

LIMB PRESERVATION FELLOWSHIP

Visit program website. (<https://vascularsurgery.ucsf.edu/education-training/fellowships/limb-preservation-fellowship-non-acgme.aspx>)

Program Leadership:

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Program Description

Summary

The mission for the UCSF Limb Preservation Fellowship is to educate and train a podiatric physician as a clinically skilled podiatrist in a multidisciplinary approach to the diabetic and vascular complications of the lower extremity, as well as generating new knowledge in the treatment, management and prevention of the lower extremity amputations. The cornerstone of this program is teaching at a level of excellence, which fosters excitement and enthusiasm for a lifetime commitment to scholarship.

The UCSF Vascular and Endovascular Surgery Limb Preservation Fellowship is a one-year non-ACGME fellowship program for physicians who have completed podiatric training and who wish to further specialize in limb salvage. The fellowship is part of the education and training mission of the UCSF Division of Vascular and Endovascular Surgery. Fellows will rotate through vascular/podiatry multidisciplinary clinics at UCSF Medical Center at Parnassus, Saint Mary's Medical Center (SMMC), and Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG).

Location

Limb Preservation Fellowship will be based at UCSF and will be under the jurisdiction of the Division of Vascular/Endovascular Surgery. Fellows will be expected to cover UCSF, SMMC and SFGH vascular/podiatry multidisciplinary clinics.

- a. Educational sites/methods
 - i. Inpatient consult services
 - ii. Outpatient clinics
 - iii. Inpatient ward services
 - iv. Patient care conference

- b. Evaluation tools
 - i. Direct faculty observations using evaluation forms

Duration

This will be a one-year program, which will begin on August 1, and will end on July 31.

Specific Program Content

- Peripheral arterial disease of the lower extremity
- Critical limb ischemia (CLI)
- Peripheral neuropathy of the lower extremity
- Diabetic foot ulcerations
- Ischemic foot ulcerations
- Venous insufficiency ulcerations
- Decubitus ulcerations
- Charcot arthropathy
- Foot amputations
- Chronic renal insufficiency and diabetic lower extremity complications
- ESRD and its effect on the lower extremity
- Endovascular procedures
- Lower extremity open revascularization procedures
- Diabetic foot infections
- Orthotics and prosthetics of the lower extremity

Ancillary Education

Fellow is expected to attend The Division's weekly educational vascular surgery conferences at the Medical School, as well as attend all pertinent educational activities.

Fellow is expected to give four educational lectures during the year.

Medical Knowledge Objectives

Attend core conferences and teaching rounds to learn the pathophysiology, epidemiology, disease management and procedure and medicine management skills for common and uncommon inpatient/outpatient lower extremity complications.

Scholarly Activities

Fellows will be expected to have one publishable research project by the end of the academic year and present and abstract at a national vascular or podiatric conference.

Instructors and Resources

Teaching Staff

- Michael Conte, MD, Professor of Surgery
- Alexander Reyzelman, DPM, Associate Physician Diplomate
- Monara Dini, DPM, Associate Clinical Professor
- Mher Vartivarian, DPM, Clinical Instructor
- Charles Eichler, MD, Professor of Surgery
- Clara Gomez-Sanchez, MD, Assistant Professor of Surgery
- Jade Hiramoto, MD, Professor of Surgery
- Shant Vartanian, MD, Associate Professor of Surgery

Instructional Facilities

- UCSF Medical Center at Parnassus, San Francisco, CA
- Saint Mary's Medical Center (SMMC), San Francisco, CA
- Zuckerberg San Francisco General Hospital and Trauma Center, San Francisco, CA

Entrance Requirements

In accordance with ACGME requirements for graduate medical education, the UCSF School of Medicine GME eligibility policy applies to all residency and fellowship programs and may be found in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).

The program specific requirements for entrance can be found at the UCSF Limb Preservation Fellowship website. (<https://vascularsurgery.ucsf.edu/education-training/fellowships/limb-preservation-fellowship-non-acgme.aspx>)

Policies

Enrollment Policy

In accordance with ACGME requirements for graduate medical education, UCSF School of Medicine GME policies apply to all residency and fellowship programs and may be found in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).

Credit Evaluation Policy

In accordance with ACGME requirements for graduate medical education, the UCSF School of Medicine GME supervision, evaluation, and other policies apply to all residency and fellowship programs and may be found in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).

The program specific supervision, communication/escalation, and evaluation policies will be discussed and reviewed on a first day meeting with the program director and associate program director. A mid-year and end of year multi-source evaluation will be completed in accordance with ACGME, UCSF GME, and program policies and requirements. In addition, feedback will be provided routinely in real-time via face to face interaction with the Vascular and Podiatric Faculty.

All faculty and trainees are educated about fatigue in GME training and adept at recognizing fatigue in themselves and others. In accordance with ACGME requirements for graduate medical education, the UCSF School of Medicine GME fatigue mitigation policy applies to all residency and fellowship programs and may be found in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).

Attendance Policy

In accordance with ACGME requirements for graduate medical education, the UCSF School of Medicine GME leave policy, which addresses vacation, sick, parental, and other leave, applies to all residency and fellowship programs and may be found in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).

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- Absence: Refer to the GME leave policy in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).
- Tardiness: Fellows are expected to contact their site preceptor by 8:30 a.m. to indicate if they will be late or absent that day for any reason, notify the Chief resident, and to document absence in the MedHub system.
- Interruption for Unsatisfactory Attendance: Interruption for unsatisfactory attendance is address through the established UCSF GME disciplinary mechanisms noted elsewhere in this document. Fellows taking more than the allowed vacation/sick time may be required to extend their fellowship past the normal graduation date.
- Cutting Classes: Fellows must attend a minimum of 70% of conferences during their fellowship and unsatisfactory attendance will be reviewed at the semi-annual Clinical Competency Committee. If needed the fellow will be put on a remediation plan until the situation is rectified.
- Make-up Work: Missed conferences that have been recorded will be available for later viewing. Other missed conferences are made up at the discretion of the program director.
- Leave of Absence: Refer to the GME leave policy in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).

Policy on Academic Progress

The medical education of physicians to practice independently is experiential and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge and attitudes leading to proficiency in all the domains of clinical competency requires the resident and fellow physician to assume personal responsibility for the care of individual patients. For the resident and fellow, the essential learning activity is interaction with patients under guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents and fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept – graded and progressive responsibility – is one of the core tenets of American GME. Supervision in the GME setting has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident or fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

The program director is responsible for the content and conduct of all educational activities at all teaching sites.

Trainee performance and progress are evaluated by program faculty verbally and in writing with progression consistent with ACGME milestones assessed twice yearly by the Clinical Competency Committee and further reviewed by the Residency Advisory Committee. These formal mechanisms are in place for monitoring and documenting each trainee's acquisition of fundamental knowledge and clinical skills and overall performance throughout the academic year.

Trainees are supervised by faculty and given regular feedback on their performance in real-time and at regular intervals from the program director or associate program director with input from the Clinical

Competency Committee (CCC), as noted. If a trainee is not meeting expectations or experiencing difficulties, the program director will determine if remediation is needed.

In the event academic action is necessary, policies and procedures must follow the UCSF GME academic due process policy (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf#page=21>).

Trainee Responsibilities

UCSF residents and fellows are expected to:

- Develop a personal program of self-study and professional growth with guidance from the faculty;
- Participate in safe, effective, and compassionate patient care under supervision commensurate with their level of advancement and responsibility;
- Participate fully in the educational and scholarly activities of their program and as required, assume responsibility for teaching and supervising other residents, fellows, and students;
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institution;
- Participate in institutional committees and councils, especially those that relate to patient care activities;
- Participate in evaluation of the quality of education provided by the program;
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and how to apply cost containment measures in the provision of patient care;
- Comply with established ethical behavior and practices;
- Adhere to federal, state, and campus deadlines and requirements regarding licensure and registration for the practice of medicine;
- Respond to the Office of GME (OGME) and the home program/department for information related to position/rank and function;
- Adhere to all departmental, School of Medicine, GME, and ACGME policies and procedures.

Benefits/Leave

UCSF residents and fellows are entitled to four (4) work weeks of vacation, 12 sick days, and eight (8) weeks of paid parental leave annually. Find more information about trainee leaves (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>). Scheduling of leave should be made in advance by writing by the trainee to the education coordinator. Leave requests will then be reviewed and approved by the program directors, who will take into consideration any concerns with coverage that may affect patient care.

Time spent away from the program may impact program completion per American Board requirements. Programs are required to provide timely notice of the effect of leave(s) on the ability of trainees to satisfy requirements for completion.

UCSF Hospital System Responsibilities

- Sleep rooms and lounges: Sleep rooms and lounges for residents and fellows are provided at rotation sites. They may use for overnight call and napping.
- Uniforms: One long white coat is issued to new residents.

- Work Hours: UCSF GME work hour policy applies to all residents and fellows and may be found in the 2022-2023 Housestaff Information Booklet (<https://meded.ucsf.edu/sites/meded.ucsf.edu/files/inline-files/Housestaff%20Info%20Booklet%202022-2023%20rev09.2022.pdf>).
- Communication: Pagers, email addresses, and access to the UCSF network are provided to all residents and fellows when they start their training.
- Library: All trainees have access to the UCSF library, both in-person and online. They also have access to libraries at the sites in which they rotate.

Salaries

Trainee salaries are determined through collective bargaining with CIR-SEIU Healthcare, the exclusive representative of UCSF residents and fellows. Trainees are not permitted to moonlight during this fellowship program.