In 1999, ACFAS assembled a task force to develop a set of clinical tools: four anatomically based scoring scales to measure subjective and objective parameters connected to foot and ankle surgery. Last year, a second task force was assembled to perform the first review and validation of these ACFAS Scoring Scales.

You may ask why podiatric foot and ankle surgeons need scoring scales. Scoring scales are important because they:

• Facilitate determination of efficacy.
• Allow for comparison of results of different treatment methods in patients with the same disorder.
• Enable the progress of patients before and at various intervals after treatment to be compared in a meaningful manner.

For example, if we compared two different treatments for grade II hallux rigidus we could determine whether they had the same or different results for dorsal motion and pain relief, allowing us to state whether they are equally effective. If the study were prospective and consecutive patients were being enrolled we could also evaluate the effect of treatment over time. By having a structured series of subjective questions and objective data points, we can more accurately record this information and diminish the effects of patient and surgeon bias on outcomes.

An Internet search uncovers at least 13 different anatomic/disease-specific, foot and/or ankle scoring scales from 1952 to 2011. Some of these systems incorporate subjective and objective variables into a numerical scale, such as a 0–100 point distribution. Others lump the subjective variables into a non-numerical scale such as “excellent,” “good,” “fair” and “poor.” Objective parameters are usually limited to radiographic parameters and clinical factors.

These make sense to the everyday clinician and surgeon because this is how we usually judge our interpretation of success. But while this may be helpful to us individually, it does not allow comparison with other providers, patients, or surgical techniques. This is becoming more important to understand as we become increasingly judged in “pay for performance” by insurance companies and government agencies.

Taking these factors into consideration, an ideal scoring scale would:

• Be suitable for both pre-operative and post-operative assessments
• Not require sophisticated equipment for data collection
• Not be complicated by too many or compound parameters

Validation of the ACFAS Scoring Scales

By Thomas S. Roukis, DPM, PhD, FACFAS

New Position Statements on Licensure; Use of CAM

The ACFAS Board of Directors has approved two new position statements that call for uniform licensure of DPMs and for guidance in the use of complementary and alternative medicine (CAM).

The licensure statement calls for uniform licensure of DPMs, and not bifurcated licenses along the lines of board certification. It makes the point that “licensure signals to the public the safe entry and minimal competence of a practitioner entering into practice.” Not related to licensure is credentialing and privileging done at the institutional level to determine specific areas of practice. DPMs should have one license, like their allopathic and osteopathic colleagues.

The statement on CAM use explains that “ACFAS recognizes that there are different types of practitioners and proponents of various forms of alternative and conventional medicine.” But, as the statement also makes clear, foot and ankle surgeons “must base their treatment pathways on science, evidence, and published data on safe and effective treatment” of foot and ankle conditions.

For these reasons, the College recommends that podiatric foot and ankle patients considering using CAM therapy consult with their physicians, and use the information resources available through the National Center for Complementary and Alternative Medicine (NCCAM), a center of the National Institutes for Health. The full text of these and all ACFAS position statements are available online at acfas.org/positions.
Over the past year, ACFAS has been made aware of some websites and television advertisements by orthopaedic foot and ankle surgeons. No problem, right? After all, both orthopaedic and podiatric foot and ankle surgeons are becoming increasingly savvy in their use of technology to promote their practices and convey their level of training and skill to a potential patient.

The problem is, despite your years of training and experience, intellect, and personable bedside manner, some surgeons ignore positives and instead resort to mischaracterizations, twisted truths and outright misinformation to disparage the competition. That’s why these websites and ads were called to our attention.

This form of advertising has been well known to Madison Avenue for decades. It is known as “negative comparative advertising.” Conventional wisdom surrounding its use in product or service promotion dictates that such strategies should be used with great caution, if at all. In fact, the American Association of Advertising Agencies, in their policy statement and guidelines governing the use of comparative advertising, state, “The intent and connotation of the ad should be to inform and never to discredit or unfairly attack competitors, competing products, or services,” and that “the competition should be fairly and properly identified but never in a manner or tone of voice that degrades the competitive product or service.”

What does the patient care about when they seek foot and ankle care? The patient expects me (and you) to perform far beyond the “standard of care;” that I have proven competency and experience; and that I will be there when they need me. The patient doesn’t care about the collective or the group; he or she does not care about MDs, DOs or DPMs, who all claim ownership over the lower extremity. They simply care about their relationship with their foot and ankle surgeon during this critical period in their life.

I guess it really comes down to Clint Eastwood’s quote. If you are confident about your product or service then it follows that you would have no need to disparage the competition. I know too many talented foot and ankle surgeons with DPM, DO or MD after their names to consider painting any of their respective professions with the same brush.

To this end, I recently wrote Keith L. Wapner, MD, president of the American Orthopaedic Foot and Ankle Surgeons, about negative comparative advertising on the websites of AOFAS members. I said, “While these appear to be isolated events, there is enough similarity to give one pause. ACFAS hopes that AOFAS will collaborate with us in reminding our respective membership of their professional, ethical and legal duties to represent themselves and members of other professions truthfully and with integrity. I know your own professional standards urge members to work out their differences first, before anything might rise to the level of prosecution. We pledge to ask our members to treat their healthcare colleagues with the same respect and conduct. In addition, we would be open to working directly with AOFAS, if appropriate, on these matters as they might arise.”

Clearly, knowledge is power. So next time you hear or read some ridiculous mischaracterization regarding your background, training and skill as an ACFAS member, arm yourself with these positive and TRUE facts:

• There are just over 6,300 ACFAS members, compared to 1,800 foot AOFAS members.
• A recent landmark study from Duke University’s Department of Economics proved the value and cost-effectiveness of podiatric care on a large complicated diabetic population, and showed that lower extremity amputations can be significantly reduced when a patient with a diabetic foot complication visits a podiatric physician within one year of diagnosis. Early visits and care result in a 69 percent lower chance of ulcer development and a 23 percent lower chance of developing cellulitis or a Charcot foot.
• The American Medical Association (AMA) has stated, “Colleges of podiatric medicine offer a core curriculum similar to that in other schools of medicine.”
• In all 50 states, the District of Columbia and Puerto Rico, podiatric foot and ankle surgeons are licensed as physicians to treat patients independently and without supervision.
• The Joint Commission lists DPMs, MDs and DOs equally in their definition of “independent licensed practitioner.”

continued on page 7
A New Member Benefit brought to you by ACFAS and Officite!

ACFAS Meets with AMA
On May 10, ACFAS President-Elect Michelle L. Butterworth, DPM, represented the College at the Coalition for Patients’ Rights (CPR) meeting with American Medical Association (AMA) top administrators Ardis Hoven, MD, Michael Maves, MD, and key legal and state government affairs staff. AMA invited the CPR to a dialogue and the discussion centered on ways to work together in the area of healthcare teams. Members of the coalition were asked to continue to share current information on the training, education and certification of their membership. ACFAS looks forward to continuing this dialogue for the benefit of patients.

FTC Addresses CPR Meeting
The College is an active member of the CPR, and in April ACFAS staff attended the CPR’s annual meeting in Washington, D.C. In addition to planning for the future, sharing scope of practice challenges and learning about the new state coalition program, attendees were treated to a presentation by Tara Koslov, JD, deputy director of the Federal Trade Commission’s (FTC) Office of Policy Planning.

Koslov affirmed the FTC’s dual mission to promote competition and to protect consumers. The FTC is preparing a series of briefs on key scope-of-practice areas to help consumers make informed choices about their healthcare and promote competition among healthcare providers. Koslov stressed that empirical data on cost, access and quality is the key to advancing scopes of practice and patient protection.

New ACFAS Representative to Ambulatory PTAC
Keith D. Cook, DPM, recently became ACFAS’ representative to the Joint Commission’s Ambulatory Professional and Technical Advisory Committee (PTAC), succeeding Adam M. Budny, DPM.

Watch for more health policy updates in This Week @ ACFAS
New Resources in Quality CME
Educational resources in podcast, video and DVD are at your fingertips any time at ACFAS e-Learning. Refresh your knowledge with the latest additions:

- **Surgical Techniques: Trauma**
  Visit ACFAS e-Learning to preview this new video series featuring distinguished faculty Donald E. Buddecke, Jr., DPM; George S. Gumann, Jr., DPM; Mark A. Hardy, DPM; Michael S. Lee, DPM; and Alan Ng, DPM. It is available on DVD-ROM or by download directly to your desktop.

- **Scientific Session Video: Complex Cases**
  This online-only video is designed to help you refine skills in evaluating patients with musculoskeletal deformities and injuries, predicting potential complications and formulating a treatment plan.

- **Podcast: Integrating Scholarly Programs into Residency Training**
  “Early integration of scholarly activity into residency training,” says podcast moderator Paul J. Kim, DPM, FACFAS, “is vitally important for equipping future practicing foot and ankle surgeons with the skills and knowledge to appropriately treat patients.”

Visit often to browse the entire library of foot and ankle health information for free and for sale at acfas.org/elearning.

Save the Date for ACFAS 2012
Start making your plans for the most valuable scientific program in your profession — ACFAS’ Annual Scientific Conference, March 1-4, 2012, at the San Antonio Convention Center in Texas.

You can be a part of the 2012 education lineup by submitting a manuscript or poster to be considered for presentation at the conference.

Research is essential to the medical profession, and the College is at the forefront of research for foot and ankle surgeons. If you’re involved in a study, submit your manuscript or poster by the deadlines:

- **Aug. 15, 2011 — Manuscript submission**
- **Oct. 12, 2011 — Poster submission**

Get inspiration for your research by downloading the handouts from the 2011 sessions at acfas.org/ftlauderdale. And keep your eye on the website for submission guidelines and more conference information, coming soon!

Interested in attending a Foot and Ankle Arthroscopy Surgical Skills Course? Contact Maggie Hjelm at hjelm@acfas.org or 800-421-2237 x1321.

1st MTPJ A-Z Workshops will be offered regionally in the fall. More information coming soon at acfas.org!
A pleasant and competent staff is one of the most valuable assets a practice can have, so choosing your team should take more than a minimal effort. Remember, when you hire someone, your intent should be to hire for keeps.

Not only is high staff turnover not very reassuring to your patients, it can turn your office upside down. Each time you go through the hiring process, you face emotional and financial consequences due to stress on doctors and existing staff from lost time and work, advertising costs, recruiting, training new personnel and so on.

One of the most crucial steps to hiring is the actual interview. Here are some fundamental tips to keep in mind:

• Ask open-ended questions that begin with who, what, where, when, why, and how, to encourage your applicants to speak freely and give further details. The more they talk, the more you’ll get to know them.

• Consider some “outside the box” questions to find out more about applicants’ thinking patterns. One such question might be, “Why should I NOT hire you?” or “If I ran into your former employer at a cocktail party, what might he tell me about you that he wouldn’t otherwise?”

• Remember to avoid the discriminatory questions you are legally prohibited from asking! Do you know what they are? You can get a list by e-mailing me at info@soshms.com.

• Early in the interview process, let your staff meet the candidate. Since they are the ones who must work with your prospective employee, it would be nice to know there is no clash in personalities.

• Realize that applicants are on their best behavior during the interview and many come armed with rehearsed responses, so you need to get through that facade. The best way is by interactive role-playing in the interview.

  Present the applicant with a typical patient scenario, such as a patient who complains of waiting too long in reception or who presents a bill he or she thinks is unfair. Then put your applicants in it by pretending to be the patient and giving them a hard time. Observe their behavior in these delicate situations. Do they treat the patient fairly, sincerely apologize, take responsibility, try to diminish anger and avoid conflict, take action to solve the problem, and offer alternate solutions? Remember the words of Yogi Berra: “You can observe a lot by watching.”

• Clarify the necessary duties, skills, compensation, etc., and have a written job description ready to review with the applicant.

• While one tends to focus on skills and experience listed in a resume, the characteristics you should concentrate on are likely not there in writing: namely, attitude and personality. If they fall short of a job skill, they can always be trained, but a leopard’s spots do not change.

• Don’t get hung up on impressive letters of recommendation. They could be written by the applicant’s best friend.

• Don’t settle or hire out of desperation. Set your benchmarks high, against the best you’ve ever seen, and interview to that standard.

• If your salary philosophy is to pay as little as you can, you can expect just as little in return.

• If you are unsure about a favorable applicant or have follow-up questions, a second interview can reveal characteristics you may have missed the first time.

• If you’ve narrowed your choices and still can’t decide on the perfect fit, take your applicants to lunch. The way that they treat service people will likely be similar to the way they’ll treat your patients. Because they may not see this as part of the interview, you may see a different side of them.


Free Coding Advice for ACFAS Members

Douglas G. Stoker, DPM, is now the official coding and billing consultant for ACFAS members. Dr. Stoker is a fellow of the American College of Podiatric Medical Review, diplomate of the American Board of Quality Assurance and Utilization Review Physicians, and past chair of the APMA Coding Committee. He has taught coding and billing at the College’s practice management seminars for more than 20 years. You can send him your coding questions at coding@acfas.org.
Two More Fellowships Recognized

The ACFAS Fellowship Committee continues to work on new initiatives to provide visibility and support for high-caliber podiatric fellowships, furthering the specialized education of foot and ankle surgeons post-residency, and has designated two additional programs as “Recognized Fellowships”:

• Foot and Ankle Fellowship at the Ankle & Foot Care Center, Boardman, Ohio
  Fellowship Director: Lawrence A. DiDomenico, DPM, FACFAS

• Podiatric Medicine and Surgery Research Fellowship: Limb Preservation/Tissue Repair and Regeneration Research Fellowship at Boston Medical Center, Boston, Mass.
  Fellowship Director: Vickie Driver, DPM, MS, FACFAS

For details on the Recognized Fellowship initiative, including a complete list of recognized programs, ACFAS planned support for programs, and the criteria and application for recognition, follow the links at acfas.org/update.

Students Helm DMU-CPMS Club of the Year

For the third consecutive year, students at Des Moines University College of Podiatric Medicine & Surgery have honored its ACFAS Student Club as “Outstanding Club of the Year.”

Outgoing club president Blake Hines writes: “The board members have put an incredible amount of work into the activities of the club throughout the year, from monthly surgical videos and suture sessions to community service activities. We’re excited to receive this honor and look forward to next year’s board continuing the tradition of excellence.”

Board members of the ACFAS Student Club at the Des Moines University College of Podiatric Medicine & Surgery. It has been honored as DMU’s outstanding club for the third year in a row.

Get Your Private Coding Consult

Register today for ACFAS’ Practice Management/Coding Workshop, Oct. 14–15, in Las Vegas, and get a unique, value-added benefit: a private consultation with ACFAS coding and billing expert Douglas G. Stoker, DPM. For information on scheduling a coding consultation, e-mail kristin.hellquist@acfas.org. Find the complete program at acfas.org/pmm/seminars.

Attention Researchers!

Do you have an idea that could help advance the science of foot and ankle surgical medicine? The ACFAS 2011 Clinical and Scientific Research Grant will award up to $20,000 to a principal investigator and team. For information and application visit acfas.org/grant. Applications are due Sept. 1, 2011.
Truth in Advertising  

• Podiatric medical students must take the MCAT exam to gain admission to a podiatric medical school. Following completion of a four-year podiatric medical school, DPMs must pass the three-part exams of the National Board of Podiatric Medical Examiners.
• Today podiatric medical and surgical residencies are three years.
• And all Fellows of the American College of Foot and Ankle Surgeons have passed the rigorous board certification process of the American Board of Podiatric Surgery. There is no such certification process for orthopedists who declare themselves foot and ankle surgeons.
• DPM foot and ankle surgeons are entrenched in mainstream medicine. They serve alongside MD and DO colleagues in hospitals and long term care facilities, on faculties of medical schools, as commissioned officers in the Armed Forces and the U.S. Public Health Service.

• DPM foot and ankle surgeons are a valuable part of the healthcare services in hundreds of prestigious medical centers, including but not limited to Harvard, Yale, Dartmouth, Cornell, UCLA, UCSF, University of Florida, University of Arizona, University of Chicago and Georgetown University.

Truth in advertising relates to how we best protect our patients, so honesty is the best policy. If we stay the course and continue our forward movement, our ability to offer superior, universal, and unfettered patient care will be achieved.

Questions for Dr. Weinraub? Write him at president@acfas.org.
Validation of the ACFAS Scoring Scales  continued from page 1

• Use parameters that are representative of the overall outcome
• Have results expressed as a numerical value for ease of comparison.

Unfortunately, few of the anatomic/disease-specific, foot and/or ankle scoring scales have been adopted for use by anyone other than the original authors, and those that have been used widely have been shown not to meet all criteria for validity. Fortunately, ACFAS had the vision in 1999 to begin the lengthy process of developing and validating anatomic/disease-specific scoring scales for foot and ankle surgery. However, some confusion later arose about the validation process that was employed.

Accordingly, the ACFAS Board of Directors appointed a task force to re-evaluate the scoring scales and determine whether they met the criteria for validity. As chair of the task force I was fortunate to work with Adam Landsman, DPM, PhD; Barry I. Rosenblum, DPM; Emily A. Cook, DPM, MPH; and Jeremy J. Cook, DPM, MPH. Collectively we spent over 150 hours gathering, reviewing, discussing and analyzing the data. Our efforts have resulted in a full validation of the original scoring scales. It is clear that the scales were developed with a systematic and comprehensive approach, and the statistical methods and instrument development process were appropriately conducted. Furthermore, modules 1 and 2 have been rigorously assessed, and meet the standards for validity, reliability, and sensitivity to change. These are the necessary elements to determine if a scoring scale is valid for use.


The next step is for all podiatric foot and ankle surgeons to embrace the concept of scoring scales in clinical practice, and specifically the ACFAS Scoring Scales. In doing so we will be able to continually refine the scales and improve our ease and efficacy in data collection, as well as firmly establish quality surgical outcomes in the medical community for all professions, insurance companies, and government agencies to see.