

BY ALAN SHERMAN, DPM

What Term Best Describes Your Professional Title?

In a recent poll done by *PM News* (Chart 1), only 14% of podiatrists identified themselves primarily as surgeons. Another 24% prefer the term podiatric physician and surgeon. The majority, 62%, preferred names that did not contain the word surgeon. *PM* Editor Barry Block recently wrote an editorial discussing these findings entitled, “Podiatry’s Continuing Identity Crisis”. I’ve been talking to Barry and many of my colleagues for years about this “identity” issue, and discuss it further in the paragraphs below. The reality revealed by the poll results is that most podiatrists engage in general podiatry practice, and identify themselves as a “podiatrists” or “foot and ankle specialists”, rather than as “podiatric surgeons” or “foot and ankle surgeons”.

While we all do some surgery, we are all doing the same 3-year residency training programs in which training in surgical skills is highly weighted. The fact is, most of what most podiatrists *need* to do today and in the years ahead is not surgery. There are not enough patients *needing* podiatric surgery to keep all the graduates of our residency programs *busy* doing surgery. There never has been. And the most highly skilled surgeons should be doing surgery *daily*, in high volume, to be the best surgeons they can possibly be.

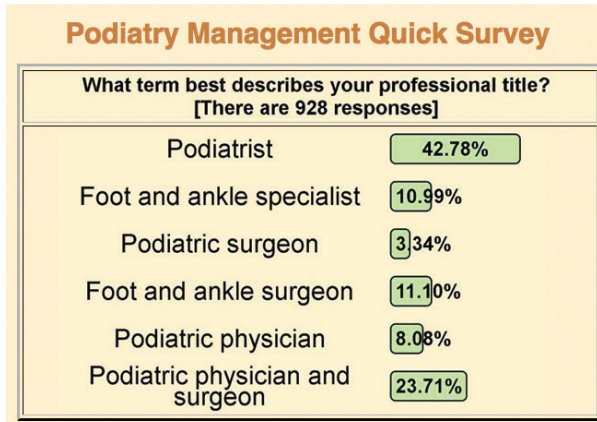


Chart 1

The Reality

The *PM News* polls confirm what many of us have been feeling for years—that while we all do surgery, and deserve recognition

of surgery needed by the public. Shouldn’t podiatric residency training reflect that?

Why?

I think what the poll is telling us here, and this result is very interesting (and I believe, even exaggerated) is that only 14% of us think of ourselves as *primarily* being surgeons. And I believe some of those responses are aspirational...in that some podiatrists like to think of themselves as primarily surgeons, but are they really spending most of their time doing surgery, or pre- and post-op care? I believe fewer than 20% of podiatrists ARE pri-

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for the training that we get, the credentials we achieve, and the fine work that we do in that discipline, very few podiatrists are *primarily* surgeons, nor *should* most podiatrists primarily be surgeons. If we all were primarily surgeons, who would do ALL THE REST of the important work that we do in solving the world’s foot health issues? The *volume* of medical podiatry, the work we do as physicians, not as surgeons, far exceeds the vol-

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marily surgeons, even though ALL podiatrists do at least some surgery among all the treatments that they do for their patients. Though surgery is an *advanced* calling, so too is the treatment of infection, preventative medicine, the non-surgical treatment of trauma (be that trauma acute and forceful, or small and repetitive), and all the other skills we possess and employ to cure disease and relieve suffering.

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Professional Title (from page 37)

Being a podiatrist, a foot and ankle specialist, is an advanced, sophisticated, and appreciated calling, as *advanced* as are our foot and ankle surgeons. One is not higher or lower in the podiatric hierarchy than the other. They are just both different paths. Medical doctors in medical specialties... neurologists, cardiologists, pulmonologists, don't feel inferior to surgeons because they don't do surgery. Why do we have a hierarchy of self-esteem in podiatry based on how much surgery we do? It's ridiculous, yet it persists. I believe strongly in the 3-year model of residency training, but wouldn't it be great if after two years, residents who show promise to be in the top 20% of podiatric surgeons continue on to focus their third year on advanced surgery to refine their skills, while the other 80% fill that third year with everything else that podiatrists do? They'd be spending their third year getting training that reflects that balance of work that they'll be doing in practice. Our most talented

advanced foot surgeons into an advanced surgical track. We might want to consider other specialty tracks as well, perhaps wound care/limb salvage, sports medicine, pediatrics, etc. that particular programs would offer third

that I think would better serve the needs of podiatrists and the podiatry profession overall. Let's agree on both what podiatry is now and what it should aspire to be in the years ahead. What does the public need and what is our

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surgeons would go on to do one or two-year fellowships in advanced surgery, limb salvage, and trauma care after they complete their third year of surgery-focused residency education. And the 80% would complete their residency better prepared to be the best general podiatrists that they can be.

Proposal

I believe that the needs of podiatrists and patients would be better served by restructuring the third year of our residency training programs. I believe we should be tracking candidates demonstrating the best potential to become ad-

year programs in. The default third year, that I believe most candidates would voluntarily choose, is podiatric medicine, consisting predominantly of continued training in outpatient-based podiatric medicine and non-advanced surgery. Under this plan, in the most practical sense, most podiatric residents

would spend their third year refining their skills in the areas of patient care that most podiatrists and patients need, and a smaller carefully select group of residents who show exceptional skills in surgery: hand-eye coordination and manual dexterity, biomechanical analysis, diagnosis, surgical planning, OR tactics, tissue handling, OR leadership, would enter the advanced surgical track, perhaps even doing additional fellowship training in a fourth or fifth year.

A New Direction for the Future to Best Train All Podiatrists

This is the education path

most sustainable position in the medical delivery system? I think that is a profession consisting of *most* of us that practice primarily office-based podiatric medicine with minor surgery and a *minority* of a carefully selected group of the best surgeons among our ranks doing the advanced podiatric surgery. I don't begrudge our podiatric surgical pioneers, our Earl Kaplan, Harold Schoenhaus and Lowell Weil, Sr. at all for seeing our future as so surgery-centric. In fact, God bless them for their visions. Their aspirations were accurate and correct, but too narrow-minded. They saw, and trained, and were largely responsible for, the current generation of excellent foot surgeons. Many others joined them, to build the tradition of surgery as such an important part of the practice of podiatry. But this vision should never have sought to include ALL podiatrists, because we don't need or want all podiatrists to be advanced foot surgeons. We and the public need 80% of podiatrists to be great general practice podiatrists, and we need to regard those podiatrists as worthy of our highest regard... because they truly are. **PM**

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Dr. Sherman is CEO of PRESENT e-Learning Systems.