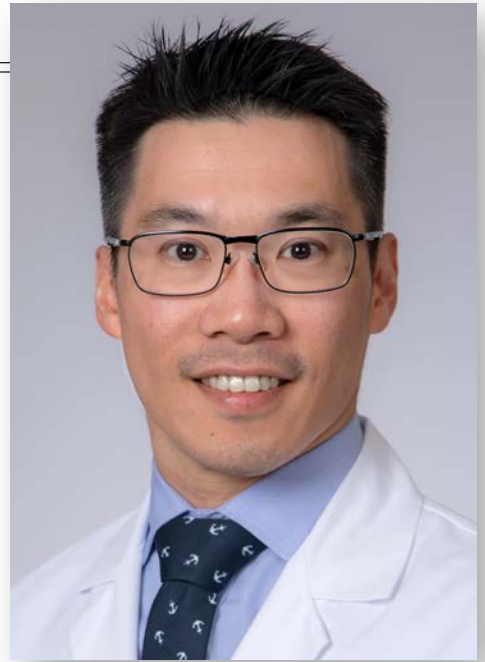


Future Star Chia-Ding (JD) Shih, DPM

He's passionate about limb salvage and podiatric public health.

BY MARC HASPEL, DPM



Being well rounded in the delivery of podiatric medicine should be the objective of today's podiatric physician. This encompasses not only expertise on the clinical side of practice, but also prominence on the research/academic end. Certain new practitioners successfully position themselves at the forefront of both. Such is the case for the next nominee in *Podiatry Management's* Future Stars In Podiatric Medicine series, Chia-Ding (JD) Shih, DPM. Nominated by podiatric leader Janet Simon, DPM, Executive Director, New Mexico Podiatric Medical Association, Dr. Shih is board certified in podiatric medicine and holds a master's degree in public health. His research has included population studies in non-traumatic amputation prevention and health care disparities, along with biomechanics and foot and ankle reconstruction as part of wound management. He is widely published in peer-reviewed medical journals on topics such as diabetic foot epidemiology, diabetic foot ulcer and infection diagnostic imaging, and diabetic foot prevention and strategy.

Active in both the APMA and California Podiatric Medical Association as well as mentoring for the American Association of Colleges of Podiatric Medicine, Dr. Shih

has received the Arthur E. Helfand Award for outstanding research and the John and Janet Carson Public Health Advocacy Award. A graduate from the California School of Podiatric Medicine at Samuel Merritt

University, Dr. Shih's interest in preventing amputations led him to get his Master's degree in Public Health from the Geisel School of Medicine at Dartmouth.

Dr. Shih recently took some time to reflect upon his young career, noteworthy accomplishments and a look towards his future career in podiatric medicine.

PM: *Who in podiatric medicine influenced you the most thus far in your career? To whom else do you give thanks?*

Shih: I can't say that there was one person who influenced me the most in my career thus far. From the first day that I learned about podiatric medicine, to this day, every teacher, colleague, mentor, staff, and patient, has influenced the physician

I have become. So, I'd like to thank everyone whom I have learned from, worked with, and cared for. I also would like to give thanks to my parents, who taught me to be the person I should be, my wife who supported

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me relentlessly, and my two young children, who have always greeted me with big smiles when I return home.

PM: *What first attracted you to a career in this profession?*

Shih: I was attracted to podiatric medicine immediately after shadowing Drs. Emily Cook, Jeremy Cook, and Lindsay Johnson at Beth Israel Deaconess Medical Center and Dr. Michael Robinson in his office outside of Boston. From my time shadowing them, I appreciated that podiatric medicine focuses on everything involving the foot and ankle. I value that our profession is exceptionally hands-on in patient care, and that podiatrists are capable of managing patients both

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conservatively and surgically. Podiatrists are trained to be experts in foot and ankle dermatology to traumatology, amputation prevention to biomechanic diagnostics. The ability to treat a plethora of foot and ankle conditions using a wide range of treatment options makes our profession unique when compared to other health professions and is essential to ensure that the population stays healthy.

PM: *What are your goals, both short-term and long-term, for your career in podiatric medicine?*

Shih: My short-term professional goal is to continue advancing my knowledge in wound healing, particularly the hard-to-heal wounds. As an Assistant Professor of Clinical Surgery in the Division of Vascular Surgery and Endovascular Therapy at Keck Medicine of USC, patients with multiple comorbidities are often referred for a higher level of care and limb salvage. To be able to achieve this task, I

attended Samuel Merritt University College of Podiatric Medicine, formerly known as the California School of Podiatric Medicine (CSPM) at Samuel Merritt University. Following my graduation in 2014, I completed the podiatric medicine and surgery residency with reconstructive rearfoot and ankle (PMSR/RRA) at West Los Angeles VA/UCLA Olive View Medical

and other organizations that function within the profession?

Shih: This profession would not exist without the support from APMA, certifying boards, CPME, and many other organizations. The coherence between these organizations is essential for the stability and growth of our profession.

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Center, which is now offered by UCLA. After residency training, I continued to pursue a long-term personal passion—public health. I was honored to be selected as the 2017-18 American Podiatric Medical Association/The Dartmouth Institute (TDI) Public Health Fellow. I then continued on to finish a second fellowship in limb preservation in the Division of Vascular Surgery and Endovascular Therapy

More importantly, all the organizations within the podiatric community share a common goal, that is to continue advancing the profession, in my opinion.

PM: *What sub-specialties interest you in podiatric medicine, and why?*

Shih: The two subspecialties in this profession that interest me the most are the two fellowships I have completed: podiatric public health and limb salvage. Pursuing public health has always been my personal goal even prior to knowing about podiatric medicine. Public health interests me because of my passion for research. Having been selected to be the 2018-19 APMA/The Dartmouth Institute Public Health Fellow, however, further expanded my understanding and perspective in public health. It allowed me to be an even more well-rounded physician, who understands how the healthcare system functions as well as the impact of healthcare policies. My knowledge in public health also perfectly complements my interest in limb salvage. I invest the time and energy in limb salvage because I see the population that needs the most attention and podiatric care. Non-traumatic lower extremity amputation is known to be related to the socioeconomic status and social determinants of health. Addressing the clinical and physiological aspect of limb salvage must take into seri-

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sense the importance of investigating solutions for multifactorial and hard-to-heal foot wounds that will improve quality of life and reduce preventable non-traumatic lower extremity amputations.

My long-term career goal is to become a non-traumatic lower extremity amputation prevention specialist and a limb salvage expert. I hope to introduce our role in amputation prevention and limb salvage to the countries where podiatric medicine is still foreign and not well-established.

PM: *How would you describe your graduate and post-graduate training?*

Shih: I attended Samuel Mer-

itt at Keck Medicine of USC in 2019. My post-graduate training has undoubtedly built a solid foundation for my professional career thus far. Along the way, and to this date, I have had tremendous support from a number of mentors as well as my family. I'd like to use this opportunity to thank the leaders of APMA for establishing the APMA/TDI Public Health Fellowship as well as the mentors who have made an impact on my professional development. My small attainments today would not be possible without the training, the mentors, and my family.

PM: *What are your thoughts about APMA, the certifying boards*

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ous consideration the unique social and environmental factors that each individual patient faces. These two sub-specialties also represent the continuum of care from prevention to intervention for the population that is at risk of losing limbs. I am fortunate to be trained to understand and operate anywhere along this continuum of care for my patients and the communities that I serve.

PM: *What type of practice arrangement, i.e. solo, small or large group, suits you the best?*

Shih: After working in a large group, a managed care system, and in academia, the academic setting perhaps suits me the best at this time. Being in a large academic institution with a large health system allows me to stay current, to

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conduct research, and to practice podiatric medicine. My prior experiences outside of an academic institution, however, have taught me many invaluable skills and knowledge, such as being efficient in a busy clinic, proficient in coding and billing, and more aware of health system processes.

PM: *Where do you see your career being in 10 years, 20 years?*

Shih: I hope that I will be able to establish a steady clinical practice and be awarded research grants within the next 10 years. In 20 years, I hope to be one of many experts in non-traumatic lower extremity amputation prevention and limb salvage. Ultimately, I wish to bring my knowledge and skills in non-traumatic lower extremity amputation pre-

vention and limb salvage to countries where podiatric medicine is still not well-established.

PM: *What are your thoughts on the overall role of podiatric medicine in the current health care system?*

Shih: Podiatric medicine plays a critical and essential role in the cur-

rent healthcare system. Podiatrists are known to treat and manage a wide range of foot and ankle conditions from infants to the elderly. That makes our profession special and we need to continue to educate the public and other healthcare professionals

about our unique set of knowledge and skills.

PM: *What should this profession do to continue to attract sound quality individuals like yourself?*

Shih: It may take the entire profession to achieve the goal of attracting sound qualified candidates to our profession. To do so, the profession should demonstrate that is growing and cohesive. Candidates will likely also pay attention to the number of highly trained and well-versed podiatric physicians who are passionate about the profession. Therefore, continuing high-quality podiatric education is key to cultivating more proficient podiatric physicians, who then can represent the profession and attract further qualified candidates.

PM: *Would you be in favor of a degree change as well as a name change from the term “podiatric” to “foot and ankle” medicine?*

Shih: I think regardless of which name or degree to be considered for our profession, perhaps a more important question is how the public and other health care professions rec-

“Ultimately, I wish to bring my knowledge and skills to countries where podiatric medicine is still not well-established.”

ognize it. While the name “foot and ankle” medicine is easier to understand, I also do not see other health professions changing their specialties to “heart” medicine or “bone” surgery. Members of the general public know, however, that if they need a total hip replacement, they will need to see an orthopedic surgeon. If they have chest pain, they will need to see a cardiologist. In my opinion, educating the public and health professionals about “podiatric” medicine and surgery is where the energy should be invested.

PM: *You’re raising a young family. How are you managing a busy work/life balance?*

Shih: Having a young family with two children under three, yes, balancing work and personal life is indeed a challenge. Unfortunately, I am still searching for an answer to this question. I do know raising a young family would not be possible without the support of my lovely wife, Sayo. She is the cornerstone of this family and the backbone of my professional development. **PM**



Dr. Haspel is senior editor of this magazine and past-president of the New Jersey Podiatric Medical Society. He is a member of the American Academy of Podiatric Practice Management.