



Ohio University
College of Osteopathic Medicine
Centers for Osteopathic Research and Education
Years III and IV Clerkship Curriculum
Class of 2009 CORE Clinical Rotation: Podiatry



Course Title:	Podiatry
Instructor of Record:	Peter B. Dane, D.O.
Credit Hour:	3 credit hours per rotation week
Rotation Length:	1 – 4 wks., length varies by CORE Site
Prerequisites:	Successful completion of the 6-week Family Medicine Clerkship

Syllabus Components

1. Rotation Description, Purpose and Philosophy
2. Rotation Objectives
3. Orientation to Rotation
4. Required Activities and Assignments
5. Student Performance Evaluation
6. Recommended Resources
7. Standards of Professional Conduct
8. Tips for Successfully Completing the Rotation

Last update: 10/09/2007

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Clinical Rotation: Podiatry

1. Rotation Description, Purpose, and Philosophy

The purpose of this rotation is to provide the student with an overview of the clinical specialty of Podiatry. This rotation is not intended to transform the student into a podiatrist, but rather it is to provide the clinical clerk a survey of the practice of podiatric medicine and surgery.

2. Rotation Objectives

A set of learning objectives is provided below. The objectives are intended to guide the student's learning activities and to serve as a baseline for assessment of the student's knowledge, skills, and professional behavior. Not all of the objectives listed below will be encountered during any single rotation. While each student is expected to further expand his/her knowledge base and to care for all assigned patient cases, he/she is also expected to avail him/herself of the educational materials provided and to master the following objectives.

Rotation Objectives: Knowledge Domain – Anatomy & Physiology

The student should be able to describe in detail the anatomy and physiology of the properly functioning foot, ankle, and leg, including:

1. Skin and nails
2. Nerves
3. Muscles and tendons
4. Articulations

Rotation Objectives: Knowledge Domain – Pathology

The student should gain an understanding of the following disease processes:

1. The foot/leg in systemic disease
 - a. The diabetic host
 - b. Rheumatoid arthritis/Ankylosing spondylitis
 - c. Reiter's syndrome
 - d. Psoriatic arthritis
 - e. Chronic and acute gouty arthritis
2. The diabetic limb
 - a. Multidisciplinary principles of salvage
 - b. Effects of chronic and end-stage renal failure
 - c. Antibiotics in the diabetic host
 - d. Management principles of osteomyelitis
 - i. Imaging
 - ii. Biopsy techniques
 - iii. Surgical vs medical management
 - e. Principles of Diabetic Vasculopathy
 - f. Secondary effects of tobaccoism
 - g. Vascular options
 - i. Percutaneous vs open
 - ii. Long term patency vs short-term objectives

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- h. Neuropathy
 - i. What and why
 - ii. Pharmacologic management when indicated
 - i. Radiculopathy
 - j. Optimization in the diabetic host, ie. H&H, albumin, prealbumin
 - k. Charcot arthropathy
 - l. Positional defects
 - i. Accommodate vs reduce
 - ii. Principles of decision-making
 - m. Hyperbarics
 - n. Wound care
 - i. Principles of wound management and healing
 - ii. Diagnosis of wounds
 - iii. Morbidity and mortality
 - iv. Why salvage?
 - o. Living skin equivalents vs cadaveric allogenic scaffolds
3. Disorders of the great toe joint
 4. Lesser toe deformities
 5. Metatarsalgia
 6. Heel pain
 7. Tendon disorders of the ankle and hindfoot
 - a. Achilles
 - b. Peroneals
 - c. Posterior tibial
 - d. Tibialis anterior
 - e. Lesser and greater extensors and flexors
 8. Intoeing in children
 9. The acutely injured ankle and foot
 10. Orthotics—principles and application
 11. Morbidity of painful gait

For each disease or condition listed above, the student should be able to describe/assess the following:

1. Presenting signs and symptoms
2. Physical findings
3. Basic interpretations of appropriate diagnostic studies
4. Major differential diagnoses
5. Management alternatives, including: treatment plans, patient education, and addressing modifiable risk factors
6. Possible complications
7. Prognosis
8. Follow-up care
9. Somatic dysfunction related to the disease/condition and the osteopathic treatment(s) for the somatic dysfunction

Rotation Objectives: Clinical Skills Domain

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During the Podiatry Rotation, students are expected to develop their competencies in many basic clinical skills. While not every skill listed below can be performed during this brief rotation, the student should avail him/herself of as many of the following procedures as possible, and to seek out opportunities to perform these skills in other rotations as well.

1. Systematic approach to examination of the foot, ankle, and lower leg
 - a. Primary examination
 - i. Standing inspection
 - ii. Gait analysis
 - iii. Sitting examination
 - iv. Vascular examination
 - v. Evaluation for critical motion including frontal and transverse planes
 - vi. Mechanics
 - b. Examination of specific systems
 - i. Skin and nails
 - ii. Nerves
 - iii. Muscles and tendons
 - iv. Articulations
 - c. Evaluation of frontal plane mechanics
 - i. Defining neutral position
 - ii. Measuring hindfoot neutral position
 - iii. Identifying positional defects in relation to chronic pain
2. Injection principles
 - a. Intra-articular injections
 - b. Soft tissue injections
3. Nail mycosis—how to debride
4. Paronychia reduction techniques
5. Casting, splinting, and taping
6. Fracture management/reduction

3. Orientation to the Rotation

The rotation orientation provides an opportunity to answer questions and define roles, assess skill level and experience, set expectations, and anticipate and proactively resolve problems. The student should try to meet with the preceptor either prior to or early on the first day of the rotation. Clarifying the following details with the preceptor will help to ensure a rewarding and successful rotation:

- a. Student responsibilities on the service.
- b. Preceptor expectations of the student on the service.
- c. Goals, objectives, and the structure of the rotation.
- d. Required rotation assignments and responsibilities in the preceptor's practice (e.g. clinics, lectures, conferences, other didactics, journal clubs, rounds, office hours, morning report).
- e. During this orientation, the student and preceptor should negotiate specific times (e.g. mid-rotation) when feedback on student performance will be provided. Discuss the Evaluation of Student Clinical Performance form.

4. Required Learning Activities, Assignments, and Responsibilities for ALL CORE STUDENTS

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Satisfactory completion of the following activities is required to receive credit for this rotation:

- a. Attendance and participation in all didactic activities, such as lecture presentations, clinical case conferences, workshops, seminars, or professional development activities assigned by the CORE Assistant Dean.
- b. Submission of the rotation preceptors' completed written evaluation within 2 weeks of the end of the rotation.
- c. Submission of the online Student Rotation Evaluation through New Innovations.
- d. Fulfillment of all required responsibilities identified by the preceptor during orientation.
- e. Submission of a 1 -2 page summary description of how the student met the established objectives.

5. Student Performance Evaluation and Remediation Procedures

A student's grade for the Anesthesiology Rotation will be based on the satisfactory completion of all required learning activities, assignments, and responsibilities listed above as well as the preceptor's written evaluation.

A student must receive a passing grade from the preceptor in order to pass the rotation. If the preceptor considers the student *Marginal*, then a remediation recommendation should be made by the CORE Assistant Dean, in consultation with the preceptor, and submitted to the Associate Dean for approval. If the preceptor fails the student, the student is awarded a grade of "F" for the rotation. The failure must be forwarded to the CSP.

NOTE: It is the responsibility of the student to ensure that the preceptor's evaluation is submitted to the CORE office within 2 weeks of the end of the rotation.

6. Recommended Resources

The following resources have been identified for this rotation by CORE preceptors.

1. Hoppenfeld, Stanley. 1976. Physical Examination of the Spine and Extremities. Prentice Hall.
2. Canale, S. Terry. 2004. Campbell's Operative Orthopedics, 11th ed. Mosby.
3. Myerson, Mark. 1999. Foot and Ankle Disorders. Saunders.
4. Coughlin, Mann, and Saltzman. 2006. Surgery of the Foot and Ankle, 8th ed. Mosby.

The following have been identified as resources for ALL rotations by CORE preceptors.

Cooper, D., H, Krainik, A., J., & Lubner, S., J. (2007). *The Washington manual of medical therapeutics*. (32st ed.). Philadelphia: Lippincott Williams & Wilkins.

McPhee, S., J., Papadakis, M., A., & Tierney, L., M. (2007). *2007 Current medical diagnosis and treatment*. New York: McGraw-Hill. Also available on AccessMedicine

Ward, R. (2003). *Foundations for osteopathic medicine* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.

Medical Dictionary (Dorland or Taber)

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CORE OMM Curriculum for Students and Interns. Materials available through CORE Office

PubMed (www.pubmed.gov) or

PubMed configured to show OU resources

(<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?myncbshare=oucom>) or

Medline available through OhioLINK (<http://rave.ohiolink.edu/databases/login/medl>)

National Guideline Clearing House (<http://www.guideline.gov/>)

AccessMedicine available to OU students at: http://www.library.ohiou.edu/cgi-bin/redis_athensonly.pl?http://www.accessmedicine.com/

Evidence-Based Medicine Resources available on OU-COM home page via Current Student dropdown menu:

Cochrane Library

InfoPOEMs/InfoRetriever

MD Consult (Available to COM students for \$25 fee through Office of Academic Affairs/Pre-Doctoral Education)

7. Standards of Professional Conduct

The OU-COM Honor Code applies to all activities in the CORE as well as on the Athens campus.

“As a member of the medical profession, I will maintain the highest standards of academic and personal behavior. As a medical student I will not cheat or plagiarize or tolerate that behavior in others.” OU-COM Honor Code

Students are encouraged to study together and to share their knowledge freely with one another during the learning process. During examinations, however, no assistance from other students or from outside sources is allowed, unless explicitly permitted by the CORE office. Books, notes, and other materials must be left at the periphery of the testing area during examinations.

Professional standards required of a member of the Osteopathic profession are a requirement for passing this rotation, as is compliance with the professional standards of the hospital and outpatient offices of the student’s preceptor. Students are expected to maintain high professional standards of behaviors. They should exhibit such personal characteristics as honesty and integrity, as well as to maintain patient confidentiality at all times.

Unprofessional behavior may result in a failing grade in this rotation, regardless of other academic performance on this rotation, and could subject the student to dismissal from the hospital in which they are based. Professional conduct shall be evaluated by the CORE Assistant Dean through observation of and interaction with the student, his/her preceptor, other hospital attending physicians and staff.

8. Tips for Successfully Completing the Rotation

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Being successful on this rotation requires you to be a proactive student. Taking an interest in the specialty and becoming an active team member of the service is critical to learning in a clinical setting. Remember, the clinical learning environment differs from the classroom. You will be “thinking on your feet” and “learning as you go.” To capitalize on “the learning moment,” seek out opportunities to ask questions and speak up appropriately.

In addition, be sure to:

1. review the syllabus to ensure that you understand all requirements.
2. discuss with your preceptor your previous clinical experiences and personal goals and objectives for this rotation. The rotation orientation is an opportune time to initiate this discussion and to develop positive rapport with you preceptor.
3. clarify your preceptor’s expectations of your activities.
4. complete your skills and procedure log as you proceed through the rotation; avoid procrastinating until the end.
5. come prepared to take advantage of the opportunities this rotation has to offer.

If you have any questions, contact your CORE Administrator or CORE Assistant Dean.