**Introduction**

As the podiatric profession strives for professional and financial parity with allopathic and osteopathic colleagues, podiatric medical education has been transformed at both undergraduate and graduate levels to more closely align in important ways. The purpose of this program evaluation is to share the benefits of including a women’s health rotation into the required graduate medical training curriculum, share the initial experience of the first resident cohort receiving this training, and provide ideas to others that may be interested in providing similar program implementation for their residents.

**Background**

Podiatric medical education has significantly changed over the past 20 years. Leaders in the profession began by altering and standardizing the curriculum at the nine podiatric colleges with the goal of providing a well-rounded medical education that more closely resembles the education received by our allopathic and osteopathic colleagues. Podiatric education became standardized with a required four years of podiatric medical school and three years of podiatric medical and surgical residency training. The curriculum has evolved so that podiatric medical students spend the first two years of their education taking the same basic science courses provided by allopathic and osteopathic schools. Many of the podiatric medical school curricula have integrated the first and second year curriculum for podiatric, allopathic and osteopathic students.

In 2011, a joint task force which comprised the California Podiatric Medical Association, the California Medical Association, and the California Orthopaedic Association reviewed the curricula at the two California based podiatric medical schools. The rotation consists of three primary and four optional rotations for podiatric residents: 1) a women’s health clinical experience, 2) Exposure to a Quality improvement project, and 3) Exposure to and utilization of a women’s health resource “tool kit.”

Since the task force presented their findings subsequently, one of the two California based podiatric medical schools have added a women’s health rotation to their program. Many of the podiatric medical and surgical residency training programs in the United States have integrated the first and second year curriculum for podiatric, allopathic and osteopathic students.

As the health care system evolves, the need for clinicians who are well versed in treating women’s health care issues has been realized. Still, a majority of the first cohort agreed that the experience was beneficial. The first resident cohort to rotate through the Women’s Health service rotation found it to be an overall beneficial adjunct to their residency training. The first resident cohort was primarily exposed to the gynecologic side of women’s health care. Feedback from them indicates an interest in more exposure to women’s health and a need for materials referencing safe medications to prescribe during pregnancy.

**Methods**

The goal of the women’s health rotation was to create gynecology residents, but to complement a primarily surgical residency and provide podiatric residents with the means necessary for confidently identifying women’s health problems and knowing where to look for treatment. The rotation consists of three primary and four optional rotations for podiatric residents. The rotation includes the following components: 1) A women’s health clinical experience, 2) Exposure to a Quality improvement project, and 3) Exposure to and utilization of a women’s health resource “tool kit.”

The two week rotation consisted of a women’s health clinic where residents were exposed to various pathology and common gynecologic women’s health issues. Each resident was provided with a syllabus with key articles pertaining to women’s health and foot and ankle related pathology. Each resident was given a quality improvement (QI) project to work on during the rotation involving reviewing patient charts for delinquencies in papsm and mammograms. Each resident was also provided a resource “tool kit” at the beginning of the rotation, which provided residents with the necessary materials to identify, diagnose and treat various patients in the women’s health clinic (Figure 1).

Quality improvement (QI) projects have become a staple in graduate medical education and are commonly given to medical students and residents during their rotations in various specialties. These projects are beneficial for the student/resident by allowing them to identify operational deficiencies, find a solution, and work to correct and improve these processes. Continuous improvement in medicine is a vital piece in providing the best care for patients and resident training in quality, patient safety, and management is generally recognized as an essential part of graduate medical education.1 These projects allow students/residents to improve efficiency, contribute to the betterment of the hospital or clinic, and provide a sense of fulfillment upon completion. QI projects also provide the student/resident with a sense of belonging during their short rotation as their contributions help to improve operations and scholarly output in the hospital or clinic.2

Many podiatric medical schools have yet to add both women’s health and psychiatry rotations to their curricula in order to more closely align with allopathic and osteopathic training, leaving many podiatric medical students without access to this training. The curricular scope of podiatric medicine residency programs in the United States remains small compared to allopathic and osteopathic residency programs in these specialties. These projects are beneficial for the student/resident by allowing them to identify operational deficiencies, find a solution, and work to correct and improve these processes. Continuous improvement in medicine is a vital piece in providing the best care for patients and resident training in quality, patient safety, and management is generally recognized as an essential part of graduate medical education.1 These projects allow students/residents to improve efficiency, contribute to the betterment of the hospital or clinic, and provide a sense of fulfillment upon completion. QI projects also provide the student/resident with a sense of belonging during their short rotation as their contributions help to improve operations and scholarly output in the hospital or clinic.2

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**Discussion/Conclusion**

With the goal of developing well-rounded podiatric physicians, capable of identifying pathologies above the ankle and feeling comfortable with their ability to make the appropriate referrals, podiatric colleges and residency programs have begun to implement both women’s health and psychiatry rotations into their curriculum.

There are several benefits of the women’s health rotation for podiatric residents. The primary benefit is the ability to recognize several women’s health related pathologies and knowledge of where to appropriately refer them to a women’s health specialist. The “tool kit” provided for residents was essential to their experience and provided them with the ability to confidently know where to look for the appropriate guidelines and recommendations in women’s health. Systemic problems that present in the foot and ankle such as the metastatic potential of breast and cervical cancer, and malignant melanoma were highlighted during the rotation as well as a focus on potential drug interactions of commonly prescribed drugs for women. Residents learned the magnitude of the increased risk of deep vein thrombosis in patients taking oral contraceptives and were encouraged to monitor patients for possible symptoms. The addition of focused women’s health education with these projects would lead to an increase in knowledge; therefore, increasing confidence in identifying malicious pathology, resulting in increased patient outcomes.

Since this rotation was developed in a multidisciplinary GME setting, tools and strategies used for other GME residents were adapted. Further research is needed to ensure that the adaptation is adequate for future podiatric residents.

Our program evaluation showed the Women’s Health rotation to be a beneficial addition to the current podiatric residency training curriculum. We found that past exposure to women’s health may make this rotation easier for some. The rotation may serve as a leverage for residents without such past experience, so we would seem unrealistic that everyone would rate the experience highly. Still, a majority of the first cohort gained an appreciation for key aspects of women’s health, and found the rotation to be a beneficial adjunct to their residency training. Further use of the tool kit would be beneficial for residents to use while in training.

**References**