Louis Stokes Cleveland Veterans Affairs Medical Center
2008-2009 General Rotation Information

It is the student's responsibility to contact the rotation coordinator ONE WEEK PRIOR to the first day if there are any questions as to the start day, time and/or place.

3rd year OCPM VA rotation-Dr Don Kushner coordinator
pager 440-562-0348
Donald.kushner@med.va.gov

4th year OCPM VA rotation-Dr J. Todd McVey coordinator
pager 440-562-0699
Jonathon.mcvey@med.va.gov

4th year OCPM Senior Medicine H&P and Externship rotation-Dr Lowell coordinator
pager 440-562-2129
danae.lowell@med.va.gov

Parking:
You will be stopped by VA Federal Police officers at the garage entrance. Let them know that you are a student, this is the first day of your rotation in podiatry, and that you are getting a parking pass that day. Park on the upper levels.

Arrival Day:
In general, orientations are held on the first Monday of the rotation. At times when Monday is a Federal Holiday, orientations are held on the first Tuesday of the rotation.

Arrival Time: you are expected to be in the clinic area 15 minutes prior to start time.
Start time is 8:00 for the 4th year VA rotation.
Start time is 9:00 for the Senior Medicine H&P rotation.
Start time is 1:00 for the 3rd year VA rotation.
Start time is 7:00 for the 4th year VA Externship rotation

Location:
Take the 2nd floor crosswalk from the garage to the 2nd floor of the Atrium.
Podiatry is found on the 2nd floor in Module F which is located to the left of the elevators in the Atrium.

Paperwork:
All necessary paperwork will be provided and completed the first day.

Attire:
Clinic attire is required the first day. Lab coat and identification are mandatory.

Syllabus:
The syllabi for these rotations are attached for more detailed descriptions.

No student is exempt from the 1st day of the rotations and may be subject to rotation failure unless discussed directly with the rotation coordinators ONE WEEK PRIOR to start.

SENIOR MEDICINE ROTATION

SYLLABUS

LOUIS STOKES CLEVELAND DEPARTMENT OF VETERAN'S AFFAIRS MEDICAL CENTER

"Whether the Veteran volunteered for service or was drafted into the service, each put themselves in harm's way, or was willing to do so in the defense of our country, and as such are deserving of the utmost respect and admiration. "

Rotation Coordinator: Danae Lowell, DPM 2007-2008
(440)562-2129

DESCRIPTION OF ROTATION

The Senior Medicine rotation is a two month experience at the Louis Stokes Cleveland Department of Veteran's Affairs which is designed to provide experiences in history and physical examinations. Based on the goals and objectives, experiences will include patient assessment techniques (i.e., history and physical examinations), opportunities that provide understanding of disease processes, and management strategies. This rotation will include patient exposure in the following areas:

-podiatry outpatient/inpatient admission H&P
-pre-operative clinic
-Podiatry OR experiences
-inpatient cardiology/EKG rounds/cardiology lab
-geriatric outpatient clinic and inpatient team
-nuclear medicine suite
-didactic lectures Medicine Morbidity and Mortality Conference, Pain Management, Geriatric lectures,
Cath Conference
-WP podiatry outpatient clinic assignments
-EMG lab
-phlebotomy
-vascular lab
-skills/testing

Additional exposures and training may vary. <u>Schedules subject to change every month</u>.

RATIONALE

The podiatric physician serves both as a primary care provider as well as consultant to the health care management team. As a primary care provider, the podiatric office serves as an entry point to the health care system, provides care for commonly occurring conditions, sees patients on a regular basis over the life of the patient, and coordinates care when signs and symptoms of systemic diseases outside the scope of practice present themselves.

The podiatric medical student must develop good history and physical examination skills, which enable accurate diagnosis and management of patient problems. Management refers to the process of evaluating signs and symptoms, identifying systemic and podiatric medical conditions and developing treatment strategies including appropriate referral as needed.

As consultant, the podiatrist serves a secondary and tertiary prevention function, screening for disease precursors and arresting and retarding the effects of existing conditions.

As the healthcare system moves from a disease orientation to a health orientation, the role of the podiatrist on the primary care team will become better defined. As physician, the podiatrist, working in tandem on the healthcare team, will contribute to the health maintenance process by primary, secondary and tertiary preventive methods.

Interdisciplinary healthcare teams will deliver comprehensive, longitudinal, patient-centered care to patient populations. Interdisciplinary training not only provides opportunities for healthcare professionals to learn about other disciplines, but also provides a collegial environment, which fosters communication, cooperation and efficient patient care.

At the end of this rotation, the podiatric medical student is expected to be able to complete a history and physical examination, record it accurately, order and interpret appropriate special studies and laboratory tests, develop a list of differential diagnosis, be able to discuss basic pathologies and suggest a management strategy.

GOALS AND OBJECTIVES

Goals: This rotation is designed to provide clinical experiences in the patient assessment techniques (i.e., history and physical examination), the understanding of disease processes and management strategies. This will include experiences in emergency room, in-patient and out patient settings.

1. The podiatry student will develop the skills and knowledge required to perform and interpret a medical interview and routine physical examination and generate a diagnostic hypothesis.

2. The podiatry student will develop the skills and knowledge required to order appropriate tests and examinations (in a cost-effective manner) to arrive at a provisional diagnosis.

3. The podiatry student will develop the skills and knowledge required to discuss disease processes and propose a management strategy including appropriate referral.

4. The podiatry student will develop the skills and knowledge required to self evaluate and direct an independent learning program for future learning.

Objectives:

1. Demonstrate effective techniques for communicating and interacting with patients.

2. Obtain and record a complete patient history and review of systems.

3. Perform a basic physical examination utilizing the traditional techniques of inspection, palpation, percussion and auscultation.

4. Interpret findings of the basic physical examination of the patient, distinguish normal from abnormal findings and develop a differential list.

5. Order and interpret appropriate tests and examinations (in a cost-effective manner) to arrive at a provisional diagnosis.

6. Propose a management strategy for the patient's problems including appropriate referral.

7. Properly record all data in the patient record.

8. Present clear, concise case presentations orally to include relevant history and physical findings, differential diagnosis, recommendations for follow-up studies, and management strategies for specific conditions.

Instructional Strategy

This is an eight week clinical rotation for Fourth Year students which consists of guided patient care in the outpatient and inpatient setting.

There will be a pre and post assessment of H&P skills with pre and post H&P rotation written test

Students are required to complete all pre and post assessments/tests in order to pass rotation.

ATTENDANCE IS MANDATORY.

All excused absences from this rotation must be made up. It is the student's responsibility to fulfill all of his or her clinic rotation obligations.

UNEXCUSED ABSENCES WILL RESULT IN AUTOMATIC FAILURE.

Only the Rotation Coordinator has the authority to excuse a student!

GENERAL INFORMATION

One week prior to starting the rotation, students are responsible for contacting the rotation coordinator, Danae Lowell, DPM at pager (440)562-2129 for orientation instructions.
Orientation will occur the first day of the rotation-unless otherwise arranged.
Evaluations will be completed the final day of the rotation. In addition to rotation requirements, other experiences will be offered when available and as time permits. This may include surgical exposure, conferences, and grand rounds.

Other contact persons during the rotation include:

Connie Garlock, NPpodiatry outpt/ inpt H&Ps. Ext 5213, pager 440-562-2118.

Dr. James Erkard, EKG/cardiology extension 4873

Mr. Paul Wagner, nuclear medicine contact 440-562-1281

Podogeriatric fellow, Tony Ellis – 440-562-9769
Drs. Muralidhar Pallaki and Thomas Hornick, attendings

Susan Arceneaux, EMG lab ext 5529, pager 440-562-2425

Phlebotomy –Toriano Bowens
Vascular Lab – Wendy Stefanski

Pre-op clinic – Cynthia Potter

Orientation information.

1. **All students must have a clean white lab coat with appropriate identification**.
   Clinic attire is expected at all times. (Exceptions will be discussed)
   Students must wear OCPM identification
   Parking is provided – during orientation, sticker will be issued

2. All students should bring with them the following items:
   Stethoscope, Tuning fork, Neurological hammer

STUDENT EVALUATION:

Evaluation for this rotation will be based on a composite of several factors culminating in one complete evaluation. At the completion of the rotation, students will receive Honors, Satisfactory, Unsatisfactory or Incomplete evaluation.

Faculty and staff will evaluate students' performance on a daily basis and provide feedback to the student in order that he or she may continually improve their skills. If, at the mid-way evaluation, it is felt by the faculty and staff that a student's performance is unsatisfactory, he or she will be notified in writing of the areas of weakness and of ways to improve performance.

The Composite Clinical Evaluation addresses the following areas:

A. CASE PRESENTATIONS
B. CLINICAL SKILLS
C. CHARTING
D. PATIENT LOG
E. ATTITUDE AND MOTIVATION- (See Clinical Evaluation Form Pages)

EXPECTATIONS:

A. **PROPER CASE PRESENTATION TO INCLUDE**:
   Name, Age, Sex, Race
   Chief Complaint
   History of Present Illness
   (N.L.D.O.C.A.T.)
   Significant Past Medical History
   Systems Review
   Medications
   Allergies
   Physical Findings
   Proper Identification of Patient's Problem
   Suggested Treatment(s)

Case Presentation should take no more than five to ten minutes in most cases, and should include only pertinent information.

IMPROPER PRESENTATIONS: Incorrect information Inaccurate information Incomplete information Lack of orderly presentation
CLINICAL FACULTY WILL VERBALLY IDENTIFY DEFICIENCIES IN CASE PRESENTATIONS TO THE STUDENT AND SUGGEST RESOLUTION.

GRADING FOR CASE PRESENTATION:
SATISFACTORY: Consistently proper case presentations
UNSATISFACTORY: Consistently improper case presentations

B. **CLINICAL SKILLS**

Students will be evaluated on their ability to perform basic history and physical examination skills in the clinical setting.

CLINICAL FACULTY WILL VERBALLY IDENTIFY DEFICIENCIES IN CLINICAL SKILLS TO THE STUDENT AND SUGGEST RESOLUTION.

C. **PROPER COMPLETION OF MEDICAL CHARTS TO INCLUDE:**

Legibly written
Proper spelling and grammar
Vital information (Patient's name, number, date)
Student signature and Clinician's name
Initial History and Physical (accurately record all history and physical findings
Progress note
S Subjective Findings
O Objective Findings
A Assessment
P Plans

IMPROPER CHARTING:
Illegibly written
Absent vital information
Data written in wrong section of SOAP note
Improper assessment
Incorrect, inaccurate, incomplete plans

CLINICAL FACULTY WILL VERBALLY IDENTIFY DEFICIENCIES IN CHARTING TO THE STUDENT AND SUGGEST RESOLUTION.

GRADING OF CHARTING:
SATISFACTORY: Consistently proper charting
UNSATISFACTORY: Consistently improper charting

D. **PATIENT LOG:**

Students are required to keep a log of all the patients that they have treated during this rotation. This log should include date of encounter, patient identification number, primary diagnosis, and level of participation. This log must be turned in to the rotation contact person of the respective facility, at the conclusion of the rotation for proper credit. Failure to turn in a completed log will result in a grade of Incomplete (I) for the rotation.

E. **ATTITUDE AND MOTIVATION: *SEE EVALUATION FORMS**

EVALUATION STRATEGY

1. Students will be evaluated by rotation staff based on the goals and objectives. (See evaluation form.)

2. Students are **required** to keep a log of every patient encounter including date of encounter, patient identification number, primary diagnosis, and level of participation. **NOTE: I would suggest that you make two copies of your logs, one for the Graduate Placement Office and one for the staff at your H&P rotation, if required.** ***Logs and Cover Sheet must be turned in within one week of the end of the rotation*** (see example log form and cover sheet).

3. Students are **required** to evaluate the program and the faculty involved in the training (see program and faculty evaluation forms).

LEARNING RESOURCES

REQUIRED READINGS:

1. Bates, Barbara, **A Guide to Physical Examination**, Lippincott, Philadelphia, Pennsylvania, Chapters 1 through 19.

STUDENTS ARE REQUIRED TO HAVE COMPLETED READING ASSIGNMENTS PRIOR TO THE BEGINNING OF THE ROTATION.

SUGGESTED READINGS:

1. Harrison's **Internal Medicine**.
2. Adams, R.D., and Victor, M., **Principals of Neurology**, Mcgraw Hill, New York, NY
3. Barrows, H.S., **Guide to Neurological Assessment**, Lippincott, Philadelphia, PA
4. DeJong, R. **The Neurological Examination,** Lippincott, Philadelphia, PA
5. Fitzpatrick, T. Polano, M. and Surmond, D., **Color Atlas and Synopsis of Clinical Dermatology,** McGraw Hill, New York, NY, 1983.
6. Juergens, J., et al., **Peripheral Vascular Disease**, W.B. Saunders, Philadelphia, PA
7. Marriott, H., **Practical Electrocardiography**, Williams and Wilkins, Baltimore, MD, Chapters 1-4, 6,7,9,10, 13-15, 23, 26.
8. Nover, A., **The Ocular Fundus**, Lea and Febiger, Philadelphia, PA, 1981; pp. 3-47, 69-86, 93-101, 106-133, 157-160, 180-181.
9. Samitz, M.H., **Cutaneous Disorders of Examination**, Macmillian Publishing Co., New York, NY.
10. DeGowin and DeGowin, **Bedside Diagnostic Examination**, Macmillian Publishing Co., New York. NY.

EXTERNSHIP ROTATION

SYLLABUS

LOUIS STOKES CLEVELAND DEPARTMENT OF VETERAN'S AFFAIRS MEDICAL CENTER

"Whether the Veteran volunteered for service or was drafted into the service, each put themselves in harm's way, or was willing to do so in the defense of our country, and as such are deserving of the utmost respect and admiration. "

Rotation Coordinator: Danae Lowell, DPM 2007-2008
(440)562-2129

DESCRIPTION OF ROTATION

The Clerkship rotation is a one month experience at the Louis Stokes Cleveland Department of Veteran's Affairs which is designed to provide surgical experience. Based on the goals and objectives, experiences will include inpatient and outpatient perioperative exposure, patient assessment techniques (i.e., focused physical examinations), access to the operating room, and exposure to the surgical team environment. This rotation will include patient contact in the inpatient podiatry ward, outpatient podiatry clinic, consults to other hospital wards, and operating room. Students will work with podiatry surgical team. Additional exposure and training may vary.

RATIONALE

The surgical podiatric physician serves as a primary care provider, consultant to the health care management team, and specialized leader in the care of foot and ankle pathology requiring surgical intervention. As a primary care provider, the podiatric office serves as an entry point to the health care system, provides care for commonly occurring conditions, sees patients on a regular basis over the life of the patient, and coordinates care when signs and symptoms of systemic diseases outside the scope of practice present themselves. In the multidisciplinary environment of health specialists, the podiatrist becomes an integral team member who is regularly consulted regarding various foot pathologies to offer treatment recommendations. As the foot and ankle surgical specialists, podiatrists are called upon to evaluated, diagnose, and treat common as well as complex pedal conditions.

The podiatric medical student must develop sound focused history and physical examination skills, which enables them to formulate a list of differential diagnoses and design a management plan of care for patient pedal problems and recognizing when surgical treatment is appropriate. Management refers to the process of evaluating signs and symptoms, identifying systemic and podiatric medical conditions and developing treatment strategies including appropriate referral as needed. As consultant, the podiatrist serves a secondary and tertiary prevention function, screening for disease precursors and arresting and retarding the effects of existing conditions. In addition to working with other medical disciplines to manage patient's co-morbid conditions, podiatry consults frequently involve surgical intervention.

As the healthcare system moves from a disease orientation to a health orientation, the role of the podiatrist on the primary care team will become better defined. As physician, the podiatrist, working in tandem on the healthcare team, will contribute to the health maintenance process by primary, secondary and tertiary preventive methods. Also, the role of the podiatry surgeon is ever evolving to encompass multiple aspects of patient care on the interdisciplinary healthcare team offering opportunities for healthcare professionals to not only learn about other disciplines, but also provides a collegial environment, which fosters communication, cooperation and efficient patient care.

At the end of this rotation, the podiatric medical student is expected to be able to complete a focused history and physical examination, record it accurately, order and interpret appropriate special studies and laboratory tests, develop a list of differential diagnosis, be able to discuss basic pathologies, suggest a management strategy, and offer a surgical intervention plan. In addition, OR techniques such as prepping and draping the patient, perioperative notes, and various team enhancing skills will be mastered.

GOALS AND OBJECTIVES

Goals: This rotation is designed to provide clinical experiences in the surgical management of patients for that special patient population found in the Louis Stokes Cleveland VAMC. This includes the pre-operative evaluation, assessment, diagnosis, management planning as well as the peri-operative and post-operative course of care. This will include experiences in emergency room, in-patient and out patient settings, and the operative arena.

1. The podiatry student will develop the skills and knowledge required to perform a thorough focused preoperative examination and generate a treatment hypothesis.

2. The podiatry student will develop the skills and knowledge required to order appropriate tests and examinations (in a cost-effective manner) to arrive at a provisional diagnosis.

3. The podiatry student will develop the skills and knowledge required to discuss surgical procedures and propose a treatment plan.

4. The podiatry student will develop the skills and knowledge required to self evaluate and direct an independent learning program for future learning.

Objectives:

1. Demonstrate effective techniques for communicating and interacting with patients.

2. Obtain and record complete patient preoperative and postoperative exams.

3. Perform a focused physical examination utilizing the traditional techniques of inspection, palpation, manual muscle testing, biomechanical and neurological exams.

4. Interpret findings of the focused physical examination of the patient, distinguish normal from abnormal findings and develop a differential list.

5. Order and interpret appropriate tests and examinations (in a cost-effective manner) to arrive at a provisional diagnosis.

6. Propose a management strategy for the patient's problems including appropriate referral.

7. Properly record all data in the patient record.

8. Present clear, concise case presentations orally to include relevant history and physical findings, differential diagnosis, recommendations for follow-up studies, and management strategies for specific surgical diagnoses.

Instructional Strategy

This is a four week clinical surgical rotation for Fourth Year students which consists of guided patient care in the outpatient, inpatient, and operative setting. During this experience the extern will be assigned to work with the surgical team.

ATTENDANCE IS MANDATORY.

All excused absences from this rotation must be made up. It is the student's responsibility to fulfill all of his or her clinic rotation obligations.

UNEXCUSED ABSENCES WILL RESULT IN AUTOMATIC FAILURE.

Only the Rotation Coordinator has the authority to excuse a student!

GENERAL INFORMATION

One week prior to starting the rotation, students are responsible for contacting the rotation coordinator, Danae Lowell, DPM at pager #(440)562-2129 for orientation instructions.
Orientation will occur the first day of the rotation.
Evaluations will be completed the final day of the rotation. In addition to rotation requirements, other experiences will be offered when available and as time permits. This may include conferences and lectures.

Orientation information.

2. **All students must have a clean white lab coat with appropriate identification**.
   Clinic attire is expected at all times for conferences, lectures, and podiatry surgery outpatient clinic scheduled every Friday. Street clothes are mandatory at all other times when arriving and leaving the premises. OR scrubs are provided by VA and cannot leave the property. Scrubs can be worn all day during non-clinic days. (typically Mon – Thur)
   Students must wear OCPM identification
   Parking is provided – during orientation, sticker/tag will be issued – to be arranged with Karen Johnson once you arrive.

2. All students should bring with them the following items:
   As you prepare for residency you will realize there are many items that should be on your person at all times in order to succeed. Use this month to identify these items. This may include but is not limited to: penlight, pens, highlighter, permanent marker, Antibiotic reference book, calendar book with patient contact information and pencil, semmes weinstein monofilament, tractograph, antibiotic ointment, alcohol wipes, tape, cotton tipped applicators, tongue depressors, scalpel, scissors, gloves, pocket PDR, pocket podiatrics, etc.

STUDENT EVALUATION:

Evaluation for this rotation will be based on a composite of several factors culminating in one complete evaluation. At the completion of the rotation, students will receive either Honors, Satisfactory, Unsatisfactory or an Incomplete evaluation.

Faculty and staff will evaluate student performance on a daily basis and provide feedback to the student in order that he or she may continually improve their skills. If, at the mid-way evaluation, it is felt by the faculty and staff that a student's performance is unsatisfactory, he or she will be notified in writing of the areas of weakness and of ways to improve performance.

The Composite Clinical Evaluation addresses the following areas:

A. CASE PRESENTATIONS
B. CLINICAL SKILLS
C. CHARTING
D. PATIENT LOG
E. ATTITUDE AND MOTIVATION
(See Clinical Evaluation Form Pages)

EXPECTATIONS:

A. **PROPER CASE PRESENTATION TO INCLUDE**:

Name, Age, Sex, Race
Chief Complaint
History of Present Illness
(N.L.D.O.C.A.T.)
Significant Past Medical History
Systems Review
Medications
Allergies
Physical Findings
Proper Identification of Patient's Problem: Differential diagnosis
Suggested Treatment(s)

Case Presentation should take no more than five to ten minutes in most cases, and should include only pertinent information.

Clinical faculty will verbally identify deficiencies in case presentations to the student and suggest resolution.

GRADING FOR CASE PRESENTATION:

SATISFACTORY: Consistently proper case presentations
UNSATISFACTORY: Consistently improper case presentations

B. **CLINICAL SKILLS**

Students will be evaluated on their ability to perform focused history and physical examination skills in the clinical setting.

CLINICAL FACULTY WILL VERBALLY IDENTIFY DEFICIENCIES IN CLINICAL SKILLS TO THE STUDENT AND SUGGEST RESOLUTION.

C. **PROPER COMPLETION OF MEDICAL CHARTS TO INCLUDE:**

Legibly written
Proper spelling and grammar
Vital information (Patient's name, number, date)
Student signature and Clinician's name
Initial History and Physical (accurately record all history and physical findings
Progress note

- S Subjective Findings
- O Objective Findings
- A Assessment
- P Plans

Clinicl faculty will verbally identify deficiencies in charting to the student and suggest resolution.

GRADING OF CHARTING:
SATISFACTORY: Consistently proper charting
UNSATISFACTORY: Consistently improper charting

D. **PATIENT LOG:**

Students are required to keep a log of all the patients that they have treated during this rotation. This log should include date of encounter, patient identification number, primary diagnosis, and level of participation. This log must be turned in to the rotation contact person of the respective facility, at the conclusion of the rotation for proper credit. Failure to turn in a completed log will result in a grade of Incomplete (I) for the rotation.

F. **ATTITUDE AND MOTIVATION: *SEE EVALUATION FORMS**

G. **DAILY ROTATION RESPONSIBILITIES:**

Responsibilities during the rotation include but are not limited to the following:

a. Student will participate in activities of the surgical team, as appropriate, including inpatient and outpatient care, consults to medical wards and emergency room, conferences, lectures, and weekend work detail when necessary.

b. Student will meet with surgical team every day for morning report – times vary depending on patient census and OR schedule.

  i. Morning meeting includes discussion of overnight issues regarding new admissions, consults, inpatients or patients who had elective procedures, rounds and dressing changes, developing list of things to do for the day, and preparation for cases that day.

c. Evening meeting will address all issues that may have developed during the day and to ensure all patient care has been completed.

d. Tuesday morning radiology conference at St. Vincent Charity Hospital 7:00 a.m. depending upon surgical schedule.

e. Weekly Morbidity/Mortality and Indications conferences held every Wednesday at 7:00 a.m.

f. Anatomy lab is typically scheduled Tuesday afternoons and includes hands on experience with suturing, dissection, amputations, tendon transfers, and plastic surgery techniques.

g. As student surgical skills progress, responsibilities and expectations, and hands-on experiences will increase during the month.

h. Student will give presentation at the end of the rotation. This should be a case presentation that includes a well-researched topic and be approximately 30 minutes in duration.

Please feel free to discuss your own goals and objectives for this rotation and we will make every effort to help you achieve them. This rotation is designed to give you the best opportunities for personal and professional growth and to prepare you for any rotation as well as give you accurate insight to your future residency career.

EVALUATION STRATEGY

1. Students will be evaluated by rotation staff based on the goals and objectives. (See evaluation form.)

2. Students are **required** to keep a log of every patient encounter including date of encounter, patient identification number, primary diagnosis, and level of participation. **NOTE: I would suggest that you make two copies of your logs, one for the Graduate Placement Office and one for the staff at your H&P rotation, if required.** *****Logs and Cover Sheet must be turned in within one week of the end of the rotation*** (see example log form and cover sheet).

3. Students are **required** to evaluate the program and the faculty involved in the training (see program and faculty evaluation forms).

LEARNING RESOURCES

REQUIRED READINGS:

1. Bates, Barbara, **A Guide to Physical Examination**, Lippincott, Philadelphia, Pennsylvania, Chapters 1 through 19.

STUDENTS ARE REQUIRED TO HAVE COMPLETED READING ASSIGNMENTS PRIOR TO THE BEGINNING OF THE ROTATION.

SUGGESTED READINGS:

1. Harrison's **Internal Medicine**.
2. Adams, R.D., and Victor, M., **Principals of Neurology**, Mcgraw Hill, New York, NY
3. Barrows, H.S., **Guide to Neurological Assessment**, Lippincott, Philadelphia, PA
4. DeJong, R. **The Neurological Examination,** Lippincott, Philadelphia, PA
6. Fitzpatrick, T. Polano, M. and Surmond, D., **Color Atlas and Synopsis of Clinical Dermatology,** McGraw Hill, New York, NY, 1983.
6. Juergens, J., et al., **Peripheral Vascular Disease**, W.B. Saunders, Philadelphia, PA
7. Marriott, H., **Practical Electrocardiography**, Williams and Wilkins, Baltimore, MD, Chapters 1-4, 6,7,9,10, 13-15, 23, 26.
8. Nover, A., **The Ocular Fundus**, Lea and Febiger, Philadelphia, PA, 1981; pp. 3-47, 69-86, 93-101, 106-133, 157-160, 180-181.
9. Samitz, M.H., **Cutaneous Disorders of Examination**, Macmillian Publishing Co., New York, NY.
10. DeGowin and DeGowin, **Bedside Diagnostic Examination**, Macmillian Publishing Co., New York. NY.

THIRD YEAR PODIATRIC MEDICAL STUDENT ROTATION SYLLABUS

LOUIS STOKES CLEVELAND DEPARTMENT OF VETERAN'S AFFAIRS MEDICAL CENTER

"Whether the Veteran volunteered for service or was drafted into the service, each put themselves in harm's way, or was willing to do so in the defense of our country, and as such are deserving of the utmost respect and admiration. "

Rotation Coordinator: Todd McVey, DPM
2004-2005

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Louis Stokes Cleveland Department of Veteran Affairs Medical Center
Third Year Student Rotation

Rationale: The medical care of the adult foot represents the majority of most podiatric medical practices. The podiatric physician must not only have knowledge of problems limited to the foot, but also systemic medical conditions that are manifest in the foot. He or she must treat patients who have many coexisting medical problems as well as social and psychological issues. The focus of this rotation is to educate third year podiatric medical students on how to properly document the patient visit within a computerized charting system. Students will also be expected to participate in the evaluation, diagnosis and management of a podiatric patient with multi-factorial medical issues. Students bring to the rotation knowledge and experience gained in the first two years of podiatric medical education, as well as third year didactic and clinical curriculum, experience in off-campus programs, and other clinical experiences. This rotation builds on and enhances this experience with supervised patient care and focused clinical instruction.

Instructional Strategy: This is a one-month clinical rotation for third year podiatric medical students that consist of guided instruction and other supplemental educational experiences including lecture presentations, group discussions, & interactive workshops. Students will rotate through both the Wade Park division, and the Brecksville division of the Louis Stokes Cleveland, Department of Veteran's Affairs Medical Center.

- In addition weekend or evening assignments may be given for various educational events, health fair volunteering, etc. Participation in these activities is required if assigned.
- Attendance in clinic is mandatory.
- All absences must be made up. It is the students' responsibility to fulfill all of his or her clinic rotation obligations.
- Students must fill out proper paperwork for these makeup dates and submit them to the rotation coordinator. Failure to do so will result in failure of the clinical rotation.
- Planned absences must be discussed in advance with the rotation coordinator. Students must notify the rotation coordinator of any unplanned absences on the day of the absence, i.e., sick days, emergencies, etc. Students will be given a schedule at the beginning of the rotation.

Goals of the Rotation: Students will have the opportunity to follow and work directly with fourth year students, residents and clinicians at the Louis Stokes Cleveland Department of Veteran Affairs Medical Center. They will learn the CPRS system and develop electronic charting skills in compliance with VHA and CMS guidelines and regulations. They will contribute to the evaluation and management of patients learning how to interview patients interacts with members of a professional managed care system and attend educational conferences and presentations.

Learning Objectives:

1. The podiatric medical student will learn how to use the Computerized Patient Record System (CPRS) including the following specific skills:
    1. Managing the documentation of patient encounters
    2. Writing H&P's and progress notes
    3. Accessing patient medical information
    4. Order consults, lab tests, diagnostic examinations, and medications

2. The podiatric medical student will observe podiatric pathology and be able to:
    1. Recognize clinical signs and symptoms
    2. Evaluate x-rays and other diagnostic studies
    3. Participate in development of management plans.
    4. Participate in the care of patients.

Administrative Expectations:

1) **Charting responsibilities**: Students will be expected to complete all of their charting obligations as instructed and in a timely fashion. Any questions should be directed to the clinical faculty. Instruction on charting requirements will be given on the first day of orientation. Feedback will be given throughout the duration of the rotation, but it is expected that students will be careful and diligent in their charting duties. Poor performance m this area is a serious matter, which could require remediation. **Students are responsible to present one completed SOAP note and demonstrate proficiency in utilizing CPRS by having CPRS Performance Checklist filled out and signed by the rotation coordinator. <u>This sheet MUST be complete by the end of the 3rd week of the rotation.</u>**

2) **Patient Activity Log**: Students will be required to keep a daily log of all patients seen during the rotation. The log forms are provided to the students, and are included in the syllabus. Additionally, all lectures and other presentations will be logged on these, forms in the appropriate section. The logs are to be kept with the student at all times, to ensure accuracy and completeness.

3) **Submitting all paperwork in a timely fashion**: At the completion of the rotation the student is require to submit the **PATIENT DE-IDENTIFIED** log to Ms. Candy Arnburg, office of Graduate Placement, OCPM and the **ORIGINAL PATIENT IDENTIFIED LOG** is to be given to the rotation coordinator (Todd McVey, DPM).

Student evaluation:

Individual department members will evaluate student performance and provide feedback to the students in order that he or she may continually improve their skills. The Podiatric Medicine Section, as a group, will discuss student performance. The final rotation grade will be a composite of evaluation of electronic charting skills and participation in patient management and educational conferences.

I) **Computerized Patient Record System:** Students will be evaluated on their ability to operate and properly document a patient visit within a computerized patient record system. For specific details, see the CPRS Performance Checklist.

2) Non-cognitive behavior: It is essential that students develop and demonstrate appropriate qualities becoming a professional. The staff at the VAMC has volunteered to participate in your education and receive no extra remuneration for their efforts. Whether they are ward clerks, nurses, or physicians, each is a valued member of a team without hierarchical position. Inappropriate behavior toward a staff member will not be tolerated and will be grounds for immediate rotation failure. The evaluation form included in this syllabus contains these non-cognitive traits. The information is included with the syllabus as a guide for students.

3) Patient Activity log: Students will be expected to maintain an accurate and up to date daily log. At the end of the month, the log submitted must be neatly written, legible, and accurate. It is expected that students will log between 100 and 150 patients during their one-month rotation at the VA Medical Center.

GRADING AND REMEDIATION

The VA rotation during the third year will be a separate grade from the OCPM grading system. A grade will appear for this rotation on your permanent transcript. Remediation for failure of the

rotation will be conducted through the Cleveland Department of Veterans Affairs. Remediation, if needed, will consist primarily of:
l) Students who are identified with deficiencies will be given written feedback during the course of the rotation with the specific problem areas identified and recommendation for remediation.
2) Students who do not successfully remediate their deficiencies will be given a failing grade for the rotation.
3) **Failures must be made up prior to matriculation to the fourth year**.
4) Students who fail rotations will be required to repeat the rotation. The focus of the repeat rotation will be at the discretion of the rotation coordinator.

STUDENTS ARE REQUIRED TO READ THEIR SYLLABUS AND ALL ATTACHED DOCUMENTS AND HANDOUTS PROVIDED TO THEM.

LOUIS STOKES DEPARTMENT OF VETERAN AFFAIRS

WADE PARK DIVISION

10701 EAST BLVD
CLEVELAND, OHIO 44106
(216)-791-3800 EXT. 5858

Directions from OCPM: Travel south down 105th past Euclid and Chester Avenues. The next intersection is a circle and the Mt. Sinai Medical Center will be on your left. Pass Mt. Sinai and the circle and turn right into the fenced parking lot. You will see the parking garage. Proceed into the garage and park on the third or fourth floor. Get there early. Off site parking is available if the deck is full. Instructions for parking will be given to you during orientation.

The podiatry clinic is located on the third floor. Take elevators or stairs to 3 and follow the signs. The clinic clerk is Dawn, at extension #5858.

BRECKSVILLE DIVISION

10000 BRECKSVILLE ROAD
BRECKSVILLE, OHIO
(440) 526-3030 EXT. 6810

Directions from OCPM: Take Carnegie to 77 South. Take 77 south past 1 480. Get off at the Miller Road exit and turn left on Miller Road. Cross over the interstate and you will see the VA Hospital on your left side. Turn into the first driveway, then into the first drive on the right. You will park in this lot, This is across from Building One, which is where the podiatry clinic is located. Proceed into Building One and find the elevator or stairway in the lobby. Proceed to the second floor and follow the signs to the podiatry clinic. The clinic clerk is Tanya at extension 6810.

ARRIVE EARLY! PARKING IS LIMITED

Sample Worksheet

Name: SS#: Wade Park Brecksville Date

Pt states their blood sugar was:

_____mg/%

Today Date

S:

Patient is a ____y/o;___ male, ___female presents with a C

___ Painful nails

___Painful calluses

____follow-up visit for ulcers____ diabetic____ neurotrophic____ venous stasis____

PMH: ____DM Type 11 ____IDDM ____ NIDDM ____ DM Type 1____ HTN ____ Heart Disease ____MI____ CABG x____by-passes in____ COPD ____ Asthma____ ETOH abuse____Substance abuse____ Cancer____ Smoker x _____ pack years

_____

Meds:_____

Allergies: NKDA;

0: Vascular: DP: _____ b/l, _____palpable_____ barely palpable _____non-palpable

Doppler:_____ mono-phasic, _____ bi-phasic_____ tri-phasic _____ non-audible

_____

PT: _____ b/l, _____palpable_____ barely palpable _____non-palpable

Doppler:_____ mono-phasic, _____ bi-phasic_____ tri-phasic _____ non-audible

_____

CFT: _____< 3 sec 1-5 b/l, _____ Increased refill time

Skin temp: _____b/I _____warm to cool _____warm to warm _____cool to cold

_____ Right_____warm to cool _____warm to warm _____cool to cold

_____ Left_____warm to cool _____warm to warm _____cool to cold

Edema: _____b/l, _____ non-pitting, _____ pitting:

Neuro: _____ All epicritic sensations intact b/I _____Vibratory Sensation

_____Semmes-Weinstein 5.07 monofilament: _____intact b/i, _____absent b/I

At level of: _____toes _____met. Heads _____mid-foot _____ankle _____knee

Derm: _____Nails 1-5 b/I are long, thick, yellow, and crumbly _____No open lesions or masses

_____Hyperkeratotic tissue at:

_____Ulcer at:

-

_____

_____

Ortho: _____HAV _____ Contracted digits: right - 1 2 3 4 5 left-1 2345

_____

_____

A: After reviewing the H&P and clinical findings: **Dr. Nicklas, Penfield, Robbins/ Dr. Resident**, and Student Dr. made the diagnosis of (**See below for specifics)**

_____Onychomycosis 1-5 b/I _____Tyloma: _____PVD _____DM Type 11: _____ IDDM _____NIDDM_____Peripheral Neuropathy _____IPK _____ Tinea pedis _____ Xerosis

_____Plantar fasciitis _____ Ulcer

_____

P: Treatment today was under the direct supervision of **Dr. Nicklas, Penfield, Robbins, /Dr. Resident** and Student Dr. and consisted of: (**See below for specifics)**

_____Debride nails 1-5 b/I in length and thickness

_____Debride hyperkeratotic tissue

_____Debride ulcer and dressed with:

RTC: _____1 week, _____ 2 weeks, _____ 1 month, _____ 2 months, _____ 3 months, _____4 months,

SAMPLE PROGRESS NOTE

S: 47 y/o BM presents for regularly scheduled diabetic foot care. Patient has a CC of painful naila which cause a marked limitation in ambulation due to pain and pressure from shoe gear. Patient also complains of painful calluses. Patient state that his last blood sugar was this AM and was 319 MG/DL, however he states that he did not take his medication yesterday because he forgot. Patient has not other complaints at this time.

PMH: Htn. NIDDM

MEDS: Glyburide, Lisinopril, Capsaicin 0.075%

ALLERGIES: Patient denies any allergies

0: Patient presents ambulating in tennis shoes

VASC: DP/PT Non-palpable B/L. CFT <5 Secs. 1-5 B/L. Skin temperature is warm to cool tibial tuberosity to toes B/L.

DERM: Nails 1, 3, R and 1, 4, and 5, L are noted to be thickened, yellow, elongated and crumbly in appearance with subungual debris.

Diffuse hyperkeratotic tissue is also noted under 2-4 metatarsal heads B/L.

Metatarsal heads 1-5 B/L are also noted to be prominent .

NEURO: Protective sensation diminished from arch distally on the plantar surface as measured with a 5.07 Semmes Weinstein monofilament.

A: After reviewing the H & P, Dr. Nicklas/Resident and student Dr. made the following diagnosis. (**See below for specifics)**

1 Onychomycosis 1, 3, R and 1, 4, and 5 L

2 Peripheral neuropathy B/L

3 PVD

4 Tyloma B/L

5 Fat pad atrophy
6 NIDDM

P: Dr. Nicklas/Dr. Resident was physically present for the evaluation and treatment which consisted of : (**See below for specifics)**

1. Debridement of nails in length and thickness
2. Debridement of above mentioned hyperkeratotic tissue
3. Consult to prosthetics sent to have anti-shock inserts dispensed to patient for shock absorption.
4. Educated patient as to tight control of blood glucose levels and instructed patient as to the importance of proper medication dosing..
5. Re-enforced patient diabetic education and proper foot care.
6. RTC 13 Weeks

SPECFIC DOCUMENTATION OF SUPERVISION

Level 1 Supervision: The Clinician was physically present in the room for the care

Assessment: After reviewing the history and physical examination Student Doctor Smith, Resident Doctor Jones and Attending Doctor Adams made the following diagnosis:

Plan: The following care was provided by Student Doctor Smith, and Resident Doctor Jones in the physical presence of Attending Doctor Adams;

Level 2 Supervision: The clinician was in the immediate area of the clinic

Assessment: After reviewing the history and physical examination Student Doctor Smith, Resident Doctor Jones and Attending Doctor Adams made the following diagnosis:

Plan: The following care was provided by Student Doctor Smith, and Resident Doctor Jones under the supervision of Attending Doctor Adams;

Level 3 Supervision: The clinician was immediate available by phone

Assessment: After reviewing the history and physical examination Student Doctor Smith, Resident Doctor Jones and Attending Doctor Adams who was immediately available by phone and provided level 3 supervision, made the following diagnosis:

Plan: The following care was provided by Student Doctor Smith, and Resident Doctor Jones and Attending Doctor Adams who was immediately available by phone and provided level 3 supervision;

Level 3 Supervision: The clinician was immediate available by phone and directed care.
Assessment: After reviewing the history and physical examination Student Doctor Smith, Resident Doctor Jones and Attending Doctor Adams via phone consultation, made the following diagnosis:

Plan: The following care was provided by Student Doctor Smith, and Resident Doctor Jones and as directed via phone consultation by Attending Doctor Adams;

VETERAN ADMINSTRATION MEDICAL CENTER
INFECTION CONTROL POLICY
PODIATRIC MEDICINE SECTION
1996

Jeffrey M. Robbins, D.P.M., D.A.B.P.P.H.
Chief, Podiatric Medical Service

Lewis B. Rice, M.D.
Chairman, Infection Control Committee

CLEVELAND V.A. MEDICAL CENTER
PODIATRIC NFEDICAL SERVICE
INFECTIOUS CONTROL POLICIES AND PROCEDURES

JEFFREY M. ROBBINS, D.P.M., D.A.B.P.P.H.
CHIEF PODIATRY SERVICE

PURPOSE

Quality assurance and risk management mandates the protection of both patients and health care workers within the clinical and hospital setting. The control of infectious diseases is of paramount importance in the practice of pediatric medicine. By the very nature of clinical podiatry, multiple exposure to bacteria, fungi and viruses are common. The podiatry section maintains and enforces infection control policies and procedures to minimize the risk of contamination to the patient, doctor and other health care workers.

RATIONALE

Veterans Affairs Medical Center Policy on Blood Borne Pathogen Exposure Control Plan (MCPI 1-039) clearly states "Reusable equipment will be decontaminated by Appropriately garbed personnel in an area specifically designated for decontamination. No rinsing or other decontamination procedure will be performed by caregivers". This Policy was developed to meet the recommendations JCAHO to separate clean activities from dirty ones and OSHA requirements that personnel performing decontamination be properly attired

POLICY

It is the stated policy of the Veterans Administration Medical System that all medical center personnel are required to practice BODY SUBSTANCE ISOLATION (BSI) technique in the care of all patients and when handling all body fluids/substances.

Body fluid substances include; BLOOD, PUS, FLUID ASPIRATE, SALIVA, URINE, FECES, SPUTUM, AND EMESIS.

For the purpose of the care of patients in the outpatient clinical setting, instruments will be used only once per patient and then placed in an appropriate receptacle and returned to SPD for decontamination and sterilization.

Doctors will use a new pair of non-sterile gloves for each patient contact that is considered noninvasive.

Hand washing is required between each patient contact.
In situations where there is a high risk of infection if contaminated or objects that are used to invade tissue or the vascular system, These items will be purchased sterile as in the case of needles and disposable scalpels or sent to SPD (supply - purchasing distribution) for sterilization.
Sterilized instruments will be used for procedures that are considered invasive,

Instruments in this category include surgical instruments and needles.

Sterile Fields

Doctors will use a new pair of sterile gloves for each patient contact that is considered invasive.

Hand washing with 4% Chlorhexidine will be required before and after invasive procedures.

Appropriate sterile fields will be maintained for each patient contact that is considered invasive.

Contaminated debris including tissues, sponges and drapes (containing more than 50cc ' s of body substances) will be disposal of properly.

Semicritical Items

Definition:

Semicritical items are those that come into contact with mucus membrane and skin that is not intact. Items in this category also require sterilization.

Instruments

Instruments in this category include Podiatry instruments used for nail and hyperkeratotic tissue debridement. Although primarily used on intact skin, the potential for unsuspected skin breaks such as ulceration and subungual abscesses, as well as the potential for iatrogenic tissue invasion, necessitate this level of disinfection.

Noncritical Items

Items that contact with intact skin but not with mucous membrane. Items in this category include blood pressure cuffs, crutches, linens, and treatment chairs. Low level disinfectants can be used for cleaning.

NAIL DELBRIDEMENT POLICY

Dust evacuators will be used with power rasps for all uses.
Dust evacuator bags will be changed monthly and disposed of in the biohazard container.

THE PREVENTION OF SEXUAL HARASSMENT

1. **PURPOSE**: This Veterans Health Administration (VHA) Directive re-issues policy for implementing the Program for the Prevention of Sexual Harassment in VHA. ***NOTE:*** *This policy applies to all employees and covers employees outside of the workplace while conducting government business, and non-employees while conducting business in the Department of Veterans Affairs (VA) workplace.*

2. **BACKGROUND**: Sexual harassment is a violation of section 703 of Title VII. It is a form of employee misconduct that seriously undermines the integrity of the employment relationship.

a. Specifically, sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature not only when the conduct is made as a condition of employment, but when the conduct creates an intimidating, hostile or offensive working environment. Sexual harassment is not limited to explicit demands for sexual favors. It also may include such actions as:

(1) sexually-oriented verbal kidding, teasing, or jokes;

(2) repeated sexual flirtations, advances or propositions;

(3) continued or repeated verbal abuse of a sexual nature;

(4) graphic or degrading comments about an individual or the individual's appearance;

(5) the display of sexually suggestive objects or pictures;

(6) subtle pressure for sexual activity; and

(7) physical contact such as patting, hugging, pinching, or brushing against another's body.

b. Although sexual harassment can take a variety of forms, two distinct categories of such claims are consistently recognized:

(1) Quid pro quo sexual harassment occurs when sexual favors are sought in return for job security, benefits, or opportunities. It can be in the form of a threat such as "perform sexual favors or get fired," or "your job will become intolerable unless sexual favors are granted." Even if the supervisor does not follow through with any action, the threats alone may constitute a hostile work environment. Sexual harassment may also include rewarding an employee in return for sexual favors, such as giving cash awards, higher ratings, or promotions. Quid pro quo sexual harassment involves a manager or supervisor, that is, someone with supervisory authority who can carry out the threat or promise. VHA is strictly liable for quid pro quo sexual harassment carried out by its managers or supervisors. Based on recent Supreme Court decisions, it does not matter if the employer did not know or could not have known of the harassment. Therefore, no form of sexual harassment or retaliation will be tolerated.

THIS VHA DIRECTIVE EXPIRES NOVEMBER 30, 2007

(2) Hostile work environment sexual harassment occurs when sexual comments or conduct unreasonably interfere with an individual's work performance or creates an intimidating, hostile, or offensive work environment. A supervisor or co-worker may be responsible for this type of conduct or a non-employee in certain circumstances. Hostile work environment harassment can be established even if others do not find the conduct offensive. It may also be established even if both males and females are subjected to the conduct if the conduct affecting one gender is more egregious. VHA is liable for preventing a hostile work environment. Supervisors and managers must show:

(a) They exercised reasonable care to prevent and correct promptly, any sexually harassing behavior, and

(b) The victim of the harassment unreasonably failed to take advantage of any preventive or corrective opportunities that VHA provides.

c. Jokes, remarks, teasing, rude, or obnoxious behavior, pranks, non-sexual conduct or questions that contain sexual overtures can also be a form of sexual harassment and are not acceptable in VA's professional work environment and will not be condoned. Managers and supervisors who tolerate such behavior by failing to take immediate appropriate action, or who retaliate against employees who report incidents of sexual harassment, are also subject to disciplinary action.

3. **POLICY**: It is the policy of VHA to maintain a work environment free from sexual harassment and intimidation. All VHA employees must receive a minimum of 2 hours training on the Program for the Prevention of Sexual Harassment within 60 days of employment and thereafter a minimum of 2 hours refresher training every two years. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated.

4. **ACTION**: VHA officials at the field and VHA Headquarters levels must be in full compliance with both the spirit and intent of Administration and Department policies, as well as all other applicable Federal regulations.

a. VISN offices and field facilities must have a written policy designed to prevent sexual harassment; this policy is to be included in employee and supervisory orientations, manuals, newsletters, and regular personnel communications. Employee education and training efforts designed to prevent sexual harassment must be provided in accordance with Department and Administration policies. *NOTE: Prevention is the best tool for eliminating sexual harassment.*

b. All employees are expected to refrain from all forms of sexual harassment. Employees engaging in sexually harassing activities will be subject to appropriate disciplinary action.

c. Persons who believe they are victims of sexual harassment should contact an Equal Employment Opportunity (EEO) Counselor in the Office of Resolution Management (ORM), a union representative if the employee is a member of a bargaining unit, the Office of Inspector

General, or the local EEO/Affirmative Employment Specialist. *NOTE: Sexual harassment is illegal.*

5. **REFERENCES**

a. VA Manual MP-7, Part I, Chapter 2, Section F.

b. Section 703 of Title VII of the Civil Rights Act of 1964.

c. Reorganization Plan No. 1 of 1978, issued pursuant to Title 5 United States Code (U.S.C.) 901, et seq.

d. Executive Order 12106 (44 Federal Regulations 1053, January 3, 1979).

e. Equal Employment Opportunity Commission Regulations and Guidelines on Discrimination Because of Sex, Title 29-Labor, Part 1604 at http://www.eeoc.gov/regs/index.html.

6. **FOLLOW-UP RESPONSIBILITY**: The Director, Management Support Office (10A2E), is responsible for the contents of this Directive.

7. **RESCISSION**: VHA Directive 2001-017 is rescinded. This VHA Directive expires on November 30, 2007.

Robert H. Roswell, M.D.
Under Secretary for Health

Attachment

DISTRIBUTION: CO: E-mailed 11/18/02
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 11/18/02

Student Name:_____

CPRS PERFORMANCE CHECKLIST

This checklist will be utilized as part of the evaluative process, to offer guidance and feedback to students with regards to general clinic performance in the podiatry clinic.

1) Report for duty on time, in proper attire *S_____ U_____*

2) Communicate effectively with patient *S_____ U_____*

3) Obtain thorough history from patient *S_____ U_____*

4) Access the CPRS system *S_____ U_____*

5) Access an individual patient record *S_____ U_____*

6) Generate an H & P for a new patient visit *S_____ U_____*

7) Generate a progress note for an established patient *S_____ U_____*

8) *Access ancillary patient information* *S_____ U_____*

Lab Values

Pharmacy contents

Radiology reports

Progress notes

Consult report

9) *Generate orders for a patients* *S_____ U_____*

10) *Properly code the visit using the patient encounter form* *S_____ U_____*

11) *Demonstrate respect to all clinical staff* *S_____ U_____*

12) *Complete all assignments required* *S_____ U_____*

Additional Comments:

Rotation Coordinator _____ *Date:*_____

Student Name:_____ _____

LOUIS STOKES CLEVELAND VAMC
THIRD YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
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	25			
	26			
	27			
	28			

LOUIS STOKES CLEVELAND VAMC
THIRD YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	29			
	30			
	31			
	32			
	33			
	34			
	35			
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	40			
	41			
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	56			

LOUIS STOKES CLEVELAND VAMC
THIRD YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	57			
	58			
	59			
	60			
	61			
	62			
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	68			
	69			
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	83			
	84			

LOUIS STOKES CLEVELAND VAMC
THIRD YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	85			
	86			
	87			
	88			
	89			
	90			
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	96			
	97			
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	111			
	112			

Rotation Coordinator _____ Date:_____

SYLLABUS

LOUIS STOKES CLEVELAND DEPARTMENT OF VETERAN'S AFFAIRS MEDICAL CENTER

FOURTH YEAR PODIATRIC MEDICAL STUDENT ROTATION

"Whether the Veteran volunteered for service or was drafted into the service, each put themselves in harm's way, or was willing to do so in the defense of our country, and as such are deserving of the utmost respect and admiration. "

Rotation Coordinator:
J. Todd McVey, DPM
Pager: 440 562 0699

Louis Stokes Cleveland Department of Veteran Affairs Medical Center
Fourth Year Student Rotation

Rationale: The medical care of the adult foot represents the majority of most podiatric medical practices. The podiatric physician must not only have knowledge of problems limited to the foot, but also systemic medical conditions that are manifest in the foot. He or she must treat patients who have many coexisting medical problems as well as social and psychological issues. The focus of this rotation is to prepare fourth year podiatric medical students to work independently in this environment. These students bring into the rotation knowledge and experience gained in the third year didactic and clinical curriculum, experience in off-campus programs, and other clinical experiences. This rotation builds on and enhances this experience with supervised patient care and focused clinical instruction.

Instructional Strategy: This is a one month clinical rotation for fourth year podiatric medical students which consists of guided patient care and other supplemental educational experiences including lecture presentations, group discussions, & interactive workshops. Students will rotate through both the Wade Park division, and the Brecksville division of the Louis Stokes Cleveland, Department of Veteran's Affairs Medical Center. In addition weekend or evening assignments may be given for various educational events, health fair volunteering, etc. Participation in these activities is required if assigned. Attendance in clinic is mandatory. All absences must be made up. It is the students' responsibility to fulfill all of his or her clinic rotation obligations. Students must fill out proper paperwork for these makeup dates and submit them to the rotation coordinator. Failure to do so will result in failure of the clinical rotation. Planned absences must be discussed in advance with the rotation coordinator. Students must notify the rotation coordinator of any unplanned absences on the day of the absence, i.e., sick days, emergencies, etc.
Students will be given a *schedule* at *the beginning of the* rotation.

General Strategy: *Guided Patient Care*
Students will care for the foot problems of veterans under the supervision of the clinical faculty attending and residents. This portion of the rotation instruction is on an individual basis.

- Prior to treating a patient, the student is required to briefly review the patient's chart and deliver an oral summary to the supervising attending.

- The nature of the patient's problems will be discussed between the attending physician or the resident and the student. The student should be able to formulate appropriate treatment options for this visit and for future visits and referrals. Existing clinical treatment protocols can be utilized as an additional educational tool.

- Following presentation and approval, the student then treats the patient either with the attending in attendance, having the clinician assess the treatment at intervals, or when completed.

- The student will create a computerized note in the S.O.A.P. format as they have been instructed as well as any other report required. These notes will become part of the permanent chart. All charting is done electronically. **Students must include the name of the <u>attending clinician</u> and the <u>resident</u> in clinic that session in both the assessment and treatment plan. An example of a properly completed note is included in this syllabus.**

GOALS OF THE ROTATION: This rotation is designed to provide clinical experiences in primary care management, treatment, and problem solving for that special patent population found in the VAMC, Brecksville nursing home environment and extended care facilities. The rotation will also give the students the opportunity to gain experience providing care to the medically disenfranchised veterans, who are sometimes homeless, as well as patients with unique psychosocial needs. Additionally, this rotation offers intensive educational opportunities to evaluate and treat various degrees of chronic and acute wounds, as well as offer some surgical experience. Finally, the rotation offers all students an opportunity to participate in a specialized surgical clinic, designed to be interactive and skills oriented, followed by surgical case presentations and group discussions. Students should master case presentation skills, both formal and informal, and should become proficient with the CPRS (Computerized Patient Record System) for all charting of patient care.

OBJECTIVES:
At the completion of this one- month rotation, the student should be able to demonstrate:

1) The ability to manage the following adult foot problems:
   A. Fungal Infection of the skin and nails
   B. Pedal Dermatitis
   C. Ulceration in the insensate and dysvascular foot
   D. Soft tissue infections: abscesses, cellulitis
   E. Acute monoarticular arthritis affecting the foot
   F. Workup for the patient with arthritis
   G. Various biomechanical deformities
   H. Various surgical indications and procedures.
2) The ability to develop management strategies to deal with:
   A. The demented patient
   B. The indigent patient
   C. The patient with psychosocial problems
   D. The geriatric patient
   E. Perioperative management
3) The ability to interact and communicate with patients in a caring manner
   A. Communicate treatment instructions, verbal and written
   B. Communicate prevention information, verbal and written
4) The ability to practice and enhance the following treatment skills:
   A. Obtaining thorough history and physical examination
   B. Debridement of hyperkeratotic lesions and nails
   C. Performing various padding and strapping techniques
   D. Performing proper injection techniques
   E. Performing Nail avulsions: partial or complete
   F. Performing surgical procedures as assigned
5) The ability to develop and utilize problem solving skills:
   A. After obtaining history and physical, be able to order appropriate studies and tests
   B. After obtaining history and physical, be able to develop differential diagnosis list
   C. In small group round table discussion setting, participate in problem solving activity
   D. Demonstrate ability to select, and modify orthotic devices for various conditions

CLINICAL EXPECTPATIONS

Clinical skills: Students will be expected to perform on a professional level when treating patients in the clinical setting at the VA Medical Center. It is expected that fourth year students have gained some degree of expertise in providing primary care and should have a basic understanding of aseptic and sterile technique. Skills will continue to develop, and, although it is understood that students learn at different rates, it is also general understanding that at this point in the 4th medical students' careers they should not require constant supervision when performing the following patient care functions. Students are advised to ask questions or request assistance from the clinical faculty if they are unsure or unable to render care to their patients.

Expected Skill Set

- **Patient Handling**

***"Whether the Veteran volunteered for service or was drafted into the service, each put themselves in harm's way, or was willing to do so in the defense of our country, and as such are deserving of the utmost respect and admiration. "*

*Patients will be seated comfortably in the treatment chair
*Students will introduce themselves to the patient in the appropriate manner
*A foot drape, (chux), will be placed on the foot support of the chair
*Additionally, drapes will be utilized for female patients wearing a skirt or dress
*The patient is discharged, the treatment room is to be cleaned up & prepared for the next patient

- **History and Physical Examination**

*Obtain a chief complaint and history
*Perform a physical examination
*Present pertinent facts to the resident and/or attending clinician

- **Patient Care Skills (see skills checklist for specific expectations pages 9 and 10)**

*All treatment rendered will be done with gloves and using sterile instruments
*Lesions will be debrided and padded or accommodated as appropriate
*Nails will be reduced to a normal length and thickness, with edges smoothed
*Antiseptic solution or ointment will be applied following nail margin curettage
*Antiseptic solution or ointment will be applied (and one week follow up) for iatrogenic lesions
*Skin is cleansed with alcohol, lotion applied, web spaces dried, checked & powder applied
*Ulcer protocols must be used when managing patients with lower extremity ulceration **(see page 11)**
*Postoperative-dressing changes will be performed utilizing proper aseptic technique
*Taping, padding, cast application and removal will be performed as appropriate
*Orthotics will be designed, dispensed and modified as needed
*Treatment protocols for clinic, student, and patient guidelines will be used as directed
With Treatment completed, the encounter form is filled out by the student & checked by clinician
*If no other patients are waiting, electronic SOAP note is generated by the student as instructed

Presentation skills: All students will be required to present cases in both formal and informal style. Informal presentations for clinic patients should only take 2 or 3 minutes in most cases and should include all pertinent information. It is expected that 4th year students are able to accurately identify their patient's problems and present reasonable treatment options. Feedback is expected, and open discussion of treatment options is encouraged between students and clinicians.

Proper case presentation includes the following:

- Name, age, sex, and race
- Chief complaint *(patient's own words)*
- History of present illness: NLDOCAT
- PMH: Medications, Allergies, diet, last glucose if DM, Knowledge of HIV and/or HCV status
- Social, Trauma, Surgical Hx/ Review of Systems
- Physical examination: General appearance
- LE: Derm, Neuro, Vasc Ortho/Musculoskeletal Gait analysis Radiographs/labs
- Assessment: diagnosis/prognosis
- Plan & suggested treatment options

ADMINISTRATIVE EXPECTATIONS:

STUDENTS ARE REQUIRED TO READ THEIR SYLLABUS AND ALL ATTACHED

DOCUMENTS AND HANDOUTS PROVIDED TO THEM.

1) **Charting responsibilities:** Students will be expected to complete all of their charting obligations as instructed and in a timely fashion. Any questions should be directed to the clinical faculty. Instruction on charting requirements will be given on the first day of orientation. Feedback will be given throughout the duration of the rotation, but it is expected that students will be careful and diligent in their charting duties. Poor performance in this area is a serious matter.

2) **Learning Issues:** Students will be assigned multiple learning issues during the month. Learning issues will be assigned based on students understanding of a podiatric, medical, or surgical topic. Learning issues will be one page, single spaced, and due within one week of assignment. Footnoted articles (one to two) will be attached. Students will present the learning issues to students, residents, and attendings. Presentations will take five minutes per topic and be held before or after clinics at time allows.

3) **Patient Log:** Students will be required to keep a log of all patients seen during the rotation. These forms are provided by OCPM. **At the successful completion of the rotation the PATIENT DE-IDENTIFIED patient log is to be given to Vickie Mesec, office of Graduate Placement, OCPM and THE ORIGINAL PATIENT IDENTIFIED copy is to be given to the rotation coordinator at the VA.**

4) **Student survey:** Students will fill out an anonymous survey form which allows teaching faculty to adjust the educational programs and put emphasis on areas needing more attention, as determined by the students themselves. This will be done within the first week or two of the rotation.

5) **Rotation evaluation:** Students will have the opportunity to evaluate the rotation and teaching faculty through this anonymous, simple evaluation form. This is done at the end of the month.

6) **Submitting all paperwork in a timely fashion:**
Students will be required to submit the required paperwork as instructed.

   a) Students are required to submit to Vickie Mesec at OCPM:
   - Original copy of the patient/activity log

b) Students are required to submit to the VA Rotation Coordinator for signature:

- 1 copy of their assigned learning issues
- 1 copy of the patient log

STUDENT EVALUATION:

Individual department members will evaluate student performance on a daily basis and provide feedback to the students in order that he or she may continually improve their skills. Members of the Podiatry Section, as a group, will discuss students' performance. The final rotation grade will be a composite of the components identified below:

1) **Clinical performance:** Clinical performance is monitored using the **clinical skill checklist** that is used as an **ongoing evaluative instrument.** Should a student's performance be determined to be unsatisfactory, a meeting will be held with the student and they will be notified in writing regarding specific issues which need to be addressed and improved upon. If, by the end of-the month, significant improvement has not been accomplished, the student will receive a failing grade for the month which must be remediated.* This will be based on collective opinion of the members of the teaching staff.

2) **Learning issues:** Learning issues will be evaluated based on the context of the paper written, articles provided, and the students understanding of the topic after being presented to others.

3) **Exam:** At the end of the month, students will be given a rotation exam which may include patient management problem (PMP), which includes problem solving, establishment of diagnoses, and development of management strategies for treatment options. The patient profile will be a representative of the type of patient population seen at the Veteran's hospital. Additionally, x-rays, MRIs, CTs, and vascular medicine studies may be included in the end of the month rotation exam.

4) **Non-cognitive behavior:** It is essential that students develop and demonstrate appropriate qualities becoming a professional. The staff at the VAMC has volunteered to participate in your education and receive no extra remuneration for their efforts. Whether they are ward clerks, nurses, or physicians, each is a valued member of a team without hierarchical position. Any inappropriate behavior toward a staff member will not be tolerated and will be grounds for immediate rotation failure. The evaluation form included in this syllabus contains these non-cognitive traits. The information is included with the syllabus as a guide for students.

5) **Patient log:** Students will be expected to turn in a copy of their patient log as previously described.

*Remediation Plan: Students who fail the rotation will be required to remediate all or part of the rotation. The remediation plan will be assigned by the rotation coordinator. Students must remember that successful completion of this rotation is a requirement for graduation.

DIRECTIONS TO THE VA FACILITIES

LOUIS STOKES DEPARTMENT OF VETERAN AFFAIRS
WADE PARK DIVISION
10701 EAST BLVD
CLEVELAND, OHIO 44106
(216)-791-3800 EXT. 5858

Directions from OCPM: Travel south down 105th past Euclid and Chester Avenues. The next intersection is a circle and the Mt. Sinai Medical Center will be on your left. Pass Mt. Sinai and the circle and turn right into the fenced parking lot. You will see the parking garage. Proceed into the garage and park on the third or fourth floor. Get there early. Off site parking is available if the deck is full. Instructions for parking will be given to you during orientation.

The podiatry clinic is located on the second floor of the atrium building. From the second floor of the parking garage, cross the skyway into the atrium on the second floor. Podiatry is located in Section F (as in *foot*). The clinic phone extension is #5858.

BRECKSVILLE DIVISION
10000 BRECKSVILLE ROAD
BRECKSVILLE, OHIO
(440) 526-3030 EXT. 6810

Directions from OCPM: Take Carnegie to 77 South. Take 77 south past 1 480. Get off at the Miller Road exit and turn left on Miller Road. Cross over the interstate and you will see the VA Hospital on your left side. Turn into the first driveway, then into the first drive on the right. You will park in this lot, This is across from Building One, which is where the podiatry clinic is located. Proceed into Building One and find the elevator or stairway in the lobby. Proceed to the second floor and follow the signs to the podiatry clinic. The clinic clerk is Tanya at extension 6810.

ARRIVE EARLY! PARKING IS LIMITED

CLINIC BEGINS AT 8:00. PLAN TO ARRIVE AT 7:30, SO YOU CAN FIND A PARKING SPOT AND BE IN CLINIC BY 7:45 TO HAVE TIME TO SET UP YOUR WORKSTATION TO SEE PATEENTS.

CLINIC PERFORMANCE CHECKLIST Podiatry

*This checklist will be utilized as part of the evaluative process, to offer guidance and feedback to student with regards to general clinical performance in the podiatry clinic.

1)	Report for duty on time, in proper attire	**S**_____ **U**_____
2)	Communicate effectively with patient	**S**_____ **U**_____
3)	Obtain thorough history from patient	**S**_____ **U**_____
4)	Perform thorough, physical exam	**S**_____ **U**_____
5)	Present patient to clinician properly	**S**_____ **U**_____
6)	Relate appropriate diagnosis & treatment plan	**S**_____ **U**_____
7)	Prepare patient for treatment	**S**_____ **U**_____
8)	Debridement of nails	**S**_____ **U**_____
9)	Debridement of ulcers	**S**_____ **U**_____
10)	Debridement of calluses	**S**_____ **U**_____
11)	Use power instrumentation properly	**S**_____ **U**_____
12)	Dressing Change (Unna boots, etc.)	**S**_____ **U**_____
13)	Taping, padding, strapping	**S**_____ **U**_____
14)	Injections	**S**_____ **U**_____
15)	Surgical procedures	**S**_____ **U**_____
16)	Write prescriptions accurately	**S**_____ **U**_____
17)	Discharge patient,, reappoint	**S**_____ **U**_____
18)	Proper area maintenance	**S**_____ **U**_____
19)	Perform charting duties accurately	**S**_____ **U**_____
20)	Demonstrate respect to clinical staff	**S**_____ **U**_____
21)	Complete all assignments required	**S**_____ **U**_____

Additional
Comments:_____ _____

_____
_____

Student_____Clinician_____Date:_____

Effective June 1999

CLINIC PERFORMANCE CHECKLIST

Vascular

This checklist will be utilized as part of the evaluative process, to offer guidance and feedback to student with regards to general clinical performance in the Vascular clinic.

1) Report for duty on time, in proper attire	**S_____ U_____**
2) Communicate effectively with patient	**S_____ U_____**
3) Obtain thorough history from patient	**S_____ U_____**
4) Perform thorough physical exam	**S_____ U_____**
6) Present patient to clinician properly	**S_____ U_____**
7) Relate appropriate diagnosis & treatment plan	**S_____ U_____**
8) Prepare patient for treatment	**S_____ U_____**
9) Debridement of ulcers	**S_____ U_____**
10) Dressing Change (Unna boots, etc)	**S_____ U_____**
11) Write prescriptions accurately	**S_____ U_____**
12) Discharge patient, reappoint	**S_____ U_____**
13) Proper area maintenance	**S_____ U_____**
14) Perform charting duties accurately	**S_____ U_____**
15) Complete Ulcer Protocol Form as required	**S_____ U_____**
16) Demonstrate respect to clinical staff	**S_____ U_____**
17) Complete all assignments required	**S_____ U_____**

Additional
Comments:_____

_____
_____

Student_____Clinician_____Date:_____

Effective June 1999

ULCER PROTOCOL PL Name &
*SS#*_____Date:_____

Task/student responsibility Checklist

Obtain updated pertinent History

1. Verify Medications and allergies Done_____
2. Document most recent glucose level Done_____
3. Document diabetic diet compliance Done_____
4. Document history of smoking, etoh., social habits affecting wound healing Done_____
5. Document home wound care practices Done_____
6. Review labs in computer Done_____

Perform Physical Examination

1. Examine and document wound dressing, shoe Done_____
2. Palpate and document pulses Done_____
3. If pulses non palpable, perform Doppler studies Done_____
4. Perform and document neuro exam Done_____
5. Document location (s) of ulceration (s) Done_____
6. Measure size of ulceration (s) size: _____ Done_____
7. Describe appearance of ulcer Done_____
8. Base, margins, color, surrounding edema, heat, Odor, drainage, sinus tract (s), probing to bone Or to deeper soft tissues, palpate for gas Done_____
9. Examine radiographs Done_____
10. Document treatment changes (including Dressings applied), wound care performed (debride, cleanse), & medications prescribed (antibiotics, etc.) Done_____
11. Document education/counseling Done_____

***ALL PATIENTS MUST BE PRESENTED TO THE RESIDENT OR ATTENDING IN CHARGE. ALL ULCERS MUST BE SEEN BY THE ATTENDING IN CHARGE. ONE FORM MUST BE FILLED OUT FOR EACH ULCER PATIENT VISIT, SIGNED BY THE ATTENDING, AND FILED AT THE END OF THE DAY.**

STUDENT: _____CLINICIAN:_____
*Effective May 10**,** 1999 bjn

Name: SS#: Wade Park Brecksville Date
:

S:
Patient is a ____y/o;___ male, ___female presents with a
___ Painful nails
___Painful calluses
____follow-up visit for ulcers____ diabetic____ neurotrophic____ venous stasis____

Pt states their blood sugar was:

_____mg/%

PMH: ____DM Type 11 ____IDDM ____ NIDDM ____ DM Type 1____ HTN ____ Heart Disease ____MI
____ CABG x____by-passes in____ COPD ____ Asthma____
_____ETOH abuse____Substance abuse
____ Cancer____ Smoker x _____ pack years

Meds:_____

Allergies: NKDA;

0: Vascular: DP: _____ b/l, _____palpable_____ barely palpable _____non-palpable
Doppler:_____ mono-phasic, _____ bi-phasic_____ tri-phasic _____
____non-audible

PT: _____ b/l, _____palpable_____ barely palpable _____non-palpable
Doppler:_____ mono-phasic, _____ bi-phasic_____ tri-phasic
_____ non-audible

CFT: _____< 3 sec 1-5 b/l, _____ Increased refill time
Skin temp: _____b/I _____warm to cool _____warm to warm
_____cool to cold
_____ Right_____warm to cool _____warm to warm
_____cool to cold
_____ Left_____warm to cool _____warm to warm
_____cool to cold
Edema: _____b/l, _____ non-pitting, _____ pitting:

Neuro: _____ All epicritic sensations intact b/I _____Vibratory Sensation
_____Semmes-Weinstein 5.07 monofilament: _____intact b/i, _____ diminished b/l, _____absent b/I
At level of: _____toes _____met. Heads _____mid-foot _____ankle _____knee

Derm: _____Nails 1-5 b/I are long, thick, yellow, and crumbly
_____No open lesions or masses
_____Hyperkeratotic tissue at:
_____Ulcer at:

Ortho: _____HAV _____ Contracted digits: right - 1 2 3 4 5 left-1 2345

A: After reviewing the H&P and clinical findings: **Dr. Nicklas, Brownell, Lowell, McVey, Robbins/ Dr. Resident**, and Student Dr. made the diagnosis of:
_____Onychomycosis 1-5 b/I _____Tyloma: _____PVD _____DM Type II:
_____ IDDM _____NIDDM_____Peripheral Neuropathy _____IPK _____ Tinea pedis
_____ Xerosis _____Plantar fasciitis _____ Ulcer

P: Treatment today was under the direct supervision of **Dr. Nicklas, Brownell, Lowell,**
McVey, Robbins/ Dr. Resident and Student Dr. and consisted of:
_____Debride nails 1-5 b/I in length and thickness
_____Debride hyperkeratotic tissue
_____Debride ulcer and dressed with:
RTC: _____1 week, _____ 2 weeks, _____ 1 month, _____ 2 months, _____ 3 months, _____4 months,

SAMPLE PROGRESS NOTES

S: 47 y/o BM presents for regularly scheduled diabetic foot care. Patient has a CC of painful nails which cause a marked limitation in ambulation due to pain and pressure from shoe gear. Patient also complains of painful calluses. Patient state that his last blood sugar was this AM and was 319 MG/DL, however he states that he did not take his medication yesterday because he forgot. Patient has not other complaints at this time.

PMH: Htn. NIDDM
MEDS: Glyburide, Lisinopril, Capsaicin 0.075%
ALLERGIES: Patient denies any allergies

0: Patient presents ambulating in tennis shoes
VASC: DP/PT Non-palpable B/L. CFT <5 Secs. 1-5 B/L. Skin temperature is warm to cool tibial tuberosity to toes B/L.
DERM: Nails 1, 3, R and 1, 4, and 5, L are noted to be thickened, yellow, elongated and crumbly in appearance with subungual debris.
Diffuse hyperkeratotic tissue is also noted under 2-4 metatarsal heads B/L.
Metatarsal heads 1-5 B/L are also noted to be prominent .
NEURO: Protective sensation diminished from arch distally on the plantar surface as measured with a 5.07 Semmes Weinstein monofilament.

A: After reviewing the H & P, Dr. Nicklas/Resident and student Dr. made the following diagnosis.

7 Onychomycosis 1, 3, R and 1, 4, and 5 L
8 Peripheral neuropathy B/L
9 PVD
10 Tyloma B/L
11 Fat pad atrophy

12 NIDDM

P: Dr. Nicklas/Dr. Resident was physically present for the evaluation and treatment which consisted of :

7. Debridement of nails in length and thickness
8. Debridement of above mentioned hyperkeratotic tissue
9. Consult to prosthetics sent to have anti-shock inserts dispensed to patient for shock absorption.
10. Educated patient as to tight control of blood glucose levels and instructed patient as to the importance of proper medication dosing..
11. Re-enforced patient diabetic education and proper foot care.
12. RTC 13 Weeks

VETERAN ADMINSTRATION MEDICAL CENTER
INFECTION CONTROL POLICY
PODIATRIC MEDICINE SECTION
1996

Jeffrey M. Robbins, D.P.M., D.A.B.P.P.H.
Chief, Podiatric Medical Service

Lewis B. Rice, M.D.
Chairman, Infection Control Committee

CLEVELAND V.A. MEDICAL CENTER
PODIATRIC NFEDICAL SERVICE
INFECTIOUS CONTROL POLICIES AND PROCEDURES

JEFFREY M. ROBBINS, D.P.M., D.A.B.P.P.H.
CHIEF PODIATRY SERVICE

PURPOSE

Quality assurance and risk management mandates the protection of both patients and health care workers within the clinical and hospital setting. The control of infectious diseases is of paramount importance in the practice of pediatric medicine. By the very nature of clinical podiatry, multiple exposure to bacteria, fungi and viruses are common. The podiatry section maintains and enforces infection control policies and procedures to minimize the risk of contamination to the patient, doctor and other health care workers.

RATIONALE

Veterans Affairs Medical Center Policy on Blood Borne Pathogen Exposure Control
Plan (MCPI 1-039) clearly states "Reusable equipment will be decontaminated by Appropriately garbed personnel in an area specifically designated for decontamination. No rinsing or other decontamination procedure will be performed by caregivers". This
Policy was developed to meet the recommendations JCAHO to separate clean activities from dirty ones and OSHA requirements that personnel performing decontamination be properly attired

POLICY

It is the stated policy of the Veterans Administration Medical System that all medical center personnel are required to practice BODY SUBSTANCE ISOLATION (BSI) technique in the care of all patients and when handling all body fluids/substances.

Body fluid substances include; BLOOD, PUS, FLUID ASPIRATE, SALIVA, URINE, FECES, SPUTUM, AND EMESIS.

For the purpose of the care of patients in the outpatient clinical setting, instruments will be used only once per patient and then placed in an appropriate receptacle and returned to SPD for decontamination and sterilization.

Doctors will use a new pair of non-sterile gloves for each patient contact that is considered noninvasive.

Hand washing is required between each patient contact.
In situations where there is a high risk of infection if contaminated or objects that are used to invade tissue or the vascular system, These items will be purchased sterile as in the case of needles and disposable scalpels or sent to SPD (supply - purchasing distribution) for sterilization.
Sterilized instruments will be used for procedures that are considered invasive,

Instruments in this category include surgical instruments and needles.

Sterile Fields
Doctors will use a new pair of sterile gloves for each patient contact that is considered invasive.

Hand washing with 4% Chlorhexidine will be required before and after invasive procedures.

Appropriate sterile fields will be maintained for each patient contact that is considered invasive.

Contaminated debris including tissues, sponges and drapes (containing more than 50cc ' s of body substances) will be disposal of properly.

Semicritical Items

Definition:

Semicritical items are those that come into contact with mucus membrane and skin that is not intact. Items in this category also require sterilization.

Instruments

Instruments in this category include Podiatry instruments used for nail and hyperkeratotic tissue debridement. Although primarily used on intact skin, the potential for unsuspected skin breaks such as ulceration and subungual abscesses, as well as the potential for iatrogenic tissue invasion, necessitate this level of disinfection.

Noncritical Items

Items that contact with intact skin but not with mucous membrane. Items in this category include blood pressure cuffs, crutches, linens, and treatment chairs. Low level disinfectants can be used for cleaning.

NAIL DELBRIDEMEN POLICY

Dust evacuators will be used with power rasps for all uses.
Dust evacuator bags will be changed monthly and disposed of in the biohazard container.

Department of Veterans Affairs **VHA**
DIRECTIVE 10-95-055
Veterans Health Administration
Washington, DC 20420
June 2, 1995

VETERANS HEALTH ADMINISTRATION (VHA) POLICY FOR PREVENTION OF SEXUAL HARASSMENT

1. **PURPOSE:** The purpose of this VHA Directive is to re-issue policy for implementing the Program for the Prevention of Sexual Harassment in VHA. This Directive replaces VHA Directive 10-93-056.

2. **POLICY:** It is the policy of VHA to maintain a work environment free from sexual harassment and intimidation. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated. This policy applies to all employees and covers employees outside of the workplace while conducting government business, and non-employees while conducting business in the VA workplace.

a. Sexual harassment is a form of employee misconduct which seriously undermines the integrity of the employment relationship. Specifically, sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

(1) Submission to such conduct is made either explicitly or implicitly a term or condition of employment;

(2) Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual;

(3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

b. Jokes, remarks, teasing, or questions that contain sexual overtures can also be a form of sexual harassment and are not acceptable in a professional work environment and will not be condoned.

c. Managers, supervisors, and employees should become thoroughly knowledgeable of what constitutes sexual harassment and responsive to any form of improper behavior that could lead to such allegations.

3. **ACTION:** It is imperative that VHA officials at the field and Central Office levels be in full compliance with both the spirit and intent of Administration and Department policy as well as all other applicable federal regulations. All employees are expected to refrain from all forms of sexual harassment. All employees engaging in sexually harassing activities may be subject to disciplinary action. Managers and supervisors who tolerate such behavior by failing to take appropriate action, or who retaliate against employees who report incidents or file formal complaints of sexual harassment may also be subject to disciplinary action. Persons who believe they are victims of sexual harassment should address the incident through the Administration's Equal Employment Opportunity (EEO) Discrimination Complaints process or the Union's negotiated grievance procedure. Allegations of such conduct will be responded to immediately, appropriately, and with the seriousness they deserve.

4. **REFERENCES**

a. MP-7, Part I, Chapter 2, Section F.

b. Section 703 of Title VII of the Civil Rights Act of 1964.

c. Reorganization Plan No. 1 of 1978, issued pursuant to 5 United States Code (U.S.C.), 901, et seq.

THIS VHA DIRECTIVE EXPIRES JUNE 2, 2000

VHA DIRECTIVE 10-95-055
JUNE 2, 1995

d. Executive Order 12106 (44 F.R. 1053, January 3, 1979).

5. **FOLLOW-UP RESPONSIBILITY:** Director, Management Support Office (163A), is responsible for the content of this Directive.

6. **RESCISSIONS;** VHA Directive 10-93-056 is rescinded. This VHA directive expires on June 2 , 2000.

S/T. Garthwaite for

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 6/5/95

LOUIS STOKES CLEVELAND VAMC
FOURTH YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG STUDENT:_____
MONTH:_____

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	1			
	2			
	3			
	4			
	5			
	6			
	7			
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	10			
	11			
	12			
	13			
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LOUIS STOKES CLEVELAND VAMC
FOURTH YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	29			
	30			
	31			
	32			
	33			
	34			
	35			
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	41			
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LOUIS STOKES CLEVELAND VAMC
FOURTH YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	57			
	58			
	59			
	60			
	61			
	62			
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	84			

LOUIS STOKES CLEVELAND VAMC
FOURTH YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	85			
	86			
	87			
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	112			

LOUIS STOKES CLEVELAND VAMC
FOURTH YEAR PODIATRIC MEDICAL STUDENT ROATION

PATIENT LOG

DATE		PATIENT # (Last initial and last four, to be turned into rotation director only, not to leave the medical center.)	Diagnosis	Treatment
	113			
	114			
	115			
	116			
	117			
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Rotation Director signature:_____ Date:_____
Parking card turned in_____

4th Year VA Rotation Information:

Director: Dr. Todd McVey pager # (440) 562-0699
Clinic phone #: (216) 791-3800 x4479 or x5891

This will be a busy working rotation where you have the opportunity to further develop your primary care skills. You will be exposed to a large variety of pathology including heel pain, calluses, burns, diabetic/arterial/venous ulcerations, trauma, and more.

Syllabus, read it, you will be held accountable for information with in it.

Dress Code: You must wear a clean lab coat with your ID tag on it at all times. Clinic attire is required Monday through Friday at Wade Park. You may wear matching scrub top and bottoms on the Tuesday you are scheduled to be at Brecksville.

Excused absences (Doctors appointments, etc): Notify me of these as soon as possible, you will be required to make up one day for each one missed.

Unexcused absences (sickness): You must page me prior to 7:30am if you are going to be out ill, you must also notify the school. If this becomes a chronic habit you will be required to produce a doctor's note. You will be required to make up **two** days for each one missed. If you do not contact me and are a "no call, no show", this will get you a Non-Cog on your evaluation.

Treatment Rooms: Treat these rooms as if they were your private practice rooms, keep them clean. These must be stocked according to the stock list posted in the room, before asking if you can go at the end of the day, be sure your room is stocked. Residents and attendings have keys to the stockroom. Broom and dustpans are available if you have toenails or other debris that need to be swept up prior to your next patient. If the room temperature is uncomfortable, notify the resident.

Patients: A resident and/or an Attending **MUST** see each patient prior to them putting on their shoes or having a dressing applied to the foot. If you are done with the patient and no one has come by yet, it is your responsibility to find someone (which will not be difficult) and have them see the veteran.

Surgery: We will make attempts for you to get in on a surgical case, however you must remember that the first responsibility is to make sure the clinic runs smoothly. If you are interested in doing surgery here at the VA, consider a surgical externship, see me about this and I can provide you with additional information.

End of the day: At the end of clinic you will have consult and instrument assignments, the calendar will be provided to you. If, you have finished and sent all your notes, and if your room is cleaned and stocked, speak with the resident to see if you can go. Do not leave without checking with the resident first. If you leave without checking out, you will be assigned to come in on a Saturday or Sunday to assist with inpatient dressing changes. If this happens more than once, you will receive a Non-Cog on your evaluation.

Schedule

Wade Park

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM Clinic	7:00 Vascular	9:00 AM Clinic	8:00 AM Clinic	7:30 education
	8:20 AM Clinic			8:00 AM Clinic
1:00 PM Clinic	1:00 PM Clinic	1:00 PM Clinic	1:00 PM Clinic	

Brecksville

Tuesday
8:00 AM Clinic
1:00 PM Clinic