

PROGRAM NAME **Boston University Medical Center**
 One Boston Medical Center Place
 Boston, MA 02118

CASPR # **0629**
CRIP Section 2

DIRECTOR **Geoffrey Habershaw DPM**
 Phone: 617-414-6840
 Program E-mail: hau.pham@bmc.org
 Program Web Site:

Rescue Fund Insured: Yes
 COTH Member thru 6/30: Yes

Entry Level Positions

| Type | # Approved | # Funded |
|----------|------------|----------|
| PM&S-36: | 1 | 1 |

HOSPITAL DESCRIPTION

Accreditation: JCAHO
Staff DPMS: 15
Affiliated Institutions: Boston University School of Medicine

Other Residency Programs: Medicine
 Surgery
 Dental

CLINICAL EXPERIENCES

| | | | |
|---------------------------------|--------------------------------|--------------------------------|-------------------------------|
| Anesthesiology: yes | Internal Medicine: yes | Pathology/Lab: yes | Rehabilitation: yes |
| Behavioral Science: yes | Infectious Disease: yes | Pediatrics: yes | Rheumatology: yes |
| Dermatology: yes | Neurology: yes | Plastic Surgery: yes | Surgery (General): yes |
| Diabetic Wound Care: yes | Orthopedics: yes | Podiatry: yes | Trauma: yes |
| Emergency Room: yes | Office Rotations: yes | Podiatry (Surgery): yes | Vascular Surgery: yes |
| Family Practice: yes | Outpatient Clinic: yes | Radiology: yes | |

Other Clinical Experiences: Cadaver lab
 Resident clinic

Program Emphasis: Diabetic foot ulcers and complications
 Clinical and Laboratory research on podiatric complications including diabetic foot ulcers and limb preservation

DIDACTIC PROGRAM

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|--------------------------|----------------------|----------------------------|
| Grand Rounds: yes | Research: yes | Book Club: yes |
| Journal Club: yes | | Lecture Series: yes |

RESIDENT BENEFITS

| | | | |
|---------------------------------------|-----------------------------------|------------------------|----------------------|
| Stipends: | CME Allowance: yes | Housing: no | Uniforms: yes |
| PM&S-36: \$52,258/ \$54,629/ \$57,198 | Health Insurance: yes | Meals: yes | Vacation: yes |
| | Malpractice Insurance: yes | Sick Leave: yes | |

Other Resident Benefits: none

APPLICANT REQUIREMENTS

| | | | | |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------------|----------------------------------------|-------------------------------|
| Mail Additional Materials To: _____ One Boston Medical Center Place Boston, MA 02118 | ACLS: yes | CPR: yes | Ltrs of Recommendation: 3 | Clerkship Required: no |
| | APMLE Pt III: No | | State License 1st yr: temporary | Minimum GPA: no |
| | Program Fee: \$0.00 | | Citizenship Required: no | Minimum Rank: no |
| | Refundable: n/a | | Visa Info: No Response | |
| Deadline: 11/15/2011 | Payable To: n/a | | | |

Other Applicant Requirements: none

AVAILABLE RESOURCES

Sample Contract: Contact Program **Benefit Package:** Contact Program **Curriculum:** Contact Program

PROGRAM OVERVIEW

Boston Medical Center is a private, not-for-profit, 639-licensed bed, academic medical center located in Boston's historic South End. The hospital is the primary teaching affiliate for Boston University School of Medicine. Emphasizing community-based care, Boston Medical Center, with its mission to provide consistently accessible health services to all, is the largest safety net hospital in New England. Podiatry resident has rotations through many Medical and Surgical services. Exposure to Podiatric medicine and surgery is only limited by your time. We have over 15,000 outpatient visits and perform over 700 surgical procedures per year.