

**PROGRAM NAME**

**MetroWest Medical Center**

c/o Sharon Dearth  
115 Lincoln St.  
Framingham, MA 01702

**CASPR #**

**0621**

**CRIP**

Section 2

**DIRECTOR**

**Donald W. Adams DPM**

Phone:

Program E-mail: [dwapod@gmail.com](mailto:dwapod@gmail.com)

Program Web Site: <http://www.mwmc.com/healthcare-professionals/for-physicians/residency-programs/p>

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

**Entry Level Positions**

Type	# Approved	# Active
PMSR/RRA	2	2

**HOSPITAL DESCRIPTION**

**Accreditation:** JCAHO      **Has Clerkship Program:** yes  
**# Staff DPMS:** 15  
**Affiliated Institutions:** Tufts Univ School of Med, Tufts Floating Hosp, SanFelipe Hospital, Lawrence Memorial Hospital, Melrose Wakefield Hospital  
**Other Residency Programs:** Internal Medicine, Transitional, OB, Surgery

**CLINICAL EXPERIENCES**

<b>Anesthesiology:</b> yes	<b>Internal Medicine:</b> yes	<b>Pathology/Lab:</b> yes	<b>Rehabilitation:</b> no
<b>Behavioral Science:</b> yes	<b>Infectious Disease:</b> yes	<b>Pediatrics:</b> yes	<b>Rheumatology:</b> no
<b>Dermatology:</b> yes	<b>Neurology:</b> no	<b>Plastic Surgery:</b> yes	<b>Surgery (General):</b> yes
<b>Diabetic Wound Care:</b> yes	<b>Orthopedics:</b> yes	<b>Podiatry:</b> yes	<b>Trauma:</b> yes
<b>Emergency Room:</b> yes	<b>Office Rotations:</b> yes	<b>Podiatry (Surgery):</b> yes	<b>Vascular Surgery:</b> yes
<b>Family Practice:</b> no	<b>Outpatient Clinic:</b> yes	<b>Radiology:</b> yes	

**Other Clinical Experiences:** Medical Mission for PGY-3, clubfoot repair one week

**Program Emphasis:** Foot Surgery, trauma

**DIDACTIC PROGRAM**

<b>Grand Rounds:</b> yes	<b>Research:</b> yes	<b>Book Club:</b> yes
<b>Journal Club:</b> yes		<b>Lecture Series:</b> yes

**RESIDENT BENEFITS**

<b>Stipends:</b>	<b>CME Allowance:</b> yes	<b>Housing:</b> no	<b>Uniforms:</b> yes
PMSR/RRA: \$57,082/ \$58,709/ \$60,515	<b>Health Insurance:</b> yes	<b>Meals:</b> yes	<b>Vacation:</b> yes
	<b>Malpractice Insurance:</b> yes	<b>Sick Leave:</b> yes	

**Other Resident Benefits:** Parking, BLS/ACLS

**APPLICANT REQUIREMENTS**

**Mail Additional Materials To:**

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<b>ACLS:</b> yes	<b>CPR:</b> yes	<b>Ltrs of Recommendation:</b> 2	<b>Clerkship Required:</b> no
<b>APMLE Pt III:</b> No	<b>State License 1st yr:</b> training		<b>Minimum GPA:</b> no
<b>Program Fee:</b> \$30.00	<b>Fee Refundable:</b> no		<b>Minimum Rank:</b> no
			<b>CV:</b> yes

**Deadline:** 11/8/2017

**Payable To:** Residency Fund MMC

**Other Applicant Requirements:** CV, letter of intent, clerkship recommended

**AVAILABLE RESOURCES**

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

**PROGRAM OVERVIEW**

Metrowest has been approved as a PMSR- rearfoot certified program. The Podiatric Residency Program has been in existence for over 15 years. All residents participate in a vast number of non-podiatric rotations. The residents are exposed to a large amount of trauma and surgery during the core rotations of ED, Podiatry/Orthopedics. Each year residents participate in the Baja project, a medical mission in Honduras. Residents are exposed to many rearfoot surgeries including open ankle fractures, calcaneal fractures, clubfoot reconstruction, flatfoot reconstruction, etc. This program is well balanced surgically as well as clinically. MetroWest Medical Center currently requires a \$25 application fee. An application is not considered complete until the fee is received which is non-refundable. Checks or money orders are acceptable made out to "Residency Fund-MWMC".