MedStar Washington Hospital Center

110 Irving Street NW
Washington, DC 20010

Program Director: John Steinberg, DPM, FACFAS
Section Chief: James Girolami, DPM
GME Director: Jennifer Remington
Program Coordinator: Sarah Seidman
MedStar Washington Hospital Center

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**Program Director:** John Steinberg, DPM, FACFAS

**Section Chief:** James Girolami, DPM

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**GME Director:** Jennifer Remington

**Residents:**

**PGY-3**

Virit Butani, DPM

Corey Fidler, DPM: Chief Resident

Tonyka James, DPM

Vinay Matai, DPM

Wendy Wu, DPM
PGY-2

Ari Changizi, DPM
Tammer Elmarsafi, DPM
David Engorn, DPM
Tiffany Hoh, DPM
David Vieweger, DPM

PGY-1

Paul Carroll, DPM
Brett Chatmann, DPM
David Halayko, DPM
Matt Snow, DPM
Cherreen Tawancy, DPM

RESIDENCY EDUCATION COMMITTEE

Paul Giegerich, DPM
James Girolami, DPM
Muhammad Khalid, DPM
Joel Morse, DPM
Katherine Raspovic, DPM
Erika Schwartz, DPM
Jeff Steinberg, DPM
John Steinberg, DPM
The Residency Education Committee for the Medstar Washington Hospital Center Podiatric Residency Program is composed of the above eight attending physicians. The committee meets quarterly to discuss and refine the residency education program. This committee also conducts the required performance reviews of the individual residents at the same quarterly interval. Jennifer Remington and the Chief Resident also sit on this committee.

**PMSR COMPREHENSIVE GOALS**

- Our program follows all CPME 320 guidelines, which all residents must adhere to. Please refer to, “Standards and Requirements for approval of Podiatric Medicine and Surgery Residencies, Council on Podiatric Medical Education”:
  
  [http://www.cpme.org/files/FileDownloads/CPME%20320%20July%202011%20with%20April%202012%20updates.pdf](http://www.cpme.org/files/FileDownloads/CPME%20320%20July%202011%20with%20April%202012%20updates.pdf)

- To become competent in the skills of prevention, diagnosis, and treatment of disorders of the foot, with particular emphasis on forefoot and advanced rearfoot and ankle procedures.
  - Actively participate in patient care.
  - Participate in diagnostic and therapeutic procedures as an assistant or surgeon with supervision appropriate to the level of training.
  - Participate in formal teaching sessions including:
    - Grand rounds patient presentations.
    - Teaching rounds.

- To develop competent communication skills needed to deal effectively with patients, their families, and medical professionals both orally and in writing.

- To increase the interest and refine the skills for contributing to the advancement of the podiatric and related medical literature.

- To develop patterns of practice that places the welfare of the patient above other concerns.

**GOALS OF THE PROGRAM**

- Provide an intensive period of multidisciplinary graduate training for the podiatric surgeon.
• Provide instruction in all phases of podiatric medicine and surgery that comply with the graduate educational training program requirements for board eligibility in the American Board of Podiatric Surgery and to comply with the Council on Education Requirements.

• Emphasize the importance of basic sciences to clinical practice and provide further knowledge in those subjects fundamental to the resident’s specialty.

• Provide in depth education in the most recent preventative, diagnostic, and treatment considerations available to the specialty of podiatric medicine and surgery.

• Develop the resident’s ability to surgically plan appropriately.

• Educate the resident on assessing a patient’s physical ability to undergo anesthesia for surgical procedures.

• Provide orientation in research methodology and evaluation and permit development for personal research potential.

• Develop the Resident’s fundamental teaching skills in Biomechanics and Foot and Ankle Surgery.

• Provide the resident the ability to learn the proper procedures for grant application and funding.

• Develop an understanding of value and indications for hospitalization for patients requiring podiatric services.

• Provide experience in using pharmacological agents for the treatment of podiatric conditions.
• Develop an understanding of application of advanced wound care techniques including the use of Hyperbaric Oxygen therapy.

**ORIENTATION**

• Just before beginning the residency year in July, a period of approximately 2 weeks in June will be dedicated to orientation and instruction of new residents on their duties and responsibilities within the hospital’s podiatric service. This is in addition to a non-specific orientation given to all new residents of all specialties outlining the hospital’s procedures and policies.

**RESIDENT RESPONSIBILITIES**

• Members of the resident staff are expected to abide by the policies of Medstar Washington Hospital Center at all times.

• The resident must be familiar with and abide by the rules and regulations of the hospital staff, departments, and committees of all affiliated institutions.

• **At all times, your patients are to be your first consideration.** Visit each of your patients at least once daily, give them such conscientious professional care as the attending physician directs and make progress notes of all significant events in the development of the case.

• Provide complete privacy for each patient during dressings (including those of the foot) and examinations in which he or she might be exposed. Curtains are furnished in the multiple-bed rooms.

• Do not sit on the patient's bed unless it is necessary for examination.

• Guard against unnecessary conversation within the hearing of a patient in clinic rooms, patient rooms, in the OR and even those patients coming out from anesthesia. Sound travels well in hospital corridors we need to remain professional and observe HIPAA.

• Never disparage any physician or the hospital to a patient. Avoid inciting damage suits by a patient who thinks he has been the victim of malpractice.

• Never disparage any physician, the hospital or the residency program to visiting externs or students.
ADDITIONAL INFORMATION

- The resident will be assured of appropriate health and malpractice coverage policies; the amount to be determined at the beginning of the training year.

- The resident is directly responsible to the Director of Podiatric Surgery Residency.

- As the resident rotates through various departments, the resident will be ultimately responsible to the Chairman of that particular department.

- On each rotation, the Podiatric Surgical Resident will not assume any responsibility for patient care or management except at the discretion of the attending physician or surgeon on that particular service.

- The resident will have the choice and available resources for research publication during his/her years at the hospital.

- The resident will be given a formal contract from Medstar Washington Hospital Center, to be renewed annually. Refer to the House Staff Manual for details and explanation of salaries and benefits.

GME EDUCATION MONIES

- Each resident will have an Education Fund in the amount of $833 / year from the hospital that can be used for personal educational expenses including computer / iPad / iPhone / Book purchases.

RESIDENTS TO CONFERENCES
Residents will be registered by our Program Coordinator, Sarah Seidman, for three major conferences/courses according to class:
- PGY 1 class attends the AAFAO basic course
- PGY 2 class attends the ACFAS Annual Scientific Conference
- PGY 3 class attends ACFAS Arthroscopy Course

All residents are encouraged to attend major local conferences such as APMA Annual, DLS, etc when they are in DC.

You can always apply for consideration to attend additional meetings (ACFAS, ADA, AOA) if you present a poster or a manuscript.

If you have a special interest in attending a meeting that is not outlined above, you can apply for permission to use your educational funds from the hospital to accomplish this.

GENERAL CONDUCT/KEY RULES AND REGULATIONS

Residents will conduct themselves in a professional and courteous manner at all times. Patients will be treated with compassion and confidentiality. Patient abuse will not be tolerated. Medical staff and other employees will be treated with respect. Any personal comments regarding patients or staff are to be made in private and directed only to podiatric teaching staff. Discussions regarding Podiatry attending staff are not to be held in front of or with patients, students or other staff members.

Unless otherwise directed, discussions that are held between you and your attending(s) and/or supervisors are to be considered confidential and must not be repeated to other residents/attendings/staff without prior approval.

You must wear your official hospital photo identification badge at all times.

You will be provided with a schedule of your required residency rotations. Your attendance is REQUIRED in order to complete these rotations. Each rotation begins on the first of each month and ends on the last day of that month. Only the Residency Director or the assigned Site Director/Coordinator may excuse your absence.

Residents are not to accept fees or gratuities from patients, their relatives or friends. You will not practice your profession or assist any physician outside the affiliated institutions.
• No alcoholic beverages are permitted in the hospitals. No person who has been drinking may attend a patient.

• Smoking in the hospitals is prohibited except designated areas.

• Fraternization with patients is prohibited.

COMMUNICATION

• All residents are issued a pager. All residents must keep their pager with them and in operation at all times, unless on leave (vacation/sick/authorized) or unless otherwise excused by the Director of Podiatric Medical Education.

• All residents are to maintain a working cellular phone and be accessible 24/7.

• Official communications from the residency program will generally occur via e-mail. Each resident is responsible for checking e-mail DAILY, unless on leave. Each resident is responsible for keeping the Director informed of a current e-mail address for his or herself.

PHOTOGRAPHING AND RECORDING OF PATIENTS POLICY

Refer to Section 2.57 of the House Staff Manual.

CORPORATE POLICIES/CONFLICT OF INTERESTS POLICIES

Refer to Section 6.8 of the House Staff Manual.

SPECIFIC RESPONSIBILITIES

• Residents on the podiatry service are responsible for all inhouse patients. First and second year residents are responsible for updating the third year residents and the attendings on the patients’ status on a daily basis. Morning rounds are to be completed in a timely manner (usually before 7:30 AM) and all attendings updated by 9-10 AM.

• Initial consults will be seen by the on-call resident and any other available member of the team, who will then update the attending on call within a timely manner.
• Third year residents will be ultimately responsible for inhouse patients and surgery. He or she will be available at all times to answer questions from junior residents regarding patient care and management.

• Senior residents will be ultimately responsible for contacting surgery centers and updating the surgery schedule in advance. Senior residents will be in charge of assigning cases to junior residents. All cases will be covered, if possible.

• Residents are responsible for ensuring NPO status, consent for surgery, and medical clearance for pre-op patients.

• The resident claiming first assist in the surgery is responsible for post-op notes, orders, and dictations. All cases performed at WHC must be dictated in a timely manner. All cases performed at surgery centers MUST BE DICTATED BEFORE LEAVING THE SURGERY CENTER. NO EXCEPTIONS!

**DRESS CODE**

• Professional attire or surgical scrubs need to be worn at all times while on duty and at academic events. Clean white coat should be worn for all instances involving patient contact, unless otherwise prohibited. Surgical scrubs will be worn for surgical procedures as provided by each facility. Correct surgical scrubs are required for each facility. You must change scrubs each day after they have become soiled and after OR cases.

• Refer to section 2.8 in the House Staff Manual for further details.

**TASK ACTIVITIES FOR PODIATRIC SURGERY**

• Resident is to perform pre-operative medical and podiatric H & P’s

• Resident is to evaluate pre- and post-operative x-rays

• Resident is to evaluate results of laboratory tests

• Resident is to participate in pre- and post-operative care of all podiatric in-patients

• Resident is to participate as the first assistant in podiatric surgery

• Resident is to document participation in the patient’s chart and complete a brief post-operative note
• Resident is to be exposed to the late follow-up of surgical patients in the offices of podiatric attending

• Resident is to attend all scheduled lectures, clinical pathological conference and monthly section of podiatry meetings

**ROUNDS**

• Rounds with attending are mandatory. Residents are to attend rounds and present any update in the status of the patient with current vital signs, labs, orders, or any other pertinent information. Being prepared beforehand is key. Residents are to obtain vital signs, labs, or any room changes before rounds.

• PRE-OP ROUNDS
  o Complete PreOp Note
  o Clearance
  o Orders
  o Consent
  o X-rays

• POST-OP ROUNDS
  o All patients to be seen daily with written progress notes
  o Daily status report to be given to attending

• Residents must call any attending with a patient in-house with a status report of the patient after morning rounds on a daily basis.

**ON CALL SCHEDULE**

• Residents will alternate days and have at least one full weekend of call while on the Podiatry service.
  o Weekday call from 6am – 6am
  o Weekend call from Friday 6am to Monday 6am

• There will be an assigned resident on “second-call” daily, to be available 24 hours a day to answer questions from the “on-call” resident.
• Resident is responsible to be present for any podiatric/orthopedic emergencies that require immediate surgery.

• Resident is responsible to podiatric medicine and surgery attending physicians, while their patients are in the hospital, admission through discharge.

• Patients are to be seen and evaluated daily by the on-call resident and followed up by the chief resident.

• Rounds (am) are conducted each day before surgeries begin. Daily reports to attending is mandatory. The on call resident is to communicate with attending regarding times for am rounds and for 2nd daily rounds.

• Call may be taken at home unless there is an emergency needing immediate and constant attention. Each patient has medical co-management for daily care, monitoring, surgical clearance and medical emergencies.

CLINIC

• Podiatric Surgery clinic is held every Tuesday morning from 8:30am to 12:00pm in the Surgical Clinic on the Ground floor. The clinic will always have coverage by an attending physician. Attendance is mandatory for residents on the Medstar Washington Hospital Center podiatry rotation. Other residents are welcome to assist in clinic if they have down time as long as it does not interfere with their responsibilities of the specific rotation they are in for the month.

• Purpose: To afford the residents clinical and educational exposure and provide the following:

• An opportunity to observe and participate in the working operation and business management of a clinical practice. This will include billing and accounting mechanisms, ordering process and maintenance of clinical supplies and materials, utilization of office personnel and equipment and practice management procedures.

• To provide an opportunity for supervised participation in the diagnosis and treatment of clinic patients in, but not limited to, the following areas:
- To observe and participate in the follow-up care of clinic patients.

- To observe and participate under supervision in the general management of a clinical practice:
  - Scheduling patients
  - Coordinating Hospital and Clinic affairs

- To provide an opportunity to inter-relate with a supervisor on a one-to-one basis for individual patient work-ups, diagnosis, and treatment plans.

- While on the podiatry service at WHC, each resident will be required to spend at least one half-day of clinic at one of the WHC podiatry attending’s private offices, per week. The senior resident on the podiatry service will coordinate this.

**DUTY HOURS**

Refer to Section 2.14 of the House Staff Manual.

**DIDACTICS/ACADEMIC CONFERENCES**

- Educational Meetings
  Educational meetings are designed to augment the clinical content of the program. These meetings are held weekly on Wednesday afternoons in the GME conference room. Attendance is mandatory. Attendance conflicts must be brought to the attention of the Program Director and the Chief resident prior to the meeting, unless you cannot make contact due to clinical emergencies. Unauthorized absences will lead to loss of vacation/annual leave days.
Residents are to use online resources for weekly lecture and academic reviews.

The chief resident will coordinate weekly team review and discussion on these topics and will maintain a schedule.

Rotating students at MWHC are to be included in these academic reviews.

- **McGlamry Chapter Review**
  Every Tuesday morning, a Chapter Review will be conducted at the GME conference room. Generally, one assigned resident will be responsible for summarizing a chapter each week, but ANY resident may be called upon to discuss the chapter topic during each session. Attendance and participation in the chapter review is mandatory for residents working rotations on campus. Only residents at Kaiser and Georgetown are excused. Attendance conflicts must be brought to the attention of the Director.

- **Journal Club**
  Held at least monthly during Wednesday afternoon academics. Generally, the chief resident will assign these articles via email, to be read and prepared to discuss. Typically, residents on the Podiatry service will be charged with preparation of a powerpoint outlining each of the articles for group discussion. Attendance is mandatory.

- **Podiatry Grand Rounds**
  The Grand Rounds are held at 6pm in the GME conference room on the second Wednesday of each month. Attendance is mandatory. Attendance conflicts must be brought to the attention of the Director.

- **Cadaver Surgery Workshops**
  The workshop is directed by either the chief of the Section or Podiatry and/or the Program Director. The objectives of this workshop are to refine, in a generalized sense, the resident’s surgical skills.

- **Online Resources**

- **Please make use of the APMA free online education series:**
  [http://www.redrc.org/index.cfm](http://www.redrc.org/index.cfm)
  Also, another free online resource is the DLS Conference videos.
  [http://dlsconference.com/presentations.html](http://dlsconference.com/presentations.html)
• Residents may participate in research activities of the podiatry service and will be assigned duties/activities by the director of the research, residency director and/or research fellows.
• Each resident may initiate a research proposal/project during their residency program.
• Although research is not mandatory, it is highly encouraged and recommended that a resident be involved in at least one publication in a peer reviewed journal during their residency training.

**ACADEMIC IMPROVEMENT POLICY**

Refer to Section 4.1 in the House Staff Manual

**UNPLANNED ABSENCES/SICK DAYS POLICY**

• If there is an outstanding circumstance (i.e. illness, extreme snow/inclement weather, etc.) that requires you to be absent for any days during the rotation, the resident must inform the Residency Director as well as the Chief Resident and head of the rotation prior to your absence. They should also be informed or/approve any scheduled appointments (i.e. doctor’s visit, board exams, etc.) in advance.
• Please provide the Residency Program Coordinator with any change of address, phone number and/or emergency contact information.
• Sick days will be taken from your allotted vacation time.

**VACATION POLICY**

• Residents get 3 weeks of vacation per year, one week at a time.

• Vacations are scheduled by seniority through the Chief Resident with approval by the Program Director and GME.

• No more than 1 week of vacation at a time.

• **Vacations are 7 days long, DO NOT EXPECT TO GET THE WEEKEND BEFORE AND AFTER OFF**

• Vacations should be scheduled during Podiatry at MedStar Washington Hospital Center, Podiatry at MedStar Georgetown University Hospital, Orthopedics at Georgetown
University Hospital, Podiatry at Kaiser or Orthopedics at Children’s National Medical Center months.

- No two residents on the same service may take the same vacation week. There will be no more than two residents on vacation at a time.

**MOONLIGHTING AND OUTSIDE PROFESSIONAL EMPLOYMENT**

Refer to Section 2.31 of the House Staff Manual.

**LOGGING POLICY**

- All logs are kept very accurately utilizing the Podiatry Residency Resource On-Line Case Log System (PRR). You will be assigned a log-in code, and will receive this via email directly from PRR.
- Each resident should keep a daily log including all surgical procedures and clinical-patient interactions. All didactic and lecture/workshop activities should also be documented in this system.
- These logs are submitted to the Residency Director for review, evaluation, verification, and electronic signature.
- Link to full CPME 320 and 330 document: 

**EVALUATIONS AND REMEDIATION**

- Evaluations will be completed on-line through New Innovations. Each rotation director and other assigned faculty will evaluate resident based on the objectives established for each rotation. Rotation evaluations will also be shown to each resident, as they are made available to the Residency Director. Residents will sign off on the evaluation, and may add comments disputing the evaluation. The Residency Director will review the evaluation and comments, and take necessary action.
- Semi-annual evaluations with the Program Director utilizing input from the Residency Education Committee will also be held twice a year for each resident.
- Program and faculty evaluations will be completed anonymously by all residents.
Residents are responsible for assuring that evaluations are completed for all NON PODIATRY rotations. Evaluations should be completed by an attending, but may be completed by a resident on the outside service, so long as an attending countersigns it.

Exit interviews: Each resident will complete final written evaluations and have a verbal exit interview with the Program Director in June just prior to graduating from the program. This interview will deal with resident’s overall evaluation of the program, the programs administration and provide them an opportunity to identify problem areas and suggest improvements.

EXTERN/STUDENTS

Students are with us primarily as learners, and are not to be treated as free labor. They should be treated at all times with respect, and common courtesy should be extended to them.

An effort should be made to teach students/externs. "Down time" is perfect for this. Files of cases/x-rays and lectures should be kept for this purpose. You will find that teaching students reinforces your own knowledge.

Challenging questioning is allowed and even expected, but not acceptable if it is "extreme" or malicious. The same policy applies to attending.

Despite how friendly you might become with students, remember that they are prospective residents of the program. Never disparage any physician, the hospital or the residency program to visiting externs or students. Private matters concerning attendings, residents, residency policy issues and other such matters should not be discussed in front of the students.
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Behavioral Medicine
ROTATION GOALS
Become familiar with common psychiatric conditions often seen in the hospital including but not limited to:

- Mood disorders including
  - Major depression, dysthmic Disorder, Bipolar disorder, Cyclothymic disorder
  - Anxiety or co-morbid anxiety such as panic, OCD, PTSD, GAD
- Suicidal/Homicidal thinking or actions
- Substance abuse or co-morbid substance abuse/dependence
- Cognitive disorders (delirium or dementia)

Become familiar with common medications used in and dosing regimens for the treatment of psychiatric conditions.

Become knowledgeable of the value of the Psychiatrist/Psychologist in the care of the Podiatric patient and when to make the appropriate referral.

- Formulate multi-axial differential diagnosis on selected cases.
- Evaluate the psychiatric manifestations of brain disease, of known etiology, or pathophysiology.
- Explain the concepts of personality & personality disorders as they relate to physical and mental illness.
- Evaluate, and explain the management of patients with:
  - psychoses associated with schizophrenia, affective, general medical, or other psychotic disorders.
  - uncomplicated mood disorders and/or uncomplicated anxiety disorder.
  - acute reactions to stress, adjustment disorders, somatoform, eating, and/or psychosexual disorders.
- Present to faculty a diagnostic formulation and undertake a differential diagnosis.
- Differentiate organic/medical problems from other psychiatric disorders.
- Learn and apply the ethical, legal, and professional aspects of psychiatric practice that are of particular relevance to the elective experience.

CPME 320 COMPETENCIES FOR BEHAVIORAL MEDICINE ROTATION

- Section 6.1.A
  - Understanding of psychosocial aspects of health care delivery.
  - Knowledge of and experience in effective patient-physician communication skills.
  - Understanding cultural, ethnic and socioeconomic diversity of patients.
  - Knowledge of the implications of prevention and wellness.

ATTENDING PHYSICIANS, FELLOW, AND CHIEF RESIDENT

- Dr. Karen Johnson (karen.m.johnson.md@medstar.net)
- Dr. Patricia Bauza
- Dr. Chan Dang-Vu
Dr. Jean D'Souza
Dr. Zina Hussain
Dr. Makesha Joyner
Dr. Safaa Kasem
Dr. Peter Michael
Dr. Stephen Peterson
Dr. Vendratta (Fellow – Jan-Jun 2013)
MGUH Psychiatry Resident Changes Q 2 months.

CHECK-IN / POINT OF CONTACT
• Before the beginning of the rotation, the resident should contact Stephanie Ellis (stephanie.p.ellis@medstar.net)
• On the first day, please report to East Building room 3105

WEEKLY SCHEDULE
Monday  8:30AM
Tuesday  8:30AM
Wednesday  8:30AM
Thursday  8:30AM
Friday  8:30AM

RESIDENT RESPONSIBILITIES
• Shadow fellow and/or resident
• Be involved in patient care
• Focus on suicide, mood disorders, & capacity

Assessment Tools
Montreal Cognitive Assessment (MoCA) Version 7.1 (Click to download)
Mini-Mental State Examination (MMSE) (Click to download)
STANDARDIZED MINI-MENTAL STATE EXAMINATION (SMMSE) (Click to download)
VAMC Saint Louis University Mental Status Examination (Click to download)
ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS) (Click to download)

Helpful Resources
Medical Clearance of Psychiatric Patients 2011 (Click to download)
Decisonal Capacity (Click to download)
English law for the surgeon I Consent, capacity and Competence 2011 (Click to download)
A guide to assessing decision making capacity 2004 (Click to download)
The Depressed Patient And Suicidal Patient In The Emergency Department: Evidence-Based Management and Treatment Strategies 2011 (Click to download)
Guideline for Assessing and Managing the Suicidal Patient (Click to download)
Mood Disorders and Suicide - Textbook chapter (Click to download) (Click to download)
Diagnosis of mental disorders (very basic overview) (Click)
Common Psychiatric Disorders Chapter 25 (Click)
A Short Course in Psychiatry, (James Morrison, M. D., Oregon Health & Science University, January 2009) (Click)
The Psychiatric Review of Symptoms: A Screening Tool for Family Physicians, AFP 1998 (Click)
Psychiatric Illness and Diabetes: An Overview – Powerpoint presentation (Click)
ROTATION SPECIFIC ASSESSMENT QUESTIONS:
All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

- Resident is able to function with appropriate level of confidence and self-reliance in Behavioral Medicine clinical setting.
- Resident demonstrates reliability and professional responsibility in the completion and fulfillment of tasks and duties.
- Resident exhibits understanding of the psychosocial aspects of health care delivery.
- Resident functions as an integral team member and communicates effectively with other members of the Behavioral Medicine team.

Vascular Surgery

ROTATION GOALS

5. Demonstrate the use and interpretation of Non Invasive Vascular Laboratory testing modalities.
6. Demonstrate knowledge of the pathophysiology, diagnosis, and treatment of arteriosclerosis, aneurysms, fistulas, venous insufficiency, phlebitis, peripheral edema, vascular trauma, thrombophlebitis
7. Demonstrate the proper tests in order to diagnose and assess deep and superficial venous incompetence.
8. Demonstrate the techniques, indications, and use of compression stockings.
9. Demonstrate the ability to clinically assess of the patient with peripheral vascular disease, acute arterial insufficiency, intermittent claudication, chronic arterial occlusive disease, and critical limb ischemia.
10. Demonstrate an ability to utilize the laboratory, radiographic and diagnostic techniques of acute arterial occlusion.
11. Demonstrate the ability to diagnose and evaluate the clinical manifestations of peripheral arterial aneurysms.
12. Demonstrate knowledge of medical and surgical protocols and techniques for arterial revascularization.
13. Demonstrate knowledge of the medical and surgical protocols and techniques for salvage and reconstructive surgery.

CPME 320 COMPETENCIES FOR THIS ROTATION

- Section 6.1
A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
  ▪ 1,2,3,4

B. Assess and manage the patient’s general medical and surgical status.
  ▪ 1,2,3,4

C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
  ▪ 1,2,3,4,5

D. Communicate effectively and function in a multi-disciplinary setting.
  ▪ 1,2

E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
  ▪ 1,2,3

G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
  ▪ 1,2,3,4

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

- Frederick Beavers, MD
  202.877.0275
  Frederick.P.Beavers@Medstar.net

- Cameron Akbari, MD
  202.877.0275
  Cameron.Akbari@MedStar.net

CHECK-IN / POINT OF CONTACT

- One week before the beginning of the rotation, resident should contact the Chief Resident of Vascular Surgery. The easiest way to contact the chief is by paging Vascular surgery ‘on call.’ On the first day, please report to 4F

WEEKLY SCHEDULE

Monday- Friday 530am-6pm
(Two Weekends) 530am-6pm

RESIDENT RESPONSIBILITIES

- Pre Rounds in the AM
• Perform all surgical cases assigned
• Clinic once-three times a week w/ Drs. Beavers & Akbari

DRESS CODE

• Hospital Scrubs/White Coat

PEARLS

• Spending as much time w/ Drs. Beavers, Akbari, and Eger will allow the resident to gain as much knowledge, hands on surgical skills and competency in the vascular surgical field.

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to become experienced in the use of noninvasive techniques to evaluate vascular disease.
• Resident is able to assist in and take an active role in vascular surgical cases.
• Resident is able to function with appropriate level of confidence and self-reliance in clinical setting.
• Resident has become familiar with primarily diagnostic arteriography

Anesthesia

ROTATION GOALS

1. To demonstrate an understanding of the anesthetic considerations for a variety of medical conditions and perform the appropriate/necessary preoperative assessment/preparation of the patient.

2. To acquire the knowledge necessary to conduct appropriate fluid and blood component therapy

3. To recognize and describe the main drug classes frequently used in the perioperative period

4. To review and describe the principles of acute pain management.

5. To acquire basic skills in airway management
CPME 320 COMPETENCIES FOR THIS ROTATION

- Section 6.1
  - A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    - 4
  - B. Assess and manage the patient’s general medical and surgical status.
    - 7
    - Participate actively in an anesthesiology rotation that includes pre-anesthetic and post-anesthetic evaluation and care, as well as the opportunity to observe and/or assist in the administration of anesthetics. Training experiences much include, but not be limited to: Local anesthesia, general, spinal, epidural, regional, and conscious sedation anesthesia.
  - C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    - 1,2,3,4,5
  - D. Communicate effectively and function in a multi-disciplinary setting.
    - 1,2
  - E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    - 1,2,3
  - G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
    - 1,2,3,4

ATTENDING PHYSICIAN(S)

- Dr.Perlin: Daniel.I.Perlin@medstar.net  Pager #: 866-474-2016

CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact Latasha Cook 2 days prior to the start of your rotation at 202-877-7504. On the first day, please report to Latasha Cook (her office near the Main OR) to obtain your schedule for your rotation.

WEEKLY SCHEDULE
This will be distributed on the first day of your rotation.

RESIDENT RESPONSIBILITIES

- Participate in all surgical cases you are assigned to. If not assigned to cases that day ask Dr. Perlin if any help is needed in Main OR or 3rd floor OR that day.
• Be on time every day as tardiness is unacceptable.

DRESS CODE

• Hospital Scrubs

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to adequately diagnose and treat anesthetic concerns in the inpatient and outpatient setting
• Resident able to successfully intubate, manage anesthetic gases intra-op, and successfully extubate patient.
• Resident is able to function with appropriate level of confidence and self-reliance in hospital setting
• Resident is familiar with anesthesia decision making for case selection, patient medical clearance for surgery, and ASA classification of risk.

Georgetown Foot & Ankle Orthopaedic Surgery

ROTATION GOALS

• Obtain knowledge of management of patients with orthopedic pathologies.
• Learn the surgical management of the orthopedic patient.
• Increase the podiatry resident’s exposure to rearfoot surgery.
• Participate in patient care in the clinical setting.
• Expose the podiatry resident to post-operative management of orthopedic patients.

CPME 320 COMPETENCIES FOR THIS ROTATION

• Section 6.1
  o A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    ▪ 1. Perform and interpret the findings of a thorough complete history and physical exam, including problem-focused history, neurologic examination, vascular examination, dermatologic examination, musculoskeletal examination, biomechanical examination, and gait analysis.
    ▪ 2. Formulate an appropriate diagnosis and/or differential diagnosis.
    ▪ 3. Order and interpret appropriate diagnostic studies, including:
Medical imaging, including plain radiography, stress radiography, fluoroscopy, nuclear medicine imaging, MRI, CT.

B. Assess and manage the patient’s general medical and surgical status.
   - Perform and interpret the findings of comprehensive medical history and physical examinations (including pre-operative history and physical examination).
   - Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals.
   - Understanding management of preoperative and postoperative surgical patients with emphasis on complications.
   - Enhancing surgical skills, such as suturing and retracting.

C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
   - Abide by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), governing the practice of podiatric medicine and surgery.
   - Practice and abide by the principles of informed consent.
   - Understand and respect the ethical boundaries of interactions with patients, colleagues, and employees.
   - Demonstrate professional humanistic qualities.

D. Communicate effectively and function in a multi-disciplinary setting.
   - Communicate in oral and written form with patients, colleagues, payers, and the public.
   - Maintain appropriate medical records.

E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
   - Demonstrate an understanding of the psychosocial and health-care needs for patients in all life stages: pediatric through geriatric.
   - 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.

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

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)
CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact Kim Hall at 202-444-7371 (keh108@gunet.georgetown.edu).
- On the first day, please report to Foot and Ankle Center (if your 1st day is Mon-Wed) or Pre-op holding area (on the Ground floor) and page the Ortho resident on call to discuss which cases you will cover.
- Forms to be completed before starting rotation (if applicable): Sarah sends the paperwork to GUH GME.

WEEKLY SCHEDULE

Monday – Clinic with Dr McGuigan. Clinic starts at 8:00 am.
Tuesday – Clinic with Dr Cooper. Clinic starts at 8:00 am.
Wednesday – Dr Cooper’s Post-op Clinic in AM, Dr McGuigan’s clinic in PM. Clinic starts at 8:00 am.
Thursday – OR with Dr Cooper. Cases start at 7:30 or 8:00 am.
Friday – OR with Dr McGuigan. Cases start at 7:30 or 8:00 am.

- Monday’s clinic – you will shadow Dr. McGuigan.
- Tuesday’s clinic you will see all of the new patients and present them to Dr Cooper. Your presentation has to very brief.
- Wednesday’s post-op clinic you will work with Dr Cooper’s Nurse Practitioner (Reba Canada). Dr Cooper has a surgical log in which he gives you the plan for each patient.
  o For example: Doe, J. MRN: 7654321 DOS: 12/12 Procedure: L distal bunionectomy
    Plan: (-) heel/spacer, 6 wks.
  ▪ Mr Doe had a bunionectomy on 12/12/12 and as long as the incision looks good, the sutures can be removed and he will be on a Reverse Darco wedge shoe for 6 weeks.
  o If Dr Cooper has interesting cases on Wed, you can ask him if you can scrub them instead of being in clinic. Most of the time he is going to let you scrub at least the 1st case.
- Thursday and Friday OR: Most of the time, they will have 2 ORs, the ortho resident will be in one room and the surgical assistant (SA) and you will be on the other room.
- Check the OR schedule the day before to find out the start time and which cases you have so you can prepare for them.

RESIDENT RESPONSIBILITIES

- You have to dictate the notes of the patients you see in Dr Cooper’s Tue and Wed clinics. Try to dictate the notes in between patients so you don’t have to dictate them during lunch time or at the end of the day.
• Pre-op your patients. Discuss with the ortho resident which OR he/she will cover. You need to do the H&P, med recon, and write the prescriptions. If you have medical students, they can help you with the H&P and Med Reconciliation.

• Prescriptions: Oxy, Percocet, Keflex, Phenergan, EC ASA, and colace. For elderly patients they give Percocet and Vicodin instead of Oxy/Perc. The SA usually has the scripts ready.

• Print films/MRI/CT if not already done by NP or SA.

• Intra-op your main responsibility is to assist the surgical assistant.

• Write the post-op orders and note. Students can help with the post-op note. The NP has a stamp with the post-op orders, you just need to write the attending’s name, date, time and sign it.

**DRESS CODE**

• Scrubs in OR
• Scrubs + white coat in clinic

**PARKING**

• Park in Garage #2

**COMPUTERS / DOCUMENTATION GUIDELINES**

• You can use the same username and password you use at WHC to access Amalga.

**MEALS**

• The Foot and ankle Center has a refrigerator and microwave.
• You can also buy food at the Food Court or Epicurean Restaurant

**PEARLS**

• If Dr. Cooper has interesting cases on Wednesdays, ask him if you can scrub them instead of being in clinic. He does most of the Total Ankle Replacements and bigger rearfoot cases on Wednesdays.

**ROTATION SPECIFIC ASSESSMENT QUESTIONS:**

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to adequately diagnose and treat foot and ankle concerns in the outpatient clinical setting and understand indications for external fixation, ankle replacement, and rearfoot fusion.

• Resident is able to assist in complex lower extremity surgical cases including rearfoot / ankle / and trauma cases.

• Resident is able to function with appropriate level of confidence and self-reliance in clinical setting.
• Resident has understanding of Charcot Foot surgical reconstruction techniques.

Internal Medicine

ROTATION GOALS

• Ability to take a good medical history and perform a careful and accurate physical examination.
• Ability to write concise, accurate and informative histories, physical examinations and progress notes.
• Develop strategies to efficiently evaluate and manage common inpatient medical problems.
• Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management.
• Ability to make basic interpretation of chest and abdominal x-rays.
• Ability to make basic interpretation of electrocardiograms.
• Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of medical illnesses commonly seen by a general internist in the ambulatory setting.
• Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care.
• Interact professionally towards patients, families, colleagues, and all members of the health care team.
• Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients.

CPME 320 COMPETENCIES FOR THIS ROTATION

• Section 6.1
  o B. Assess and manage the patient’s general medical and surgical status.
    ▪ 5: Participate actively in medicine and medical subspecialities rotations that include medical evaluation and management of patients from diverse populations, including variations in age, sex, psychosocial status, and socioeconomic status.
  o C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    ▪ 1,2,3,4,5
  o D. Communicate effectively and function in a multi-disciplinary setting.
    ▪ 1,2
  o E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    ▪ 1,2,3
  o F. Understand podiatric practice management in a multitude of health-care delivery settings.
    ▪ 1,2,3,4,5
G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

Program Coordinator: Gaitri Tiwari, MD

Chief Residents, 2012-2013

- Neeti Kanodra, MD (neeti.m.kanodra@medstar.net)
- Cristina Lanata, MD (cristina.m.lanata@medstar.net)
- Elizabeth Martin, MD (elizabeth.m.martin@medstar.net)

CHECK-IN / POINT OF CONTACT

- On the first day of the rotation, the incoming Podiatry resident should meet with the Chief Resident at Floor 2A, room 50 at 7:00 am to obtain your schedule and team assignment.
- Forms to be completed before starting rotation (if applicable): None

WEEKLY SCHEDULE

Your schedule will be contingent upon which team and attending you are assigned to. Below is an example of the common weekly schedule.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00-7:30 AM</td>
<td>Preround</td>
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<td>Preround</td>
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<tr>
<td>7:30 AM-8:30 AM</td>
<td>Morning Report</td>
<td>Morning Report</td>
<td>Morning Report</td>
<td>Morning Report</td>
<td>Chairman’s Conference</td>
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<tr>
<td></td>
<td>(10:30-11:45 AM)</td>
<td>(10:30-11:45 AM)</td>
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<td></td>
<td>(9:00-10:00 AM)</td>
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<tr>
<td>8:30-10:00 AM</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds (7:30-9:00 am)</td>
</tr>
<tr>
<td>10:00-11:00 AM</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds (10:30</td>
</tr>
</tbody>
</table>
RESIDENT RESPONSIBILITIES

• Your team will consist of two interns, a resident, yourself and a third-year student.
• You will be working directly with your team’s resident who will assist you with the
  management of patients assigned under your care.
• You will be expected to carry between 1-2 patients for the majority of the rotation.
• The number of admissions will be determined by your resident depending on your current
  patient load and complexity.
• You are expected to write the admitting history, physical exam, initial laboratory evaluation, and
  plans for additional evaluation, treatment, and patient education under the supervision of your
  resident. You will write admitting orders on your patients to be countersigned by the resident.
• You should get your orders co-signed before placing them in the chart.
• You should prepare the physician’s problem list and keep it up to date.
• You are expected to write daily progress notes (SOAP notes) on all of your patients and these
  will be co-signed by your resident daily. You should prepare a flow sheet when appropriate.
• After discussing the patient with your resident you are responsible for contacting the patient’s
  attending to review the patient’s status and plans for further evaluation and treatment.
• You are also responsible for signing your patient out to the cross-covering intern before leaving
  each day. Your resident will help you prepare your sign-out sheet and go over pertinent
  information to be shared with the covering intern.

DRESS CODE

• Business professional + white coat
PARKING

• Medstar Washington Hospital Center parking garage Blue or Yellow.

COMPUTERS / DOCUMENTATION GUIDELINES

• On the day of your rotation, please provide your chief resident with your contact email address. You will then be issued a temporary pbworks.com log in ID and password. You will use this system to access and/or edit your current team’s census.

MEALS

• Main cafeteria
• Physician office building (POB)

PEARLS

• Pick up the sign out list, daily from the night float team at 7 AM in room 2A50 on weekdays and house staff lounge (6th floor) on weekends.
• You are also expected to round with your team on one of the weekend days to be determined by the team resident, this insures a total of 4 days off during your rotation.
• Given the call schedule, your day off may be scheduled on a weekday. Check with your resident about holidays.
• Your daily progress notes should be reviewed and co-signed by your resident EACH DAY
• You are encouraged to communicate with the attending and patients’ families only after discussion with the resident.

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to take an adequate medical history and perform a careful and accurate physical examination?
• Resident able to make recommendations about preventive, diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference?
• Can the resident develop strategies to efficiently evaluate and manage common inpatient medical problems?
• Has the resident developed a familiarity with indications for and interpretation of chest and abdominal X-ray and electrocardiograms?

Dermatology
ROTATION GOALS

- Enhance skills in evaluation, diagnosis and management of patients with common skin problems seen in the inpatient and outpatient setting.
- Improve the resident’s understanding of when to refer patients with skin problems for specialty care.

COMPETENCIES FOR THIS ROTATION

- A. Obtain and relevant dermatologic history
- B. Perform a full physical examination of the integumentary system
- C. Describe accurately the morphology of lesions and eruptions on patients.
  - Macules or papules
  - Vesicles or bullae
  - Pustules
  - Purpura
  - Hypopigmented lesions
  - Hyperpigmented lesions
  - Vascular lesions
  - Annules
  - Atrophic lesions
  - Associated scaling of lesions
- D. Diagnose common and important lesions and eruptions, throughout the body, especially the lower extremity.
  - Melanocytic nevi
  - Malignant melanoma
  - Non-melanoma skin cancer
  - Actinic and seborrheic keratoses
  - Atopic dermatitis
  - Psoriasis
  - Contact dermatitis
  - Stasis dermatitis
  - Urticaria
  - Drug eruptions
  - Vasculitis
  - Leg ulcers
  - Verruca
  - Cysts
  - Keloid scars
  - Dermatofibroma
  - Hemangioma
  - Dermatophytoses
  - Pityriasis versacolor
  - Candidiasis
  - Impetigo
- Cellulitis
  - E. Demonstrate familiarity with common diagnostic and therapeutic procedures used in dermatology.
    - Cryotherapy
    - Shave and punch skin biopsy
    - Dermatoscopy
  - F. Describe 1st and 2nd lines of therapy for common and important lesions and eruptions.
  - G. Demonstrate knowledge of basic pharmacology and administration of medications commonly used for treatment of skin disease.
    - Steroids
    - Topical and oral retinoids
    - Topical and oral antimicrobial agents
    - Emollients
  - H. Differentiate between formulas of topical steroids based on potency, side effects, and vehicles.
  - I. Demonstrate understanding of basic epidemiology of malignant melanoma, melanocytic nevi and non-melanoma skin cancer.
  - J. Identify risk factors for melanoma and non-melanoma skin cancer.
  - K. Demonstrate understanding of the basic principles of dermatologic lasers and Mohs micrographic surgery.
  - L. Interact with patients, their families, and other health professionals in a manner that is culturally sensitive and appropriate.
  - M. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population in a way that is appropriate to a physician.

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

- Dr. Christine DeWitt (Christine.a.dewitt@medstar.net)-Attending
- Tina Koster (tina.l.koster@medstar.net; 301-951-2427)-Coordinator

CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact Tina Koster at tina.l.koster@medstar.net. She will tell you where to report and at what time on your first day. (Most likely the Chevy Chase dermatology office.)
- No forms are required for this rotation.

WEEKLY SCHEDULE

Varies depending on which resident you rotate with. You may rotate and see patients throughout WHC, Georgetown, NRH, and Chevy Chase office.
Monday-attending clinic in AM (2b42)
Tuesday-resident clinic in AM (1a50)
Wednesday-Didactics 8:30am-11am (POB Conference Room 121)
Thursday-Grand Rounds at WHC @ 8:15am every few weeks
Friday

RESIDENT RESPONSIBILITIES

• Shadow residents in clinic or see patients on your own if the residents get behind on their patients.
• See new consults as they come in, given to you by the resident on consult service.
• Round and write notes on your follow up patients daily.
• Round with the derm residents and the attending on call on a daily basis.
• Attend didactics with the dermatology residents.

DRESS CODE

• Business professional + white coat

LOCATIONS/PARKING

- Chevy Chase: 5530 Wisconsin Ave, #730, Chevy Chase, MD. 20815. No parking validation. Options: 5530 Wisonsin ($15/day) or 5500 Wisconsin, rear of building, by Marriott ($7/day) or in Saks parking lot ($6/day, early arrival). Metro: Red Line, Friendship Heights, about three blocks away.
- WHC: Resident Dermatology Clinic 1a50 (1st Floor, Ambulatory Medicine/Dermatology Clinic); Dermatology Associates 2b42 (2nd Floor, along hallway between 2D and 2F.)

COMPUTERS / DOCUMENTATION GUIDELINES

• Amalga, Centricity, and MedConnect are used.

MEALS

• ZIP card

PEARLS

• Have a good knowledge base of diagnosis and treatment of various types of drug rashes/eruptions.
• Have a good knowledge base of typical skin lesions associated with various rheumatological diseases.
• Know the proper techniques in performing a punch biopsy with primary closure of the biopsy site.
• Know the proper dermatological terminology to adequately and appropriately describe skin findings to residents and attendings when presenting a patient.

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to adequately diagnose and treat common and uncommon dermatological conditions in the inpatient and outpatient clinical setting.
• Resident is able to assist in and take active role in dermatological surgical cases, including punch, shave, incisional, and excisional biopsies.
• Resident is able to function with appropriate level of confidence and self-reliance in the dermatology related clinical setting.
• Resident has technical medical and surgical skills appropriate for his / her level of training.

Radiology

ROTATION GOALS

• To become familiar with the radiological tests available
• To understand the indications and contraindications of radiological tests
• To improve accuracy of interpretation of selected radiological studies
• To interpret radiologic studies taken in the inpatient, outpatient, and emergency room setting.
• Evaluate findings and special procedures
  o Understand and assist in special procedures (arteriography, biopsies, joint injections)
  o CT scans, MRI, radio nuclear studies, ultrasound

CPME 320 COMPETENCIES FOR THIS ROTATION

• Section 6.1
  • C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    • 1,2,3,4,5
  • D. Communicate effectively and function in a multi-disciplinary setting.
    • 1,2
  • E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    • 1,2,3
  • G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
    • 1,2,3,4
ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

- Dr. Jelinek
- Dr. Dziedzic

CHECK-IN / POINT OF CONTACT

- On the first day, please report to Nancy Carnes (Nancy.S.Carnes@medstar.net) on the ground floor in the Radiology Department.
- Upon arrival you will receive your schedule for the 2 week period.

Alternate Locations

Physician Imaging Washington Hospital Center
6525 Bellecrest Road Suite G50
Hyattsville, MD 20782
Main Office: 301-209-5700

WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 8-4</td>
<td>Physician imaging WHC (Bellecrest Road)</td>
</tr>
<tr>
<td>Tuesday 8-4</td>
<td>WHC</td>
</tr>
<tr>
<td>Wednesday 8-4</td>
<td>WHC</td>
</tr>
<tr>
<td>Thursday 7:30-4</td>
<td>WHC Orthopaedic oncology pre-op conference;</td>
</tr>
<tr>
<td></td>
<td>WHC cancer institute working conference room; Room C1119</td>
</tr>
</tbody>
</table>

- First and Third Tuesday Orthopedic Oncology Tumor Board. Cancer Institute working Conference Room C1119
- Second or third Tuesday of the month. Radiology Rheumatology Clinical conference X-rays and MRI of the hand, feet, and axial skeleton. Radiology Main Conference Room BA94.

RESIDENT RESPONSIBILITIES

- Be on time and show appropriate skills as a team player

DRESS CODE

- Business professional

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”
• Resident is able to successfully interpret various imaging including to include X-ray, MRI, and CT studies.
• Resident is able to distinguish between non-pathological and pathological findings in various imaging modalities.
• Resident is able to function with appropriate level of confidence and self-reliance in clinical setting.
• Resident is able to understand the differing indications for various radiographic examinations.

Rotational Goals

Endocrinology

To obtain a basic knowledge of medical management of diseases of the Endocrine system
• Actively participate in patient care in the inpatient and outpatient clinical setting.
  o See patients for evaluation and treatment, complete notes, participate in active care
• Gain independence and efficiency in patient care in the clinical setting.

CPME 320 Competencies for this Rotation

• Section 6.1
  o A. Prevent, diagnose, and medically manage diseases, disorders, and injuries of the endocrine system.
    ▪ 1,2,3,5
  o B. Assess and manage the patient’s general medical and status.
    ▪ 1,2,3,4,5
  o C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    ▪ 1,2,3,4,5
  o D. Communicate effectively and function in a multi-disciplinary setting.
    ▪ 1,2
  o E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    ▪ 2,3
  o G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
ATTENDING PHYSICIAN(S) / FELLOW(S) (Vary month to month)

- Dr. Barbara Onumah
- Dr. Shannon Sullivan
- Dr. Meeta Sharma
- Dr. Prya Kundra
- Dr. Leonard Wartofsky
- Dr. Kenneth Burman

CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact _The rotating fellow_ at 2997 (pager). On the first day, please report to Antoinette Brown (79137) room. /antoinette.m.brown@medstar.net
- Forms to be completed before starting rotation (if applicable): n/a

WEEKLY SCHEDULE (every day in patient rounds are performed)

**Monday**: Diabetes clinic 8a-12p, Journal club 4p-5p
**Tuesday**: Endocrinology Grand Rounds 8a-9a, Thyroid conf 11a-12p
**Wednesday**: regular in patient rounds
**Thursday**: Professor rounds 1p-2p
**Friday**: Endocrine clinic 8a-12p

RESIDENT RESPONSIBILITIES

- Direct participation of the resident in the evaluation and management of patients in a clinic/office setting.
- Perform and interpret the findings of comprehensive medical history and physical examinations (including pre-operative history and physical examination), including:
  - Comprehensive medical history.
  - Comprehensive physical examination
- Formulate an appropriate differential diagnosis of the patient’s general medical problem(s).
- Recognize the need for (and/or order) additional diagnostic studies, when indicated
- Possible presentation of journal article

DRESS CODE

- Business professional + white coat

PARKING
As per WHC

COMPUTERS / DOCUMENTATION GUIDELINES

- Amalga, Centricity

MEALS

- As per WHC

PEARLS

- Be knowledgeable about thyroid, and diabetes management

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

- Resident is familiar with endocrine concerns in the outpatient clinical setting.
- Resident is familiar with key endocrine concerns in the inpatient hospital setting.
- Resident is comfortable with clinical management of the patient with diabetes.
- Resident is able to assist in and take an active role on the Endocrine Service.

Plastic Surgery

ROTATION GOALS

- Recognize normal and abnormal complications of wound healing and recommend appropriate treatment.
- Be able to select appropriate suture materials and needles for the repair of various tissue layers.
- Demonstrate competency and familiarity of various suture techniques.
- Discuss the various types of skin grafts and flaps including their applications in the foot and ankle.
• Apply various techniques applicable to foot and ankle surgery.
• Recognize and treat hypertrophic scars and keloids.
• To learn to differentiate indications for various surgical procedures and actively participate on the plastic surgical rounds

CPME 320 COMPETENCIES FOR THIS ROTATION

• Section 6.1
  o B. Assess and manage the patient’s general medical and surgical status.
    ▪ 1,2,3,4
  o C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    ▪ 1,2,3,4,5
  o D. Communicate effectively and function in a multi-disciplinary setting.
    ▪ 1,2
  o E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    ▪ 1,2,3
  o G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
    ▪ 1,2,3,4

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

• Dr. Praful Ramineni  p202-801-2462  c202-288-0285
• Dr. Susan Otero  p202-801-5896  c202-714-8085  h301-718-1977
• Dr. Paul Ruff  c202.316.6699
• Dr. Konrad Dawson  c202-413-0691  o202-726-1000
• Dr. Rafael Convit  c202-270-0050  o202-882-5799
• Plastic Surgery Pager  p202-801-0255
• MGUH 3rd year Plastic Surgery Resident
• WHC Intern

CHECK-IN / POINT OF CONTACT

• Before/at the beginning of the rotation, resident should contact Dr. Ramineni to find which plastic surgery resident to contact to determine where rounds will start on day one.

WEEKLY SCHEDULE

You will be in the OR or on the floors daily (schedule varies). Meet in morning on designated floor to go over patient list and schedule for the day.

Weekly Attending Clinic Schedule (FOR REFERENCE ONLY – you will RARELY be in clinic):
  Mon: Otero Clinic
Tues:  General Surgery Conference 0700-1130, R3 clinic in afternoon
Wed: Plastic Surgery Conference 0700-0730
Breast Conference 0730-0800.
Otero & Ramenini Clinic
Thurs: R3 Conference at Georgetown 0700-1100
Fri: Ramenini Clinic

RESIDENT RESPONSIBILITIES

• Primary role is to scrub into and assist in cases.

HELPFUL RESOURCES

These articles do not necessarily reflect the actual techniques used, rather, they are listed to become familiar to approaches, anatomy, and precautions.

Fundamentals

• Plastic and Reconstructive Surgery Essentials for Students (click to download)

Breast Reconstruction

• Chapter 60 ■ Vertical Reduction Mammaplasty (click to download)
• Improving Breast Cancer Surgery: A Classification and Quadrant per Quadrant Atlas for Oncoplastic Surgery 2012 (click to download)
• Reduction Mammaplasty and Mastopexy (click to download)
• Breast Segments: A Model for the Prevention of Deformities in Conservative Surgery for Breast Cancer (click to download)

Abdominoplasty

• The Art of Cosmetic Plastic Surgery: Abdominoplasty (click to download)
• Abdominoplasty – Chapter 122 – Elsevier (click to download)
• Safe and Consistent Outcomes of Successfully Combining Breast Surgery and Abdominoplasty: An Update 2009 (click to download)
• Progressive tension sutures in abdominoplasty - 2004 (click to download)
• Progressive Tension Sutures in Abdominoplasty: A Review of 597 Consecutive Cases 2012 (click to download)

Sternal Reconstruction

• Sternal Reconstruction after Dehiscence & Infection (click to download)
• Management of sternal wound dehiscence (click to download)
• Improved Skin Paddle Survival in Pectoralis Major Myocutaneous Flap Reconstruction of Head and Neck Defects (click to download)
• Immediate Debridement and Reconstruction with a Pectoralis Major Muscle Flap for Poststernotomy Mediastinitis (click to download)
• Sternal Precautions (click to download)
• Chest Wall Procedures (click to download)

DRESS CODE

• Scrubs

PEARLS

• Intern gets the lab list and sign out from night float. Post Cases. Pre-op, Passport, Consent (procedure & blood)
• Admits and Discharges, Consults get forwarded to Plastics R3
• Work rounds with Dr. Otero on her patients typically start at 6:30 AM
• Plastic Surgery R3 will round on Ramenini patients between patients

• Pre-Op
  o Don’t hold SQ Heparin for OR
  o If no renal failure or CHF, give IVF when NPO
  o Otero prefers to leave patients on coumadin instead of heparin
• **Post-Op**
  o DC: Dressing off POD#3, Keep incision dry. If drain no shower and record output
  o Otero skin grafts get Xeroform when VAC comes off on day 4
  o Take pictures of all wounds between VAC changes

**ROTATION SPECIFIC ASSESSMENT QUESTIONS:**

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to adequately diagnose and treat plastic surgery concerns in the inpatient setting.
• Resident is familiar with wound closure techniques including skin grafts and local flaps.
• Resident has understanding of the role for free flap tissue transfer and the technique used in the operating room.
• Resident has understanding for proper post operative care of plastic surgical sites with protection of the wound and prevention of infection.

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**Kaiser Foot & Ankle**

**ROTATION GOALS**

• Cover all surgical cases any day of the week generated by the podiatry group.
  o If there is conflict, discuss with rotation director
• Actively participate in patient care in the outpatient clinical setting.
  o See patients for evaluation and treatment, complete notes, participate in active care
• Gain independence and efficiency in patient care in the clinical setting.
• Actively participate in diagnostic and therapeutic procedures

**CPME 320 COMPETENCIES FOR THIS ROTATION**

• Section 6.1
  o A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    ▪ 1,2,3,4,5
  o B. Assess and manage the patient’s general medical and surgical status.
    ▪ 1,2,3,4
  o C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    ▪ 1,2,3,4,5
  o D. Communicate effectively and function in a multi-disciplinary setting.
    ▪ 1,2
  o E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
• 1,2,3  
  o F. Understand podiatric practice management in a multitude of health-care delivery settings.  
    • 1,2,3,4,5  
  o G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.  
    • 1,2,3,4

ATTENDING PHYSICIANS

• Steve Chatlin, DPM  
• Alison Garten, DPM  
• Matthew Hinderland, DPM  
• Constantine Jones, DPM  
• Amit Luhadiya, DPM  
• Darci Park, DPM  
• Stephen Ross, DPM  
• Tim Swartz, DPM (Rotation Director)

KP CENTER LOCATIONS

Clinic:  

• **Camp Springs**  
  No OR on site  
  Podiatry POD (2nd floor)  
  Clinic Start Time 8:00  
  Hinderland, Park, Swartz  
  6104 Old Branch Avenue  
  Temple Hills, MD 20748  
  - Park in front (free)  
  Clinic: (301) 702-6293

• **Capitol Hill**  
  OR on 6th floor  
  Podiatry (6th floor)  
  Clinic Start Time 8:30  
  Garten, Luhadiya  
  700 Second St Ne  
  Washington, DC 20002  
  - Park in garage & validate ticket @ scanner near elevators  
  Clinic: (202) 346-3325  
  OR: (202) 346-3450

• **Gaithersburg**  
  OR on Top Floor  
  Podiatry POD1 (2nd floor)  
  Clinic Start Time 8:30  
  Jones, Ross  
  655 Watkins Mill Road  
  Gaithersburg, MD 20879  
  - Park in back lot (free)
Clinic: (240) 632-4325 - Get contractor badge from front desk to access OR
OR: (240) 632-4293

- Kensington
  - OR on Lower Level
  - Podiatry POD1 (1st floor)
  - Clinic Start Time 8:00
  - Chatlin, Jones, Swartz
  - 10810 Connecticut Avenue
  - Kensington, MD 20895
  - Park in garage (free)
  - Clinic: (301) 929-7166; OR: (301) 929-7275

WEEKLY SCHEDULE

Monday
- OR @ Capitol Hill or clinic in Kensington or Camp Springs

Tuesday
- Gaithersburg / Camp Springs clinic

Wednesday
- Capitol Hill clinic

Thursday
- Kensington / Gaithersburg clinic

Friday
- OR @ various locations or clinic

- Schedule will vary as surgeries can be added on any day of the week.
- Check weekly OR schedule on Health Connect (need attending assistance as residents do not have access to surgery schedule).
- Call after 3pm daily to see if any surgeries have been added on for the following day (see “KP Center Locations” section for direct OR phone #s).

RESIDENT RESPONSIBILITIES

- Prepare for and cover all surgical cases for the week.
  - Review notes, films, read texts, etc
- When not in surgery, see patients in clinic.
- Be on time for clinics and surgery.
  - If you are running late you should inform attending directly
  - If you are late for surgery, do not interrupt a procedure that has already started
- Contact appropriate attending at least 1 day prior to surgery to inquire about any case specifics.
- If applicable, have MRI/radiographs either printed out or pulled up on the OR computer for each case.
  - Preferably reviewed on computer
- In clinic, main role is to see NEW PATIENTS or as dictated by the attending.
- Complete all clinic notes for any patient encounters on Health Connect.
- Personal matters, lectures, presentations should be completed on your own time, not during clinic time

DRESS CODE
• Clinic – Professional attire is expected @ Capitol Hill. Scrubs are acceptable elsewhere. White coat at all times.
• OR – Kaiser blue scrubs must be obtained at each surgical center.
  o Capitol Hill – scrubs in locker room
  o Gaithersburg – ask Donna or front desk for assistance
  o Kensington – ask front desk for assistance

PARKING

• Please see section on “KP Center Locations” above for details. All parking is free.
• Capitol Hill is connected underground to Union Station for those opting to travel via metro.

COMPUTERS & COMPUTER TRAINING

• Contact Dr. Swartz AT LEAST ONE MONTH PRIOR TO THE START OF YOUR ROTATION to schedule training.
• This is a full intensive 2-day course usually held from Wednesday-Thursday in Silver Spring, MD.
• You will NOT be able to access any KP computer system prior to this training.
• Username/Passwords will be provided to you.
• Get to know some of the good smart phrases with embedded macros. A good one can save you a ton of time for new patients. For established patients, there is a button to import the prior note into your current note for modification.
• Health Connect Help Line: (301) 680-1820

MEALS

• Each location has a refrigerator and microwave readily accessible.
• Food establishments are either within short driving OR walking distance.
  o Capitol Hill is connected underground to Union Station, which has a large food court.

PEARLS

• Behave in a professional manner at all times. Patients receive an evaluation after each visit.
  o Dr. Swartz will explain this with you
• Accessing email @ KP requires going through several steps of security; as such, many attendings prefer communication via text message or telephone. Inquire with any questions/concerns.
• Be on time to all clinics and surgical cases. If you are going to be late or absent, please contact the appropriate attending via his or her communication method of choice.
• Kaiser Resident Badges are not available. Gaithersburg is the only center that will issue you a daily contractor’s badge to access the OR, clinics, etc (ask security desk). Everywhere else you will have to ask someone to let you into areas requiring badge swipe entrance.

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”
• Resident is able to adequately diagnose and treat podiatric concerns in the outpatient clinical setting.
• Resident is able to assist in and take active role in lower extremity surgical cases with good sense of leadership and autonomy.
• Resident is able to function with appropriate level of confidence and self-reliance in clinical setting.
• Resident has technical surgical skills appropriate for his / her level of training.

Georgetown Limb Service (Foot & Ankle, Plastic Surgery)

ROTATION GOALS

• Resident will gain knowledge in evaluating and treating lower extremity wounds.
• Resident will become familiar with different biologic dressings and appropriate wound selection for their use.
• Resident will learn how to medically manage inpatients.
• Resident will learn plastic surgery techniques used to treat different pathologies of the lower extremity.
• Resident will gain experience in performing surgical procedures on the lower extremity.
• Resident will gain experience evaluating and interpreting angiograms and non-invasive vascular studies.
• Resident will gain knowledge in antibiotic therapy management for inpatients and outpatients.

CPME 320 COMPETENCIES FOR THIS ROTATION

• Section 6.1
  • A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    • 1,2,3,4,5
  • B. Assess and manage the patient’s general medical and surgical status.
    • 1,2,3,4
  • C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    • 1,2,3,4,5
  • D. Communicate effectively and function in a multi-disciplinary setting.
    • 1,2
  • E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    • 1,2,3
  • F. Understand podiatric practice management in a multitude of health-care delivery settings.
G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

ATTENDING PHYSICIANS

- Dr. John Steinberg
- Dr. Christopher Attinger
- Dr. Karen Evans
- Dr. Paul Kim

CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact Kaitlin Wesley at 202-444-1233. On the first day, please report to GME office.
- Forms to be completed before starting rotation: Rotation registration form and CV to be faxed to GUH GME; Kaitlin Wesley. Registration form will be emailed to you prior to your rotation.

WEEKLY SCHEDULE

Monday : Dr. Steinberg OR
Tuesday : Dr. Attinger OR
Wednesday : Dr. Evans OR / Dr. Kim clinic
Thursday : Dr. Kim OR/ Dr. Steinberg clinic
Friday : Dr Attinger OR/ Dr. Steinberg clinic

RESIDENT RESPONSIBILITIES

- Intern
  - Resident is expected to take call pager every weekday.
  - Examine and formulate treatment plans for all patients the Limb Team is consulted on.
  - Resident will round two weekends per month.
  - Manage all inpatients and coordinate tasks with the wound care nurses.
  - Properly prepare inpatients for surgery which includes obtaining consent for surgery and blood, preop orders, assessing the need for blood transfusions, holding anticoagulants, contacting other services for risk evaluation, etc.
  - The resident will admit any patients from clinic that the attending feels necessary.
- PGY-2
  - Cover all cases assigned to you.
  - Round on patients assigned to you prior to running the list with the rest of the team.
Complete appropriate preoperative and postoperative paperwork for patients going to surgery; including prescriptions and discharge instruction paperwork for same day surgery patients.

- Cover clinic when you are not covering cases.
- The resident will take call one weeknight per week and two weekends per month.

**DRESS CODE**

- Scrubs. Scrub access can be granted by contacting linen/laundry services.

**PARKING**

- Your ID badge will allow access to the employee parking garage, which is at entrance 3 or 4, at no cost to the resident.

**COMPUTERS / DOCUMENTATION GUIDELINES**

- The same username and passwords for WHC will be used at GUH.

**MEALS**

- Refrigerator and microwave available in wound center conference room.
- Walking distance to Epicurean, Cosi, Starbucks, Subway, KFC and Taco Bell.
- Resident lounge in CCC building, floor 3 often times will have sandwiches in the refrigerator.

**PEARLS**

- Shadow the current WHC podiatry resident for 1-2 days prior to starting your rotation for instruction on how to prepare paperwork and facility tour.
- Allow plenty of time in the mornings to see all of your assigned patients prior to running the list.
- Be sure to review patient labs, antibiotics, allergies and X-rays prior to surgery.

**ROTATION SPECIFIC ASSESSMENT QUESTIONS:**

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

- Resident is able to adequately diagnose and treat podiatric concerns in the outpatient clinical setting.
- Resident is able to appropriately assess and formulate treatment plans for diabetic and venous stasis ulcers.
- Resident is able to identify clinical signs of infection.
- Resident is able to interpret laboratory values and correlate with clinical findings.
ROTATION GOALS

- Develop basic surgical skills including exposure, suturing, tying, flap elevation, wound closure, and vascular access.
- Gain skills in the perioperative management of the surgical patient including management of common postoperative problems such as fever, wound infection, hypoxia, hypotension, low urine output, mental status changes, nausea, vomiting, and inadequate pain control.
- Gain skills in the interpretation of imaging studies including CXR, abdominal films, MRI, and CT scans.
- Assist in the operating room: be able to provide exposure, suture, tie, use electrocautery properly, dissect tissue appropriately, and close wounds effectively using interrupted and/or subcuticular sutures.

CPME 320 COMPETENCIES FOR THIS ROTATION

- Section 6.1
  - B. Assess and manage the patient’s general medical and surgical status.
    - 1, 2, 3, 5
  - C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    - 1, 2, 3, 4, 5
  - D. Communicate effectively and function in a multi-disciplinary setting.
    - 1, 2
  - E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    - 1, 2, 3, 4, 5
  - G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
    - 1, 2, 3, 4, 5

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

- (Chief) Kamel Brakta (Kamel.Brakta@medstar.net); 202-801-1125 (p)
- (Chief) Kris Hamwi (Kristopher.B.Hamwi@medstar.net) 202-801-5279 (p)
- Mark Steves, MD 202-801-0790 (p)
- Paul Sugarbaker, MD 202-801-0385 (p)
CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact Kamel Brakta at 202-801-1125. On the first day, please report to location specified by chief resident.

WEEKLY SCHEDULE

Monday- 6am-6pm  
Tuesday- 6am-6pm; Weekly conference at 7am-11am  
Wednesday- 6am-6pm  
Thursday- 6am-6pm; Grands rounds at 7am-9am  
Friday- 6am-6pm  
Saturday and/or Sunday- 6am-6pm

RESIDENT RESPONSIBILITIES

- The residents are to assume responsibility and perform technical procedures commensurate with their experience, competence, respect and mutual trust. In general, this increases yearly with added experience, judgment and ability.
- Residents are required to present a Power Point at the end of the month with a topic decided upon by the chief resident on service

DRESS CODE

- Scrubs

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

- Resident is able to adequately assist in formulating working diagnoses/plan with general surgical concerns in the outpatient clinical setting.
- Resident is able to assist in and take active role in general surgical cases.
- Resident is able to function with appropriate level of confidence and self-reliance in clinical setting.
- Resident is able to function with professionalism in general surgical settings.
Emergency Department

ABOUT THE WASHINGTON HOSPITAL CENTER EMERGENCY DEPARTMENT:

The WHC is the busiest in Washington, DC, with annual visits approaching 90,000. Patients often have serious medical conditions and a relatively high proportion are admitted. Most serious trauma cases are seen at MedStar. Occasionally, serious trauma cases will present directly to the ED, usually by private vehicle. Very few pediatric cases are seen in the ED.

There is an area of the ED called ACA (Acute Care Area) that patients with less serious or complicated problems are often sent to. The Acute Care Area is open 24 hours a day.

The main ED has 29 beds. We divide it into 3-6 separate teams depending on the time of day. Each team has a group of nurses and one attending physician responsible for all the patients assigned to that team. The RED, GREEN, and BLUE team operate 24 hours a day.

As displayed on the schedule, each resident/intern or student is assigned to a specific team for the duration of his/her shift. Resident shifts are designed to run together with attending shifts. At the start of your shift, find which team you have been assigned from your schedule on tangier. INTRODUCE yourself to ALL members of the team which includes the attending, the nurses, and technicians.

ROTATION GOALS

- Practice the Clinical Guidelines developed by Washington Hospital Center’s Emergency Department (#1-6 below)
- Develop clinical H&P, diagnostic workups, treatment plans, and likely disposition early in the patient’s ED course.
- Practice and broaden procedural skills in the Emergency Department

Clinical Guidelines:

The focus of this clinical rotation is to learn basic Emergency Medicine (EM) principles and gain familiarity with the Emergency Department (ED) at WHC. One of your first priorities will be to learn how to perform a timely (i.e. 5-10 minutes max), problem focused history and physical examination. Upon completion of the H & P, it is expected that you will formulate the following prior to consultation with the Attending physician:

1. An appropriate differential diagnosis (focusing on greatest threats to life)
2. Work-up (labs, imaging, etc.) consisting of testing that impacts clinical decision making
3. Treatment plan (medications, interventions, etc.)
4. Likely disposition – it is important to consider the likely disposition early in the patient’s ED course

This preparation before presentation to the Attending is important because it will help you develop decision making skills. The actual course of action (i.e. ordering of significant tests, treatments) should not be pursued prior to a discussion with the Attending Emergency Physician. Keep an open mind when discussing the case; it is at this point that many teaching points will be conveyed. Do not be disappointed if the Attending physician requests a course other than the one you formulated. There are
multiple ways to care for any given case, and care for patients in the emergency setting often varies significantly from what you may be accustomed to on the ward or in the primary care clinic. The more varied your experience, the better prepared you will be to care for any problem presenting to you.

Additional priorities include:

5. **Indications and proper techniques for procedures.** There will likely be many opportunities for you to augment your procedural skills (i.e. laceration repair, lumbar puncture, central venous access, and others). However, procedures must not be performed before discussing them with the Attending physician. All procedures performed in the ED must be supervised by an Attending physician or Senior Emergency Medicine resident. In all cases, the attending must be present for the critical portions of the procedure.

6. **Teaching of patients and their families.** A limited opportunity exists for teaching of medical students. This is strongly encouraged when time permits by sharing of interesting physical findings, ECGs and/or radiographs, or by discussing a recent case. However, actual care of patients by medical students is to be supervised by the Attending physician.

**Evaluation of Your Performance:**

Our Faculty will provide feedback to you regarding your performance in the ED. Examples of how the ACGME Core Competencies will be evaluated during your EM rotation include:

A. **Patient Care:**
   - clinical skills in caring for patients with emergent/urgent presentations to the ED

B. **Medical Knowledge**
   - fund of medical knowledge and how well it is applied in the clinical arena

3. **Practice Based Learning and Improvement**
   - willingness to critically analyze performance with the intention of acquiring new skills or cementing/extend existing skills; facilitating the learning of others working in the ED

4. **Interpersonal and Communication Skills**
   - interactions with patients, patient family members, and ED staff (nursing, techs, secretaries, registration personnel, radiology staff, etc.)

5. **Professionalism**
   - timeliness for scheduled shifts, thorough wrap-up of tasks prior to departure after completion of shift, appropriate decorum in the ED

6. **Systems Based Practice**
   - placing a patient’s care in the ED into the greater context of the overall health care system (i.e. arranging and detailing appropriate follow-up care; obtaining outside information when indicated; consulting with primary care and specialist physicians as necessary; cost-sensitive medication selection, etc.)

**Your feedback regarding your experience** is important to us. As such, you will be provided with a Faculty Evaluation Online Survey at the end of your rotation. Please take the time to complete the
evaluation form, as your input provides us with valuable information and allows the rotation to continually evolve in a positive direction.

**CPME 320 COMPETENCIES FOR THIS ROTATION**

- Section 6.1
  - A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    - 1,2,3,4
  - B. Assess and manage the patient’s general medical and surgical status.
    - 1,2,3,4
  - C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    - 1,2,3,4,5
  - D. Communicate effectively and function in a multi-disciplinary setting.
    - 1,2
  - E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    - 1,2,3
  - F. Understand podiatric practice management in a multitude of health-care delivery settings.
    - 1,2,3,4,5
  - G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
    - 1,2,3,4

**ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)**

- Dr. Rahul Bhat (Attending/Director): rgbhat77@gmail.com
- Dr. Jennifer McBride: (Chief):
  - Email: jennifermcbride12@gmail.com
  - Number: 619-342-6025

**CHECK-IN / POINT OF CONTACT**

Before/at the beginning of the rotation, resident should contact Jennifer McBride by email or phone.

- On the first day, please report to ACA/ ED (1st floor) by 8:00am
- Forms to be completed before starting rotation
  - Should be emailed to you prior to rotation to sign, if you do not receive them, email Jennifer McBride.

**WEEKLY SCHEDULE**

- Off-service rotators in the Washington Hospital Center Emergency Department will be scheduled for approximately 20 shifts per 4-week rotation.
• To access your scheduled shifts, you should receive an email with login information to tangierweb.com. For podiatric surgery residents, Username: Podiatry, Password: Rotator1.
• Weekends will be included in your schedule, however you will be asked for your “golden weekend” which will be your requested weekend off.

**SHIFT CHANGES:**

ANY and ALL shift changes or trades (including trades made in case of illness) MUST be approved in advance by Jennifer McBride, MD prior to becoming final: (jennifermcbride12@gmail.com), 619-342-6025

Although a concerted effort has been made in shift scheduling to avoid conflicts with obligations from your department, you may occasionally find that you are “double” scheduled. If so, it is expected that you notify Jennifer McBride as soon as you realize that you will not be able to complete a scheduled shift. We request a phone call or written explanation of your conflict with timely verification from your program director or residency coordinator.

Should you need to trade a shift or have any other questions/problems during the course of your rotation, please feel free to contact Jennifer McBride directly via email and/or phone. Also, there is an Attending Emergency Physician on-duty 24 hours a day, 365 days a year in the WHC ED should any critical situations arise.

**RESIDENT RESPONSIBILITIES**

**EMERGENCY DEPARTMENT POLICIES**

1. **Promptness** at the beginning of your shift is expected. If you have any extenuating circumstances that require you to be late for a shift (or leave a shift early) it is important to convey this to the Attending physician on duty as soon as possible. In certain circumstances, it may become necessary to schedule make-up shifts prior to successfully completing the rotation.
2. Prior to leaving your shift, you should implement critical treatment plans and close the loop on major clinical decisions regarding your patients.
3. "Blue Book" phone calls (including acceptance of transfers of any form to the ED) should ONLY be handled by the Attending physician on duty.
4. All procedures should be performed with your Attending’s permission and supervision.
5. Clean up after all procedures- this includes but is not limited to discarding of all sharps and wiping the ultrasound machine clean after use.
6. **ALL CHARTS MUST BE SIGNED LEGIBLY WITH PRINTED LAST NAME, WITH MD and PGY YEAR AFTER YOUR NAME!** (i.e. I put my signature, then print my name “McBride, MD PGY3”)
7. **At the end of EVERY shift, you should obtain an evaluation card and signature from your Attending to be placed in the box between the consultant computers on the red/green side of the ED. This is how we will know that you have attended all scheduled shifts.**

**Off-service Rotator Attendance Policy**

• Off-service rotators in the Washington Hospital Center Emergency Department will be scheduled for
approximately
20 shifts per 4-week rotation.

- No change to the schedule will be honored without prior authorization from the Chief Resident of Emergency Medicine.
- Each resident is expected to complete all of his or her scheduled shifts.
- A resident will not be excused from any of his or her scheduled shifts for conference or for meetings with faculty/administration, unless they have received prior written approval from the Chief Resident of Emergency Medicine.
- An attendance sheet (provided to resident prior to start of rotation) is to be completed, in full, by each resident. It is the resident’s responsibility to ensure that an attending signs the sheet verifying the resident’s attendance at each shift.
- Absence of an attending signature on the attendance sheet is equivalent to missing a shift, and the resident will need to be made-up any unverified shifts.
- Each resident should complete (with his or her attending for the shift) an evaluation/feedback form at the end of each shift. These forms are used to create a global assessment of the resident at the end of his or her rotation.
- In the event of any absence (excused or unexcused), the resident will be required to make up the missed shift(s) at a later date.
- Make-up shifts must be scheduled prior to the end of the rotation.
- Failure to complete the assigned number of shifts, including make-up shifts (if needed), will result in a notation of incomplete, and the resident’s supervisor will be notified.

***Tardiness***

In the event that a resident is late to his or her assigned shift by more than 30 minutes, the resident will be asked to leave and will need to reschedule the shift for a later date during the rotation. If a resident is late to his or her shift on more than 2 occasions (by any amount of time), the resident will be required to make up a full shift before the end of the rotation.

DRESS CODE
- Scrub attire with white coat and proper identification. Please bring a stethoscope with you.

PARKING
- WHC parking garages

COMPUTERS / DOCUMENTATION GUIDELINES
- After presenting to Attending, fill out the paper H&P...electronic access to discharge patients...Enter all information, fill in all areas (fill in initial nsg note reviewed, documentation, etc)

MEALS
- Lunch time: coordinate with attending you are working for each assigned shift
PEARLS

• Be proactive, see a wide variety of cases- not just foot and ankle to get the most out of the rotation.
• Read up on each patient case before presenting to the attending if you have a chance-use resources like uptodate, online journals, there are books in the room for Emergency Medicine.
• Review your History and Physical head to toe examination –Bates is a good book.
• If you want to learn a diagnostic test, don’t be afraid to ask the attendings.
• Make the most out of the rotation since the patient population that the ED at Washington Hospital Center offers exposure to a wide range of pathology/diseases that we see in our surgical patients. Knowing how to manage their diseases or medications will allow you to develop your perioperative management skills.

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to adequately diagnose and treat Urgent / Emergent concerns in the Emergency Department.
• Resident is able to assist in and take active role in lower extremity trauma cases.
• Resident is able to function with appropriate level of confidence and self-reliance in clinical urgent / acute care Emergency Department setting.
• Resident has technical skills appropriate for his / her level of training

Infectious Diseases

ROTATION GOALS

• To understand how to prevent and treat local and systemic infections
• To understand how to manage patients with acute opportunistic infections seen in the hospital that may or may not affect the lower extremities
• To understand HIV and know how to properly refer for proper work up and treatment
• To understand the infectious causes of fevers
• To understand what types of infections are particular to the diabetic host
• To understand the common antibiotic use for certain organisms commonly seen in the hospital, including but not limited to MRSA infections

CPME 320 COMPETENCIES FOR THIS ROTATION

• Section 6.1
  o A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    ▪ 1,2,3,4
  o B. Assess and manage the patient’s general medical and surgical status.
    ▪ 1,2,3,4
o C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
  ▪ 1,2,3,4,5
o D. Communicate effectively and function in a multi-disciplinary setting.
  ▪ 1,2
o E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
  ▪ 1,2,3
o F. Understand podiatric practice management in a multitude of health-care delivery settings.
  ▪ 1,2,3,4,5
o G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
  ▪ 1,2,3,4

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

- Dr. Leon Lai (leon.l.lai@medstar.net)
- Dr. Glenn Wortmann (glenn.w.wortmann@medstar.net)

CHECK-IN / POINT OF CONTACT

- On the first day, please report to medicine department on the 2nd floor and look for the ID coordinator (Deborah). Introduce yourself as the rotating Podiatry resident and have her page the fellow currently rotating.

WEEKLY SCHEDULE

- Weekly schedule will depend on your team. You will usually be part of the A team which is the consult service. The fellow on this service will let you know the times of rounds and conferences on a daily/weekly basis.
- Wednesdays at 1:15pm: teleconferences held with NIH and GUH in the library conference room
- Conferences:
  - Wed 11:30-12:30
  - Every other Wed 1:15-2:15
  - Fri 11:30-12:30

RESIDENT RESPONSIBILITIES

- Always check in with the fellow for rounding times and any expected tasks.
- See the patients you are assigned to and write your notes before the beginning of rounds.
- Serve as the patient care liaison between the ID consult service and the Medicine team caring the patient
DRESS CODE

- Professional attire at all times with white coat.

PARKING

- Park at your assigned parking lot at MWHC.

PEARLS

- Having MedConnect access is of significant help when obtaining accurate information for the team, for example exact time at which an antibiotic was administered and when the next dose is due.

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

- Resident is able to adequately diagnose and treat diabetic foot infections.
- Resident is able to recognize and manage post-operative fevers.
- Resident is able to obtain an appropriate H&P and assess patient for infectious disease concerns.
- Resident is familiar with antibiotic management in a variety of presenting clinical concerns.

NRH Physical Medicine & Rehabilitation

ROTATION GOALS

- To identify basic anatomy and physiology of the lower extremity
- To become proficient in identifying the need and therapeutic benefits of over the counter and custom orthotics and modifications thereof
- To become knowledgeable in the different variations of below knee prosthetics and their functions
- To become knowledgeable in the custom shoe gear for diabetics

CPME 320 COMPETENCIES FOR THIS ROTATION

- Section 6.1
  - A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    - 1,2,3,4
  - B. Assess and manage the patient’s general medical and surgical status.
    - 1,2,3,4
  - C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
• Communicate effectively and function in a multi-disciplinary setting.  
  ▪ D. Communicate effectively and function in a multi-disciplinary setting.
  ▪ 1,2
• Manage individuals and populations in a variety of socioeconomic and health-care settings.  
  ▪ E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
  ▪ 1,2,3
• Understand podiatric practice management in a multitude of health-care delivery settings.  
  ▪ F. Understand podiatric practice management in a multitude of health-care delivery settings.
  ▪ 1,2,3,4,5
• Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.  
  ▪ G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
  ▪ 1,2,3,4

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

• Howard Gilmer, DO
• Curtis Whitehair, MD
• Robert Bunning, MD

CHECK-IN / POINT OF CONTACT

• Before/at the beginning of the rotation, resident should contact Jennifer Perianayagam at Jennifer.V.Perianayagam@medstar.net or (202) 801-1627. On the first day, please report to Jennifer’s office on the 2nd floor of NRH.
• Forms to be completed before starting rotation (if applicable):

WEEKLY SCHEDULE

Monday AM-Rounds PM-Clinic
Tuesday AM-Rounds PM-Clinic
Wednesday AM-Academics PM-Lecture w/ Dr. Gilmer
Thursday AM-Rounds PM-Clinic
Friday AM-Rounds PM-Clinic

During downtime, the resident should go to NASCOTT to observe or assist

MISCELLANEOUS LEARNING OBJECTIVES

• Demonstrate understanding of the epidemiology of atherosclerotic disease
• Understand the phenomena of vascular steal
• Provide a differential diagnosis of intermittent claudication
• Define critical leg ischemia
• Demonstrate knowledge of signs/symptoms/pathophysiology of:
• Raynaud’s Disease
o Buerger’s Disease (Thromboangitis Obliterans)
o Lymphedema
o Demonstrate knowledge of the anatomy of the vascular system of the lower extremity.
o Demonstrate knowledge of the etiology/pathophysiology of chronic venous insufficiency.
o Demonstrate knowledge of the pathophysiology of diabetic foot ulcers.
o Demonstrate knowledge of the incidence/prevalence/etiology/gender/age distribution of acquired
o amputation of the UE/LE.
o Demonstrate knowledge of the incidence/age/gender distribution of individuals requiring TKA/THA.
o Demonstrate awareness of non-pharmacologic and alternative medical care through modalities for the
o patient with arthritis including:
o Acupuncture
o Message therapy
o Diet
o PHYSIATRIC KNOWLEDGE Herbal remedies

DIABETES
o Demonstrate appropriate knowledge of the risk factors leading to foot ulceration in the diabetic
o patient.
o Demonstrate knowledge of preferred levels of amputation in the UE/LE (including the anatomic issues on which these decisions are based).
o Demonstrate knowledge of the prognosis of individuals with LE amputation.
o Determine those individuals who have good/poor prognosis for prosthetic ambulation.
o Determine the appropriate timing of prosthetic fitting.
o Demonstrate knowledge of the advantages/disadvantages of:
o Partial foot amputation (including transmetatarsal, Lisfranc, Chopart, Boyd) amputation
o Symes amputation
o Transtibial amputation
o Knee disarticulation amputation
o Transfibular amputation
o Hip Disarticulation
o Define the patients who need a hip disarticulation prosthesis.
o Define phantom pain and its differential diagnosis.
o Define the choke syndrome.
o Define the TKA line and its functional consequences.
o Demonstrate knowledge of the indications/contraindications for THA/TKA/hemi-arthroplasty.
o Demonstrate knowledge of the indications/contraindications of cementing materials used in
o arthroplasty surgery including:
o PMMA
o Porous Coated/Boney Ingrowth
- Demonstrate adequate knowledge of signs/symptoms/etiology/incidence of post-arthroplasty complications including:
  - Aseptic loosening
  - Thromboembolic disease
  - Pulmonary Embolism
  - SACH foot
  - Single axis/multi-axis feet
  - Dynamic response/energy storing feet
  - PTB socket (with/without ISNY component)
  - Socket liners
  - Total contact quadrilateral socket
  - Ischial containment socket
  - Transfemoral frame socket with flexible liner (ISNY)
  - Single axis constant friction knee
  - Safety knee
  - Multi axial knee
  - Hydraulic/pneumatic knee
  - Canadian hip disarticulation prosthesis
  - Hemipelvectomy prosthesis

Understand the indications/contraindications and be able to appropriately prescribe shoe modifications including:
  - Bevelled heel
  - Wide toe box
  - Metatarsal bar (internal/external)
  - Rocker bottom shoe
  - Prescribe appropriate shoe wear for protection of the diabetic foot.
  - Discuss the procedures necessary to construct a preparatory and/or definitive prosthesis.
  - Define the difference in between endo/exoskeletal prosthetic design.
  - Demonstrate knowledge of the types of orthotic prescriptions available to those with partial foot amputations including:
    - Spacers
    - Spring shanks
    - Rocker bottom soles
    - Metatarsal pads

**DRESS CODE**

- Business Casual

**ROTATION SPECIFIC ASSESSMENT QUESTIONS:**
All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

- Resident is able to assess patient for rehabilitation needs and provide working diagnosis.
- Resident is able to assist in rehabilitation medicine treatment plan development and implementation.
- Resident is able to function with appropriate level of confidence and self-reliance in clinical setting.
- Resident is knowledgeable about various below knee prostheses and how they are properly prescribed and fitted.

**CNMC Orthopedic Surgery**

**ROTATION GOALS**

- Develop skills in history taking skills and musculoskeletal exam skills
- Gain an understanding of the diagnosis and treatment of orthopedic and bone health conditions in children and adolescents.
- Actively participate in clinic, inpatient care and surgical care of patients

**CPME 320 COMPETENCIES FOR THIS ROTATION**

- Section 6.1
  - A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity.
    - 1, 2, 3, 4, 5
  - B. Assess and manage the patient’s general medical and surgical status.
    - 1, 2, 3
  - C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    - 1, 2, 3, 4
  - D. Communicate effectively and function in a multi-disciplinary setting.
    - 1, 2
  - E. Manage individuals and populations in a variety of socioeconomic and health-care settings.
    - 1, 2, 3
o F. Understand podiatric practice management in a multitude of health-care delivery settings.
   ▪ 1, 2, 3, 4, 5
o G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.
   ▪ 1

ATTENDING PHYSICIAN(S) / CHIEF RESIDENT(S)

- Laura Tosi, MD
- Shannon Kelly, MD
- Kaleb Friend, MD
- Jeffrey Hanway, MD
- Emily Hattwick, MD
- Robert Henshaw, MD
- John Lovejoy, MD
- Benjamin Martin, MD
- Matthew Oetgen, MD
- Suzanne Walters, MD
- Bob Wilson, MD
- Megan Young, MD

CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact Siobhan Hawkins at sihawkin@childrensnational.org or 202-476-4152. On the first day, please report to 5th Floor Unit Conference Room at 6:45 AM.
- Forms to be completed before starting rotation will be emailed by Siobhan Hawkins before start of rotation:

WEEKLY SCHEDULE – Subject to change depending on chief on service and resident availabilities

Morning rounds at Unit 5E at 7:00 AM Everyday; Indication conference at Nelson Media Room 2nd Floor every Thursday at 6:45 AM unless otherwise told (could be earlier)
Monday - Dr. Tosi wound/follow up clinic 8 AM – 6 PM
Tuesday - Dr. Tosi bone health clinic 8 AM – 12 PM; Dr. Tosi Spina Bifida clinic 1 PM – 5 PM
Wednesday - Dr. Tosi surgery, time TBD
Thursday – Clinic 8 AM – 5 PM and/or surgery 8 AM – 5PM, time TBD
Friday - Dr. Tosi surgery, time TBD

RESIDENT RESPONSIBILITIES
• Dictate operative reports
• Round on post op patient(s) everyday
• Write progress notes on post op inpatient(s) everyday while in house
• Evaluate clinic patients and present patients to attendings assigned to
• Dictate clinic notes according to attending preferences

DRESS CODE

• Clinic – Professional attire and white coat
• Surgery – Blue CNMC Scrubs

COMPUTERS / DOCUMENTATION GUIDELINES

• Documentation regarding computer logins will be given during orientation on first day

MEALS

• No meals provided by CNMC, Cafeteria located on 2nd floor
• Resident can come to Washington Hospital Center for meals

PEARLS

• Behave in a professional manner at all times.
• Be on time to all clinics and surgical cases. If you are going to be late or absent, please contact Siobhan and On Call resident at 202 476 8203

ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

• Resident is able to adequately diagnose and treat pediatric lower extremity orthopedic concerns in the outpatient clinical setting.
• Resident is able to assist in and take active role in pediatric lower extremity orthopedic surgical cases.
• Resident has developed skills in history taking and musculoskeletal exam
• Resident is able to diagnosis and treat orthopedic and bone health conditions in children and adolescents.
Pathology

ROTATION GOALS

• Knowledge of clinical, macroscopic, and microscopic evaluation techniques
• Knowledge of laboratory assessment of pathological specimens.
• Understanding of technique to process, cure and fix specimens.
• Overview of interpretation for microscopic specimens in relation to the disease process with focus on lower extremity.
• Overview of anatomic pathology, clinical laboratory, immunohistochemistry, autopsy, and microbiology techniques.

CPME 320 COMPETENCIES FOR THIS ROTATION

• Section 6.1
  o C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.
    ▪ 1,2,3,4,5
  o D. Communicate effectively and function in a multi-disciplinary setting.
    ▪ 1,2
G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice.

1,2,3,4

ATTENDING PHYSICIAN(S) / LABORATORY CERTIFIED TECHNICIANS

- Thomas Godwin, MD – Chairman
- Kirsten Alcorn, MD

CHECK-IN / POINT OF CONTACT

- Before/at the beginning of the rotation, resident should contact Amy McCarty who will tell you where to report and at what time on your first day.
- Special forms required for this rotation: None.
- Pathology Department is located on the Basement level of MedStar Washington Hospital Center BCW-19.

WEEKLY SCHEDULE

Resident will be assigned to schedule at the start of the rotation to include assigned times in Anatomic Pathology, Clinical Laboratory, Autopsy, and Microbiology.

Monday
Tuesday
Wednesday
Thursday
Friday

RESIDENT RESPONSIBILITIES

- Participate in obtaining and processing clinical specimens.
- Participate in microscopic analysis of specimens.
- Attend pathology conferences.

DRESS CODE

- Scrubs

COMPUTERS / DOCUMENTATION GUIDELINES

-
ROTATION SPECIFIC ASSESSMENT QUESTIONS:

All questions are answered by “Excellent, Average, Below Average, or Not Assessed”

1. Resident gained acceptable experience in evaluating microscopic slides of pathology.
2. Resident is able to assist in and take active role in obtaining clinical specimens.
3. Resident is able to observe the difference between benign and malignant lesions.
4. Resident had the opportunity to and showed initiative in examining and evaluating lower extremity pathology.