

## **APPENDIX C- CURRICULUM AND ASSESSMENTS**

*A teacher is one who makes himself progressively unnecessary. ~Thomas Carruthers*

The teaching faculty at the Yale-VA program is a group dedicated to the advancement of the profession as a whole, as well as the development of well trained, independent Podiatric Physicians. Utilizing tried and true traditional surgical training techniques, residents are guided through three years of progressively advanced training, leading to the development of confident, independent diagnosticians and surgeons.

The residency curriculum is based on CPME guidelines, complete CPME curriculum can be found in document 320 (Appendix F).

### **PGY-1 Year**

Podiatric Surgery  
Podiatric Medicine  
General and Vascular Surgery  
Plastic Surgery  
Internal Medicine  
Infectious Disease  
Anesthesiology  
Emergency Medicine  
Dermatology  
Medical Imaging-general  
Medical Imaging- MRI/CT  
Psychiatry/ Psych ED  
Pathology  
Wound Care

### **PGY-2 Year**

Podiatric Surgery  
Podiatric Medicine  
Plastic Surgery  
Pediatric Orthopedics  
Orthopedics  
Pathology  
Rheumatology  
Wound Care

### **PGY-3 Year**

Podiatric Surgery  
Podiatric Medicine  
Wound Care

## ANESTHESIOLOGY ROTATION

### 1. DESCRIPTION

The podiatric surgical resident will rotate with the Anesthesiology Service at VA West Haven. Whenever appropriate, the podiatric resident will assist the anesthesiologist with various procedures, will participate in pre-operative assessments and/or conferences. The purpose of this rotation is to provide the resident with as much practical clinical knowledge as possible in local, regional and general anesthesia.

### 2. ASSIGNMENT

Each resident will be assigned to the Anesthesiology Service for a rotation period of a minimum of two weeks and will remain on duty during the day and when requested, at night and on weekends.

The resident will be responsible for:

- a. Accompanying the anesthesiologist during the anesthesia evaluation.
- b. Performing the evaluation as the Attending may direct.
- c. Writing up the anesthesia consultation sheet as directed.
- d. Assisting and/or observing the anesthesiologist in the induction of anesthesia and monitoring the patient's recovery from anesthesia.
- e. Assisting in Pre-op Anesthesia clinic, with a concentration in assessing patients pre-operatively (including ASA scoring).

### 3. COMPETENCIES

The resident at the completion of this rotation should be able to:

- a. Elicit an appropriate anesthetic history.
- b. Interpret laboratory studies as they relate to anesthetic management
- c. Understand modes of action of various anesthetic agents and drugs as well as the advantages and disadvantages of various types of anesthetic management
- d. Understand complications that may be anesthetic related.
- e. Understand treatment indicated for complications occurring during and after exposure to anesthetic agents.
- f. Understand airway management and the use of anesthetic equipment.
- g. Understand monitoring during anesthesia and with interpretation of patient changes.
- h. Understand and be able to apply the ASA classification system

## **BEHAVIORAL SCIENCE ROTATION**

### 1. DESCRIPTION

The podiatric resident will be assigned a rotation with the VA Psychiatric ED service. Whenever appropriate, the podiatric resident will assist the Psych Ed personnel in History and Physical exams, and will participate in conferences.

### 2. COMPETENCIES

The resident at the completion of this rotation should be able to:

1. Discern/identify a patient with emotional, behavioral problems neuroses and organic psychoses, PTSD, etc.
2. Develop an understanding of the methods of management of psychosocial problems, PTSD, etc.
3. Recognize the implication of life changes on health and disease.
4. Comprehending a team approach for assessment and treatment and rehabilitation potentials.

## **CLINICAL OFFICE ROTATION**

### 1. DESCRIPTION

The podiatric resident will rotate through the office of Joseph Treadwell, DPM when surgical cases and in patient responsibilities have been completed at the assigned facilities.

Residents may also elect to spend observational days at alternate office sites of Yale/VA attending on slow surgical days.

### 2. COMPETENCIES

The resident, at the completion of this rotation, should be able to:

- a. Comprehend managed care issues (coding, billing, etc) as they apply to private practice.

- b. Comprehend the perioperative workup and care from the private practitioners perspective.
- c. Learn office patient education/communication skills.
- d. Learn biomechanical/orthotic and physical therapy techniques in an office situation.
- e.

## **COMMUNITY PODIATRY ROTATION**

### 1. DESCRIPTION

The podiatric resident will rotate through the Podiatry Section in the outpatient department at the VA Clinical Campuses and be assigned to community foot screenings and educational functions when available. Community podiatry is a sub section of the Podiatric Medicine and Surgery rotation.

### 2. ASSIGNMENT

All residents will be assigned to the various clinics, services, selections, etc under the direction of the residency Director or Chief, Podiatry Section for designated rotation periods as delineated in each rotation description. All residents will remain on duty during the day when appropriately scheduled at night and on weekends.

### 3. COMPETENCIES

1. Identify factors contributing to non-compliance to medical regimes such as medication, following diets and returning appointments.
2. Describe how and why patient education should be individualized based different capacities for learning intellectual background, previous experience, family interactions, environmental conditions, cultural backgrounds and motivation to learn.
3. Describe several behavioral strategies that have proved effective in improving patient adherence to particular regimes.
4. Describe how patient education can be useful in acute/chronic care compliance, risk intervention, prevention, etc.
5. Discuss the possible health enhancement benefits of issues such as:
  - a. Stress management
  - b. Improved nutrition
  - c. Decreased alcoholic consumption
  - d. Rational drug prescribing

- e. Smoking cessation
  - f. A regular exercise regime
6. Identify strategies and resources currently available to carry outpatient education and health promotion.
  7. Describe the rationale and procedures for the design, implementation and evaluation of educational intervention in the office, clinic and community settings.

## **DERMATOLOGY ROTATION**

### 1. DESCRIPTION OF ASSIGNMENT

The podiatric resident will rotate through Newington VA Dermatology Clinic daily during their assigned rotation. Residents will function as residents on the Dermatology service, will assist staff Dermatologists, and see patients when assigned.

### COMPETENCIES

The resident at the completion of this rotation should be able to:

- a. Perform and interpret the information from data gathered in dermatologic techniques:
  1. Woods light
  2. potassium hydroxide mount preps
  3. patch testing, biopsies
  4. Cultures: fungal and bacterial.
- b. Diagnose and assess skin disorders such as:
  1. Eczema and dermatitis
  2. Papulo squamous diseases
  3. Infectious diseases
  4. Keratodermas
  5. Benign and malignant lesions
  6. Cutaneous Drug Reactions
  7. Verruca

## **EMERGENCY DEPARTMENT ROTATION**

### 1. DESCRIPTION

The emergency medicine rotation is a combined rotation for medical and surgical pathology encountered in a teaching Level I Trauma Center. The resident will gain experience in both medical and surgical emergency conditions.

### 2. ASSIGNMENT

The podiatric resident will spend a rotation in the Emergency Department of YNHH under the supervision of the ED staff. The resident will attend all conferences/rounds required of the ED housestaff, and will be assigned to an appropriate schedule by the ED administration.

### 3. COMPETENCIES

The resident at the completion of this rotation should be able to:

- a. Elicit an appropriate history and physical assessment of the medical/surgical emergency room patient.
- b. Order appropriate laboratory and diagnostic tests.
- c. Interpret laboratory and diagnostic tests ordered.
- d. Responding to medical and surgical emergencies.
- e. Understand treatment protocols for the medical and surgical patient.
- f. Treat the medical patient (e.g. MI, CHF, Diabetes, etc.) with the ED staff.
- g. Treat the surgical patient (e.g. lacerations, central lines, etc.) with the ED staff.
- h. Provide appropriate patient education.

## **GENERAL/VASCULAR SURGERY ROTATION**

### 1. DESCRIPTION

The podiatric med/surg PGY-1 resident will rotate on the combined VA General Surgery/PV service; participate as assigned in inpatient consultations, surgery, rounds and conferences at the VA. The podiatric resident will function in a PGY-1 capacity. The resident will augment and strengthen their surgical knowledge.

### 2. ASSIGNMENT

Each resident will be assigned to work with the appropriate surgical resident during the rotation period and will assist in admitting and following the same group of patients. The residents will remain on duty during the day and when directed at night and weekends.

### 3. COMPETENCIES

The podiatric surgical resident at the completion of his rotation should be able to:

- a. Elicit and document an appropriate surgical history
- b. Perform and document an appropriate physical examination
- c. Recognizes & correctly interprets the normal and abnormal findings of each of the H+P components
- d. Selects and interprets appropriate labs/ ancillary tests as indicated by H+P
- e. Selects and interprets appropriate medical imaging as indicated by H+ P
- f. Comprehends the surgical pre-operative work-up, especially in relation to medical history and physical findings.
- g. Enhance understanding of surgical principles and techniques.
- h. Assess for and understand aspects of common surgical complications

## **PEDIATRIC ORTHOPEDICS**

### DESCRIPTION

Pediatric Orthopedics is a rotation designed to provide experience treating orthopedic maladies in pediatric patients. The resident will gain experience in examinations and diagnosis, as well as conservative and surgical management.

### ASSIGNMENT

The podiatric resident will spend a rotation assigned to pediatric orthopedics at YNHH.

The resident will attend all conferences/rounds required, will attend and participate in rounds, clinics and surgical procedures.

### COMPETENCIES

- a. Will be able to perform a comprehensive pediatric orthopedic history and physical examination.

- b. Will be able to interpret findings on radiographs, CT scans, bone scans, and MRI's as they relate to pediatric orthopedic pathology.
- c. Will be able to utilize conservative methods (i.e. casting, bars, etc.) for pediatric orthopedic pathology.
- d. Will be able to assist during the performance of pediatric orthopedic surgery.
- e. Will be able to discuss surgical procedures for the correction of pediatric deformities including trauma, especially those of the lower extremity.
- f. The resident will conduct him/herself in a professional ethical manner.
- g. The resident will demonstrate a willingness to learn, work well with others, and interact with the patients and their families.

## **INFECTIOUS DISEASE ROTATION**

### DESCRIPTION

The first year podiatric resident will be assigned to a rotation with the ID Service at VACT. Wherever possible, the resident will participate as an integral part of the ID team under the guidance of the ID residents/fellows and attendings. They will attend all appropriate ID rounds, clinics, lectures and conferences.

### ASSIGNMENT

The resident will be responsible for:

1. Performing inpatient and outpatient consults, including history, physical examination and other diagnostic tests as directed.
2. Attending all ID Service teaching conferences.

### COMPETENCIES

1. Performs appropriate history and physical examinations
2. Recognizes & correctly interprets the normal and abnormal findings of each of the H+P components as related to infectious disease processes.
3. Selects appropriate labs/ ancillary tests as indicated by H+P as related to infectious disease processes.
4. Selects appropriate medical imaging as indicated by H+P as related to infectious disease processes.



5. Properly collects culture specimens, and is knowledgeable in interpretation of culture and sensitivity results.
6. Understands antibiotic therapy, both oral and parental, in both the normal and compromised patient, including drug pharmacology, potential interactions with other medications, side effects, and cost factors, with specific attention to skin, soft tissue and bone infections.

## **MEDICAL IMAGING ROTATION**

### 1. DESCRIPTION AND ASSIGNMENT

The PGY-1 resident is assigned to a rotation with the VA Radiology Service (Imaging-1). They will gain practical instructional experience in general radiology as well as specialized areas of diagnostic imaging studies (e.g. CT scans, Nuclear Medicine, MRI, Ultrasound, IR etc).

The PGY-1 resident is assigned to Yale Radiology (@ office of Dr Kier) for a second rotation (Imaging-2), during which concentration on MRI and CT imaging is achieved.

Clinical applications will also be experienced on other mandatory rotations.

### 2. COMPETENCIES

The resident at the completion of the rotation should be able to:

- A. Recognize criteria for performing/ordering X-rays of the lower extremities.
- B. Interpret X-rays of the lower extremities
- C. Recognize criteria for performing/ ordering specialized imaging examinations (CT, MRI etc)  
of the lower extremities.
- D. Interpret specialized imaging examinations (CT, MRI etc) of the lower extremities.
- E. Recognize criteria for performing/ ordering nuclear imaging examinations of the lower extremities.
- F. Interpret nuclear imaging examinations of the lower extremities.

Recognize criteria for performing/ ordering/ interpreting ultrasound and vascular imaging

## **MEDICINE ROTATION**

## DESCRIPTION

The first year podiatric resident be assigned to a rotation with the Medicine Service at both The Hospital of St Raphael's and The Hospital of Central CT. Wherever possible, the resident will participate as an integral part of the medicine team under the guidance of the medicine residents and attendings; they may be assigned patients, they may be assigned call duties, they will assist the medical resident with the various diagnostic and therapeutic techniques required in the care of the medical patient. They will also attend all appropriate medicine lectures and conferences.

## ASSIGNMENT

Each resident will be assigned to the Medicine Service.

On each patient assigned to resident, the resident will be responsible for:

3. Performing complete medical workups, including history, physical examination and other diagnostic tests as directed.
4. Providing appropriate medical care of patients, including care for their own patients.
5. May be assigned on call duties.
6. Attending all Medicine Service teaching conferences.

## COMPETENCIES

7. Performs appropriate history and physical examinations
8. Identifies systemic disorders, age & socioeconomic issues affecting the patient
9. Recognizes & correctly interprets the normal and abnormal findings of each of the H+P components
10. Selects and interprets appropriate labs/ ancillary tests as indicated by H+P
11. Selects and interprets appropriate medical imaging as indicated by H+P
12. Provides appropriate differential diagnoses
13. Provides and implements appropriate treatment options
14. Completes medical record components in a timely fashion
15. Become familiar with common medical ailments including the workup, diagnosis and therapeutic intervention.

## **ORTHOPEDIC SURGERY ROTATION**

### 1. DESCRIPTION

The podiatric surgical resident will rotate through the HSR Orthopedic Section following a similar daily inpatient/outpatient activity with the orthopedic staff/residents; participate in

diagnosing and managing patients via inpatient and outpatient care, assisting in surgical procedures, consultations, rounds and conferences.

## 2. ASSIGNMENT

The resident will be assigned to the HSR Orthopedic Service and will follow patients assigned by HSR Orthopedic service.

## 3. COMPETENCIES

The resident at the completion of this rotation should be able to:

- a. Elicit and document appropriate problem specific and peri-operative histories.
- b. Perform and document appropriate problem specific and peri-operative physical examinations.
- c. Recognize & correctly interpret the normal and abnormal findings of each of the H+P components.
- d. Select and interpret appropriate labs/ ancillary tests as indicated by H+P.
- e. Select and interpret appropriate medical imaging as indicated by H+ P.
- f. Enhance understanding of and demonstrate advancing competence in orthopedic and general surgical principles and techniques.
- g. Assess success of ongoing treatment plan, modify or change plan appropriately.
- h. Assess for and understand aspects of common surgical complications

## **PATHOLOGY**

### DESCRIPTION OF ASSIGNMENT

The podiatric resident will receive training from the Yale and VACT Pathology Service during their assigned rotation. Residents will assist staff pathology service personnel as assigned.

### COMPETENCIES

The resident at the completion of this rotation should be able to:

- A. Obtain knowledge & exposure to interpretation of anatomic and cellular pathology, with emphasis on:
  - a. Dermato-pathology
  - b. Musculo-skeletal pathology
  - c. Cytology and Hematological pathology

- B. Obtain knowledge & exposure to interpretation of laboratory studies in hematology, serology/immunology, and toxicology.
- C. Obtain knowledge & exposure to interpretation of microbiological specimens.
- D. Understand the principles & procedures involved in preparing specimens for interpretation, to better understand collection methods for the surgeon.

## **PODIATRIC MEDICINE ROTATION**

### 1. DESCRIPTION

The podiatric resident will rotate through the Podiatry Section in the consortium hospitals and outpatient, inpatient consultations, rounds and conferences.

### 2. ASSIGNMENT

Each resident will be assigned to the various podiatric clinics, services, sections, etc. under the direction of the site director for the designated rotation periods delineated in each rotation description. All residents will remain on duty during the day and when appropriate on nights and weekends.

### 3. COMPETENCIES

The resident, at the completion of this rotation, should be able to:

#### A. Basic Podiatric Medical Skills:

- 1. Elicit an appropriate podiatric history.
- 2. Perform an appropriate podiatric physical examination with high degree of competence.
- 3. Identify those systemic disorders, which have manifestations in the lower extremity.
- 4. Identify comprehending and applying therapeutic regimes for those disorders/diseases that are intrinsic to the foot.
- 5. State the precautions or change in treatment required in managing patients of different ages.
- 6. Discuss the indications and contraindications for the use of topical and systemic medications used in podiatric medicine.
- 7. Comprehend the levels of podiatric problems (primary, secondary, tertiary) and offer the appropriate therapeutic regime.
- 8. Recognize the team concept of care and comprehending the podiatrist's role in the total health care of the patient.
- 9. Discuss adequate/appropriate patient education and rehabilitation relative to disorders in podiatric medicine.

10. Demonstrate ability to assess and understand infectious disease processes, including applicable diagnostic testing and treatments.
11. Demonstrate ability to understand non-surgical indications for Physical Medicine and Rehabilitation, including various treatments.
12. Demonstrate ability to appropriately order/perform and interpret anatomic pathology.
13. Demonstrate ability to assess dermatological manifestations of the foot.

## B. Podiatric Medicine

1. Demonstrate effective application of dressings and shielding of common foot lesions.
2. Apply flexible casts and splints to the foot and leg to the satisfaction of the supervisor.
3. Demonstrate ability to manage treatment of the following to the satisfaction of the supervisor:
  - a. First Ray abnormalities
  - b. Lesser metatarsophalangeal abnormalities
  - c. Various pedal arthritides
  - d. Contusions of foot/ankle
  - e. Sprains of foot/ankle
  - f. Manage fractures of the foot/ankle
  - g. Lacerations, cuts, etc. of the foot/ankle
  - h. Postural and static deformities of the foot/ankle
  - i. Ulcerations of the foot and leg regardless of etiology
  - j. Pedal dermatophytes
  - k. Pedal sensitivities, allergies, etc.
  - l. Biomechanical evaluations for orthotic/prosthetic devices.

## **PODIATRIC SURGICAL ROTATION**

### 1. DESCRIPTION

The podiatric surgical resident will complete the combined core rotation (surgical and clinical) while on their consortium hospital rotations and will rotate through inpatient (bed) services and podiatric outpatient clinical services (Podiatric Surgery, Podiatry, Foot Ulcer, Procedures, clinics, as well as other ulcer/wound care clinics, etc.).

### 2. ASSIGNMENT

Each first year podiatric surgical resident will be assigned to inpatient service and outpatient clinics under the direction of the Chief, Podiatric Surgical resident/attending and will follow outpatients and inpatients while on this rotation. The residents will remain on duty during the day and when appropriate, at night and on weekends. The Chief Podiatric Surgical resident will

be responsible for the administrative aspects of ALL resident functions (i.e., scheduling, clinical assignments, journal club, resident lecture services, etc.). Second year residents will be appropriately assigned to clinics and inpatient services.

### 3. COMPETENCIES

The Podiatric Surgical Resident, at the completion of their respective post-graduate level of training, should be able to:

- a. Perform a variety of surgical procedures directed by CPME (bone & soft tissue, wound care, digital, lesser and first metatarsal, reconstructive foot and ankle cases).
- b. Complete peri-operative evaluations including general, as well as podiatric history physicals and appropriate imaging for the evaluations.
- c. Complete peri-operative workup (pre/post-op), laboratory, orders, record keeping, imaging, pathology, etc.
- d. Comprehend surgical procedures, disorders and pathology in peri-operative and intra-operative care.
- e. Comprehend complications and treatment.
- f. Recognize the podiatric surgeon's role in comprehensive foot/ankle surgery.
- g. Demonstrate appropriate skills to perform surgery.
- h. Demonstrate ability to understand pre and post surgical indications for Physical Medicine and Rehabilitation, including various treatments.

## **RHEUMATOLOGY ROTATION**

### DESCRIPTION

The first or second year podiatric med/surg resident will be assigned to a rotation with the Rheumatology Service at YNH and VACT. Wherever possible, the resident will participate as an integral part of the Rheumatology team under the guidance of the Rheumatology fellows and attendings. They will attend all appropriate Rheumatology rounds, clinics, lectures and conferences.

### ASSIGNMENT

The resident will be responsible for:

7. Performing inpatient and outpatient consults, including history, physical examination and other diagnostic tests as directed.
8. Attending all Rheumatology Service teaching conferences.

### COMPETENCIES

1. Develop an understanding of the various rheumatologic diseases and their associated signs and symptoms.

2. Develop an understanding of the various laboratory and related diagnostic studies available to diagnose and monitor the various rheumatologic diseases.
3. Become knowledgeable of the emerging and historical treatment protocols for the various rheumatologic diseases.
4. Become knowledgeable of the value of the Rheumatologist in the overall care of the Podiatric patient and when to make the appropriate referral.

## **WOUND CARE ROTATION**

### 4. DESCRIPTION

The podiatric resident will gain valuable and practical experience assessing, diagnosis and managing acute and chronic wounds of the lower extremities.

### 5. ASSIGNMENT

Wound care is a sub-rotation of Podiatric Medicine and Surgery rotations. Major experiences will occur while on the VA rotations during Ulcer clinic twice per week. Experience will be supplemented by training in the Joslin clinic at the THOCC rotation, and in Podiatry inpatient and outpatient at YNHH.

### 6. COMPETENCIES

The resident, at the completion of this sub- rotation, should be able to:

1. Understand principles of wound healing and management of wounds including the diabetic wound and /or traumatic wound.
2. Demonstrate ability to assess lower extremity wounds via focused history and physical exam.
3. Demonstrate ability to assess lower extremity wounds via ancillary testing including but not limited to: imaging, blood work and biopsy.
4. Demonstrate ability to understand pathogenesis of lower extremity wounds.
5. Recognize the team concept of care and comprehending the podiatrist's role in the total health care of the patient as related to lower extremity wounds.
6. Understand the various treatment options and products available as related to individual types of wounds.

7. Demonstrate ability to choose and perform appropriate non-surgical management when indicated, including: off loading and casting.
8. Demonstrate ability to choose and perform appropriate surgical management when indicated, including: debridement of various ulcerations superficial and deep.





**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Anesthesia Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

<b>Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Competencies:**

**Grade :**

- |  |           |
|--|-----------|
| 1. Participates in Anesthesia pre-op assessments appropriately   | 3 2 1 N/A |
| 2. Participates in Anesthesia conferences appropriately  | 3 2 1 N/A |
| 3. Elicit an appropriate anesthetic history.   | 3 2 1 N/A |
| 4. Interpret laboratory studies as they relate to anesthetic management  | 3 2 1 N/A |
| 5. Understand modes of action of various anesthetic agents and drugs as well as the advantages and disadvantages of various types of anesthetic management | 3 2 1 N/A |
| 6. Understand complications that may be anesthetic related.  | 3 2 1 N/A |
| 7. Understand treatment indicated for complications occurring during and after exposure to anesthetic agents.  | 3 2 1 N/A |
| 8. Understand airway management and the use of anesthetic equipment.   | 3 2 1 N/A |
| 9. Understand monitoring during anesthesia and with interpretation of patient changes.   | 3 2 1 N/A |
| 10. Understand s and can apply the ASA classification system   | 3 2 1 N/A |

**Overall Evaluation of Resident (please check one)**

- Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_
- Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_
- Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

**Resident Name:** \_\_\_\_\_

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Behavioral Science Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_.

**Competencies:**

**Grade\*:**

***General rotation participation***

- |   |           |
|---|-----------|
| 1. Participates in Behavioral Science Rotation appropriately    | 3 2 1 N/A |
| 2. Participates in Behavioral Science Conferences appropriately | 3 2 1 N/A |
| 3. Demonstrates initiative and willingness to learn             | 3 2 1 N/A |

***Rotation Specific Competencies***

- |   |           |
|---|-----------|
| 1. Demonstrate ability to identify patients with emotional and/or behavioral problems   | 3 2 1 N/A |
| 2. Demonstrate understanding of psycho-social aspects of health care delivery           | 3 2 1 N/A |
| 3. Demonstrate understanding of effective doctor-patient communication skills           | 3 2 1 N/A |
| 4. Demonstrate awareness and understanding that life changes have on health and disease | 3 2 1 N/A |
| 5. Comprehend the team approach for assessment and treatment of behavioral problems     | 3 2 1 N/A |

* Rating Scale- please circle appropriate grade for each competency above			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

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**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Dermatology Rotation Evaluation**

**Resident Name** \_\_\_\_\_

**PGY 1**

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_.

**Competencies:**

**Grade\*:**

***General rotation participation***

Attends and participates in Dermatology Clinic appropriately	3 2 1 N/A
Demonstrates initiative and willingness to learn	3 2 1 N/A

***Examination and treatment of the patient***

Performs appropriate Dermatologic history and physical examinations	3 2 1 N/A
Performs and interpret the information from data gathered in techniques such as, but not limited to: Woods light, KOH preps, patch testing, fungal and bacterial cultures.	3 2 1 N/A
Performs variety of skin biopsy techniques and interprets the results	3 2 1 N/A
Provides appropriate differential diagnoses	3 2 1 N/A
Provides and implements appropriate treatment options	3 2 1 N/A
Completes medical record components in a timely fashion	3 2 1 N/A

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Resident Name** \_\_\_\_\_

**Evaluator initials** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

---

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Emergency Medicine Rotation Evaluation**

**Resident Name** \_\_\_\_\_

**PGY 1**

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Competencies:**

**Grade\*:**

***General rotation participation***

Participates in Emergency Department (ED) rotation appropriately, including the evaluation and management of emergent non-podiatric cases 3 2 1 N/A

Attends and participates in ED conferences appropriately 3 2 1 N/A

Demonstrates initiative and willingness to learn 3 2 1 N/A

***Examination and treatment of the patient***

Performs appropriate history and physical examinations 3 2 1 N/A

Identifies systemic disorders, age & socioeconomic issues affecting the patient 3 2 1 N/A

Recognizes & correctly interprets the normal and abnormal findings of each of the H+P components 3 2 1 N/A

Selects and interprets appropriate labs/ ancillary tests as indicated by H+P 3 2 1 N/A

Selects and interprets appropriate medical imaging as indicated by H+P 3 2 1 N/A

Provides appropriate differential diagnoses 3 2 1 N/A

Provides and implements appropriate treatment options 3 2 1 N/A

Considers and suggests appropriate specialty consultations/referrals 3 2 1 N/A

Completes medical record components in a timely fashion 3 2 1 N/A

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Resident Name** \_\_\_\_\_

**Evaluator initials** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

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**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date





**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**GENERAL SURGERY ROTATION**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

Rating Scale- please circle appropriate grade for each competency above			
3-Outstanding	2-Satisfactory	1-Poor	N/A
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Competencies:**

**Grade :**

***General rotation participation***

- |  |   |   |   |     |
|--|---|---|---|-----|
| 1. Participates in General surgery rounds, surgeries and clinics appropriately | 3 | 2 | 1 | N/A |
| 2. Demonstrates initiative and willingness to learn                            | 3 | 2 | 1 | N/A |
| 3. Demonstrates general knowledge of surgical principles and techniques        | 3 | 2 | 1 | N/A |

***Examination of the General Surgery patient***

- |   |   |   |   |     |
|---|---|---|---|-----|
| 1. Performs appropriate history and physical examinations   | 3 | 2 | 1 | N/A |
| 2. Demonstrates ability to order and interpret appropriate ancillary testing  | 3 | 2 | 1 | N/A |
| 3. Demonstrates understanding of co-morbidities and their effect on treatment plan  | 3 | 2 | 1 | N/A |
| 4. Demonstrates understanding of the surgical pre-operative work-up   | 3 | 2 | 1 | N/A |
| 5. Demonstrates appropriate knowledge and expertise in soft tissue surgical skills, including suturing and soft tissue envelope handling. | 3 | 2 | 1 | N/A |

**Overall Evaluation of Resident (please check one)**

- Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_
- Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_
- Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

**Resident Name:** \_\_\_\_\_

**Resident's Comments**

Check one box

*[ ] I acknowledge and accept the evaluation.*

*[ ] I dispute the evaluation for the following reasons:*

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Infectious Disease Rotation Evaluation**

**Resident Name** \_\_\_\_\_

**PGY 1**

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Competencies:**

**Grade\*:**

***General rotation participation***

Participates in Infectious Disease rounds appropriately	3 2 1 N/A
Attends and participates in Infectious Disease conferences appropriately	3 2 1 N/A
Demonstrates initiative and willingness to learn	3 2 1 N/A

***Examination and treatment of the patient***

Performs appropriate ID pertinent history and physical examinations	3 2 1 N/A
Selects and interprets appropriate labs/ ancillary tests as indicated by H+P	3 2 1 N/A
Selects and interprets appropriate medical imaging as indicated by H+P	3 2 1 N/A
Properly collects culture specimens, and is knowledgeable in interpretation of C+S results.	3 2 1 N/A
Provides appropriate differential diagnoses	3 2 1 N/A
Demonstrates ability to recognize and diagnose common infective organisms	3 2 1 N/A
Demonstrates understanding of appropriate antibiotic usage, including pharmacology, potential interactions, and side effects, with specific attention to skin, soft tissue and bone infections	3 2 1 N/A
Provides and implements appropriate treatment options	3 2 1 N/A

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Resident Name** \_\_\_\_\_

**Evaluator initials** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

---

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**

Form revised June



2010

**Medical Imaging Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Competencies:**

**Grade\*:**

***General rotation participation***

- 4. Participates in Medical Imaging rotation appropriately 3 2 1 N/A
- 5. Demonstrates initiative and willingness to learn 3 2 1 N/A

***Rotation Specific Competencies***

- 1. Ability to interpret normal and abnormal musculoskeletal tissue on radiographs 3 2 1 N/A
- 2. Ability to interpret normal and abnormal musculoskeletal tissue on CT 3 2 1 N/A
- 6. Ability to interpret normal and abnormal musculoskeletal tissue on MRI 3 2 1 N/A
- 7. General understanding of basic non musculoskeletal imaging (eg. Chest x-rays) 3 2 1 N/A
- 8. Understand principles in interpretation of skeletal trauma 3 2 1 N/A
- 9. Understand principles in interpretation of bone tumors and bone diseases 3 2 1 N/A

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_  
Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_  
Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

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**Resident's Comments**

Check one box  
 I acknowledge and accept the evaluation.  
 I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Medicine Rotation Evaluation**

**Resident Name** \_\_\_\_\_

**PGY 1**

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Competencies:**

**Grade \*:**

***General rotation participation***

- |   |   |   |   |     |
|---|---|---|---|-----|
| 1. Participates in Medicine rounds appropriately                  | 3 | 2 | 1 | N/A |
| 2. Attends and participates in Medicine conferences appropriately | 3 | 2 | 1 | N/A |
| 3. Demonstrates initiative and willingness to learn               | 3 | 2 | 1 | N/A |

***Examination and treatment of the patient***

- |  |   |   |   |     |
|--|---|---|---|-----|
| Performs appropriate history and physical examinations   | 3 | 2 | 1 | N/A |
| Identifies systemic disorders, age & socioeconomic issues affecting the patient                  | 3 | 2 | 1 | N/A |
| Recognizes & correctly interprets the normal and abnormal findings of each of the H+P components | 3 | 2 | 1 | N/A |
| Selects and interprets appropriate labs/ ancillary tests as indicated by H+P                     | 3 | 2 | 1 | N/A |
| Selects and interprets appropriate medical imaging as indicated by H+P                           | 3 | 2 | 1 | N/A |
| Provides appropriate differential diagnoses  | 3 | 2 | 1 | N/A |
| Provides and implements appropriate treatment options  | 3 | 2 | 1 | N/A |
| Completes medical record components in a timely fashion  | 3 | 2 | 1 | N/A |

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

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**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date





**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Orthopedics Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_.

**Competencies:**

**Grade\*:**

***General rotation participation***

- |  |           |
|--|-----------|
| 1. Participates in Orthopedics rounds, surgeries and clinics appropriately | 3 2 1 N/A |
| 2. Demonstrates initiative and willingness to learn                        | 3 2 1 N/A |

***Examination of the orthopedic patient***

- |   |           |
|---|-----------|
| 1. Performs appropriate orthopedic history and physical examinations                          | 3 2 1 N/A |
| 2. Demonstrates ability to order and interpret appropriate imaging exams                      | 3 2 1 N/A |
| 3. Provides appropriate differential diagnoses and treatment options                          | 3 2 1 N/A |
| 4. Demonstrates ability to apply /order appropriate casts, splints, braces                    | 3 2 1 N/A |
| 5. Demonstrates appropriate knowledge and expertise in closed reduction                       | 3 2 1 N/A |
| 6. Performs core soft tissue surgical skills, including sutures/soft tissue envelope handling | 3 2 1 N/A |
| 7. Performs core osseous surgical skills, including osteotomies and AO/ASIF technique         | 3 2 1 N/A |
| 8. Demonstrates ability to utilize OR hand instruments, power equipment and fixation sets     | 3 2 1 N/A |

* Rating Scale- please circle appropriate grade for each competency above			
3-Outstanding	2-Satisfactory	1-Poor	N/A
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

---

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Pathology Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_.

**Competencies:**

**Grade \*:**

***General rotation participation***

10. Participates in Pathology Rotation appropriately 3 2 1 N/A

***Competencies***

Demonstrates knowledge & exposure to interpretation of anatomic and cellular pathology of:

1. Dermato-pathology Yes / No

11. Musculo-skeletal pathology Yes / No

12. Cytology and Hematological pathology Yes / No

13. Hematology, serology/immunology, and toxicology. Yes / No

14. Microbiology. Yes / No

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

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**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Pediatric Orthopedics Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_.

**Competencies:**

**Grade\*:**

***General rotation participation***

- |  |   |   |   |       |
|--|---|---|---|-------|
| 1. Participates in Pediatric Orthopedics rounds, surgeries and clinics appropriately | 3 | 2 | 1 | N/A   |
| 2. Demonstrates initiative and willingness to learn                                  |   | 3 | 2 | 1 N/A |

***Examination of the orthopedic patient***

- |  |   |   |   |     |
|--|---|---|---|-----|
| 1. Performs appropriate pediatric orthopedic history and physical examinations | 3 | 2 | 1 | N/A |
| 2. Demonstrates ability to order and interpret appropriate pediatric imaging   | 3 | 2 | 1 | N/A |
| 3. Demonstrates ability to apply appropriate casts, splints, braces            | 3 | 2 | 1 | N/A |
| 3. Provides appropriate differential diagnoses                                 | 3 | 2 | 1 | N/A |
| 4. Provides appropriate conservative and surgical treatment options            | 3 | 2 | 1 | N/A |

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Resident Name** \_\_\_\_\_

**Evaluator initials** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

---

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Plastic Surgery Evaluation**

**Resident Name** \_\_\_\_\_

**PGY**

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_.

**Competencies:**

**Grade\*:**

***General rotation participation***

- |   |           |
|---|-----------|
| 1. Participates in plastic surgery rounds, clinic and procedures appropriately  | 3 2 1 N/A |
| 2. Demonstrates initiative and willingness to learn   | 3 2 1 N/A |
| 3. Demonstrates appropriate knowledge of surgical principles and techniques   | 3 2 1 N/A |
| 4. Demonstrates appropriate knowledge of flaps and grafts.  | 3 2 1 N/A |
| 5. Demonstrates appropriate knowledge and expertise in soft tissue surgical skills, including suturing and soft tissue envelope handling. | 3 2 1 N/A |

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

---

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date





**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Podiatric Medicine Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_.

**Competencies:**

**Grade\*:**

***General rotation participation***

- |  |   |   |   |     |
|--|---|---|---|-----|
| 1. Participates in Podiatry rounds appropriately                 | 3 | 2 | 1 | N/A |
| 2. Attends and participates in Podiatry conference appropriately | 3 | 2 | 1 | N/A |
| 3. Demonstrates initiative and willingness to learn              | 3 | 2 | 1 | N/A |

***Examination of the podiatric patient***

- |  |   |   |   |     |
|--|---|---|---|-----|
| Performs appropriate history and physical examinations   | 3 | 2 | 1 | N/A |
| Performs appropriate biomechanical evaluations and gait analysis                                 | 3 | 2 | 1 | N/A |
| Identifies systemic disorders, age & socioeconomic issues affecting the lower extremities        | 3 | 2 | 1 | N/A |
| Recognizes & correctly interprets the normal and abnormal findings of each of the H+P components | 3 | 2 | 1 | N/A |
| Selects and interprets appropriate labs/ ancillary tests as indicated by H+P                     | 3 | 2 | 1 | N/A |
| Selects and interprets appropriate medical imaging as indicated by H+P                           | 3 | 2 | 1 | N/A |
| Provides appropriate differential diagnoses  | 3 | 2 | 1 | N/A |
| Provides and implements appropriate treatment options  | 3 | 2 | 1 | N/A |

***Management of the podiatric patient***

- |  |   |   |   |     |
|--|---|---|---|-----|
| Performs core palliative podiatry skills as well as taping, strappings, and castings | 3 | 2 | 1 | N/A |
| Ability to assess for/understand physical medicine/rehab & prosthetics treatments    | 3 | 2 | 1 | N/A |
| Demonstrates ability to manage and treat podiatric pathologies                       | 3 | 2 | 1 | N/A |
| Completes medical record components in a timely fashion                              | 3 | 2 | 1 | N/A |

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

---

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Podiatric Surgery Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Competencies:**

**Grade \*:**

***General rotation participation***

- |  |   |   |   |     |
|--|---|---|---|-----|
| Participates in Podiatry rounds, surgeries and clinics appropriately | 3 | 2 | 1 | N/A |
| Demonstrates initiative and willingness to learn                     | 3 | 2 | 1 | N/A |

***Examination of the surgical podiatric patient***

- |   |   |   |   |     |
|---|---|---|---|-----|
| Performs appropriate surgical history and physical examinations                           | 3 | 2 | 1 | N/A |
| Identifies systemic disorders, age & socioeconomic issues affecting surgical care         | 3 | 2 | 1 | N/A |
| Selects and interprets appropriate labs, imaging & ancillary tests for LE pathology       | 3 | 2 | 1 | N/A |
| Correctly orders and interprets peri-operative labs, imaging & ancillary tests.           | 3 | 2 | 1 | N/A |
| Provides appropriate differential diagnoses   | 3 | 2 | 1 | N/A |
| Provides appropriate conservative and surgical treatment options                          | 3 | 2 | 1 | N/A |
| Demonstrates appropriate knowledge and expertise in closed reduction, casting & splinting | 3 | 2 | 1 | N/A |
| Understands risks/complications and obtains appropriate informed consent                  | 3 | 2 | 1 | N/A |

***Management of the surgical podiatric patient***

- |   |   |   |   |     |
|---|---|---|---|-----|
| 1. Performs core soft tissue surgical skills, including sutures/soft tissue envelope handling | 3 | 2 | 1 | N/A |
| 2. Performs core osseous surgical skills, including osteotomies and AO/ASIF technique         | 3 | 2 | 1 | N/A |
| 3. Demonstrates ability to utilize OR hand instruments, power equipment and fixation sets     | 3 | 2 | 1 | N/A |
| 4. Demonstrates ability to manage patients post-operatively                                   | 3 | 2 | 1 | N/A |
| 5. Demonstrates ability to recognize and treat complications                                  | 3 | 2 | 1 | N/A |
| 6. Demonstrates ability to understand physical med/rehab indications post-operatively         | 3 | 2 | 1 | N/A |

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

---

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Rheumatology Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

<b>Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Competencies:**

**Grade :**

- |   |           |
|---|-----------|
| 1. Participates in Rheumatology clinic appropriately  | 3 2 1 N/A |
| 2. Participates in Rheumatology conferences appropriately   | 3 2 1 N/A |
| 3. Develops an understanding of the various rheumatologic diseases and their associated signs and symptoms.   | 3 2 1 N/A |
| 4. Develops an understanding of the various laboratory and related diagnostic studies available to diagnose and monitor the various rheumatologic diseases. | 3 2 1 N/A |
| 5. Becomes knowledgeable of the emerging and historical treatment protocols for the various rheumatologic diseases.   | 3 2 1 N/A |
| 6. Becomes knowledgeable of the value of the Rheumatologist in the overall care of the Podiatric patient and when to make the appropriate referral.         | 3 2 1 N/A |

**Overall Evaluation of Resident (please check one)**

- Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_
- Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_
- Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

**Resident Name:** \_\_\_\_\_

**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

---

*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date



**Yale-New Haven Hospital / VACT HCS  
Podiatric Medicine and Surgery  
Resident Evaluation**



**Wound Care Evaluation**

**Resident Name** \_\_\_\_\_

**PGY** \_\_\_\_\_

**Dates of Rotation** \_\_\_\_\_

**Location:** VACT \_\_\_\_\_.

**Competencies:**

**Grade\*:**

***General rotation participation***

- |   |   |   |   |     |
|---|---|---|---|-----|
| Participates in Wound Care Clinic / inpatient wound care rounds appropriately | 3 | 2 | 1 | N/A |
| Demonstrates initiative and willingness to learn                              | 3 | 2 | 1 | N/A |

***Examination of the wound care patient***

- |  |   |   |   |     |
|--|---|---|---|-----|
| 1. Performs appropriate history and physical examinations                            | 3 | 2 | 1 | N/A |
| 2. Identifies systemic disorders, age & socioeconomic issues affecting wound healing | 3 | 2 | 1 | N/A |
| 3. Selects and interprets appropriate labs/ ancillary tests as indicated by H+P      | 3 | 2 | 1 | N/A |
| 4. Selects and interprets appropriate medical imaging as indicated by H+P            | 3 | 2 | 1 | N/A |
| 5. Provides appropriate differential diagnoses                                       | 3 | 2 | 1 | N/A |
| 6. Provides and implements appropriate treatment options                             | 3 | 2 | 1 | N/A |

***Management of the wound care patient***

- |   |   |   |   |     |
|---|---|---|---|-----|
| 7. Demonstrates ability to choose and perform appropriate non-surgical management when indicated, including: off loading and casting.                             | 3 | 2 | 1 | N/A |
| 8. Demonstrates ability to choose and perform appropriate surgical management when indicated, including: debridement of various ulcerations superficial and deep. | 3 | 2 | 1 | N/A |
| 9. Demonstrates ability to choose and utilize appropriate wound care dressings.   | 3 | 2 | 1 | N/A |

<b>* Rating Scale- please circle appropriate grade for each competency above</b>			
<b>3-Outstanding</b>	<b>2-Satisfactory</b>	<b>1-Poor</b>	<b>N/A</b>
Exceeds expected level of competency	Meets expected level of competency	Does not meet minimum level of competency	Not observed or Not applicable

**Evaluator initials** \_\_\_\_\_

**Resident Name** \_\_\_\_\_

**Overall Evaluation of Resident**

Exceeds Expectations and Demonstrates Required Competencies \_\_\_\_\_

Meets Expectations and Demonstrates Required Competencies \_\_\_\_\_

Fails to Meet Expectations or Demonstrate Required Competencies \_\_\_\_\_

**Evaluator's Comments:**

**Evaluator:** \_\_\_\_\_  
Signature Printed Name Date

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**Resident's Comments**

Check one box

I acknowledge and accept the evaluation.

I dispute the evaluation for the following reasons:

**Resident:** \_\_\_\_\_  
Signature Printed Name Date

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*I have reviewed the evaluation form.*

**Program Director:** \_\_\_\_\_  
Signature Printed Name Date