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion
 - a. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
 - b. Practice and abide by the principles of informed consent.
 - c. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
 - d. Demonstrate professional humanistic qualities.
 - e. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of health-care costs.
2. Communicate effectively and function in a multi-disciplinary setting.
 - a. Communicate in oral and written form with patients, colleagues, payers, and the public.
 - b. Maintain appropriate medical records.
3. Manage individuals and populations in a variety of socioeconomic and health-care settings.
 - a. Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.
 - b. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own.
 - c. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.
4. Understand podiatric practice management in a multitude of health-care delivery settings.
 - a. Demonstrate familiarity with utilization management and quality improvement.
 - b. Understand health-care reimbursement.
 - c. Understand insurance issues including professional and general liability, disability, and Workers' Compensation.
 - d. Understand medical-legal considerations involving health-care delivery.
 - e. Demonstrate understanding of common business practices.

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

Assessment link: [General Surgery.pdf](#)

END OF COMPETENCY

03/11/2026

Curriculum

General Surgery

Description of Rotation:

This training resource shall include direct participation of the resident in the medical and surgical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.

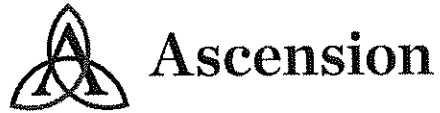
This training resource shall include a broad and varied exposure to the surgical and non-surgical evaluation and management of general surgical patients. The resident shall gain an understanding of the management of the peri-operative general surgical patients through direct participation. The residents should also gain an understanding in the management of emergent general surgical patients. The residents should enhance their surgical skills through direct participation in suturing, retracting, proper tissue handling, and performing surgical procedures under appropriate supervision where appropriate. The resident should gain an understanding of general surgical anatomy, procedures, principles, and techniques.

The resident must develop the ability to utilize information obtained from the history and physical examination and ancillary studies to arrive at an appropriate diagnosis and treatment plan. Documentation of the approach to treatment must reflect adequate investigation, observation, and judgment.

Rotational outline:

The rotation will normally fall into the PGY-2 year. The rotation will be two sets of 2-week rotations in each half of the year typically, Monday-Friday. The rotation is mostly in-patient based with clinical exposure as well as available. The rotation should allow the resident the opportunity to gain knowledge and skills as noted above in the rotational description. The resident should learn how in-patient medical and surgical care integrates into the larger picture of healthcare delivery.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The general surgery team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.



**Ascension Wisconsin Podiatric Medicine & Surgery Residency
with added credential in Reconstructive Rearfoot/Ankle Surgery
(PMSR-RR/A)**

Curriculum – *Infectious Disease Rotation*

Description of Rotation:

The primary emphasis of this rotation shall include direct resident participation in an infectious disease rotation that includes the following training experiences: recognizing and diagnosing common infective organisms, using appropriate antimicrobial therapy, interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiotic monitoring. The resident should evaluate and treat local and systemic infected wound care.

This training resource shall allow the residents to gain a thorough understanding of antibiotics, their bacterial spectrums, dosages, toxicities, and complications. The resident shall learn to recognize, diagnose, and treat local skin infections and abscesses as well as systemic infections. The resident will be able to recognize and treat wet gangrene, septicemia. The resident will recognize and diagnose etiologies of fever, treat infections, recognize and treat postoperative infections through a combination of therapies.

Rotational outline:

The rotation will be two 1-week rotations, Monday-Thursday. One week of rotation will occur during PGY-1 and the second week will occur during PGY-2. The rotation may be in-patient and/or out-patient based. The rotation should allow the resident the opportunity to gain knowledge and skills as noted above in the rotational description. The resident should learn how infectious disease integrates into the larger picture of healthcare delivery.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The infectious disease team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

Competencies-*Infectious Disease*

Description of Rotation:

The primary emphasis of this rotation shall include direct resident participation in an infectious disease rotation that includes the following training experiences: recognizing and diagnosing common infective organisms, using appropriate antimicrobial therapy, interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiotics monitoring. The resident should evaluate and treat local and systemic infected wound care.

This training resource shall allow the residents to gain a thorough understanding of antibiotics, their bacterial spectrums, dosages, toxicities, and complications. The resident shall learn to recognize, diagnose, and treat local skin infections and abscesses as well as systemic infections. The resident will be able to recognize and treat wet gangrene, septicemia. The resident will recognize and diagnose etiologies of fever, treat infections, recognize and treat postoperative infections through a combination of therapies.

Competencies:

1. Understands the indication for infectious disease consultations.
2. Performs and interprets the findings of a thorough comprehensive or problem-focused history and physical exams
3. Understands and accesses the wound care patient including various treatment options available [non-surgical and surgical].
4. Perform (and/or order) and interpret appropriate medical imaging studies including: plain radiography, nuclear, CT, MRI.
5. Performs (and/or orders) and interprets appropriate diagnostic studies, including vascular imaging.
6. Develops an understanding and knowledge regarding hyperbaric oxygen therapy in the compromised wound and various pathologies useful in it.
7. Performs (and/or orders) and interprets appropriate laboratory tests, including hematology blood chemistries.

8. Performs (and/or orders) and interprets appropriate diagnostic studies, including both anatomic and cellular pathology.
9. Performs (and/or orders) and interprets appropriate laboratory tests, including microbiology.
10. Orders and interprets appropriate diagnostic studies, including non-invasive vascular studies (Doppler, ABI, TCO₂, etc.).
11. Understands antibiotic therapy, both oral and parenteral, in both the normal and compromised patient, including drug pharmacology, potential interactions with other medications, side effects, and cost factors. Formulates an appropriate diagnosis and/or differential diagnosis regarding the wound care patient.
12. Appropriate non-surgical/surgical management when indicated, including: debridement of various ulcerations superficial and deep.
13. Appropriate non-surgical/surgical management when indicated, including treatment and or debridement of stasis ulcerations and or other wounds.
14. Understands which diagnostic studies are indicated and are appropriate.
15. Recognizes the need for (and/or orders) additional diagnostic medical imaging studies when necessary.
16. Formulate an appropriate diagnosis and/or differential diagnosis
17. Formulates and implements an appropriate plan of management, including appropriate consultation and/or referrals.
18. Formulates and implements an appropriate plan of management and appropriate therapeutic intervention.
19. Recognizes the need for (and/or orders) additional diagnostic studies when needed.
20. Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion. Understands and respects the ethical boundaries of interactions with patients, colleagues, and employees.
21. Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion. Demonstrates professional humanistic qualities.

22. Demonstrates the ability to communicate effectively and function in a multi-disciplinary setting. Communicates in oral and written form with patients, colleagues, and the public. Is able to partner with healthcare managers and healthcare providers to assess, coordinate, and improve healthcare.
23. Maintains appropriate medical records.
24. Understands medical-legal considerations involving healthcare delivery.

END OF COMPETENCY

11/24/2025

Assessment / Validation

All assessments must be completed via New Innovations. A paper copy of the assessment is available below for review.



Ascension Wisconsin Podiatric Medicine & Surgery Residency (PMSR)
with an added credential in Reconstructive Rearfoot/Ankle Surgery
Curriculum – *Hospital Medicine*

Description of Rotation:

This training resource shall include direct participation of the resident in the medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.

A comprehensive history and physical examination (H&P) generally includes chief complaint, history of present illness, medical history, social history, family history, review of systems, and a physical examination including vital signs, HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurological examination. The resident must complete the comprehensive H&P in its entirety. Admission, preoperative, and outpatient medical H&Ps may be used as acceptable forms of a comprehensive H&P.

The resident must develop the ability to utilize information obtained from the history and physical examination and ancillary studies to arrive at an appropriate diagnosis and treatment plan. Documentation of the approach to treatment must reflect adequate investigation, observation, and judgment.

Rotational outline:

The rotation will normally fall into the PGY-1 year. The rotation will be two sets of 2-week rotations in each half of the year typically, Monday-Friday. The rotation may be in-patient based. The rotation should allow the resident the opportunity to gain knowledge and skills as noted above in the rotational description. The resident should

learn how in-patient medical and surgical care integrates into the larger picture of healthcare delivery.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The infectious disease team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

Competencies

Description of Rotation:

This training resource shall include direct participation of the resident in the medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.

A comprehensive history and physical examination (H&P) generally includes chief complaint, history of present illness, medical history, social history, family history, review of systems, and a physical examination including vital signs, HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurological examination. The resident must complete the comprehensive H&P in its entirety. Admission, preoperative, and outpatient medical H&Ps may be used as acceptable forms of a comprehensive H&P.

The resident must develop the ability to utilize information obtained from the history and physical examination and ancillary studies to arrive at an appropriate diagnosis and treatment plan. Documentation of the approach to treatment must reflect adequate investigation, observation, and judgment.

Competencies:

1. Performs and interprets the findings of a comprehensive medical history and physical examination, including:
 - 1.1. Comprehensive medical history, including chief complaint, review of systems, history of present illness, social and family history.
 - 1.2. Comprehensive physical examination, including vital signs and physical examination including HEENT, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, extremities, and neurological examination.
2. Orders and interprets appropriate laboratory tests as appropriate, based on presenting medical history and clinical findings.

3. Demonstrates pharmacological management of patients, including the proper ordering of medications, being fully cognitive of indications, dosages, interactions, side effects, and anticipated results.
4. Recognizes the need for, and the appropriate ordering and interpretation of additional diagnostic studies, including EKGs, medical imaging, vascular studies, and laboratory studies.
5. Interprets and evaluates EKGs.
6. Utilizes information obtained from the history and physical examination and ancillary studies, after appropriate investigation, observation, and judgment, to arrive at an appropriate differential diagnosis and treatment plan, including appropriate consultations and/or referrals.
7. Assesses and manages the patient's general medical status. Formulates and implements an appropriate plan of management, when indicated, including appropriate general medical health promotion and education.
8. Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion. Understands and respects the ethical boundaries of interactions with patients, colleagues, and employees. Demonstrates professional humanistic qualities.
9. Demonstrates the ability to communicate effectively and function in a multi-disciplinary setting and communicate in oral and written form with patients, colleagues, payers, and the public. Is able to partner with healthcare managers and healthcare providers to assess, coordinate, and improve healthcare.
10. Has the capacity to manage individuals and populations in a variety of socioeconomic and healthcare settings. Advocates for quality patient care and assists patients in dealing with system complexities.
11. Reads, interprets, critically examines, and presents medical and scientific literature.

General competencies link:

<https://docs.google.com/document/d/1NrADcHqjDAG0u6WOz8UTSGE7Kr0AgMim/edit>

END OF COMPETENCY

Updated 03/01/2022

Assessment / Validation

Link to Required Assessment for Hospital Medicine : [Hospital Medicine.pdf](#)



**Ascension Wisconsin Podiatric Medicine & Surgery Residency
with added credential in Reconstructive Rearfoot/Ankle Surgery
(PMSR-RR/A)**

Curriculum – *Radiology*

Description of Rotation:

This training resource shall expose the podiatric resident to various applications and indications of radiographic techniques to assess the status of podiatric and non-podiatric patients. Residents will concentrate their learning on musculoskeletal imaging through a combination of one-on-one teaching experiences, case files, didactics, literature search/reading, and shall include direct participation of the resident and extensive practical experience with multiple modalities and patient populations.

Rotational outline:

The rotation should allow the resident the opportunity to gain knowledge and skills as noted above in the rotational description. The rotation will normally fall into the first half of the PGY-1 year. The rotation will be a two-week rotation, Monday-Thursday. 40 contact hours/week is required. The first week is spent in general radiology. The second week is spent in musculoskeletal radiology. If the 40 hours threshold is not met the residents must participate in additional time spent in supervised self-study and/or reviewing teaching case files.

The rotation is to prepare the resident to effectively work with the radiology specialist regarding the indications for ordering selected medical imaging modalities and the expected information to be gained, especially in relation to musculoskeletal radiology. The rotation should enhance the comprehensive training of the foot and ankle surgical resident in the preoperative and post-operative care of the surgical patient as well as in the care of the non-operative patient with disorder(s) of the lower extremities.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The infectious disease team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

Faculty rotation leader: T.B.D.

Contact information link:T,B.D.

Rotation location link(s):Ascension CSM

Competencies

Medical Imaging (Radiology)

Description of Rotation:

This training resource shall expose the podiatric resident to various applications and indications of radiographic techniques to assess the status of podiatric and non-podiatric patients. Residents will concentrate their learning on musculoskeletal imaging through a combination of one-on-one teaching experiences, case files, didactics, literature search/reading, and shall include direct participation of the resident and extensive practical experience with multiple modalities and patient populations.

Competencies:

1. Understands which diagnostic studies are indicated and are appropriate.
2. Interprets appropriate diagnostic studies, including plain radiography, radiographic contrast studies, stress radiography, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging.
3. Interprets appropriate diagnostic studies, including non-invasive vascular or invasive studies as available. .

4. Recognizes basic chest film pathology.
5. Recognizes and becomes familiar with various bone and soft tissue tumors/masses.
6. Recognizes the need for (and/or orders) additional diagnostic medical imaging studies when necessary.
7. Recognizes potential emergent situations and allergic reactions associated with contrast media, sedation medication, and the treatment of anxiety and claustrophobia.
8. Formulates an appropriate diagnosis and/or differential diagnosis based on findings.
9. Demonstrates knowledge of the current protocol for pain management, including where indicated, use of blocks and therapeutic medication(s).
10. Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
11. Demonstrates professional humanistic qualities.
12. Demonstrates the ability to communicate effectively and function in a multi-disciplinary setting. Communicates in oral and written form with patients, colleagues, and the public. Is able to partner with healthcare managers and healthcare providers to assess, coordinate, and improve healthcare.
13. Understands medical-legal considerations involving healthcare delivery.

Assessment / Validation

Required Assessment for Medical Imaging (Radiology)

Resident's Name: _____ Date: _____

No. of months in training program (i.e., 1-36): _____

Evaluator's Name: _____

Competencies for this Clinical Experience

1=Unsatisfactory; 2=Below Average Performance; 3=Average Performance; 4=Above Average Performance; 5=Outstanding Performance; N/A=not applicable

Place a ✓ in the appropriate box

1 2 3 4 5 N/A

1. Demonstrates the ability to describe correct positioning for standard foot and ankle radiographs.....
2. Demonstrates the ability to describe and utilize proper radiation safety techniques.....
3. Demonstrates the ability to properly use portable fluoroscopic equipment.....
4. Gained knowledge by observing radiologists reviewing and interpretation of x-rays.....
5. Gained an understanding of indications, contraindications and techniques involved in invasive radiological procedures.....
6. Demonstrates the ability to perform and interpret stress radiography of the foot and ankle.....
7. Acquired in depth experience in the interpretation of podiatric imaging, including:
 - Radiographs.....
 - CT – CT
 - PET.....
 - MRI.....
 - Ultrasound.....
 - Nuclear
 - Medicine.....
 - 8. Acquired experience in interpretation of chest x-rays.....
 - 9. Demonstrates knowledge and ability to recognize bone and joint disease.....
 - 10. Demonstrate knowledge and ability to recognize and describe fracture patterns in the extremities.....
 - 11. Demonstrates the ability to recognize and describe normal and abnormal bone formation and development.....
 - 12. Demonstrates the ability to recognize and describe common congenital abnormalities in the lower extremity.....
 - 13. Demonstrate knowledge of indications, contraindications, and techniques in contrast studies in the foot ankle.....

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Specific Explanation of Any Unsatisfactory or Marginal Ratings from Above:

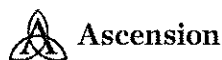
Specific Compliments:

Additional or General Comments or Remarks:

Resident's signature _____ Date _____

Faculty signature _____ Date _____

Director of Podiatric Medical Education _____ Date _____



Ascension Wisconsin Podiatric Medicine & Surgery Residency (PMSR)
with added credential in Reconstructive Rearfoot/Ankle Surgery

Competencies

Podiatric Medicine and Surgery

Description of Rotation:

Podiatric Medicine and Surgery Residency with the added certificate in Reconstructive Rearfoot/Ankle Surgery(PMSR-RR/A) is a resource-based, competency-driven, assessment-validated program. The program provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies.

Podiatric medicine: This training resource shall include direct participation of the resident in the evaluation and management of patients in a clinic/office setting. Training experiences shall include, but not be limited to, the following areas:

1. Performing problem-focused histories and physical examinations.
2. Performing biomechanical evaluations and managing patients with lower extremity disorders, utilizing a variety of prosthetics, orthotics, and footwear.
3. Interpreting diagnostic studies, including imaging, laboratory tests, pathology, or other diagnostic studies.
4. Formulating appropriate differential diagnoses.
5. Formulating and implementing appropriate plans of management.
6. Assessing treatment plans and revising them as necessary.
7. Providing podiatric services in community and/or other healthcare settings.

Competencies:

1. Prevent, diagnose, and manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
 - 1.1. Performs and interprets the findings of a thorough problem-focused history and physical exam, including problem focused history, neurological examination, vascular examination, dermatological examination, and musculoskeletal examination.
 - 1.2. Performs (and/or orders) and interprets appropriate diagnostic studies, including:

- 1.2.1. Medical imaging, including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT, diagnostic ultrasound, and vascular imaging.
- 1.2.2. Laboratory tests in hematology, serology/immunology, toxicology, and microbiology, to include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, and urinalysis.
- 1.2.3. Pathology, including anatomic and cellular pathology.
- 1.2.4. Other diagnostic studies, including electrodiagnostic studies, non-invasive vascular studies, bone mineral densitometry studies, and compartment pressure studies.
- 1.3. Formulates an appropriate diagnosis and/or differential diagnosis.
- 1.4. Formulates and implement an appropriate plan of management, including:
 - 1.4.1. Appropriate management when indicated, including:
 - 1.4.1.1. Palliation of keratotic lesions and toenails.
 - 1.4.1.2. Manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain and of congenital foot deformity.
 - 1.4.1.3. Management of closed fractures and dislocations, including pedal fractures/dislocations and ankle fracture/dislocations.
 - 1.4.1.4. Cast management.
 - 1.4.1.5. Tape immobilization.
 - 1.4.1.6. Orthotic, brace, prosthetic, and custom shoe management.
 - 1.4.1.7. Footwear and padding.
 - 1.4.1.8. Injections and aspirations.
 - 1.4.1.9. Physical therapy.
 - 1.4.1.10. Pharmacologic management, including the use of NSAIDs, antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedative/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, and anti-rheumatic medications.
 - 1.4.2. Appropriate surgical management when indicated, including digital surgery, first ray surgery, other soft tissue foot surgery, other osseous foot surgery, reconstructive rearfoot and ankle surgery (PM&S-36 only), and other procedures.
 - 1.4.3. Appropriate anesthesia management when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia.
 - 1.4.4. Appropriate consultation and/or referrals.
 - 1.4.5. Appropriate lower extremity health promotion and education.
 - 1.4.6. Assess the treatment plan and revise it as necessary.
2. Assesses and manages the patient's general medical status.
 - 2.1. Performs and interprets the findings of a comprehensive medical history and physical examination (including pre-operative history and physical examination), including:
 - 2.1.1. Comprehensive medical history.
 - 2.1.2. Comprehensive physical examination.
 - 2.1.2.1. Vital signs.

- 2.1.2.2. Physical examination including head, eyes, ears, nose, throat, neck, chest/breast, heart, lungs, abdomen, genitourinary, rectal, upper extremities, and neurological examination.
 - 2.2. Formulates an appropriate differential diagnosis of the patient's general medical problem(s).
 - 2.3. Recognizes the need for (and/or orders) additional diagnostic studies, when indicated, including (see also section 1.2 for diagnostic studies not repeated in this section).
 - 2.3.1. EKG.
 - 2.3.2. Medical imaging including plain radiography, nuclear medicine imaging, MRI, CT, and diagnostic ultrasound.
 - 2.3.3. Laboratory studies including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, and urinalysis.
 - 2.3.4. Other diagnostic studies.
 - 2.4. Formulates and implements an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.
3. Practices with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
 - 3.1. Abides by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
 - 3.2. Practices and abides by the principles of informed consent.
 - 3.3. Understands and respects the ethical boundaries of interactions with patients, colleagues, and employees.
 - 3.4. Demonstrates professional humanistic qualities.
 - 3.5. Demonstrates an ability to formulate a methodical and comprehensive treatment plan with appreciation of healthcare costs.
4. Communicates effectively and functions in a multi-disciplinary setting.
 - 4.1. Communicate in oral and written form with patients, colleagues, payorss, and the public.
 - 4.2. Maintain appropriate medical records.
5. Manages individuals and populations in a variety of socioeconomic and healthcare settings.
 - 5.1. Demonstrates an understanding of the psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric.
 - 5.2. Demonstrates sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own.
 - 5.3. Demonstrates an understanding of public health concepts, health promotion, and disease prevention.
6. Understands podiatric practice management in a multitude of healthcare delivery settings.

- 6.1. Demonstrates familiarity with utilization management and quality improvement.
 - 6.2. Understands healthcare reimbursement.
 - 6.3. Understands insurance issues including professional and general liability, disability, and Workers' Compensation.
 - 6.4. Understands medical-legal considerations involving healthcare delivery.
 - 6.5. Demonstrates an understanding of common business practices.
7. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
- 7.1. Reads, interprets, and critically examines present medical and scientific literature.
 - 7.2. Collects and interprets data and presents the findings in a formal study related to podiatric medicine and surgery.
 - 7.3. Demonstrates information technology skills in learning, teaching, and clinical practice.
 - 7.4. Participates in continuing education activities.

Responsibilities of the Podiatric Medicine & Surgery Department:

1. Identify potential training resources/faculty within Ascension SE Wisconsin to achieve stated competencies (CPME 320 6.6).
2. Identify appropriate faculty within resources to achieve competencies (CPME 320 6.6).
3. Identify whether or not there are additional resources that may be utilized to complement the training resources (CPME 320 6.6).
4. Sign *Faculty Agreement* (developing internal requirement).
5. Materials required:
 - 5.1. CPME 320
 - 5.2. Competencies in Podiatric Medicine
 - 5.3. Curricular development primer
 - 5.4. Assessment tool primer
 - 5.5. Faculty development
6. Additional responsibilities of the podiatry faculty include:
 - 6.1. Complete assessment tool in a timely fashion per basis per faculty agreement (CPME 320 7.1).
 - 6.2. Review resident assessment with DPME (CPME 320 7.1).
 - 6.3. Attend Ascension Wisconsin faculty development conferences as per the faculty agreement.
 - 6.4. Review curriculum, competencies, and assessment tools with the DPME (RTC) annually as part of programmatic self assessment (CPME 320 7.1, 7.2).
 - 6.5. Consider Podiatric resident/faculty involvement in Ascension Wisconsin research/publication.

- 6.6. Podiatric case file development.
- 6.7. Forward pertinent journal articles in electronic format to resident FILE.
- 6.8. Perform lectures/presentations:
 - 6.8.1. To residents and podiatric medical faculty (at least one per annum).
 - 6.8.2. Grand Rounds presentation(s), as indicated.
 - 6.8.3. Involvement in Morbidity and Mortality Meeting, as indicated.
 - 6.8.4. On-going “case by case” interaction with residents.

END OF COMPETENCY

8.12.2019



**Ascension Wisconsin Podiatric Medicine & Surgery Residency
with added credential in Reconstructive Rearfoot/Ankle Surgery
(PMSR-RR/A)**

Curriculum – *Vascular Medicine and Surgery*

Description of Rotation:

Educational goal and description of the rotation: Cardiovascular disease is the leading cause of death in the United States. Disorders of the cardiovascular system also represent a large proportion of the admitting diagnoses to the internal medicine inpatient service. Therefore, understanding of the principles of diagnosis and management of the most common cardiovascular diseases is an essential part of the training of the podiatric surgeon. The purpose and goals of the Cardiology is to provide the podiatry residents the opportunity to develop advanced skills in the clinical evaluation (including interviews and physical examination) and differential diagnosis of patients with cardiovascular disease, enhance their medical knowledge in cardiovascular disease and apply this knowledge to the care of patients in the inpatient setting. The critical evaluation of current medical information and scientific evidence is paramount to the understanding and appropriate use of diagnostic strategies and treatments in cardiology and will be emphasized. Evidence-based medicine and review of the current literature will be emphasized throughout the rotation.

Educational purpose (curriculum): All of the Competencies are pertinent to this rotation. Areas of special focus are noted below.

The podiatry resident should be able to be able to develop a basic level of competence in the skills listed.

- Patient care
 - By the conclusion of the rotation, PMSR-PGY1 & PGY-2 residents will demonstrate ability to perform an appropriate cardiac history

and physical, documenting their findings in an appropriate summary, with appropriate generation of a differential diagnosis list.

- While on the cardiology rotation, the resident will be able to demonstrate proficiency in the physical exam features of common types of valvular heart disease and congestive heart failure and to recognize symptoms of coronary artery disease.
- During the cardiology rotation, the resident will enhance his or her skills in obtaining and presenting a hypothesis driven history and problem-based assessment and plan of common cardiovascular disease presentations including acute chest pain syndromes, CHF exacerbations, syncope and arrhythmias.
- Medical knowledge
 - Demonstrate an appropriate analytic approach to cardiac conditions, and a satisfactory basic and clinical knowledge of cardiac function and pathophysiology.
 - Understand current evidence-based practices in primary and secondary prevention of cardiovascular disease, especially atherosclerotic coronary artery disease.
 - Understand the pathophysiology and prognosis of common cardiovascular diseases and their medical and non-medical management. These may include:
 - Acute and chronic coronary artery disease
 - Acute myocardial infarction and its complications
 - Congestive heart failure (systolic and diastolic)
 - Cardiomyopathies (ischemic, non-ischemic, dilated, hypertrophic, infiltrative)
 - Infective endocarditis
 - Myocarditis
 - Pericardial disease
 - Valvular heart disease
 - Arrhythmias (SVT, atrial fibrillation, atrial flutter, ventricular tachycardia, bradyarrhythmias, sick sinus syndrome, conduction abnormalities)
 - Pacemakers and Implantable defibrillators and their complications
 - Hypertension/hypertensive crisis
 - Syncope
 - Hyperlipidemia
 - Pulmonary hypertension and cor pulmonale
 - Pulmonary embolism
 - Congenital heart diseases
 - Aortic diseases (aortic aneurysm, aortic dissection)

Rotational outline:

The rotation will normally fall into the PGY-1 and PGY-2 years. The rotation will be two sets of 2-week rotations in each, Monday-Friday. The rotation is mostly in-patient based with clinical exposure as well as available. The rotation should allow the resident the opportunity to gain knowledge and skills as noted above in the rotational description. The resident should learn how in-patient medical and surgical care integrates into the larger picture of healthcare delivery. The remainder of the competency is will be obtained during ongoing rotations are there are 3 years of training as they with the vascular team.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The general surgery team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

Competencies

Description of Rotation:

Rationale:

This rotation provides the resident with exposure to patients afflicted with peripheral vascular disease. This training resource shall incorporate the resident into the vascular medicine and surgical team. The resident will be expected to have broad experience in managing many challenging cases involving ischemic conditions of the limbs and organ systems. The resident will become familiar with vascular disease with emphasis on diagnosis and the medical and surgical management and treatment of vascular disease. The resident is expected to provide input regarding the treatment of vascular debilitated patients.

Plan:

Each resident will spend the equivalent of two weeks on the vascular medicine service rotation (Monday thru Thursday) in order to achieve the listed competencies below. All other vascular disease-related training will occur on an on-going, case by case basis with the vascular department.

Assessment and validation of the resident attaining the stated competencies shall be evaluated at the end of the rotation. The infectious disease team shall review the curricular structure, competencies, assessment and validation tools on an on-going basis.

Specific Competencies:

1. Performs and interprets the findings of a thorough, comprehensive, or problem-focused history and physical exam.
2. Recognizes indications and demonstrates knowledge of all invasive and noninvasive diagnostic testing to determine patency of arterial systems.
3. Demonstrates knowledge of cardiac disease and skills to interpret EKG's.
4. Recognizes indications and demonstrates knowledge of techniques and interpretation utilized in various lower extremity arteriographic techniques, medical imaging studies, including nuclear, angiographic, and CT/MRI.
5. Formulates and implements an appropriate plan of management and appropriate therapeutic intervention.
6. Demonstrates knowledge of and participates in lower extremity arterial surgical revascularization procedures.
7. Recognizes indications and demonstrates knowledge of all invasive and noninvasive diagnostic testing determining venous insufficiency, lymphedema and edematous conditions.
8. Recognizes and demonstrates knowledge of deep and superficial thrombophlebitis, and the treatment of these conditions, including anticoagulant therapy.
9. Demonstrates knowledge of and participates in the perioperative care and complications of lower extremity vascular surgical procedures.

Additional general competencies:

1. Practices with professionalism, compassion, and concern, in a legal, ethical, and moral fashion
 - a. Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
 - b. Practice and abide by the principles of informed consent.
 - c. Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
 - d. Demonstrate professional humanistic qualities.
 - e. Demonstrate ability to formulate a methodical and comprehensive treatment plan with appreciation of health-care costs.

2. Communicate effectively and function in a multi-disciplinary setting.
 - a. Communicate in oral and written form with patients, colleagues, payers, and the public.
 - b. Maintain appropriate medical records.
3. Manage individuals and populations in a variety of socioeconomic and health-care settings.
 - a. Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.
 - b. Demonstrate sensitivity and responsiveness to cultural values, behaviors, and preferences of one's patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different from one's own.
 - c. Demonstrate an understanding of public health concepts, health promotion, and disease prevention.
4. Understand podiatric practice management in a multitude of health-care delivery settings.
 - a. Demonstrate familiarity with utilization management and quality improvement.
 - b. Understand health-care reimbursement.
 - c. Understand insurance issues including professional and general liability, disability, and Workers' Compensation.
 - d. Understand medical-legal considerations involving health-care delivery.
 - e. Demonstrate understanding of common business practices.
5. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
 - a. Read, interpret, and critically examine and present medical and scientific literature.
 - b. Collect and interpret data and present the findings in a formal study related to podiatric medicine and surgery.
 - c. Demonstrate information technology skills in learning, teaching, and clinical practice.
 - d. Participate in continuing education activities.
6. See also attached the '*General Curriculum*' document and refer to the '*General Competencies*'

General competencies link:

<https://docs.google.com/document/d/1NrADcHqjDAG0u6WOz8UTSGE7Kr0AgMim/edit>

END OF COMPETENCY

1/15/2022

Assessment / Validation

Link to Required Assessment for Vascular Medicine: [Vascular Medicine.pdf](#)