



Community
Health Network

Podiatry Clerkship Handbook

2022 - 2023

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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
 - Infectious Disease 4 weeks
 - Choose from the following to fulfill the rest of the 12 weeks of medicine after the required rotations
 - Endocrinology 2 weeks
 - Out Patient Family Medicine 2 weeks
 - Dermatology 2 weeks
 - Wound Care 2 weeks
- Anesthesiology 2 weeks
- Emergency medicine 2 weeks
- Pathology 2 weeks
- Surgery Sub Specialty – 2 weeks required
 - Vascular surgery 2 weeks
 - General surgery 2 weeks
 - Plastic surgery 2 weeks
- Medical imaging
 - Mandatory quarterly review sessions with Dr. Meyer
- Psychiatry-Behavioral Sciences -- 2 weeks required
- Other rotations that may be added if desired, but not required by the CPME
 - Orthopedic Surgery

Bako Fellowship

Due to our extensive work with our orthopedic attendings, we do not complete an additional orthopedic rotation.

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 2021-22 stand at \$60,912 for PGY-1, \$63,348 for PGY-2, and \$65,881 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, a \$1,000 moving 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@ecomunity.com |
| • Assistant Program Director | Jessica Taulman-Young | jtaulman@ecomunity.com |
| • Assistant Program Director | Tiffany Koch | tkoch@ecomunity.com |
| • Assistant Program Director | Corey Groh | cgroh@ecomunity.com |
| • Attending Physician | Gregory Boake | gboakedpm@hotmail.com |
| • Attending Physician | Jason Gray | jgray@ecomunity.com |
| | | |
| • PGY-3 Chief | Austin Quebedeaux | 660-365-0391 |
| • PGY-3 | Clinton Heyer | 605-951-7425 |
| • PGY-2 | Rachel Martin | 602-510-0952 |
| • PGY-2 | Nate Namanny | 541-821-0625 |
| • PGY-1 | Anthony Smaldino | 724-504-0713 |
| • PGY-1 | Dusty Waltz | 513-236-2543 |
| • PGY-1 | Molly Young | 765-461-3604 |

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)
 - Indiana Surgery Center Noblesville (ISC-Nb)
- Main Locations

○ Anderson clinic	1622 N Madison Ave, Anderson, 46011
○ Eastside clinic	10122 E 10 th St, Suite 230, Indianapolis, IN 46229
○ Northwest clinic	6021 W. 71 st Street, Ste A, Indianapolis 46278
○ North clinic	7330 E 82 nd St, Suite A, Indianapolis 46256
○ 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
○ Cadaver labs	13225 N. Meridian Street, Carmel, IN 46032, 3 rd floor
○ AHN	10689 N Pennsylvania St, Indianapolis, IN 46280
- 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	CHE WC	Eastside C	Anderson C	Surgery

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

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

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

Dr. Boake	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Eastside C	Eastside C	---	Speedway	--
PM	Eastside C	Northwest	Northwest C	Speedway	Speedway C

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

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.

Students' Schedules**

A resident will be texting you with your next day's schedule after all the residents have sorted out their next day's activity. This will likely happen in the evening hours before the next day. We will also share the google document images and give you an idea of a tentative schedule for the week, but this is subject to change. 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. Rounding on inpatients is something the residents do in their spare time at the beginning or end of workdays. Your weekends with us for the month will be free unless there happens to be some unique surgeries. 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).

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 necessary door codes.

****Daily attire for students consists of any color scrubs, your white coat is optional. 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 to 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 antibiotics 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@ecomunity.com
Program Web Site <https://www.ecomunity.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:	CME Allowance: yes	Housing: no	Uniforms: yes
PMSR/RRA \$57325/ \$61318/ \$65416/ \$0	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

APPLICANT REQUIREMENTS: 21 days off for vacation/personal time per year
Laptop
Fitness Center membership- no charge

Mail Additional Materials to: 7330 Shadeland Station Indianapolis, IN 46256	<u>NRPME: Passage by July 1</u> 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
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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:

Goal of Study:

Population Size:

Inclusion/Exclusion Criteria:

Follow-up Time:

Design of Study:

Comparison/Control:

Level of Clinical Evidence (Table 1):

Type of Study (Table 2):

Results of Study:

Do Results Support/Reject Hypothesis:

Statistical Significant Findings:

Conclusion:

Limitations/Shortcomings:

Importance to Clinical Practice:

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.

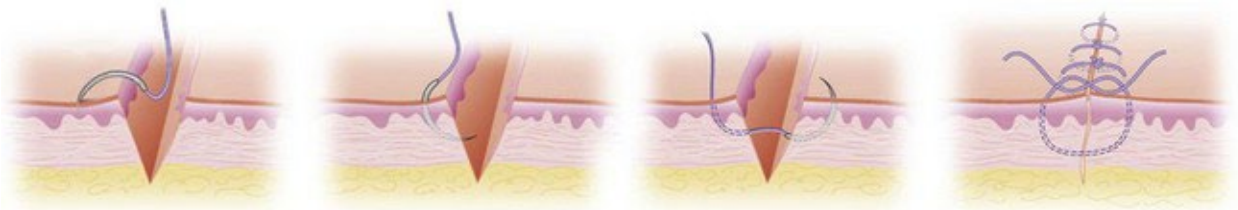
- **Please use AIDET with every patient encounter:**
 - A-Acknowledge the patient upon entering the room
 - I-Introduce yourself by name and title/position
 - D-Duration of procedure to be performed
 - E-Explanation of procedure to be performed
 - T-Thank the patient

This is an expectation at Community Health Network.

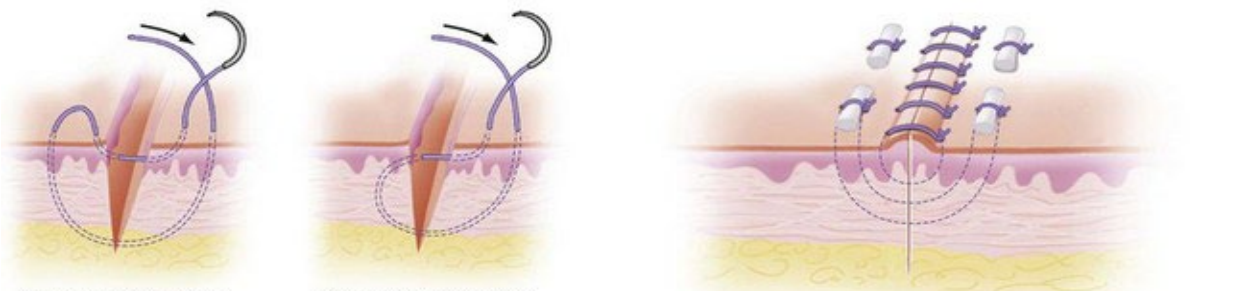
- **Time-out Process/Obtaining Consent:**
 - Explain procedure/debridement that is going to be performed and why.
 - Obtain consent from the patient before procedure is initiated, **please make sure that the consent has been obtained. Anyone is capable of obtaining the consent-Nurse, Resident, Med Student 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 accidentally 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.



A

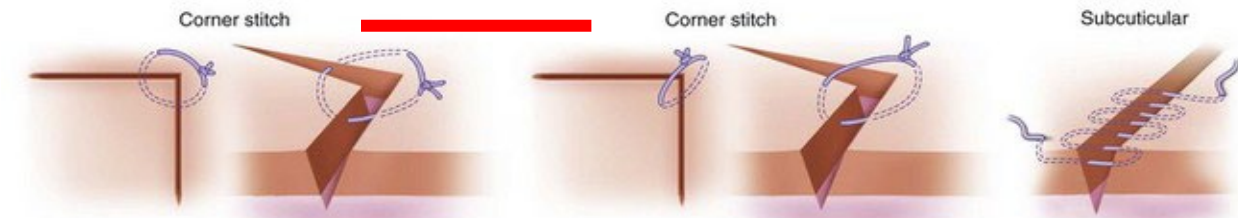


Vertical mattress suture (Donati type)

Vertical mattress suture (Allgöwer type)

B

C



Corner stitch

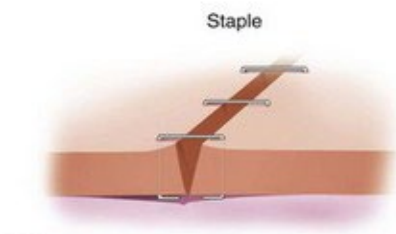
Corner stitch

Subcuticular

D

E

F



Staple

G

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

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 - Anesthetics – 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.
