

PROGRAM NAME TriHealth - Bethesda North Hospital
 10500 Montgomery Road
 First Floor Office Suites, Room # 1265
 Cincinnati, OH 45242

CASPR # 0473
CRIP Section 2
 Rescue Fund Insured: Yes
 COTH Member thru 6/30: Yes

DIRECTOR Todd . Adams DPM, FACFAS
 Phone 513-865-1625
 Program E-Mail todd_adams@trihealth.com
Program Web Site <http://www.trihealth.com>

| <u>Entry Level Positions</u> | | |
|------------------------------|------------|----------|
| Type | # Approved | # Funded |
| PMSR/RRA | 2 | 2 |

HOSPITAL DESCRIPTION

Accreditation: JCAHO Has Clerkship Yes
 # Staff DPMs: 15
 Affiliated Institutions: Good Samaritan Hospital, Bethesda Arrow Springs, Bethesda Surgery Center, Good Samaritan Hospital at Evendale, Bethesda Butler Hospital

Other Residency Programs: General Surgery, Internal Medicine, Family Medicine, Ob/Gyn, Vascular Surgery, Sports Medicine, Female Pelvic and Reconstructive Surgery, Procedural Dermatology

CLINICAL EXPERIENCES

| | | | | | | | |
|----------------------|-----|---------------------|-----|---------------------|-----|-------------------|-----|
| Anesthesiology: | yes | Internal Medicine: | yes | Pathology/Lab: | yes | Rehabilitation: | no |
| Behavioral Science: | yes | Infectious Disease: | yes | Pediatrics: | no | Rheumatology: | no |
| Dermatology: | yes | Neurology: | no | 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: Resident Podiatry Clinic

Program Emphasis:

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 |
| First Year : | \$60105 | Health Insurance: | yes | Meals: | yes | Vacation: | yes |
| Second Year | \$61908 | Malpractice Insurance: | yes | Sick Leave: | yes | | |
| Third Year : | \$66260 | | | | | | |
| Fourth Year : | \$0 | | | | | | |

Other Resident Benefits: Please Contact Program

APPLICANT REQUIREMENTS

Mail Additional Materials to:

10500 Montgomery Road First Floor
Office Suites, Room # 1265,
Cincinnati, OH 45242

NBPME: Passage by July 1

Pt III: Yes

Program Fee:

Refundable:

Payable To:

Clerkship Required: no

State Licensure 1st Yr: training

ACLS: yes

CPR: yes

Minimum GPA: 3.0

Minimum Rank: 50%

Other Applicant Requirements: Self motivated learner, fluent in english

AVAILABLE RESOURCES

Sample Contract: Contact Program

Benefit Package: Contact Program

Curriculum: Contact Program

PROGRAM OVERVIEW