CASPR # 0630 St. Elizabeth's Medical Center of Boston, Inc. PROGRAM NAME 736 Cambridge Street CRIP No Rescue Fund Insured: Yes COTH Member thru 6/30: Yes Boston, MA 02135 DIRECTOR David J. Caldarella DPM Phone 617-562-5256 Program E-Mail Ingrid.montufar@steward.org Entry Level Positions Program Web Site http://www.steward.org Type # Approved # Funded PMSR/RRA 2 2 HOSPITAL DESCRIPTION Accreditation: **JCAHO** Has Clerkship Yes # Staff DPMs: 12 New England Baptist - Surgicare, Good Samaritan Hospital, Carney Hospital, Boston Outpatient Surgical Suites, South Affiliated Institutions: Shore Hospital, South New England Surgery Center, Boston Sports Medicine Other Residency Programs: Anesthesia, Psychiatry, General Surgery, Internal Medicine **CLINICAL EXPERIENCES** Internal Medicine: Pathology/Lab: yes yes yes Anesthesiology: Behavioral Science: Rehabilitation: no Infectious Disease: Pediatrics: yes yes no Rheumatology: no Dermatology: no Neurology: no Plastic Surgery: no Surgery yes Diabetic Wound Care: yes Orthopedics: Podiatry: yes yes Trauma: yes Emergency Room: Family Practice: yes Office Rotations: Podiatry (Surgery): yes yes Vascular Surgery: yes no **Outpatient Clinic:** yes Radiology: yes Other Clinical Experiences: Wound Care Center, Pain Management Clinic, Endocrinology, Biomechanics / Orthotic Program Emphasis: Reconstructive foot surgery **DIDACTIC PROGRAM** Grand Rounds: yes Journal Club: yes Research:yes Lecture Series:yes Book Club: yes **RESIDENT BENEFITS** Stipends: CME Allowance: Housing: Uniforms: yes no no First Year : \$66302 Health Insurance: yes Vacation: yes ves Meals: Second Year \$70311 Malpractice Insurance: yes Sick Leave: yes Third Year : \$72887

Fourth Year :

\$0

| APPLICANT REQUIREMENTS<br>Mail Additional Materials to:<br>736 Cambridge Street Boston, MA<br>02135 | NBPME: Passage by July 1 |  |                          |                  | ACLS:                | yes |
|---|--------------------------|--|--------------------------|------------------|----------------------|-----|
|   | Pt III:                  | Yes                                      | Clerkship Required:      | no               | CPR:                 | yes |
|   | Program Fee:             | \$35                                     | State Licensure 1st Yr:  | training         | Minimum GPA:         | 3.0 |
|   | Refundable:              | no                                       |                          |                  | Minimum Rank:        | top |
|   | Payable To:              | St Elizabeth's Medical Center - Podiatry |                          |                  |                      |     |
| Other Applicant Requirements: Mail progra<br>Brighton , N   |                          | Elizabeth Medi                           | cal Center Residency Pro | gram 77 Warren S | treet 4th floor # 44 | 6,  |

| AVAILABLE RESOURCES Sample | Contract: At CRIP | Benefit Package: At CRIP | Curriculum: At CRIP |
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PROGRAM OVERVIEW The St Elizabeth's Podiatric Medicine and Surgical Residency Program is a 3 year program (PMR/RRA). The residency is approved for a total of 6 residents, two in each year of training. The residency is designed with a rotational structure with an emphasis on resource based, competency driven, assessment validated training. The resident is provided with a greater responsibility in patient care and decision making as they progress throughout their training. These experiences coincide with didactic activities such as journal club, skills workshops, case review, and lectures. Research opportunities are readily available and are a requirement for graduation.

Due to a combination of community based and referral patients, the medical and surgical volume and diversity is exceptional. The residents are integrated into outpatient clinics which allow for involvement throughout