FEATURED ARTICLE

Podiatry Mentorship: Ensuring the Future of Our Profession

by John Keenan, DPM

In addition to student recruitment efforts, becoming a Mentor to help develop students, both undergraduate and podiatry, and even during residency and early careers will help ensure Podiatry has a bright future.

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President’s Message

I am writing this Message to you as, possibly, my last Message as your President. I thank you for this two year experience at the head of the Board. As usual, there is an important issue brewing right now which will have an effect on us all.

In May, the APMA, acting on behalf of the House of Delegates and pursuant to Resolution 4-19 published a White Paper entitled “Improving the Standardization Process for Assessment of Podiatric Medical Students and Residents by Enabling Them to Take the USMLE According to the National Board of Medical Examiners (NBME).” It then published a Resolution which it had caused to be submitted to the 2021 Special House of Delegates of the American Medical Association. That Resolution contained the following “Resolve”:

“RESOLVED, that our American Medical Association study, with report back at the 2021 Interim House of Delegates Meeting, whether CPME accreditation standards are comparable to Liaison Committee on Medical Education (LCME) standards and sufficient to meet requirements which would allow DPMs to take all parts of the USMLE.”

This White paper and Resolution were published within 30 days of the date upon which the Resolution was to be considered by AMA. That time frame left us with no reasonable manner by which to make an objection to this action. The basis of our objection was that the invitation to have an allopathic Association “study” our schools and only two hours long. Many commentators were not able to speak and many questions were not answered.

One speaker, Dr. Lloyd Smith, past APMA President made the following proposal:

- In view of the proposed resolution to the AMA HOD that would allow DPMs to sit for the USMLE, an in-depth review should occur that would discuss all issues related to parity, with all the stakeholders in the podiatric profession involved.

If the organizational process of the Educational Enhancement Project is reviewed, which created a standardized curriculum for the colleges and a mandatory 2-year residency program, the study model for this in-depth review exists and was proven effective.

APMA should collaborate with all stakeholder groups within the podiatric profession, to review all the steps needed to achieve parity. The EEP included a comprehensive group including representatives of the APMA, ACFAS, APMSA, The AAPCM, The National Board, the State Boards, the Surgical and Medical Boards, the Executive Directors, and members of the HOD.

That the task force issue a progress report to the 2020 APMA House of Delegates”

Acting with other State component Associations, we submitted a Request for a Board of Inquiry, which was denied. Our Request asked for a forum within which all parties of interest in this new “policy” (having DPM students and residents taking the USMLE) would be able to bring their positions on this issue to the House.

After denying our Board of Inquiry, the APMA did schedule a Town Hall Meeting at which some of the concerned parties were able to voice their opinions and concerns. Some spoke in favor of the proposition and some spoke against, however the Town Hall meeting was virtual and only two hours long. Many commentators were not able to speak and many questions were not answered.

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President’s Message

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This review regarding parity should include a similar group of representatives.

This group would need an independent facilitator, such as Lynn Curry, PhD or someone with similar expertise, who is extremely knowledgeable about podiatry and its many issues. Lynn was highly effective during the EEP process.

The group would be limited to defining the relevant issues regarding parity and the feasibility of how to proceed. The APMA BOT could approve this study and the initial phases could be done via video and/or conference calls. The largest costs would be the facilitator and staff time.

The future steps needed as recommended by this study group are to be determined.

Cooperation and collaboration with all the stakeholders will be needed.

If deemed appropriate, a resolution authorizing the direction as determined by the feasibility study should be presented to the 2022 HOD by the APMA Board of Trustees.

Pennsylvania, New York, Delaware, Virginia, Washington, Vermont, Maryland and Iowa joined in a letter to APMA supporting this proposal. The letter is on the PPMA Webpage.

At the present time, we do not know how the APMA will respond to this proposal. We are all hoping that reason will prevail. However, it is our Board’s intention to pursue every remedy available to us, under the governance documents of the APMA, to insure that you, the membership as a whole, has the information upon which to make a reasoned and deliberate decision in connection with this type of abrupt policy change.

The goal expressed by the APMA Board is to gain the ability to use the term “Physician”. Our concerns are that we should not lose the identity of the profession of podiatric medicine and surgery in an attempt to achieve what may be a worthy goal.

Once again, I thank you for allowing me the privilege of serving as your President. It has been an incredible and exhilarating experience. I urge each of you to be active in your Divisions and on the State level. The benefits far outweigh the cost of time and effort and the profession needs us all.

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Podiatry Mentorship: Ensuring the Future of Our Profession

CONTINUED

The profession of Podiatry is becoming more and more difficult every day. Ongoing decreases in reimbursements by insurance companies, increasing regulatory and record-keeping requirements, encroachment by non-physician practitioners into fields that were traditionally controlled by Doctors of Medicine, Osteopathy or Podiatry all play a part in making our lives and jobs more difficult and making it more difficult to get quality students to consider Podiatry as a career. In addition to student recruitment efforts, becoming a Mentor to help develop students, both undergraduate and podiatry, and even during residency and early careers will help ensure Podiatry has a bright future. There are both long and short-term benefits to Mentorship for the Mentee and Mentor. I’ll cover a few of these in this brief article about how to become a Mentor:

1. Introduction to the Profession:
Student recruitment is the first step. Much of this has been covered in meetings, articles, etc. Merely asking a student to consider Podiatry as a career isn’t enough. That’s where the aspects of Mentoring come in. Have them follow you and answer questions (preferably on a day that’s not too busy that you can’t focus on them at times). Pick a day with some interesting things coming in so they don’t get the impression that Podiatry is only about at-risk foot care. Share the pros and cons about the profession. Be honest about the bad parts, but play up the good parts. If you can’t find good parts, you should probably not go further in being a Mentor.

2. Early Mentoring:
This is still close to student recruitment, but also has aspects of mentoring. Once a High School or early College student expresses an interest in Podiatry as a potential career, be available to answer questions. Maybe they’re wondering about elective classes to sign up for that will help when they get into Podiatry school. I’ve wished I had taken some basic anatomy classes as an undergraduate rather than botany classes. I’m sure most of us have similar regrets for the parts of Podiatry school we found a bit more difficult. Passing that knowledge on to a pre-Podiatry student can help smooth their path to becoming a colleague.

3. Mid-Path Mentoring:
MCAT time! Help them prep for it. Give suggestions on study guides, etc. Some of us that have been out of Podiatry School for more than a few...well...decades are saying, “how will I know that” (I’ll cover that shortly). Help keep their confidence up. Something as simple as making sure they have access to a quiet space to study (maybe your office for a few hours on the weekend) could be helpful. Then it becomes time to pick a Podiatry School. Naturally, each and every one of us went to the BEST Podiatry School and we have a connection there. However, that school may not be the best for your Mentee. Help them carefully consider their school choice. They may do better in a school with family support nearby rather than the closest school to their undergrad school. Help them understand their choices. Merely talking it out with someone who has undergone the same things helps a lot in making their decision.

4. Late Path Mentoring:
This will probably be the most involved for you as a Mentor as it will involve both mentoring a new podiatry student and on to residency. This is the scariest time in the students’ training. They will be covering things they may not have seen before or in much greater depth than they previously learned. This will likely be the time you get more questions more frequently. You may have to look things up to help them out. Their instructors, just as yours were, are pretty good at what they do, but sometimes having it explained in a different way makes it easier to understand. Suggest outside rotations that may lead to a better residency. Help them through the Match process. Once they become a resident, your job isn’t done. They’ll still have questions. They may want to seek alternate viewpoints. Never criticize the Attending, but offer your point of view if asked as a possible alternative. This will help very much with their professional development.

5. Early Career Mentoring:
Now your Mentee is ready to go out on their own. This is a scary time. Residency is ending. Time to get on insurance plans, and decide on a practice to join. Sadly, this is another issue that both Podiatry and Medical Schools seem to fall short on (from my personal experience). I think this is a great disservice to students in Podiatry School, and most hospital-based residency programs don’t give them any training at all. This is where you will become what most people would call a ‘True Mentor’. Give guidance on how to navigate the minefields of business. One of my better memories of Podiatry School was during a surgery rotation in the school surgery center with several of us that were late 4th year students. The attending had his patient cancel the surgery at the last minute, so he asks us: “I can do the lecture on hammertoe surgery, but you’ve already seen several... what do you want to talk about?” It wound up being an hour lecture on practice management, pros/cons of being...
Podiatry Mentorship: Ensuring the Future of Our Profession

CONTINUED

There are clear benefits to you as an individual doctor, such as developing yourself professionally and gaining respect from your colleagues. There are also clear benefits for our profession—having a new, well-trained Podiatrist can only help strengthen both other medical professionals and the public’s views of our profession and allow Podiatry to be a viable profession well into the future.

a sole practitioner (he was at the time), having a partner (had one formerly), keeping an eye on your money (previous practice manager had been skimming cash), dealing with insurances, etc. It was probably the most practical lecture we had and all the students enjoyed it. Be available to answer questions on patient care and business-related questions. Your Mentee may now be your new Associate in your practice, be working for a competitor, or even working across the country. You are still tasked with developing a highly respected and successful colleague.

6. Sharing Mentoring:
This falls back on how to study for the MCAT as mentioned in #3. I’d find the newest resident or rotating student and get their opinion and pass that on. Never be afraid to tell your Mentee, “I don’t know the answer to that”, but always be willing to ask someone that may know. If your Mentee thinks they may want to do complicated reconstructive surgeries (as a student), but you don’t do them, see if you can find a substitute Mentor that will let them watch some cases. Share the load and the knowledge. Be available to other Mentors to help their Mentees.

7. Passing on the Mantle:
After your Mentee has been out of residency for a while, they probably won’t need to ask questions anymore. That’s the time to recommend to them that they begin the process with their own Mentee. If you’ve been a good Mentor, they will probably jump at the opportunity.

8. Benefits for the Mentor:
See One, Do One, Teach One. The old adage from Medicine. It applies here. Some of us are associated with a residency program, but many are not.

By teaching your Mentee, you actually learn and build your professional capabilities. If they ask a question you can’t answer, you’ll learn by helping them find the answer. If you’ve done a good job, you will have a well-respected Podiatrist colleague that will help to grow the profession.

9. Losing the Mentee:
It will happen. That new freshmen college student may decide he wants to become an engineer instead of a Podiatrist. Maybe you did such a good job that they get a perfect score on the MCAT and are recruited by Harvard Medical School. So what? It was not time wasted, as now there’s a professional out there that understands the profession of Podiatry better, and that gains our profession more respect. You’ve still done a good job. Your job was never to force them into Podiatry, but to give them guidance when they needed it.

Interested in becoming a mentor?
You can find even more articles and resources about podiatry mentorship in the Members Section of the PPMA website! There are guides, tips, and success stories to help you along the journey. Go to ppma.org and click on Blog under the Member Center tab. Log in is required to access these members-only resources.

“...becoming a Mentor to help develop students, both undergraduate and podiatry, and even during residency and early careers will help ensure Podiatry has a bright future.”
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For non-Medicare payors, the fee schedule is negotiable. If one provider type negotiates a better fee schedule than a different payor type, they will make more money for the same service. There are many providers that just sign the contract offered to them without even attempting to negotiate their fee schedule and this often leads to discrepancies from provider to provider and between specialty types.

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**Learning Opportunity**

Do you have a coding question that has you stumped?

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Whether you’re a new member who wants to take a deep dive into our resources or a long-time member who wants to refresh on some business management best practices, we’re here for you!

Each month we’ll add more articles to the archive. Article categories include business management, coding, member stories, patient care tips, career guidance, and more.

Article examples include:
- 5 Tips to Manage and Optimize Your Time at Work
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- Female Podiatrists Bring Diversity to Profession
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- ... and more!

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Toxic Phrases — Turn Them Around

I’ll admit, I commiserate with doctors (employers/parents/coaches/teachers) or any leader when they hear the words, “It’s not my job” after asking why an assigned task was neglected or incomplete. To be fair however, I have similar compassion for staff when they hear, “That won’t work here!” after offering a new suggestion for improvement. Both sound like nails screeching on a chalkboard or a fork grating across a china plate! Eeecccchhh! Both expressions are toxic from auditory, motivational and common sense perspectives. Instead of the traditional face crunch every time we hear these words, we would do much better to understand why they are said and how to prevent hearing them ever again.

It’s usually implied (if not stated) that job descriptions are the culprits of the phrase “it’s not my job”; however, it is generally the product of an unsupportive work environment or an employee’s poor work ethic. If the employee is not team-oriented, does not align with the practice culture or sees their employment as just a “j-o-b” as opposed to a career, every job-related thing they do is a struggle.

Similarly, if the employee has a decent work ethic at the onset but turns bitter once on board, it’s likely due to an uncooperative culture. For example, maybe they were getting a disproportionate number of extra jobs dumped in their laps that prevented them from getting their primary tasks done — while other co-workers seemed to always get a pass. Perhaps they were continuously assigned tasks that they were not properly trained in, or not within their skillset or comfort range. Finally, bad performance could simply be the result of bad management. How can you avoid all of this? Three simple guidelines: hire for personality, build a positive work environment and manage staff the way you’d like to be managed.

In order to address the mind numbing, “That won’t work here!” comment, we have to talk about change and why that typical first reaction to a new idea is to resist it. Truth is, many times it is simply the WAY people are approached, rather than the change itself that causes resistance. Let’s say a practice sends the staff to a conference where they are exposed to many new efficiency strategies. When they return, staff are eager to implement the new stuff they “need” to do differently. Unfortunately, the doctor was not there and doesn’t share their enthusiasm and in fact, feels a little threatened by change. As a result he/she pulls back and without even hearing what’s involved or knowing the potential outcome, the automatic response is “That won’t work here!” Ouch. Talk about an energy killer!

If the approach was less overwhelming; if the staff presented just one or two top ideas; and if they had laid out what was involved along with the potential outcomes… the doctor would be able to process it much easier and resistance levels would drop significantly.

When offering up a new idea, avoid going in like gangbusters. Instead, take a more reasonable approach:

“Doctor, thanks for sending us to the conference. There’s one thing we learned there that we are eager to share with you and feel it would benefit the practice. (State the idea and the benefits) I’ve done some research and the costs to make the change are minimal-to-none. (Present anticipated costs, if any) Basically, here’s what would be involved. (Outline x,y,z actions needed) Susan (or whoever will be responsible) has already offered to do (x and y) to get things started and I’ll tackle (z). If we try it for about 2-3 weeks, we’ll have a good indication of whether or not it will work for us (Point out that it takes approximately 21 days for any change to take effect.) I’m pretty confident this will make our practice more efficient, however, if it doesn’t work to your satisfaction, we’ll agree to go back to doing things the way we did before.”

By the way, this strategy works in reverse too; e.g., if the doctor plans to implement new policy and needs staff to be on board.

If you are absolutely, positively 100% satisfied your office is flawless, perfectly fine-tuned, and couldn’t be better… there is no need to make changes and you have already spent too much time reading here. If however, you want to continue improving your practice, well then, change needs to be part of that process. Whether the doctor initiates some new ideas or the staff does…for the sake of progress, have an open mind, lose the de-motivational “It won’t work here” and consider an “Ok, let’s try’ response. You won’t be sorry.”

3 simple guidelines to avoid poor employee performance

1. Hire staff for personality
2. Build a positive work environment
3. Manage staff the way you’d like to be managed

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PPMA Update September/October 2021
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TUSPM Summer Academic Reinforcement Program

Incoming first-year students at Temple University School of Podiatric Medicine can participate in a two-week Summer Academic Reinforcement Program (SARP). This program is designed to help new students transition into their new environment, both socially and academically.

SARP focuses on sharpening study strategies that will be necessary to succeed during the upcoming semesters while embarking on three science courses: biochemistry, general anatomy and histology.

The three courses are taught by experienced students who excelled in the course during their first year. The student instructors, alongside TUSPM faculty members, give the incoming first-year students a glimpse into the rigorous academic workload and how to best manage time while in medical school.

Typically, 15 to 18 percent of the incoming first years participate in this program. This past summer, there were 24 students enrolled in SARP lead by three student instructors.

PPMA’s TUSPM’s student rep helps new students successfully prepare for their first school year

SAMANTHA COONEY
TUSPM ’24

TUSPM Summer Academic Reinforcement Program 2021

(Left) Zhou Zhou, PHD - General Anatomy; Biruck Tesfaye Tessema - Biochemistry; Samantha Cooney - Histology (Right)
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The APMA Political Action Committee (APMAPAC) is a nonprofit, bipartisan fundraising committee through which member podiatrists and students support federal candidates who champion podiatric medicine’s issues before the US Congress.

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Julie Mrozek  $150

Daniel Olson  $50
Jane Pountious  $50
George Yarnell  $100
PA - Delaware County  $750

Philadelphia Division  $1,000
Lackawanna Division  $500
Central Division  $500
Bucks Division  $1,000
Luz/N Central Division  $1,000
Delaware Division  $750

TOTAL: $1,826

Philadelphia Division  $2,000
Ohio Division  $100
Central Division  $1,500
Bucks Division  $2,000
Luz/N Central Division  $750

TOTAL: $5,753.16

Please note: Due to the delays in posting AP-PPAC contributor reports, it may take until the next issue to see your contribution.
CLASSIFIEDS

PODIATRISTS WANTED
NEW! FULL-TIME ASSOCIATE WANTED IN WESTERN NY - Full-time associate position in Western New York. Multiple city centers a short drive away. Great place to live and raise a family. Opportunity for experienced DPM as well as a new graduate who desires to be part of a team and be a partner in private practice with ownership. Willingness to merge into an already established protocol-based office with state-of-the-art facility and equipment. Practice includes all aspects of podiatry ranging from surgery to routine care. Email: Yourpracticenow@gmail.com.

ASSOCIATE WANTED/LEBANON COUNTY: Great opportunity in thriving practice located in Lebanon County. Option to take over practice. Email: johnsalahub@gmail.com.

PODIATRIST NEEDED PART-TIME PHILADELPHIA AREA: If you are interested in making extra income, I need help with doing house calls. Flexible schedule. Email: socksandshoes11@hotmail.com.

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PODIATRISTS WANTED
Upcoming Events

16th Annual Montana Meeting
SEPTEMBER 9–12, 2021
Doubletree Missoula-Edgewater
Missoula, MT
12 CE Contact Hours
(Registration is now closed)

49th Annual Virtual Clinical Conference
NOVEMBER 4–7, 2021
26.75 CE Contact Hours
Register: www.goldfarbfoundation.com

73rd Annual Region Three Meeting
MAY 4–7, 2022
Harrah’s Resort and Casino
Atlantic City, NJ
25 CE Contact Hours

PRACTICES FOR SALE
SMALL PODIATRY PRACTICE FOR SALE IN SUNBURY PA: If interested, FAX to 570-286-8125.

CAMP HILL PODIATRY PRACTICE FOR SALE: Podiatry practice for sale. 28-year-old, established practice with significant growth potential. Excellent location with low overhead. Grossing over $200,000.00; working 3 days per week. Includes satellite office and 3 nursing home/assisted living facilities. Email bwj@comcast.net.

PRACTICE FOR SALE PHILADELPHIA: Podiatry practice for sale; 7-figure gross revenue; multiple locations; very strong PCP referrals. Mainly conservative practice, but great potential with surgeries. Inquiries ONLY: 267-970-7647.

CONTINUOUS LOCUMS COVERAGE FOR ILLNESS, PREGNANCY LEAVE, AND VACATIONS: Self-insured, Diplomate of ABFAS, for Bucks, Chester, Delaware, Lehigh, Montgomery, Philadelphia counties; will consider other counties or locations. Call 267-221-6491 or email: socksandshoes11@hotmail.com.

PODIATRY INSTRUMENTS/EQUIPMENT
PODIATRY EQUIPMENT FOR SALE: 2 PDM Chairs; Excel X-Ray Unit; All Pro Tower with Tiger View 8 software. Best offer. Call 724-853-9896 and leave message. Serious inquirers only.

FOR SALE: COMPLETELY EQUIPPED PODIATRIC PRACTICE: This solo podiatry practice is located in a beautiful suburban town close to the Pennsylvania Turnpike and downtown Philadelphia. Annual revenue exceeds $200,000 with excellent referral base and volume. Additional amenities include an orthotic lab, digital X-ray, surgical suite, and plenty of free parking. Please send curriculum vitae and requests for pictures or a virtual tour of the office to: podiatry.mhersh1984@gmail.com.

PODIA Update  September/October 2021 23
What inspired you to pursue podiatry? My mother worked in healthcare for 30 years. Throughout her career, she was in multiple departments including medical records. At that time, charts had to be signed in person, so she was able to meet many doctors and build relationships with them. She always really enjoyed podiatrists!

Early in my education, I was pursuing a biology degree. One of my college counselors encouraged me to consider a medical career. My mother suggested podiatry. I observed one of the doctors she knew and was drawn to the way patients’ lives were changed by receiving care in his office.

How has your career in podiatry changed? I’ve now been practicing for 26+ years. I lived and worked in Detroit for well over a decade as a partner in a small group practice. Many of my patients were diabetics so I have extensive experience with limb salvage, non-healing ulcers, gangrene, and more.

I moved to PA about a year and a half ago. I joined Orthopedic Associates of Lancaster and now work with 22 orthopedic surgeons. As the only podiatrist in the group (and non-surgical member), I’ve enjoyed collaborating as a team. The respect and mutual admiration for each other’s specialties have been instrumental in treating our patients effectively.

What has been most enjoyable for you throughout your career? I’ve helped lots of patients who have struggled with flatfoot, chronic tendinitis, etc. It is amazing that people get as far as they do in their life without receiving proper care for their foot pain. A simple referral to PT, custom orthotic, and recommendation for proper shoes can dramatically improve someone’s life.

What advice do you have for podiatry students? I’ve seen many patients with pain in their feet for 10+ years. They come to the office in tears sharing their story. Often they do not need surgery. They need lifestyle advice. Prescribing PT, teaching proper taping techniques, etc. Because of this, you need to understand the biomechanics of the foot. Surgery has its place, but podiatry has so many directions. There’s a whole other side that helps patients to have better lives and happier. I’ve had a lot more satisfaction by improving someone’s blood flow and saving their leg than treating a bunion. There’s no other feeling like meeting a patient who limped in crying and helping them walk out smiling.

What does your future look like? In 2025 I will have been in practice for 30 years. I love what I do but I’m also looking forward to retirement someday!

—

DAVID CALDERONE, DPM

Orthopedic Associates of Lancaster, LTD

“...There’s no other feeling like meeting a patient who limped in crying and helping them walk out smiling....”
PPMA/APMA DUES PAYMENT REMINDER FOR NEW AND REINSTATING MEMBERS:

September 1, 2021: Second payment is due for new/reinstating members
December 1, 2021: Third payment is due for new/reinstating members
March 1, 2022: Third payment is due for new/reinstating members

*The Board has waived the first quarter of dues for the 2020/2021 for renewing members in response to the financial hardship visited upon the membership by the COVID-19 virus.

Remember to place your PPMA Member Number or full name on check if remittance stub not sent back with payment. Don’t forget to PAY ONLINE to assure payment is received on time!!!

Because APMA and PPMA engage in certain restricted lobbying activities, 5% of your National Dues and 10% of your State Dues are not deductible as an ordinary and necessary business expense, if otherwise deductible.

If you are having a problem paying your dues, please contact Jenna Clay at 717-763-7665, Ext. 213, or email Jenna@ppma.org to discuss possible payment options that may be available to you.