Worthy to be a Physician

I was recently in an operating room scrubbing in on a surgery with a doctor whom I greatly admire and respect. We were discussing the case we were about to begin and in the middle of the planning he paused. After the pause, he said something very poignant to me that I will never forget. I’d like to share that with you, because it caused in me a paradigm shift of very positive proportions. He spoke about the great importance of each surgical case and each patient encounter we experience. He went on to say, pointing to the patient under general anesthesia laying on the table, that the patient had put great trust in us. “This patient doesn’t care about how busy we are or how tired we might be,” he continued. “He doesn’t care how nice of a car we drive or how many beautiful children we have or how elegant our homes may be. He doesn’t even care much about our political convictions. At this moment, the only thing he cares about is that we are worthy to operate on him,” he concluded.

Theodore Roosevelt said, “Do what you can, with what you have, where you are.” I agree. It is important that we magnify our positions in every instance. However, it is equally important to ensure that “what [we] have” is ever increasing when it comes to knowledge and skill. This doctor I mention taught me how we can continually make ourselves “worthy” to provide care, the importance of perpetual learning, the great value of differentials, and the never-ending trails of knowledge. I learned to never quit searching for better understanding, better technique, and the practice of better medicine, then, at that point, I will become worthy of my patient.

I’ve thought a lot about that day and have come to a realization of the importance of “being here” for patients. We are constantly pulled in many directions. Freshmen and sophomores strive to maintain balance among multiple different courses. Juniors and seniors work diligently to keep harmony between their clinical experiences and preparation for residencies. Amid these exacting times it is important that we learn the importance of maximizing ourselves for each patient encounter.

A wise man once said, “The indispensable first step to getting the things you want out of life is this: decide what you want.” My hope is that we decide that we want to always be worthy of that patient; to commit ourselves, here and now, to forever being worthy of the trust and respect our patients. May our paths be blessed to become the best providers of tomorrow’s healthcare team beginning today.

DAVE MCKENZIE
APMSA President
APMSA AZPOD Delegate 2010

Calling All Public Health Writers

The American Public Health Association (APHA) requests student article submissions for the APHA newsletter for the podiatry section. The APHA is the oldest, largest and most diverse organization of public health professionals in the world and has been working to improve public health since 1872. APHA represents a broad array of health professionals and aims to protect against preventable, serious health threats and strives to assure that community-based health promotion and disease prevention activities and preventive health services are universally accessible.

Submissions are inclusive and are multifaceted. APHA has a rolling submission date which means if a submission is not placed in the next newsletter they will be considered for future publication. Next submission deadline is May 16-June 16. Photos may be included. Here’s a brief list of article ideas but is not limited to:

- Short news items written from first person experiences (Humanitarian/Missionary/Community Medicine Projects)
- Summarizing clinical or research experiences
- Clinical practice or best practices guidelines
- News items about public health degree programs

Please contact Janet Simon, DPM, at Janetpod@aol.com for more information.
Note from the Editors

We extend our appreciation to the APMSA for the opportunity to serve as editors-in-chief of First Step this past year. It has been a wonderful experience to interact with podiatric medical schools and students to inform students about APMSA and student activities and the progression of our profession. Our goal was to report on the impact the APMSA and students have on the future of the profession. We encourage all students to submit articles for publication consideration. This is your communication vehicle!

Special thanks to APMSA Executive Director Dorothy Cahill McDonald and to our regional editors (listed below) for their contributions and assistance. Lastly, we wish Adam Siegel (SCPM 2012) the best of luck as the new editor-in-chief!

LENA KEESTER AND LUCINDA MALVITZ (SCPM 2011)
Editors-in-Chief

LENA KEESTER AND LUCINDA MALVITZ (SCPM 2011)
Residency Development: Where Does the Class of 2010 Stand?

As I watched my friends and colleagues from the Class of 2009 receive the results from the CASPR Match in March, I couldn’t help but think ahead to one year from now to the Class of 2010 match. What will that day be like? Will there be enough programs?

Since my first meeting with the Council of Teaching Hospitals (COTH) in May 2007, I have listened, relayed information, and advocated for students regarding the potential shortage of residency programs. The class of 2010 is the largest class to come through the pipeline in the past couple of years, and to compound the situation, over the past few years many residency programs have shut down for several reasons—hospitals closing, positions going unfilled, and various other causes. In addition, there have not been a large number of new programs opening because there was not a need.

With the current number of approved programs at 466, and the number of enrolled students for the Class of 2010 at 526, clearly there is now a need for more residency programs. At the APMA House of Delegates (HOD) meeting in March, APMSA and COTH representatives spoke with state caucus groups to give them a better understanding about the need for new residency positions and how they can help alleviate this shortage. Dr. Jeffrey Robbins also made a formal report to the HOD on behalf of the AACPM Ad Hoc Committee on Balance between Graduates and Entry Level Positions.

After Dr. Robbins’ report, Dr. Jonathan Haber, the chair of the Council on Podiatric Medical Education (CPME), announced that the CPME/JRRC have undertaken an audit of every approved podiatric residency program to determine which programs have sufficient numbers currently to qualify for an additional position. These new positions will be approved without an additional fee. The hope is for the hospitals, upon being notified about the potential of adding another position, will fund these positions for 2010 and beyond.

The COTH is continuing to follow up with individual inquiries regarding starting a residency program and there are a number of program creations underway. As you are probably aware, it takes work and time to develop a new residency program.

This work is encouraging, but I know it’s not enough to make everyone feel particularly confident about residency placement. We must do our part as students in tackling this issue by making sure the 2010 class is aware of the potential residency shortage. Talk with current and potential residency directors about opening up or filling an additional PGY-1 residency positions and refer them to the APMA Helpline at 800-372-0775.

Most importantly, study hard, be the best podiatrist you can be, and use every opportunity you can to visit programs and practice interviewing skills. Concentrate on the future. The APMSA, COTH, APMA and the profession are doing the same, and want students to know that the profession is behind them and are doing their best to ensure that every qualifying graduate has a residency training program. Please feel free to contact me with any questions or comments at laura.zagrocki@temple.edu.

LAURA ZAGROCKI
APMSA COTH Liaison
APMSA TUSPM Delegate 2010

The SCPM 22nd Annual Dance for Diabetes

This charity event, hosted by the Dr. William M. Scholl College of Podiatric Medicine class of 2011, raised an outstanding $16,000 for the American Diabetes Association! This year the dance was held at the Hyatt Regency Hotel in Chicago in January.

Over 300 guests were entertained with a spectacular view of the city where they enjoyed dinner, dancing, and a silent auction. Nearly 100 SCPM students dedicated their time and talents through hours of planning, advertising, and fundraising to make this event such a success and a very rewarding experience.

Please contact your APMSA Delegate or SCPM Delegates for further information about conducting this or a similar charity event at your school.

AMANDA MULVIIHILL
SCPM 2011
APMSA Mid-Winter HOD Meeting

The February APMSA House of Delegates (HOD) meeting in Miami was filled with information pertinent to the improvement of podiatric medical education. The following is a brief overview of the issues discussed:

NBPME: Zack Ritter (TUSPM 2009) gave an update on the current evolution of the National Boards Testing Process. Prior to the test, content experts will hold a conference call to review submitted questions in an effort to eliminate unfair and outdated questions. In addition, two new NBPME board members with representatives from the APMA Board of Trustees and Council of Deans have been added.

CPME: Joshua Boone (AZPOD 2009) reported on the actions of the Council on Podiatric Medical Education to rewrite the CPME 320 document. This document defines residency program standards and requirements for approval and is being updated to create a more standardized method.

COTH: Laura Zagrocki (TUSPM 2010) reported on the ongoing process of residency development. New residency programs have been added but there is still much work ahead and tremendous efforts have been made by the profession to address the possible residency shortage. Please refer to Ms. Zagrocki’s article (page 3) for more information.

AACPM: Jake Wynes (TUSPM 2009) explained PM&S 36 residency program requirements and facilitated discussion as to whether these programs should allow for specializations other than rearfoot reconstruction; i.e. wound care, biomechanics or pediatrics.

Guest speakers: Dr. David Morgan representing Indian Health Services (IHS) followed by Dr. Stanley R. Kalish representing APMSA meeting sponsor Dynasplint.

APMSA Federal Services Liaison Richard Boothby (BUSPM 2010) invited Dr. Morgan to attend to inform delegates of IHS opportunities at approved Indian reservations. Benefits include loan repayment programs and a competitive salary. For more information, please visit www.ihs.gov.

Dr. Kalish presented Dynasplint products and how they can be used effectively. Dynasplint is the low-load, prolonged-duration stretch (LLPS) technology that delivers a biomechanically correct stimulus to create a permanent length change in shortened connective tissue. For more information, visit www.dynasplint.com.

APMSA Outstanding Podiatric Medical Student Award: This new award was approved during the HOD meeting. Each year, the $1,000 scholarship award will be given to one 3rd year podiatric medical student.

Awards and Farewells: This meeting marked the end of a devoted term for APMSA 2009 Delegates and 2010 School Presidents. These individuals served their respective schools and the APMSA with sincere professionalism, dedication and enthusiasm. Thank you for your service!

Brant McCartan (BUSPM 2009) received the Most Valuable Player award and W. Cabell Adams (CSPM 2009) received the APMSA Presidents Award.

Words alone cannot describe the enthusiasm during the recent HOD meeting. Those who attended worked in the best interest of their classes to help make the podiatric educational process more fulfilling. For more information on HOD proceedings, please contact your APMSA Delegate.

BLAIR JOLLEY
APMSA ABPOPPM Liaison
APMSA TUSPM Delegate 2011
Gordon Laboratories has been a member of the APMSA Corporate Advisory Board since its inception in 1985. Owner SuEllen Dercher was recently elected to serve as the APMSA CAB corporate chair. Gordon Labs has played an integral role in podiatric medicine since manufacturing the first topical pharmaceutical product line for the profession more than a half century ago. Today the company manufactures the largest selection of quality podiatric pharmaceuticals for all types of topical conditions. Their ongoing commitment to the APMSA and the podiatric profession includes: in-office dispensing assistance, educational aid, funding for student projects, in-kind gifts, and annual scholarships.

Products for some of the most common foot problems are Gordochom (Undecylenic Acid 25%) for topical fungus conditions; Gormel Creme (with Urea 20%) for hyperkeratotic skin; Gordofilm for warts; Formadon Rx, Bromi-Lotion and Bromi-Talc Plus for use in eliminating bromidrosis and hyperhidrosis; Aloe Grande Creme, a vitamin-enriched moisturizer; Gordobalm for analgesic relief and sports medicine; and Mycomist, a unique product for deodorizing shoes, boots and sneakers. These products are dispensed for extended patient care in between office visits.

Over the years, Gordon Laboratories has been committed to providing the highest quality and largest selection of quality podiatric pharmaceuticals and services and has introduced innovative products for the profession, such as Abscents®, a deodorizing powder which eliminates rather than masks odor and manufacturers an extensive line of office products for professional use only.

The APMSA is grateful to Ms. Dercher and Gordon Labs for its continued support of the profession, the APMSA and students of podiatric medicine.

LENA KEESTER
APMSA Development and Corporate Relations Director
APMSA SCPM Delegate 2011

The Vision 2015 Stakeholders Meeting

I wrote in my podiatry school application personal statement that joining the profession was analogous “to running a relay race in which I just had the baton firmly placed in my hand.” The Vision 2015 stakeholders meeting which I attended on behalf of the APMSA took place in February in Maryland and was the practical application of this statement not only for me, but for all of us in this great profession.

The mission of the summit with the goal of parity, was to discuss and strategize ways in which to maximize student recruitment, improve residency training through a combination of competencies and minimum activity volumes, demonstrate parity to allopathic medicine through board certification and examination, expand marketing, attain equivalence of allopathic and osteopathic physicians in the state and federal regulations, and enhance hospital relations.

The stakeholders in attendance were representatives of the AACPM, ABPOPPM, ABPS, ACFAOM, APMSA, COTH, CPME, Deans, NPBME and APMA Board and Young Members. Representatives from each group entered into small group discussions and ended with meaningful suggestions on how to resolve the issues facing us.

As with any profession or specialty, there are challenges that arise that must be tackled, but they are not insurmountable. APMA President Dr. Ross Taubman advised “this is a shared profession responsibility and we must work together in concert to achieve success.”

Students should be encouraged by Vision 2015’s progress and continued efforts and we need to keep running with the baton firmly in hand so that podiatry will progress for the betterment of the profession and our patients.

TOMIKA COLEMAN
APMSA Liaison to the AAWP
APMSA NYCPM Alternate Delegate 2012
APMSA CAB Basketball Tournament: “A San Francisco Treat”

CSPM hosted a memorable APMSA CAB Basketball Tournament which featured an unforgettable weekend in San Francisco.

Students from across the country were greeted with picturesque weather with sunny skies and a light ocean breeze. Some students were so excited about their first visit to San Fran; they wore flowers in their hair. Round robin play began Friday at the University of San Francisco. All teams that participated played two games on Friday hoping to gain the highest possible seed for the Saturday single elimination tournament. AZPOD gained the first seed for the men’s bracket. Despite an exhilarating comeback by the CSPM women’s team to beat OCPM, the TUSPM team received the number one seed.

Saturday’s single elimination tournament was punctuated with a few last minute shots and amazing comebacks. In the women’s semifinal game, Larissa McDonough of OCPM effortlessly seemed to seal the game with a few seconds left by making a contested three point shot. However, CSPM’s Annie Nguyentar responded and subsequently hit a 30 footer to put the CSPM team into the championship against the TUSPM “Pod Squad.” Despite an inspiring previous win for the CSPM women, the TUSPM Owls won by a substantial margin in the championship.

The men’s semifinal game featured an evenly matched AZPOD and TUSPM teams. Down six points with less than a minute in the game, TUSPM hit consecutive three point shots to tie the game. Double overtime was almost avoided by a 90 foot buzzer shot by the AZPOD that rimmed out. AZPOD pulled away in double overtime to face SCPM in the finals.

In the championship game, AZPOD started on the wrong side of a 20-4 run. The more rested SCPM team maintained an early lead to win by a large margin.

Festivities following included an evening in the legendary Marina district.

As a first year student, I was truly amazed at what strong relationships were forged during this tournament. Thanks to the generous contributions and support from the APMSA CAB, many students are able to build new relationships which, in turn, will build a stronger profession.

MICHAEL CRAWFORD
APMSA CSPM Delegate 2012
APMSA Outstanding Podiatric Medical Student Award

Valerie Tallerico and Emily Knickheim of CPMS presented the idea of implementing an APMSA Outstanding Podiatric Medical Student Award at the APMSA House of Delegates (HOD) that modeled an award given to one of their outstanding student doctors. Gratefully spearheaded by Ms. Tallerico and Ms. Knickheim, an APMSA committee further developed the concept and determined the following criteria for this new award:

Professionalism/Accountability
- Attends guest lectures, class/college events, class/clinic etiquette, timeliness with class/clinic, interaction with fellow classmates and faculty

Involvement with College and University
- Activities within the college – organizations, clubs, committees, student-government association, teaching assistant, extracurricular activities (intramural sports)
- Any positions held

Community Involvement
- Clubs
- College/classes
- University
- Self-led activities

Contribution and Dedication to the Profession
- Club events/guest speakers, Capitol Hill visits, high school and under-graduate career presentations, community awareness

The APMSA realizes there are several awards available for top students in terms of GPA, class ranking, etc. The goal of this national award is to select a candidate with all-around qualities favorable in a clinician, not necessarily just being a top student. Because of this, no minimum GPA or class rank is required.

Every school will nominate a candidate by May 2009. Immediately following, each candidate will provide a CV/resume, answer a questionnaire, and submit a brief personal essay in response to a question selected by the APMSA Presidents’ Committee. During the summer APMSA HOD meeting, the APMSA Presidents’ Committee will select the national winner. To make this process fair, each President will not be able to vote for their school’s candidate. This is an award in which candidates are nominated by fellow classmates and the national winner is chosen by fellow students. The winner will receive a $1000 tuition scholarship from the APMSA.

For more information, contact your school student body president.

JAKE MCLEOD
Chair, APMSA Presidents’ Committee
AZPOD 2011

National Foot and Ankle Review

The National Foot and Ankle Review is a CSPM student produced journal and is a great way for students to introduce themselves to the professional world. Whether it is original research, a review of current literature or a case study, CSPM strongly encourages those interested in finding an avenue to publish their work to consider this journal. In the past, submission of articles from students at schools other than CSPM has been limited and as new Editors-in-Chief, Kate Revill and I are looking to increase participation. All students of podiatric medicine are welcome to submit their research for consideration. Greater student involvement will not only increase the validity of the journal, but also give more students an opportunity to publish work.

Copies of the Review are sent to each school and residency program directors. We intend to increase circulation to DPMs and undergraduate university libraries.

To learn more about the Review or to submit articles, contact Kate Revill at katerevill@yahoo.com or me at jefflechem@hotmail.com for more information. We welcome your submissions and look forward to another great volume.

JEFF LECHEMINANT
APMSA CSPM Alternate Delegate 2010

www.APMSA.org - Check it Out!

The APMSA has launched a newly designed and enhanced web site to provide more information and provide new features including forums for pre-podiatry and podiatry students and can post different discussion topics. The site features a new, easy to navigate layout and increased information and resources.

The APMSA web site was overhauled by the AZPOD delegation and will be maintained by the delegation in the future. Although the site is functioning, it is a “work in progress!” Check out the new web site and email comments and suggestions to AZPOD’s Ian Burtenshaw, burtenshaw_ian@yahoo.com!

BRIAN OASE
APMSA AZPOD Alternate Delegate 2011
Global Health, Just Do It!

CPMS in Des Moines, IA sponsored a diverse 14 person team of osteopathic, podiatric, physician assistants, physical therapy and pharmacy students to attend a successful medical mission in El Salvador. The three day mission trip allowed us to see over 1800 patients and was an amazing experience. I encourage anyone who has ever had an itch for global health to stop hesitating and just do it! You’ll learn so much about medicine and yourself and be able to build your skills.

What I enjoyed most about the trip were the learning points I picked up from working with all the clinicians and students with different clinical backgrounds and different levels of medical Spanish. On the first day of clinic, I was like a deer in the headlights. Not only was I responsible for working up the patient’s history and physical but I had to figure out their chief complaint, in Spanish! I am hardly bilingual in English and Vietnamese, but to tack on Spanish was a major challenge for me. I prepared for the trip by taking a medical Spanish class offered at our school but learned most by being immersed in the culture.

I worked with clinicians who had both an emergency room and teaching experience. I quickly learned to separate those with immediate health threats and was able to find the links to the patient’s complaints and develop a working differential diagnosis. The experience provides me tools that I can apply in clinic no matter what the environment. This was a memorable and valuable learning experience of what I hope will be the first of many to come.

TEA NGUYEN
CPMS 2011