

AENS Residency Partnership Comment – November 2022

“As the residency director for Katherine Shaw Bethea (KSB) Podiatry Residency Program (PMSR/RRA) it is my goal for our residents to get the best training they can get in the three years that they are devoting to their clinical/surgical residency. We are fortunate in that we have a program where our residents are exposed to every aspect of treatment our podiatric license allows. As a director and being involved in resident education for over 12 years, I also know the value of specialized courses and dedicated time to certain principles and facets of surgical training. It is for this reason that we send all our PGY-1 residents to the AO course in the fall of their first year and the ACFAS Arthroscopy course at the end of the PGY-1 year. We send our residents to external fixation courses and perform a cadaveric lab at least once/month. The value of cadaveric and hands-on labs cannot be emphasized enough when it comes to surgical training.

Three years ago, I heard a lecture about peripheral nerve surgery and realized my deficiency in knowledge and the simplicity of my skill set in this domain. My partners Dr. Mauren, Dr. Swanson, and myself decided to seek out more education and came across the Association of Extremity Nerve Surgeons (AENS) and attended the fundamental course. The courses offered by this organization have changed my practice, advanced my skill set surgically and clinically, and have gifted me the opportunity to help patients that were hopeless. We have since entered into an agreement with AENS, providing our residents a discount, and send our PGY-2 residents to the fundamental nerve course every fall and the advanced nerve course at the end of the PGY-2 training year.

The skill set that our residents graduate with gives them a highly coveted niche that places them above the rest when seeking out jobs and fellowship opportunities and will afford them the ability to care for patients and provide treatment to many of patients who have gone misdiagnosed or told there is nothing that can be done for them. Your residents will not only learn the details of performing a thorough diagnostic peripheral nerve examination, common peroneal nerve release, superficial peroneal nerve release, deep peroneal nerve release, tarsal tunnel release, nerve transfers, nerve repair, and nerve grafts, but they will learn how to do it well. The hands-on training is close to one on one with your own limb. This is growth, and the value of such education will be priceless in your residents' careers. Come see for yourself and/or send your residents to the fundamental course, I bet you start seeing the nerve pathology that has been seeing you; and you will be able to do something about it!”

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