

What Kind of Podiatrist Do Today's Residents Want to Be?

Here's what the survey results show.

BY ALAN SHERMAN, DPM

In a recent survey, 34% of podiatric residents told us that they don't want to be advanced foot and ankle surgeons. They want to be general practice podiatrists. See the revealing results of this survey of podiatric residents. What follows here is an exploration of the details of this revealing survey.

Podiatry currently offers a single training path designed to train advanced foot and ankle surgeons. All podiatrists do three years of residency training, heavily weighted in surgery, designed to produce advanced foot and ankle surgeons. The entire podiatric education system has evolved in the last 50 years by putting a heavy weight on surgical training. The very values and self-image of podiatrists have evolved along with those changes in education such that podiatrists tend to consider their colleagues who do the most advanced surgery to be the better and more successful podiatrists. It is not clear to what extent the public shares these views.

Advanced Foot and Ankle Surgery vs General Practice Podiatry

One BIG factor that distinguishes medical and podiatry schools is that medical schools offer a *multi-track* education, where students can become medical doctors or surgeons, internists, psychiatrists, cardiologists, etc.; whereas currently, podiatric residency education has now been standardized to train all podiatrists to be a single kind of specialist—an advanced foot

and ankle surgeon. This has created an issue in that many podiatric students and residents are not inclined to be advanced foot and ankle surgeons, but are instead inclined to be great general practice podiatrists. Podiatry itself and the American public it serves doesn't need ALL podiatrists to be advanced foot and ankle surgeons, so why are all podiatrists being put through this training? Most podiatrists should be trained to be the best general practice

a relative neglect of what most podiatry work is, which is office-based general practice podiatry?

Restoring the Balance

In response to this believed imbalance, it has been proposed that we re-assess how the structure of podiatric residencies can be changed to better meet the needs of ALL residents, as well as the needs of the profession and the public health. Toward this

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podiatrists that they can be, because that's what best serves the American public health needs. General practice podiatrists handle most of what patients need. Only a small portion of podiatry patients require advanced foot and ankle surgery.

Have We Lost Our Balance?

For some time now, a growing group of podiatrists have begun to question why ALL podiatric residents are being put through an advanced foot and ankle surgery residency program. Is it possible that in their righteous zeal to become THE advanced foot and ankle surgeon, podiatry has reached a point of over-emphasis on advanced foot and ankle surgery and

goal, it has been proposed that a dual track third year for podiatric residencies be introduced in which we divide residents into a track for advanced foot and ankle surgery and a track for general practice podiatry.

This is a particularly important time to discuss podiatric residency education, as many in podiatry know that the CPME has convened its Ad Hoc Committee to review the CPME 320 document, the requirements for podiatric residency programs. The review, reconsideration, and possible alterations to this document will shape the nature of podiatric residency education until the next revision, and will go directly to the heart of what

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is being considered: the Question—"What kind of podiatrist do today's residents want to be?" and "Do the current three-year residency programs prepare all podiatrists best for the kind of podiatrists that they want to be?"

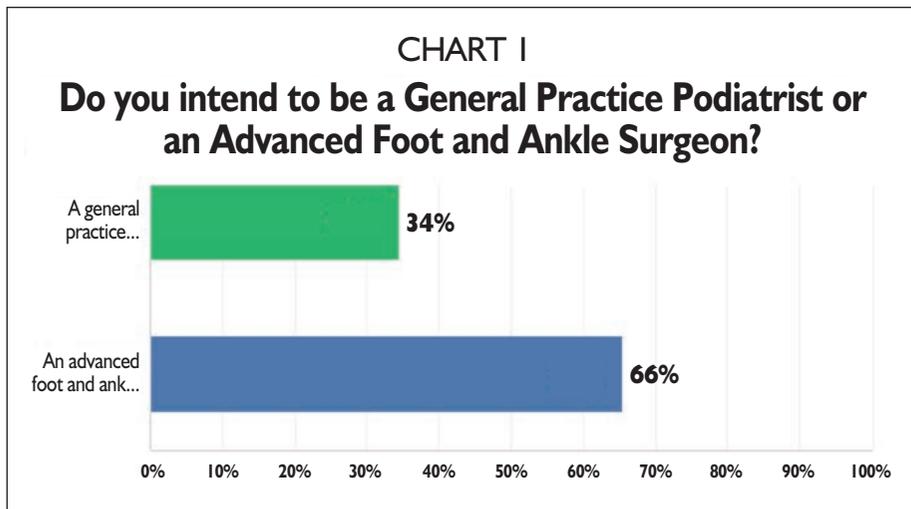
The Survey Results—What Do Current Podiatric Residents Want?

PRESENT Podiatry wanted some objective data on how current podiatric residents feel about these issues, so they designed a *Residents Survey* to assess views on this topic and invited about 1,000 current podiatric residents to take it. The results were very interesting and will be shared with you here in the interest of moving this discussion forward. The residents were given ample opportunity in the survey to write narrative explanations as to what exactly they want and why they want it, so reading through their responses reveals quite a bit of depth and nuance. This helps us to understand how they feel and what they want.

The Results Summary—<https://prsnte.com/here>

The Individual Responses—<https://prsnte.com/here2>

In reading through the responses, it's clear that not all podiatric residents are alike and not all want to be advanced foot and ankle surgeons. When asked what type of podiatrist they intend to be, 66% of current podiatric residents stated that they intend to be



advanced foot and ankle surgeons, with 34% stating that they intend to be general practice podiatrists (Chart 1).

Then the residents were asked specifically about what track they would choose for their third year of

to be general practice podiatrists *still want* the training in advanced foot and ankle surgery. But the results show that as much as a quarter of residents are being put through a third year of advanced foot and ankle sur-

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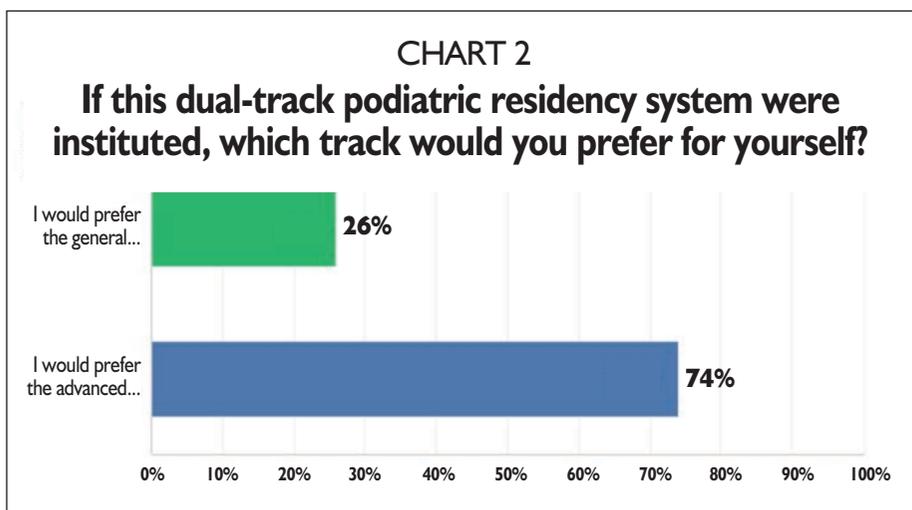
residency education if both an advanced foot and ankle surgery and a general podiatry practice track were offered. The responses show that 74% or about 3/4 of them would choose the advanced foot and ankle surgeon track and 26% or about 1/4 would choose a general practice podiatry track. So 8% of the 34% that intend

gery training that they don't want and may not need (Chart 2).

What Do We Make of These Results?

It can be argued that more education is always better...that even the 26% of current residents who do not aspire to be advanced foot and ankle surgeons are better off going through this training anyway. It can also be argued against—for two reasons. First, those going on to general practice would be better served by doing higher volumes of office/clinic based patient care during their third residency year, of the type and variety that they'll be doing in practice. Secondly, surgical cases are being done by these general practice podiatrists that should be adding to the case volume of those going on to be advanced foot and ankle surgeons.

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What Surgical Procedures Do General Practice Podiatrists Need to Be Competent in?

This change in the emphasis in the third year of podiatric residency education would not be taking away a podiatrist's scalpel and replacing it solely with a prescription pad. Podiatry will ultimately need to decide what surgical procedures general practice podiatrists need to be competent in. The purpose of this change is to maximize the usefulness of the third year of residency training in the recognition that it doesn't serve the best interests of podiatry as a profession, nor the best interests of public health, for ALL podiatrists to be trained as advanced foot and ankle surgeons—that most of what needs to be treated in a podiatry practice does not require an advanced foot and ankle surgeon. Note Question 6 in the survey, "Which procedures do

YOU think should be included in the list of those that a reasonably well trained general practice podiatrist should do?"

It has been suggested that this includes surgery of the digits (including HAV, hammertoes, etc.), STJ arthroeresis, nail surgery, I&D abscess, and excision of soft tissue mass. The residents' responses were all over the board, with some of them suggesting that procedures as advanced as Brostrums and ORIF of ankle fractures should be included in the training of the general practice podiatrists. It may be that there is some fear and trepidation on the part of the residents with this discussion, as no one wants to be denied training during residency in any procedure that they may want to do in practice. This is not about taking away training from those who want it. It's about not wasting training on those who don't want it and won't use it.

For those of you involved in podiatric residency education, it needs to be acknowledged that the work that you do in running your programs is selfless and generous, and can be arduous. There is no question that implementing these changes will be difficult. Change is ALWAYS difficult. Just as a patient accepts post-op pain as a consequence of the good that the surgery does for them, it needs to be considered whether a change in our residency training would result in enough improvement in the years ahead to warrant the difficult job of implementing it. **PM**

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