

PODIATRY

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General Description

Elective Rotation

The elective rotation in podiatric medicine is a two (2) or four (4) week experience structured to develop the student's decision-making cognitive skills and apply didactic material in a clinical setting. In a short time, all of Podiatry cannot be possibly covered; this is an introductory experience. Upon completion of this clinical rotation and Interprofessional Educational experience, the student should be familiar with the specialty of podiatric medicine with emphasis on the diagnosis and treatment of common foot and ankle related conditions.

Purpose

Clinical experiences are intended to assist the student's transition from didactics to integrated clinical evaluation, decision-making, and management of patients with medical problems. In addition to gaining specific skills in medicine during this rotation, the student should also develop skill in systematic medical problem solving and patient management abilities, establish or reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

Objectives

We recognize that two to four weeks is insufficient time to cover a comprehensive list of objectives. Clearly, subjects addressed in any clinical rotation are dependent on the number of patients and kinds of disease entities presenting to a particular service. Nevertheless, certain minimum content **must** be addressed, either by clinical exposure or by didactic materials so that students are prepared for Board examinations and entry into GME programs. Therefore, the following sections contain relatively broad, basic objectives for which students are responsible.

Affective

At the completion of the podiatric medicine rotation, the student should understand the role of the podiatrist in the health care team and the relationship of podiatric medicine to other clinical disciplines.

Basic Psychomotor Objectives

At the completion of the podiatric medicine rotation, the student should be able to apply osteopathic principles and practices to:

1. Perform and record a complete, appropriate history through the comprehensive collection of basic, relevant facts, by systems, in logical order, legibly and systematically, use accepted terminology.
2. Perform and record a complete, appropriate physical examination of all systems at a sufficient level of complexity, using all methods (inspection, palpation, percussion, auscultation) including attention to the structural examination. The data will be recorded systematically, legibly, and in acceptable terminology.
3. Make rational use of information, including the ability to:
 - a. integrates material from the history and physical to establish a differential diagnosis
 - b. sequence findings
 - c. prioritize
 - d. synthesize
 - e. revise
4. Develop realistic diagnostic and management plans.
5. Use laboratory tests appropriately
6. Individualize the treatment plan for each patient.

7. Initiate patient treatment with appropriate level of supervision
8. Request consultation as appropriate
9. Reassess and adjust therapeutic plans.
10. Anticipate possible treatment actions, reactions and interactions.
11. Anticipate cost/benefit/risk ratios.
12. Perform/arrange for patient education and implementation.

Basic Cognitive Objectives

For each of the core problem areas below, the student should be able to apply osteopathic principles and practices to:

1. understand the clinical presentation.
2. understand the incidence, etiology, and pathophysiology.
3. list available therapeutic methods and specify risks, appropriate costs, and side effects of each.
4. understand the natural course of the disease and the prognosis with any of the available therapeutic methods.

For patients presenting the core problem areas below, the student should be able to:

1. obtain an accurate history
2. perform an appropriate lower extremity physical examination
3. develop a reasonable differential diagnosis
4. outline an approach to management

Core problems:

1. Dermatological Pathologies Affecting the Foot
 - a. Nails
 - b. Hyperkeratotic lesions (IPK, tyloma, verruca)
 - c. Dermatitis (tinea, contact, allergic)
2. Diabetic Foot Complications
3. Digital deformities Hallux valgus and related first MTPJ deformities
4. Heel Pain
5. Metatarsalgia

Implementation

Course objectives are to be accomplished in a College affiliated hospital or clinical facility, under supervision. Basic objectives **must** be covered during the rotation to assure adequate student preparation for Board examinations and other evaluations. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:

- reading assignments
- lectures
- computer-assisted programs (if available)
- student attendance at/participation in formal clinical presentations by medical faculty

Clinically oriented teaching methods may include:

- assignment of limited co-management responsibilities under supervision
- participation in clinic visits, daily patient rounds and conferences
- supervised and critiqued clinical work-ups of patients admitted to the service

Three levels of achievement are identified:

- familiarity with a variety of medical procedures through observation and assisting
- proficiency in clinical procedures through actual supervised performance
- awareness of the availability of various medical procedures and their use.

Evaluation

At the beginning of the rotation, the physician should review expectations/guidelines of performance with the student. On the last day of service, the supervising physician should review the student's performance with the student and complete the E*Value on-line evaluation form. A student's signature simply indicates that the student has received a feedback directly from the attending; it does not indicate agreement with the evaluation.

Texts and Resources

Helpful Reading Resources

Podiatric Medicine texts are on reserve in the DMU Learning Resources Center

Assignments

The rotation director or preceptor may direct specific and general reading assignments from texts and current literature. Supplemental readings from current periodical literature are recommended.

Supplemental Material for the Podiatric Medicine Rotation Student

History and Physical Examination

Examination:

Vascular	Right	Left	B/P=	Ankle Index
(to+4)				(Ischemic)
Dorsalis Pedia				Right
Posterior Tibial				Left
Popliteal				
Hallux SCVPFT	sec	sec		
Temperature				
Color				
Tropic Change				

Neurologic	Right	Left	
(0 to 4)			
Achilles			Pathologic Reflexes
Sup. Plantar			
Patellar			
Vibratory			
Sharp/Dull			
Temperature			
Joint Position			

Muscle Testing	Right	Left	
(0 to 5)			
Anterior Tibial			
Posterior Tibial			
Posterior Group			
EHL			
PB			
PL			
EDB			
FDB			

Dermatologic			
Biomechanical	Right	Left	
ROM			Pain
MJP			Creptitation
MTJ			
STJ			
Ankle			