Podiatry Clerkship Handbook

2024 - 2025

I. Overview

Welcome to Community Health Network's Podiatry Student Clerkship!

We are honored to have you for the month – with all the choices and the limited amount of months students are given to choose from, we appreciate you deciding to spend a month with us. Indianapolis is a friendly city with a lot to do. We encourage students to get out and explore the city and surrounding areas. We suggest exploring downtown, including the canal, Massachusetts Avenue, Georgia Street, IUPUI's campus near the canal, Butler University's campus, Fountain Square and Broad Ripple during your free time. These are all neat areas that offer great food and beverages and are within a 10-20 minute drive from the hospital. If you have any questions regarding areas to visit, please ask. We sincerely hope you enjoy your month with us.

About Indianapolis

Located in the heart of Indiana, Indianapolis is a vibrant, evolving big city with a small-city feel. Named by Forbes as one of the fastest growing cities in the nation, Indianapolis is also one of the 25 most visited cities, thanks to its booming convention industry and sporting events. The city hosts the Indianapolis 500, the Colts, Pacers, and more. There are a number of thriving cultural districts with great places to eat and drink, including steakhouses and craft breweries. It is easy to navigate the city within half an hour and there is little traffic. Indy further boasts an affordable cost-of-living with Midwestern warmth and charm.

II. Program Information

About the Residency

The podiatry residency program originated at Westview Hospital decades ago. The program recently expanded in 2011 when the hospital was acquired by Community Health Network. We now boast 8 total residents, although we are approved to take up to 9 residents based on surgical caseload. We work with over 50 attending physicians, both podiatric and orthopedic. We currently cover 8 hospitals, 6 surgery centers and are continuously growing. We have a great balance between inpatient and outpatient settings, as well as in clinic and surgery.

Resident Schedules

We spend the minimum amount of time required by the CPME off service and the rest of the time on service. Residents may choose to spend additional weeks off service if there are other rotations you wish to perform that have been approved by Dr. Baker. Off service rotations are scheduled by the chief resident and Kaylee Burget and these are ideally completed during the first two years of residency except for general surgery. Senior residents will help find attendings for off-service rotations. Chief residents will ensure that each off-service rotation has a set of objectives and will also assist in obtaining and completing evaluations.

- 12 Weeks of Medicine Rotations
    - Required medicine rotations
        - Internal Medicine 4 weeks (PGY-1)
        - Infectious Disease 4 weeks (PGY-2)
    - Choose from the following to fulfill the rest of the 12 weeks of medicine after the required rotations
        - Endocrinology 2 weeks (PGY-1)
        - Dermatology 2 weeks - Bako Fellowship (PGY-2)
        - Wound Care 2 weeks (PGY-2)
- Anesthesiology 2 weeks (PGY-1)
- Emergency medicine 4 weeks (PGY-1)
- Surgery Sub Specialty – 2 weeks required
    - Vascular surgery 2 weeks (PGY-2)
    - General surgery 2 weeks (PGY-3)
    - Plastic surgery 2 weeks (PGY-1)
    - Orthopedics 2 weeks (PGY-2)
- Medical imaging
    - 2 weeks with Radiology of Indiana (PGY-1)
- Behavioral
    - Direct observations outpatient and while on call with behavioral faculty

Our call schedule is split amongst all residents, with each year taking progressively less call than the previous year. One person is on call each week. The first year residents split the first two months (July and August), as well as all the holidays. The other residents rotate in after August for the rest of the year. A typical inpatient census is anywhere from 5-20 patients amongst three major hospitals (East, Heart and Vascular and North).

Salary and Benefits

Current salaries as of 2024-2025 stand at $63,957, with $7,500 “start bonus” for PGY-1, $65,876 for PGY-2, and $67,852 for PGY-3 residents. We are permitted 21 days of PTO, 5 days for CME, and 3 days off for interviewing per year. Benefits include meal allowance, $2,500 yearly CME allowance, board exam and licensing fees, APMA/ACFAS dues, insurances, and access to PRESENT podiatry lectures. Meal allowances given each year are: $2,000

Please refer to the CASPR summary sheet in the appendix or contact us with any questions.

III. Contact Information and Locations

• Program Director	Michael Baker	mbaker@ecommunity.com
• Assistant Program Director	Jessica Taulman-Young	jtaulman@ecommunity.com
• Assistant Program Director	Tiffany Koch	tkoch@ecommunity.com
• Assistant Program Director	Corey Groh	cgroh@ecommunity.com
• Attending Physician	Jason Gray	jgray@ecommunity.com
• Attending Physician	Austin Quebedeaux	aquebedeaux@ecommunity.com
• Attending Physician	Clinton Heyer	cheyer@ecommunity.com
• Attending Physician	Nathan Namanny	nnamanny@ecommunity.com

Residents

• PGY-3	Anthony Smaldino	724-504-0713
• PGY-3 Chief	Dusty Waltz	513-236-2543
• PGY-3	Molly Young	765-461-3604
• PGY-2	Chris Smith	918-606-0189
• PGY-2	Brendan Ray	219-742-7608
• PGY-1	Grayson Coulombe	317-403-3369
• PGY-1	Youssef Moustafa	323-243-8174
• PGY-1	Jacque Woodcock	925-856-7182

Locations

- Abbreviations
  - Community Hospital East (CHE)
  - Community Hospital North (CHN)
  - Community Hospital South (CHS)
  - Community Heart and Vascular Hospital (CHVH)
  - Community Hospital Anderson (CHA)
  - Indiana Surgery Center East (ISC-E)
  - Indiana Surgery Center North (ISC-N)
  - Indiana Surgery Center South (ISC-S)

- Main Locations
  - Anderson clinic — 1622 N Madison Ave, Anderson, 46011
  - Eastside clinic — 10122 E 10th St, Suite 230, Indianapolis, IN 46229
  - Northeast clinic — 7400 N. Shadeland Avenue Suite 105 Indianapolis, IN 46250
  - Carmel Clinic — 3077 E 98th St, Suite 100 Carmel, IN 46280
  - Speedway clinic — 1011 N Main St, Suite 255, Indianapolis 46224
  - CHE / ISC-E — 1500 N Ritter Ave, Indianapolis, IN 46219
  - CHN / ISC-N — 7150 Clearvista Dr, Indianapolis, IN 46256
  - CHVH — 8075 North Shadeland Avenue, Indianapolis, IN 46250
  - CHS / ISC-S — 1402 East County Line, Indianapolis IN 46227
  - CHA — 1515 N Madison Ave, Anderson, IN 46011
  - AHN Meeting — 7440 Woodland Dr., Indianapolis IN 46278
- Door Codes
  - ISC-S shared locker room entry (second floor) — 22215
  - Eastside clinic Wi-Fi — ESbfs5175

- Anderson clinic Wi-Fi Acbfs5175

Doctor's Schedules *subject to change*

Dr. Baker	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CHA WC	CHE WC	Eastside C	Anderson C	Surgery
PM	Anderson C	Anderson	Eastside C	Anderson C	Surgery

Dr. TY	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Carmel C	Surgery / CHN WC	Surgery/Northeast C	Surgery	Northeast
PM	Carmel C	Carmel C	Northeast C	CHE WC	Admin/Surgery

Dr. Koch	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Northeast C	Anderson C	CHA WC	Northeast C	Surgery / Northeast C
PM	Northeast C	Anderson C	Anderson C	CHN WC	Admin

Dr. Groh	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Anderson C	East C	Anderson C	Eastside C	Surgery
PM	Surgery	Resident Clinic	Anderson C	Eastside C	Surgery

Dr. Namanny	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Eastside C	Kokomo C	Carmel C	Kokomo C	East C
PM	CHE WC	Kokomo C	Carmel C	Surgery	East C

Dr. Gray	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CHE WC	Marion	Anderson C	Marion	Anderson C / Surgery
PM	Anderson C	Marion	CHA WC	Marion	Surgery

Dr. Quebedeaux	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Surgery	Carmel	Kokomo	Carmel	Kokomo WC

PM	Kokomo	CHE WC	Surgery	Carmel	Northeast

Dr. Heyer	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Carmel	Kokomo	Marion	Surgery	Carmel
PM	Carmel/Surgery	Northeast	Marion	Northeast	CHE WC

Residents' Schedules

Residents' schedules vary from day-to-day depending on what surgeries are booked. Because of the fluctuating nature of add-on and cancelled cases, the residents usually decide their next day's events during the evening beforehand. The PGY-3 residents have priority in selecting their cases, then the PGY-2 residents, and the PGY-1 residents. Some of the residents may be off-service while you are here. Hopefully, you will meet all of us at the monthly journal club and/or cadaver labs. Below is a good representation of how the schedule usually works out on a weekly basis. There is a wide variation based on time of year how much surgery the first years will be getting. A typical first year resident usually has about ¾ of their numbers by the end of their first year.

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
PGY-3	Surgery	Surgery	Surgery	Surgery/clinic	Elliot/Surgery
PGY-2	Surgery AM/Clinic PM	Surgery/Clinic	Surgery AM/Clinic PM	Surgery AM/Clinic PM	Surgery
PGY-1	Clinic	Clinic	Surgery AM/Clinic PM	Clinic	Surgery

Students' Schedules**

A resident will be texting you with your next week's schedule on Sunday afternoon. This is subject to change depending on the day and if there will be fellows covering certain cases. This will likely happen in the evening hours before the next day. We will do our best to expose you to as much surgery as possible, but we may ask you to help out in our busier clinics. A typical student day will start 30 minutes prior to the first surgery of the morning and end around 5PM, Monday through Friday. Clinics start at 8 or 8:30 AM. You will be with a resident most of the time. Please contact us with any questions.

You will be notified about any upcoming journal clubs, cadaver labs, or sponsored educational dinners. Student presentations usually occur on the last Wednesday of the rotation.

Students receive major holidays off (New Year's, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas). Taking days off at the end of your clerkship month, either for visiting other programs or for travel, is handled case-by-case with permission from Dr. Baker.

IV. Student Expectations

As a program, we do not believe in keeping students busy on the weekends. We feel students get the most out of time spent with hands-on experiences in clinic and surgery. During your month you will be with a resident on call rounding with them. The details of this will be given to you by the PGY-2 in charge of your schedule for the month. You will then work with the resident on call during the week. Try and be as helpful as possible while being understanding of your role as a student. Your weekends with us for the month will be free unless there happens to be some unique surgeries; this will also be true while on call. We are always happy to include students in whatever is going on, but we would rather you explore the city or spend time with family/friends on the weekends. Additionally, students are not expected to write any notes. This is the responsibility of the residents and attending doctors.

During your month with us, you'll be expected to present *1 academic article* during our monthly journal club meeting. You'll find the template for this in the appendix at the end of this handbook. Additionally, you'll be expected to give *a 5-10 minute power point presentation* at the end of the month to Dr. Baker and the residents. This is fairly informal. Students are required to send their PowerPoint presentation to Dr. Baker via e-mail to receive credit for this (mbaker@bakerfoot.com). Additionally, you will need to send your presentation to csmith8@ecommunity.com as she will be leading the presentations.

A typical day for a student includes clinic and surgery. Rarely are students done for the day prior to 5pm; however, students are also rarely kept past 6pm. We have a variety of clinic and surgery locations. Included within this document is a listing of all clinical/surgery sites with addresses and door codes.

**Daily attire for students consists of any color scrubs, your white coat is optional; the residents won't be wearing their white coats so don't feel the need to do so. Most residents wear light blue or navy-blue scrubs (surgery centers have navy blue scrubs). Carry tools that you feel are necessary (mostly scissors).

An important point to note is that the wound care centers have set forth expectations to allow proper patient care and interaction. The guidelines for this are included in the appendix at the end of this handbook – please review these as **you will be expected to follow these closely!

It's important to note students' behavior at all hospital facilities including surgery centers reflects directly back on the podiatry program as a whole. Acting professionally and ensuring positive interactions with all staff and patients at all times is imperative. We as a program observe these interactions, and often weigh them heavily in our decisions when choosing prospective residents. Many programs around the country limit students' hands-on opportunities due to prior incidents - we want to avoid this at all cost to keep the clerkship a beneficial, hands-on experience.

Lastly, we have a great working relationship with the orthopedic department at all of the Community hospitals. The residents obtain a great portion of our numbers through their surgical cases. Unfortunately, the majority of these physicians have asked to limit learners to residents only during their cases and clinic. We keep our relationship strong by honoring this and asking our students to do the same.

Current residents and attendings will gladly answer any further questions regarding student expectations.

V. Academics

Again, we do not expect students to write notes; however, we do feel it is beneficial for students to be aware of the necessary preparations for surgical patients.

Preoperative Care

- **Local anesthetic** is used for most cases, except for some cases under general anesthesia. Research shows the best pain control is achieved by utilizing local anesthesia both pre-operatively and post-operatively. We expect students to ask before drawing up local anesthetics. Often we use 2% lidocaine or 0.5% Marcaine plain unless epinephrine is indicated. An example where epi useful would be for curettage during wart excision, especially in the clinical setting. Mixing local anesthetic may be counterproductive, even though this is common practice. Both Lidocaine and Marcaine have similar onsets of action; however, Marcaine has a much longer duration of action. Both locals have different pKa's that interact with physiologic pH. Mixing the two 50/50 doesn't change this. Due to Lidocaine's onset of action being negligibly faster than Marcaine, it begs the question: why use lidocaine at all?[1]
- **Antibiotics** are usually given prior to incision for any procedure involving bone work. Soft tissue surgery typically does not require antibiosis unless indicated.
    - 1 g Ancef/Kefzol/Cefazolin IV for <200 lbs. or <70 kg. 2 g for >200 lbs. or >70 kg
    - If PCN allergy, then use Clindamycin IV 600 mg for <70 kg or 900 mg for >70 kg
    - If PCN and clindamycin allergy or hx of MRSA, use 1 – 2 g Vancomycin IV
- **In-Room Prep**: write your name on the board or paper schedule, obtain your gown and gloves, adjust the lights, draw up local anesthetic, prepare the tourniquet, and have a bump or OR lead available as needed

Intraoperative Care

- **Closure of soft tissue**:
    - **Deep layers** are closed best with absorbable sutures such as vicryl or monocryl. Braided and deep sutures are not indicated in cases where infection is present or suspected. Typically attendings like to start with 2-0 vicryl for capsular and periosteal structures, 4-0 vicryl or monocryl for subcutaneous, and monocryl, staples, nylon, or prolene for skin. Monocryl seems to have fewer incidences of causing sterile abscesses and eliciting foreign body reactions near the skin surface like vicryl does (probably due to the braided nature of vicryl); however, we have no literature to support this theory.
    - In terms of closing techniques for the **skin**, there are multiple acceptable ways in uncomplicated closures. The horizontal mattress provides the best eversion and is a fairly strong technique. The running subcuticular with monocryl provides the most cosmetically acceptable scar. A running with or without interlocking is

perhaps the fastest and next most cosmetically acceptable technique. The vertical mattress is reserved for more difficult closures where large gaps and eversion need to be addressed.

- A special technique to consider when tenuous vascularization of skin edges is important, like for flap closure for a calcaneal fracture, would be the Allgower vertical mattress technique. Please refer to the picture at end of this handbook to gain better understanding if you're unfamiliar with this technique.
- In terms of **needle** choices, skin and deep tissues usually utilize a reverse cutting needle. For structures such as tendon and ligament where tissue integrity is important, a tapered needle should be used. Fiberwire, prolene, and nylon can be used for tendon and ligamentous repair.

Postoperative Care

- **Post-op dressings**: We typically use betadine-soaked adaptic, although some attendings use Owens silk or Xeroform. For most forefoot procedures, we will apply the classic "football dressing", which includes 4x4 gauze, kerlix, webril, and coban with toes covered. For rearfoot and ankle procedures, often we will use a posterior splint, CAM walker or hard cast. Post-op dressings are the most common post-operative complication we see immediately following surgery. Applying coban too tightly, or not using enough padding (strikethrough visible to patient) are almost always the reason for calls. Always use ABD pads if you think they may be needed.

Charting

- **Informed consent** in lay terminology clearly identifying the procedure and side (L or R)
- **A history and physical** performed by resident, co-signed by attending physician
  - At Westview hospital, this is still done by paper charting
  - At all other sx facilities, this is done via Epic, except at Anderson hospital, which has its own unique EMR
  - An H&P must be performed on the same day of surgery at all facilities
- **A brief operative note** must be submitted within an hour after the procedure. A full operative note must be dictated within 24 hours. The residents usually complete these, although some attendings will do it themselves.
- **Post-op orders** are placed via EMR or paper charting (Westview only) by residents
  - Typical orders include: dressing orders, elevation, weight-bearing status, post-op shoe/CAM walker/splint, icing protocol (behind knee or at site), narcotic scripts to be given to the RN (mostly Norco or Percocet), Tramadol w/ codeine allergies, Zofran (4 or 8mg) or Phenergan (12.5 or 25mg) for post-op nausea or vomiting (if indicated), and discharge instructions, etc.

VI. Tips & Pearls

A good mantra to live by as a student is… A resident‘s goal is to make the attending‘s life easier, and the student‘s goal is to make the resident‘s life easier.

Being a student can make for a difficult and interesting experience for sure – we’ve all been through the cycle of feeling lost, struggling to get familiar with a residency/hospital program, finally feeling comfortable, and then your month being over. We’ve all had to share this struggle. It’s important as a student to keep that in mind, and focus on being flexible and hardworking. Attendings and residents expect students to miss questions and make mistakes, as we all do through the entirety of our career. How we handle these situations and what we learn from them defines who we are as doctors. Being thoughtful and answering questions in this manner sometimes mean more than having the right answer. If you simply don’t know, telling the inquirer you’ll look it up is sometimes the best approach.

We do not believe in belittling students with trivial questions. We do believe in teaching and enabling students to be better prepared for their careers. GPA does not define a student’s candidacy. It’s simply a platform to build off of. Some candidates who lack a strong GPA certainly will benefit from being personable, prompt, and consistently hardworking. These traits do not go unnoticed and are in actuality most important.

It should go without saying that prior to surgical cases, students should be well versed on procedure technique and the mechanics of the case. If a student is unsure about the next day‘s procedures, simply ask a resident. We are lifelong learners and residents are expected to be prepared in the same manner. It’s a good habit to start as a student to read about the procedure in a respected surgical textbook the evening before (Coughlin & Mann, Chang’s, etc.)

Memorizing residents’ glove sizes is unnecessary, but making sure they have their gloves, that local anesthetic is drawn up, adjusting lights, ensuring the proper tourniquet is available, writing your name on the board – these are all entities that should be obvious and in place prior to the patient being brought back to the room.

We realize each program is very different, which is why we’re providing you with this information to allow you to excel during your month with us. In our clinics, we expect students to be involved in patient care and treatment. Anything a student can do to help expedite the day and provide better care is appreciated.

Surgery centers are moneymaking enterprises – they run quite differently than a main hospital OR. Efficiency at these facilities is everything, so sometimes less is more. We ask students to be conscientious when at surgical centers. If you’re unsure whether your help is needed, ask the resident or RN. We’re NOT discouraging students to be less involved; we simply ask you not to assume – if you’re unsure about your role in certain scenarios, please ask.

VII. Appendix

PROGRAM NAME: Community Health Network
7330 Shadeland Station
Indianapolis, IN 46256

CASPR # 0355
CRIP Section 2
Rescue Fund Insured: Yes
COTH Member thru 6/30: Yes

DIRECTOR: Michael J. Baker DPM
Phone: 317-355-1435
Program E-Mail: kburget2@ecommunity.com
Program Web Site: https://www.ecommunity.com/education-research/podiatry-residency-

Entry Level Positions

Type	# Approved	# Funded
PMSR/RRA	3	3

HOSPITAL DESCRIPTION

Accreditation: JCAHO Has Clerkship Yes
Staff DPMs: 21
Affiliated Institutions: Community Health Network

Other Residency Programs: Family Medicine Residency, Psychiatry Residency,

CLINICAL EXPERIENCES

Anesthesiology:	yes	Internal Medicine:	yes	Pathology/Lab:	yes	Rehabilitation:	yes
Behavioral Science:	yes	Infectious Disease:	yes	Pediatrics:	yes	Rheumatology:	yes
Dermatology:	yes	Neurology:	yes	Plastic Surgery:	yes	Surgery	yes
Diabetic Wound Care:	yes	Orthopedics:	yes	Podiatry:	yes	Trauma:	yes
Emergency Room:	yes	Office Rotations:	yes	Podiatry (Surgery):	yes	Vascular Surgery:	yes
Family Practice:	yes	Outpatient Clinic:	yes	Radiology:	yes		

Other Clinical Experiences: None

Program Emphasis: Surgery

DIDACTIC PROGRAM

Grand Rounds: yes Journal Club: yes Research: yes Lecture Series: yes Book Club: no

RESIDENT BENEFITS

Stipends:
PMSR/RRA $57325/ $61318/ $65416/ $0

CME Allowance:	yes	Housing:	no	Uniforms:	yes
Health Insurance:	yes	Meals:	yes	Vacation:	yes
Malpractice Insurance:	yes	Sick Leave:	yes		

Other Resident Benefits:
$1000 Start Bonus
$2500 CME money / year
5 days off for CME / year
21 days off for vacation/personal time per year
Laptop
Fitness Center membership- no charge

APPLICANT REQUIREMENTS

Mail Additional Materials to:
7330 Shadeland Station
Indianapolis, IN 46256

NBPME: Passage by July 1
Pt III: No
Program Fee: $0
Refundable: n/a
Payable To: n/a

Ltrs of Recommendation: 3
Clerkship Required: yes
State Licensure 1st Yr: training
CV Required: Yes

ACLS: no
CPR: no
Minimum GPA: 3.0
Minimum Rank: no

Other Applicant Requirements: none.

AVAILABLE RESOURCES Sample Contract: Contact Program Benefit Package: Contact Program Curriculum: Contact Program

PROGRAM OVERVIEW Community Health Network Podiatry residents are provided a diverse education in all aspects of podiatric medicine including: sports medicine, surgery, inpatient care, advanced wound care, and private office management. Prospective residents can expect an abundance of first-hand surgical experience, including forefoot procedures, trauma, reconstructive rearfoot and ankle cases as well as experience in a surgical based resident run clinic with an orthopedic attending. Currently, residents cover 8 hospitals and 6 surgery centers in an expanding health network with a receptive orthopedic community. All residents are given the opportunity to participate in research, and there is ample opportunity for publication. Journal club, surgical workshops, and PRESENT lectures provide continued didactic experiences. Residents enjoy complimentary meals while on duty. Resident salary and benefits provide for a comfortable lifestyle in a clean and safe major metropolitan area boasting professional sports teams, plentiful outdoor activities, attractive cost of living, and family-friendly activities.

CHNw Journal Club Article Evaluation

Journal:
Title:
Authors:
Location of Study:
Level of Clinical Evidence:
Type of Study:

Goal of Study:

Population Size:

Inclusion/Exclusion Criteria:

Follow-up Time:

Design of Study:

Comparison/Control:

Results of Study:

Statistically Significant Findings:

Do Results Support/Reject Hypothesis:

Conclusion:

Limitations/Shortcomings:

Importance to Clinical Practice:

Monthly Student Presentation:

- Title slide with name, title of topic, and where you are from
- Background on your topic; why it is important to our field. Go into the science a bit, but not a super deep dive
- Discuss new advancements in the topic that you are looking into. If nothing new, present the classic findings associated with the topic.
- If you have a case to present on the topic, do this here
- Go over articles related to topic; what you learned from them and ask questions you may have. Limit this to 4-5 articles, unless the topic warrants more article review.
- Final conclusions and takeaways that you have from your presentation

Wound Care Center Expectations:

Welcome to the Advanced Wound Centers! We are happy to have you here as part of our team. In order to provide exceptional experiences for our patients, there are a few things we would like to bring to your attention during your time with us.

- **Please use AIDET with <u>every</u> patient encounter:**
    - A-Acknowledge the patient upon entering the room
    - I-Introduce yourself by name and title/position
    - D-Duration of procedure to be performed
    - E-Explanation of procedure to be performed
    - T-Thank the patient

      This is an expectation at Community Health Network.

- **Time-out Process/Obtaining Consent:**
    - Explain procedure/debridement that is going to be performed and why.
    - Obtain consent from the patient before procedure is initiated, **please make sure that the consent has been obtained. Anyone is capable of obtaining the consent-Nurse, Resident, Med Student or Physician.**
    - Make sure to verify patient name/DOB and location of procedure.
    - Ask case manager for appropriate instrument needed for the procedure.
    - Inform case manager of procedure that was performed (i.e. selective, subcutaneous, muscle/tendon, bone debridement, along with percentage of debridement, and if borders/depth of wound were altered.
    - The case manager is responsible for documenting everything that she does in the room, everything you do in the room and orders to be carried out. Communication is the key to make the clinic run smoothly.

- **Sharp Safety:**

- Ensure proper technique is used while handling sharp instruments. Please speak up if you are unsure about anything related to how the instrument should be handled/used.
- Minimum distractions are requested during procedure as to minimize sharp inflicted injury to patient and staff.
- Dispose of your sharps in the appropriate containers as to avoid sharp injury and instruments being accidently thrown away.
- Please be aware of the non-disposable sharps, they are to be placed in the labeled biohazard container in the rooms.

~We thank you for your cooperation in assisting us to provide a culture of safe and effective care to our patients. Please feel comfortable to speak up and ask any questions or voice any concerns you may have.

Pre-Op Preparedness:

Please arrive at least 30 minutes before the case. Get dressed in surgical scrubs. Grab your gown/gloves, pre-scrub, and prep the OR room. BATL-XG is an acronym to help you remember:

B - Board, Bump - Write your name on white board or schedule. Make sure a bump or bean bag is readily available if patients are going prone or lateral or are externally rotated.

A - Anesthestics – Ask resident first before preparing! Drawn up local if the anesthetic is a MAC. 20-30 mL 1:1 mixture of 2% lidocaine plain and 0.5% Marcaine plain (or whatever is preferred).

T - Tourniquet - Have ready an 18" ankle tourniquet set at 250 mmHg pressure or 34" thigh tourniquet set at 300-350 mmHg pressure, depending on the surgical case. No tourniquets needed on patients with bad PVD.

L - Lights - Position lights over the appropriate foot.

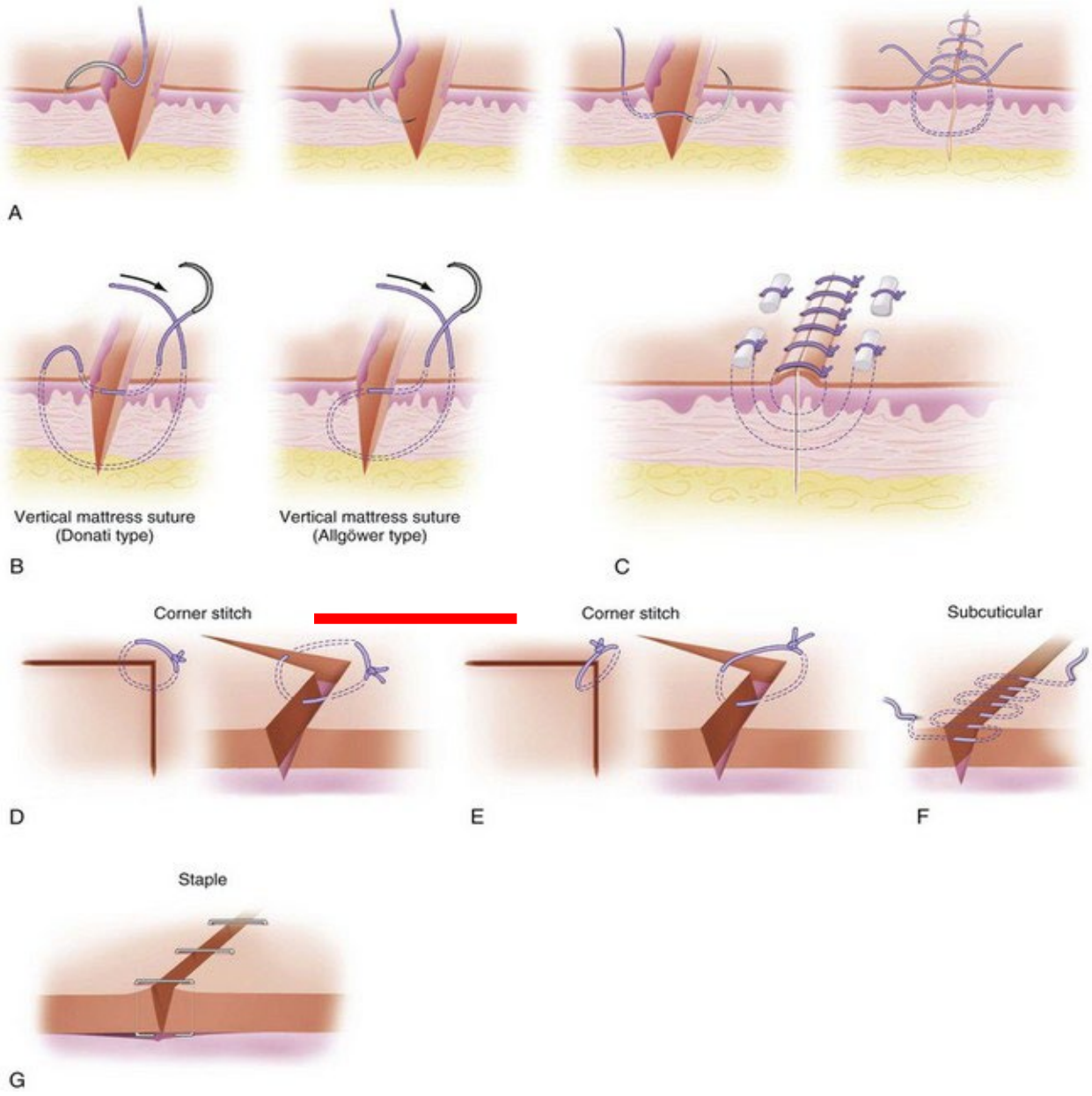
X - X-rays - Tape up pre-op x-rays. Get yourself x-ray lead if fluoroscopy is being used.

G - Gowns, gloves - Get your own surgical gown and gloves for each case.

Other tips:

Cutting suture: Subcutaneous sutures are cut down to the knot with scissors slightly turned. Skin sutures are cut with 1 cm tails.

Have a Raytec handy when operating. Be ready to blot or use the bovie with initial skin incisions. If someone grabs a rongeur, have a Raytec ready to remove their debris. If someone is suturing, be ready to cut with suture scissors. Be ready to hold the leg up for final dressings or cast/splint application. This is all common sense, but important to regularly do.



References:

1. Local Anesthetics -- Is There an Advantage to Mixing Solutions?

BRET M. RIBOTSKY, DPM*, KEVIN D. BERKOWITZ, BS†, JEREMY R. MONTAGUE, PhD‡ American Board of Podiatric Surgery, Boca Raton, FL 33486, USA. Journal of the American Podiatric Medical Association (Impact Factor: 0.65). 11/1996; 86(10):487-91. DOI: 10.7547/87507315-86-10-487

William Adams, DPM, and Tiffany Koch, DPM, 2017

Last edited July 2024