Future Star: Christopher Hood, Jr., DPM

Building career awareness is crucial to podiatry's growth.

BY MARC HASPEL, DPM

Editor's Note: *This is the fifth in a series of portraits of some of podiatry's "rising stars." Do you know of a podiatric future star (A 2008 or later graduate)? If so, please send an e-mail to bblock@podiatrym.com nominating a young practitioner and detailing why we should feature him/her.*

The call for publishing in this profession has never been stronger than it is today. All too often the hectic busy pace of a podiatric career simply does not allow for endeavors in scholarly work. That does not seem to be the case for the next podiatric physician in Podiatry Management's series on Rising Stars in the profession. Nominated by one of APMA's experts on coding, Jeffrey Lehrman, DPM, Christopher Hood, Jr., DPM, is a young podiatric physician who is successfully bridging the gap between orthopedics and podiatric medicine, and has already produced a number of important published clinical articles. Doctor Hood recently took some time to share his insights on his podiatric career thus far and what is to come in the future.

PM: *Who in podiatric medicine influenced you the most thus far in your career? To whom else do you give thanks?*

Hood: I would like to, first and foremost, thank everyone who has been a part of my education and training up to this point, from those with whom I simply shared a day to those with who I spent much more time during residency and fellowship. I have taken something from each of these interactions and applied it to my career in one way or another. Two specific individuals who stand out in my career to date include Dr. Lehrman, a residency attending of mine, with whom I still collaborate on projects, and Dr. Jason Miller, my fellowship director and current practice colleague. Both of these physicians have advanced my career, fostered my interests in and out of the office, and challenged me to continue to improve.

I first became interested in podiatry from more of a sports medicine perspective due to interactions with my own podiatrist growing up, and playing competitive soccer up to, and throughout, college.

PM: *What first attracted you to a career in podiatric medicine?*

Hood: For me it was the diversity of the scope of practice. I first became interested in podiatry from more of a sports medicine perspective due to interactions with my own podiatrist growing up, and playing competitive soccer up to, and throughout, college. Once enrolled in podiatry school, my eyes were opened to all of the other disciplines a podiatric physician can perform, many of which interested me. From there, my idea of how I wanted to practice changed from school through fellowship, ultimately falling into my current situation with which I am happy, treating common foot and ankle injuries, sports medicine, and trauma.

PM: *What are your goals both short-term and long-term for your career in podiatric medicine?*

Hood: Short-term, I still want to continue to learn and perfect my craft. I still prepare for cases whether it is reading a textbook section or a

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related journal article if needed. This will hopefully help in successful completion of board certification within the next year.

and how would you describe your post-graduate training?

Hood: I graduated from Temple University School of Podiatric Medicine in 2012 and attended the Crozer-Keystone Health System PMSR/RRA in Upland, PA from 2012-2015. This five-hospital system was located just southwest of Philadelphia in an area of lower to upper-middle class patients. The attending physicians in my residency were also very diverse, ranging from recent graduates to those in practice for decades, and with various interests and skill sets. Both of these factors combined gave me a diverse, well-rounded experience in all facets of podiatric medicine and surgery, laying the framework for any career after residency. Being the sole chief resident in my third year also gave me opportunities to work on leadership, diplomacy, organization, and mentorship skills, as well as learn about the administrative side of medicine. Afterwards, I completed an ACFAS-recognized post-graduate fellowship with Dr. Miller at Premier Orthopaedics and Sports Medicine (Pennsylvania Intensive Lower Extremity Fellowship), where I was able to hone skills in both forefoot and rearfoot surgery, trauma, total ankle, as well as office-related skills (i.e., office and staff management, schedule/patient management, office and surgical billing).

As I was progressing through my own training, I often felt as though there were few resources discussing the actual process of podiatric medical education, residency, fellowship, boards, and becoming a new practitioner in podiatry.

Transitioning from short to long-term, I have been working on a website (www.footankleresource.com) that is part personal and part educational resource that I hope to build and gain support for; I would like to take a greater role in podiatric education and awareness within the field. As I was progressing through my own training, I often felt as though there were few resources discussing the actual process of podiatric medical education, residency, fellowship, boards, and becoming a new practitioner in podiatry. I have found various websites that touch these aforementioned topics plus foot and ankle medicine, educational information, etc., but nothing that is all-inclusive. In designing a website that has links to all of these various resources that I have personally found helpful, my hope is that one day my website will fill that void, acting as a first stop to then lead one to all of the needed information.

Additionally, I would like to be more involved with a residency program, whether director of an established program, or opening a new program in a region of the country where podiatric medicine and surgery could use the recognition and thereby help progress the field. I will be starting at a new practice in Nashville, TN in August and I hope there is potential there for such a cause.

***PM:** What College of Podiatric Medicine did you attend? Where*

A large part of my residency and fellowship experience was in research and publication. I took any chance I could when an interesting pathology or patient course was encountered, to discuss it with that attending, and produce a case report or present our finding in poster format. I also benefitted from attending physicians in residency who wrote various publications and offered the residents an opportunity to appear as co-authors. I took advantage of this in a few instances. In practice now, when I encounter something that seems interesting or get asked to write something I do the same with my residents, encouraging involvement. I feel my experience on the academic side of things has helped and opened up opportunities to lecture at local and national conferences, as well as blog monthly in Podiatry Today. I still work on posters and paper projects, recently publishing the new "Malvern Classification System" in *JFAS* about talar head/neck pathology (PubMed ID: 28843549) and have three other papers currently under review, each in a different journal.

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***PM:** What are your thoughts about APMA, the certifying boards and other organizations that function within the profession?*

Hood: I think all of the organizations are currently doing a good job in their efforts for both intra-and inter-discipline education, recognition (e.g., politically, within the medical community), and awareness to the public. APMA has been working on young member efforts to increase membership but providing value for that cost. ACFAS continues to lead in education from surgical conferences, especially its annual scientific conference, workshops, and research promotion.

***PM:** What sub-specialties interest you in podiatric medicine, and why?*

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Hood: I enjoy most facets of the field, but medicine and trauma seem to be my calling. My current situation is in an orthopedic practice with its own urgent care that is located across the street from a level 2 trauma center hospital. These two points have shaped my patient pool with a lot of sports injuries and fractures. These are problems I experienced in my younger years and drove me into the field. I enjoy the sports injuries, seeing patients recover, and return to what they love doing recreationally.

While the work hours are not my favorite part of trauma call, the pathology is stimulating. These patients do really need emergent help, and I enjoy the collaborative efforts with other hospital specialties from the trauma, orthopedic, infectious disease, vascular, wound care, and plastics physicians. At our institution, the podiatric physicians are very lucky in that we all have the opportunity to treat this kind of pathology, and are well-respected by our medical colleagues. I am personally lucky based on those who have done such a great job before me in fostering this relationship which allows me to participate in such care.

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PM: *What type of practice arrangement, i.e. solo, small or large group, suits you the best?*

Hood: My current practice situation is in a multi-discipline orthopedic group (i.e., surgical orthopedists, non-surgical sports medicine, physiatrists, rheumatologists, and podiatrists), which is nice as there are so many pathologies we treat that can use the support of these other physicians. I like this large group setting due to the collaborative effort we often implore in treating patients (e.g., a patient seeing me presenting with gout getting immediate treatment, with rheumatology follow-up for longer-term care). One part of my practice I enjoy as well is having two other podiatric physicians in the group who continue to serve as mentors, and to whom I can look for advice or a second opinion on patients.

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I think having a podiatric physician as a part of a multi-specialty group is a good option for third year residents to look for, or try to create, in a job search. In reaching out to these kinds of groups for employment, interested candidates may find that these groups are referring out foot and ankle pathology, which by hiring someone could fill a hole, adding to patient convenience as well as generate more income for the group. There is value in creating a one-stop shop-type of clinical scenario to the practice, the new physician, and most importantly, the patients.

PM: *Where do you see your career going in 10 years, 20 years?*

Hood: I hope to be well established in 10 years' time with my practice situation and locally respected. I currently have two great mentors in my practice, one at approximately 10 years ahead of me, the other approximately 10 beyond that. I see my future in their current settings, following in their clinical and surgical footsteps as time moves forward while also pursuing my own personal interests as I move to Nashville and incorporate myself into the new practice.

I also see myself wanting to have a good work and home life balance. Newly married, my wife and I are both in our young medical careers with her starting a urological fellowship soon. Currently, much of our life is consumed by work-related activities: office hours, calls, after-hours surgery, weekends working on papers, and vacations based around conferences. This is fine for the time being, but I am excited for both of us to settle into our jobs, start a family in due time, and have that balance that being a podiatric physician offers. This aspect was one of the reasons I went into this field.

PM: *What are your thoughts on the overall role of podiatric medicine in the current health care system?*

Hood: I feel the answer to this question is dependent upon where one lives. I am lucky in my state and area specifically that, due to the past work of others, podiatric medicine is a well-established, well-respected profession in both medical and public perception. It is upsetting, however, to hear some of my residents looking for jobs in states where they need extra forms filled out to be allowed to perform rearfoot surgery, or cannot perform procedures they were trained on just months prior to starting. First and foremost, greater uniformity in the scope nation-wide would help rectify this situation.

I think a lot of improvement in this field comes down to awareness. While podiatric medicine is abundant in my geographic location due to the school (TUSPM) and multiple local residency programs, I know there are areas of the country where it is not as well recognized or there is a lack of awareness, especially by the medical community. The newer podiatric physicians graduating are not the same as most who graduated 20 or 30 years ago in regard to the surgical training and surgical capabilities in scope of treatment. A renewed understanding of what podiatric physicians can do would help foster growth in the general public and medical community. I think some headway is being made with this considering that the orthopedic communities continue to attempt to divert attention (and patients) back in their direction, i.e. the "Look for the 'O'" campaign by the AOFAS at http://myfootcaremd.com/. Unfortunately, they are seeing podiatric medicine's growth as more of a possible threat than an asset to the medical community. Conversely, my practice fosters the orthopedic/podiatric relationship, hiring three DPMs to do 95% of the foot and ankle work that presents.

To help bridge the gap, it would be nice to have more residencies at important academic centers. I think this could help the profession on multiple fronts. One benefit I see is the integration with a larger population of residents from various disciplines that our podiatric residents could interact with. This could promote respect within the medical field through working side-by-side on rotations. Furthermore, it may create dialogue between residents, giving non-DPMs an understanding of what podiatric physicians do both medically and surgically. The hope would be as these non-DPM residents move on in their career throughout the country, they remember their past exposure and thus try to foster new relationships with their local podiatric physicians, especially in areas where the field is not as developed or respected.

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Another benefit must be in research, a point previously mentioned by Amol Saxena, DPM in a past *PM News* response. Podiatric research-related efforts could improve through the academic support of the hospital system (e.g., administrative resources, large patient database, funding) or multi-discipline collaboration. One final benefit can be resident exposure to hospital administration and committee-work, potentially creating an interest in working with their local hospital, medical or podiatric society (i.e., APMA, ACFAS, component state society), or even politics. Around me, there have been podiatric doctors as hospital CMOs and chiefs of surgery. More of this is needed.

PM: *What should this profession do to continue to attract sound quality individuals like yourself?*

Hood: I think most people wanting to go into the medical field are sound, quality individuals; however, not everyone may be cut out to

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be a doctor (MD, DO, DPM, etc). The schools could do a better job in making sure certain academic standards are met, possibly raising the minimum requirements or reducing class sizes to have an overall higher quality student from top to bottom. Additionally, and most importantly, the schools should not be afraid to remove a student who was accepted but is not making the cut as school progresses. Just because one was accepted to school does not mean one should graduate from the program.

One thing that each podiatric physician could do is go back to his or her local high school or university and present about the field in order to build career awareness. I recommend contacting the local university or alma mater to see if it has a pre-medical society, and present to them about a future in podiatric medicine. Many people go the route of MD, DO, DMD/DDS, DPT, PA, etc., and have never heard of, or did not know the fullextent, of what this field can offer. The AACPM provides presentations and information to use during these meetings to make the process easy. More people should sign-up for the AACPM Mentor Program.

PM: *Would you be in favor of degree change as well as name change from the term "podiatric" to "foot and ankle" medicine?*

Hood: This is a tough one for me. Ultimately, I think as a profession, podiatric medicine needs to be uniform with its title, regardless of the term used. I am in a somewhat unique situation in my area being a podiatric physician at an orthopedic group. Because of this, people presume I am an orthopedist, and I quickly correct them. I then try to explain the dual term moniker—that in many ways they are similar, and that my training was generally no different than the podiatric physician down the street. It is truly upsetting and disappointing to me when I see a patient who has regular/historical care and a relationship with a local podiatric physician whom I know and respect, for one issue, but then comes to me because they sprained their ankle, because they needed to see a "foot and ankle doctor." Or, moreover, that they were told to not have surgery by a podiatric doctor, but show up at my office. I feel it is this confusion that may really be hurting the profession overall. **PM**

Dr. Haspel is senior editor of this magazine and past-president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.