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**VIRGINIA MASON
FOOT AND ANKLE SPORTS MEDICINE
FELLOWSHIP CURRICULUM**



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INTRODUCTION

Virginia Mason is known regionally as an orthopaedic center of excellence. Virginia Mason Sports Medicine patients include the spectrum of adult patients with medical, surgical, and neurological illnesses managed in an outpatient and inpatient setting. Patients originate from tertiary care referrals, the emergency room, and from community-based physicians.

The Foot and Ankle Sports Medicine Fellow will encounter patients from each of these groups and in all stages of illness, ensuring experience with a comprehensive range of conditions managed by tertiary complex foot and ankle expertise. In this context, the fellow will apply clinical, epidemiologic and surgical knowledge to the care of routine and complex patients, demonstrate analytical thinking approach to clinical situations, consistently teach and support team members, and provide compassionate, appropriate, and effective care of patients with foot and ankle pain.

Accredited by the American College of Foot and Ankle Surgeons (ACFAS), the Foot and Ankle Sports Medicine Fellowship at Virginia Mason provides one year of hands-on, direct patient care subspecialty education and training across a broad spectrum of foot and ankle pathology. Under the leadership and supervision of Fellowship Director Eric Heit, DPM, ACFAS, eric.heit@virginiamason.org, the fellow performs a minimum of 300 surgical cases and participates in ongoing clinical care and scholarly research over the course of the fellowship year.

NUMBER OF POSITIONS

The Foot and Ankle Sports Medicine Fellowship Program trains one fellow per year.

PREREQUISITES FOR TRAINING

Fellow must have completed an ACGME-accredited residency in foot and ankle surgery with eligibility for unrestricted Washington state licensure. Fellow must maintain status as an ACFAS member in good standing during application process and throughout the fellowship program.

ELIGIBILITY

Candidates must complete the ACFAS Standard Fellowship Application Form, including:

- signed and completed application
- copy of medical school transcript
- copy of diploma as verification of medical school graduation
- letter of good standing from director/hospital of candidate's ACGME-accredited residency program
- current curriculum vitae
- current professional photo
- three (3) letters of recommendation, including two (2) letters of reference from attending physicians familiar with the applicant's performance and one (1) letter from the applicant's residency program director.

We cannot consider applicants with J1 visa status.

DURATION OF TRAINING

The duration of training is one year.

FACULTY

Each member of the Foot and Ankle Sports Medicine Fellowship Program faculty is committed to providing the best possible experience for the fellow. Our aim is to help the fellow deepen skills and take the best care of patients possible. Sports Medicine patients are more demanding than other patients: they don't want to just get better, they want to get better AND be active. We believe in meeting patients where they are, creating a plan that is individually tailored to reflect what is best for the patient and what the patient wants to do. We further believe that all physicians have been given the gift of healing, a gift not to be taken lightly. We believe every patient should be treated this way, every time we see them.

Eric Heit, DPM, ACFAS, Fellowship Director, is board certified by the American Board of Podiatric Surgery, and graduated from the California College of Podiatric Medicine, San Francisco, before completing his internship in Podiatric Medicine and Surgery at Veteran's Hospital - American Lake Division and residency in Podiatric Surgery at Madigan Army Medical Center. He completed the Sports Medicine and Podiatric Surgery Fellowship at Virginia Mason in 2003. His special interests include sports medicine, and foot and ankle surgery.

Thomas Landino, DPM, is a Fellow of the American College of Foot and Ankle Surgeons and Diplomate of the American Board of Podiatric Surgery in ankle surgery. A graduate of Temple University, Dr. Williams completed his residency in foot and ankle surgery at Graduate Hospital Philadelphia and fellowships in the Trauma Department, University of Dresden, Germany, and at the Russian Ilizarov Scientific Center for Restorative Traumatology and Orthopedics. His special interests include ankle arthroscopy, adult and pediatric flatfoot reconstructive surgery, foot and lower extremity trauma, and limb and foot deformity corrective surgery using the Ilizarov method.

Alvin Ngan, DPM, graduated from Scholl College of Podiatric Medicine at the Rosalind Franklin University of Health Sciences before completing his residency in Foot and Ankle Trauma and Reconstructive Surgery at Legacy and Kaiser Permanente Foundation Hospitals. His special interests include foot and ankle arthritis, trauma, reconstructive surgery, and total ankle replacement (TAR) surgery.

Jeffrey Pentek, DPM, is a Fellow of the American College of Foot and Ankle Surgery and board certified by the American Board of Podiatric Medicine. A graduate of Rosalind Franklin University of Medicine and Science, Dr. Pentek completed his residency at Botsford Hospital Podiatry Clinic, followed by the Foot and Ankle Sports Medicine Fellowship at Virginia Mason. His special interests include podiatry, orthopedics, sports medicine, foot and ankle surgery, and podiatric surgery.

Mark Reeves, DPM, is a Fellow of the American Academy of Podiatric Sports Medicine. A graduate of the California College of Podiatric Medicine, he completed his residency in Podiatry at the Veterans Administration Hospital in Seattle and the Foot and Ankle Sports Medicine Fellowship at Virginia Mason in 1992. Dr. Reeves has served as the American Academy of Podiatric Sports Medicine Fellowship Director. His special interests include sports trauma (foot and ankle), orthotics and gait analysis, chronic ankle and foot disorders.

Matthew Williams, DPM, is a Fellow of the American College of Foot and Ankle Surgeons and Diplomate of the American Board of Foot and Ankle Surgery in foot, reconstructive rearfoot, and ankle

surgery. A graduate of the California College of Podiatric Medicine, San Francisco, Dr. Williams completed his residency in podiatric surgery at Kaiser Permanente Walnut Creek. He has served as president of the American Board of Foot and Ankle Surgery. His special interests include arthroscopic foot and ankle surgery, ankle replacement surgery, and total ankle replacement (TAR) surgery.

SALARY

Salary and benefits are competitive at the regionally-determined PGY level.

SCHEDULE

Fellows work three days per week in the sports medicine clinic, one day in the operating room, and one day conducting research. Fellows take ER call one week at time every four weeks. Average patient volume is 10-15 patients/day. In addition to patient care activity, the fellow is required to attend weekly, monthly and annual didactic activities.

FELLOWSHIP PURPOSE

The purpose of the Foot and Ankle Sports Medicine Fellowship at Virginia Mason is to support the fellow in developing a broad knowledge base related to surgical podiatry, an ability to generate relevant differential diagnoses based on history and physical examinations, an understanding of indications and contraindications of a wide variety of treatment options, and skill at performing podiatric surgical procedures safely and effectively.

FELLOWSHIP PROGRAM GOAL

The primary goal of the Foot and Ankle Sports Medicine Fellowship is to give the fellow the clinical and surgical skills to excel in a podiatry career and serve as an ambassador for him/herself, the profession, and Virginia Mason. Specifically, the Fellowship aims to teach requisite cognitive and technical aspects of surgical podiatry, including: understanding relevant processes, their presentation and management; analysis and interpretation of radiographic data; understanding the indications and contraindications for procedures; pre- and post-procedure care of the patient; recognition and management of complications; appropriate documentation and reporting; appropriate communication with the patient and the multidisciplinary team; and research, presentation and publication in the field.

OVERVIEW OF FELLOWSHIP OBJECTIVES

The fellow will be mentored and directly supervised by program faculty toward achievement of objectives in clinical, surgical, and research areas. Progress toward these objectives will be monitored throughout the program.

Clinical: Provide outpatient care for all podiatry presentations at increasing levels of competence leading to completely independent practice by the end of the fellowship year.

Surgical: Building on a foundation of basic podiatric surgical skills such as independently performing a closed reduction of an ankle fracture in the ED, execute all aspects of surgical podiatry techniques at increasing levels of competence leading to ability for independent practice by the end of the fellowship year.

Research: Complete one research project by the end of the fellowship year, ranging from an IRB-approved research study resulting in an abstract/poster for a major conference and/or published manuscript; development and presentation of a surgical or biomechanical case study report or on a sports medicine topic with literature review to PCPs and podiatry peers; development and submission of an article for *Podiatry Today*; development and presentation of a cadaver workshop; to development of a portfolio of sports medicine topics.

Didactic: Display eagerness to learn and participation in didactics sessions as a means for exploring advanced topics in foot and ankle sports medicine and preparing for post-fellowship practice and lifelong, self-directed learning.

Professional Conduct and Communication: Demonstrate effective communication and professionalism related to independent practice, lifelong learning and maintenance of certification.

CLINICAL OBJECTIVES

1. Discuss new cases and clinical problems in ambulatory settings with an attending physician within an appropriate time interval, ideally in real time, formalizing, communicating, and implementing a management strategy and treatment plan.
2. Participate at increasingly independent levels in the evaluation and management of inpatients who require advanced surgical intervention, including postoperative admission and care, infection, and acute management and evaluation of foot and ankle trauma.
3. Provide sophisticated, concise and well-referenced written consultations of acute and chronic adult patients with foot and ankle pain, including history and physical exam and interpretation of lab and radiologic data.
4. Demonstrate effective oral communication with the patient and his/her family, and oral and written communication with other health care providers.
5. Advocate for quality patient care, assist patients in dealing with health care complexity, and recognize patient preferences when selecting diagnostic and therapeutic options.
6. Use systematic approaches to reduce errors, practice effective health care allocation that does not compromise quality of care, and apply knowledge of types of medical practices and health care delivery systems.
7. Demonstrate humanistic treatment of patients in the context of cultural, socioeconomic, ethical, environmental, and behavioral factors affecting their care.

At the end of the **first quarter**, the fellow will be able to:

1. Ask increasingly sophisticated questions of attending physicians regarding diagnosis, treatment and management options, post-operative care and complications, building complex clinical judgment and decision-making skills toward independent practice.
2. Evaluate patients in clinic and in consultation with attending physician as needed, complete chart notes with: a thorough History of Present Illness (NLOCATT), physical examination including radiologic review when indicated, a clear diagnosis, proposed surgical or nonsurgical plan, the indications for the surgical procedure or nonsurgical plan, and coding in alignment with documentation. Chart symptoms with detailed conditions to clarify patient condition, i.e. "Left forefoot pain secondary to first ray insufficiency and lesser metatarsal overload".
3. Consistently teach and communicate with patient, documenting: pre-operative discussion of the Virginia Mason Surgical Approach, including the role of anesthesiology, such as the use of the continuous infusion sciatic nerve catheter for postoperative pain management; pre- and post-operative teaching about the patient's role in his/her own recovery and how to maximize success with various splinting and range of motion techniques; and a clear follow-up plan.
4. Describe potential complications from operative and non-operative management; acknowledge physician role in complication, if any.
5. Describe benefits of postoperative splinting and range of motion exercises to attending physician.

At the end of the **second quarter**, the fellow will be able to:

Perform all first quarter specific learning goals and objectives with increasing skill plus:

1. Develop surgical or nonsurgical management plans supported by evidence in the literature, fellow experience, and the patient's desired plan of care.
2. Work as an integral part of the surgical team, managing perioperative care for patients on day of surgery, including unplanned postoperative admission.
3. For a minimum of 30% of clinic patients, independently complete and accurately chart a thorough exam, including radiographic assessment matching the diagnosis, proposed surgical or nonsurgical plan, and clinical presentation that are the indications for the proposed treatment.
4. Independently teach postoperative splinting and range of motion exercises to patients.

At the end of the **third quarter**, the fellow will be able to:

Perform all of the previous quarters' specific learning goals and objectives with increasing skill plus:

1. Independently evaluate simple and complex foot and ankle patients in clinic and in the ED and Hospital.
2. Develop and provide an appropriate surgical plan, including the completing the surgery scheduling form when appropriate.
3. Diagnose complications of foot and ankle surgery, differentiating between common post-operative findings such as swelling, skin color change, numbness/tingling, postoperative stiffness; findings that may require development of a long-term plan of care such as recurrence of deformity or the failure of the surgery to work; and medical complications needing immediate follow-up such as infection and DVT.
4. Plan for future scheduled cases and ensure any special equipment and supplies, including bone grafting and biologics, are ordered.

At the end of the **fourth quarter**, the fellow will be able to:

Perform all of the previous quarters' specific learning goals and objectives with increasing skill plus:

1. Independently manage the complications of foot and ankle surgery, whether common findings, findings that may require development of a long-term plan of care, or medical complications.
2. Engage meaningfully with anesthesia and all perioperative providers, including in management of postoperative patient.
3. Discuss patient-centered approach to podiatry care, describing indications and contraindications of a wide variety of treatment options and how they may impact the patient.

SURGICAL OBJECTIVES

The Foot and Ankle Sports Medicine Fellow will be exposed to general foot and ankle surgery cases, reconstructive foot and ankle surgery, and trauma cases. The fellow will populate an electronic log of every surgical case in which the fellow participates, to include date, attending MD, and procedure performed. Case logs will be reviewed at quarterly evaluation discussions.

At the end of the **first quarter**, the fellow will be able to:

1. On the day prior to surgery, be prepared to present the case to the attending surgeon, including purpose, specifics and technique.
2. Plan for safe positioning, exposure and closure, including a contingency plan.
3. Identify landmarks and anatomy in foot and ankle cases, especially superficial sensory nerves and small tendons, which can accidentally be cut.
4. Actively assist in simple and complex foot and ankle cases, anticipating and describing what the surgeon will need next, and beginning to take an active role in surgical care.
5. Handle power instrumentation properly, including drill, saw, and k-wire driver, in all foot and ankle cases.
6. Accurately place internal fixation.
7. Protect external fixation of the toes in a post-operative boot.
8. Apply appropriate post-operative plaster splints.
9. Dictate comprehensive operative reports that accurately reflect the procedure performed, including plan of care, before leaving on that surgical day.
10. Critically assess surgical billing sheet to ensure that coding aligns with surgical procedures performed.

At the end of the **second quarter**, the fellow will be able to:

Perform all first quarter specific learning goals and objectives with increasing skill plus:

1. Plan and communicate the step-by-step execution of the case, including contingency plan.
2. When delegated by faculty, serve as primary operator in performing both simple and complex foot and ankle cases.
3. Completely denude an articular surface for the purpose of joint fusion.
4. Fenestrate the articular cartilage to the point of penetrating the subchondral plate and not beyond.
5. Demonstrate Krakow suture in Achilles repair, ankle fracture repair, plantar plate repair, ligidus bunionectomy, tendon repair, and osteotomies at a near-independent level.
6. Independently complete surgical billing sheet with coding that aligns with surgical procedures performed.

At the end of the **third quarter**, the fellow will be able to:

Perform all of the previous quarters' specific learning goals and objectives with increasing skill plus:

1. Provide appropriate, safe, and skilled surgical treatment for patients having simple and complex foot and ankle procedures, with attending MD observation but not necessarily direct involvement. Procedures include but are not limited to major arthrodesis of the forefoot, midfoot, hindfoot, and ankle, and bone graft harvesting techniques of the calcaneus.
2. Demonstrate independent skill in all instrumentation.
3. Close all layers including periosteum, subcutaneous, and skin, without tendon injury, nerve entrapment, or leaving exposed deeper structures to more superficial layers.

At the end of the **fourth quarter**, the fellow will be able to:

Perform all of the previous quarters' specific learning goals and objectives with increasing skill plus:

1. Plan each case and identify specific patient factors that indicate a certain surgical plan.
2. Independently problem solve and resolve intraoperative issues as they arise.
3. Work as a team member with the OR team.
4. Perform simple and complex foot and ankle surgical procedures independently while continuing to have attending physician oversight.

At the conclusion of the fellowship, the fellow will have obtained the knowledge and experience necessary to diagnose, evaluate, and surgically treat the majority of foot and ankle disorders.

RESEARCH OBJECTIVES

The fellow will demonstrate ongoing commitment to self-directed learning and choose an independent research project relevant to foot and ankle medicine and surgery, by the end of the first quarter of fellowship training. The fellow will select ONE research activity from the following options:

- Continue data collection for current research project, "Long-term Outcomes of Cheilectomy".
- Present one lecture at a local conference on a topic of choice. Possible conferences include: Complications of Foot and Ankle Surgery course in November, or the Washington State Annual Scientific Seminar in April/May. A Grand Rounds presentation is also appropriate. The goal is to promote the fellow's critical thinking regarding what is appropriate for patients and why.
- Pursue an original research project, following the quarterly objectives below.
- Publish a case study in an appropriate journal, following the quarterly objectives below.

Original Research Project Objectives

At the end of the **first quarter**, the fellow will:

1. Complete CITI GCP/Ethics training.
2. Complete free online refresher courses on statistical analysis.
3. Complete a literature review on topics of potential research interest and identify knowledge gaps in Foot and Ankle Surgery peer-reviewed literature.
4. Based on the literature review, propose study objectives with well-defined aims.
5. Develop study methodology, data collection tool, IRB applications for proposed studies.
6. Submit IRB application and complete initial data abstraction for a minimum of one IRB-approved research project.
7. Present the above to Dr. Heit.

At the end of the **second quarter**, the fellow will:

1. Finalize data collection and analysis for study/studies developed in the first quarter.
2. Write and distribute manuscript(s) to co-authors for revision.
3. Present data, analysis and findings to Fellowship Director.

At the end of the **third quarter**, the fellow will:

1. Obtain final approval of manuscripts and complete tables, figures from all co-authors.
2. If data collection is not complete or is intended to be a longer term process, formalize target for data collection process for the end of quarter four.
3. Present plan for continued data collection to Fellowship Director.

At the end of the **fourth quarter**, the fellow will:

1. Complete all manuscript preparation, including revisions with co-author feedback.
2. Resubmit revised manuscript to journal.

Case Study Project Objectives

At the end of the **first quarter**, the fellow will:

1. Assess potential case studies using the following criteria:
 - Does the case represent an unusual or atypical example of a research problem that requires more in-depth analysis?
 - Does the case provide important insight or illuminate a previously hidden problem?
 - Does the case challenge and offer a counter-point to prevailing assumptions?
 - Does the case provide an opportunity to pursue action leading to the resolution of a problem?
 - Does the case offer a new direction in future research?
2. Propose and gain approval from the Fellowship Director for an appropriate case study.
3. Draft case study manuscript, to include: a) Introduction, b) Literature review, c) Method, d) Discussion, and e) Conclusion

At the end of the **second quarter**, the fellow will:

1. Complete draft manuscript for the case study, including completed literature review, justification for the case study as outlined in the criteria above, and accompanying images.
2. Share draft manuscript with Fellowship Director for editing and approval.

At the end of the **third quarter**, the fellow will:

Submit the manuscript for review to the journal of your choice. Consider *Foot and Ankle Online* or *Podiatry Today*.

At the end of the **fourth quarter**, the fellow will:

Complete all revisions, re-submit revised manuscript to journal, and receive/share notice of case study accepted for publication.

BIOMECHANICS OBJECTIVES

The Fellow will assess conditions best managed with custom orthotics, types of lower extremity mechanical issues that can be successfully treated with orthoses, and types of orthoses and modifications that are not appropriate for certain lower extremity issues such as Morton's extension for Stage I hallux rigidus, or a rigid orthotic for an uncompensated rearfoot varus in a high mileage runner.

At the end of the **first quarter**, the fellow will be able to:

1. Perform a basic biomechanical exam, including:
 - a. Limb length assessment
 - b. Level of deformity (LOD) concept and application
 - c. Writing an appropriate orthotic prescription
2. Take a 3-D foot scan.
3. Discuss the clinical rationale for orthotics.

At the end of the **second quarter**, the fellow will be able to:

Perform all first quarter specific learning goals and objectives with increasing skill plus:

1. Consistently apply biomechanical exam to diagnose and treat biomechanical issues.
2. Recommend shoes appropriate to results of biomechanical exam.
3. Accurately assess a 3-D scan.
4. Select appropriate orthotic materials, including shell type, cover material, and posting, and accurately document selections in the orthotic prescription.

At the end of the **third quarter**, the fellow will be able to:

Perform all previous quarter specific learning goals and objectives with increasing skill plus:

1. Apply biomechanical exam to diagnose, treat and fix any complication with orthoses.
2. Write an appropriate orthotic prescription and recommend appropriate shoes.
3. In addition to choosing correct materials, be able to recommend appropriate modifications to orthoses, including:
 - a. Medial heel skive
 - b. Inverted pour
 - c. Pads/bars
 - d. Extensions/cutouts

At the end of the **fourth quarter**, the fellow will be able to:

Perform all previous quarter specific learning goals and objectives with increasing skill plus provide comprehensive biomechanical care for all patients, describing the role of biomechanics for both surgical and non-surgical problems.

DIDACTIC OBJECTIVES

The Fellowship didactic curriculum consists of educational content directed at providing information that builds and improves upon baseline foot and ankle sports medicine knowledge the fellow already possesses. The overall goal of the Fellowship didactic curriculum is to prepare fellows for post-fellowship practice and lifelong, self-directed learning, and to allow fellows to explore advanced topics in foot and ankle sports medicine.

The schedule of required didactic activity includes:

- Swedish Foot and Ankle Surgery Grand Rounds – Thursday mornings, 6:30 - 8:00am, Swedish Cherry Hill Campus Residents' Room, Conference Room 142C, first floor, along corridor to Jefferson Tower. To view schedule, see: <https://sites.google.com/a/swedishfootankle.com/spsr/Home>
- Review of peer-reviewed literature relevant to foot and ankle sports medicine – First Friday morning of the month, 8:00am, Dr. Heit's office, Lindeman 2. Virginia Mason's Medical Library, Central Pavilion, Room 1123, offers support with searches and obtaining full articles.
- American College of Foot and Ankle Surgeons (ACFAS) Annual Scientific Conference, February/March. The Fellowship provides a CME stipend to be applied toward attendance costs.

Additional didactic opportunities include:

- Virginia Mason Grand Rounds, Friday mornings, 7:30 – 8:30am
- Swedish Foot and Ankle Journal Club, Second Wednesday of the month, 5:30pm, Swedish Cherry Hill Campus Residents' Room, Conference Room 142C, first floor, along corridor to Jefferson Tower.
- Virginia Mason CME Courses, see www.virginiamason.org/cme
- Washington State Podiatric Medical Association (WSPMA) Annual Conference, April
- American Podiatric Medical Association (APMA) Scientific Meeting, July
- International Foot and Ankle Foundation (IFAF) Seminars, varies throughout the year

The fellow is expected to:

1. Achieve expected attendance at weekly, monthly, and annual didactic sessions.
2. Apply knowledge of specific cases of clinically challenging situations presented in didactic sessions, including cases that would benefit from surgery versus cases that would be better managed non-operatively, in execution of clinical responsibilities.
3. Conduct a literature search in a topic area of the fellow's choice, critically appraise articles in current podiatric surgery literature on that topic, and assess how a particular article will apply to and/or change the fellow's clinical practice.

PROFESSIONAL CONDUCT AND COMMUNICATION OBJECTIVES

The fellow is expected to demonstrate effective communication and professionalism related to independent practice, lifelong learning and maintenance of certification. To support achievement of these objectives, the fellow is encouraged, over the course of the fellowship year, to develop a Weekly Journal of sports medicine topics, discussions, case highlights, and didactic session notes. The journal is to include a 1 – 3 page summary of one topic per week, with clinically relevant points learned, ideas for further research, clinical questions/controversies, and references. A list of topics, dates, and type (journal club reading, case study, CME conference notes, review of a specific sports medicine topic, or clinical question) will allow use of the journal as a quick reference.

The fellow is expected to be able to demonstrate increasing ability throughout the fellowship year to:

1. Communicate effectively with patients and families in a compassionate, culturally and gender sensitive manner, including diagnosis, treatment plan, and follow-up care.
2. Appropriately notify supervising attending physicians of changes in the clinical status of patients and request consultations appropriately.
3. Maintain communication with attending physicians, nurses, and all team members regarding patients and the clinic and surgical schedules.
4. Supervise and lead the team appropriately, demonstrating commitment to ethical principles, patient confidentiality, and informed consent.
5. Demonstrate professionalism appropriate to the practice of medicine, following the Virginia Mason Physician Compact.

TEACHING METHODS

The principal teaching method of the Foot and Ankle Sports Medicine Fellowship is case-based discussions and instruction led by the attending physicians. A majority of teaching will involve direct instruction in the performance of foot and ankle procedures under supervision of attending physicians and may include:

- Modeling by attending physician
- Direct 1:1 instruction by attending physician
- Hands-on surgical training supervised by attending physician
- Attendance at annual, scheduled, and small conferences and meetings
- Use of scientific literature and information technology
- Grand Rounds
- Recommended reading
- Daily management of patients on the service, both inpatient and outpatient

EVALUATION AND FEEDBACK

The fellow will meet with the Fellowship Director monthly and will receive verbal and written evaluations. Evaluative content will be received from:

- Direct observation during surgery, rounds, clinics, and conferences
- Attending physician evaluation of fellow
- Quarterly evaluation by Fellowship Director