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CLINICS IN
PODIATRIC
MEDICINE AND
SURGERY

Foreword

What a Novel Idea!



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If I had thought about it, I wouldn't have done the experiment. The literature was full of examples that said you can't do this.

—Spencer Silver, on the work that led to 3M's Post-It notepads

Jefe: We have stuffed many piñatas for your birthday celebration!

El Guapo: How many piñatas?

Jefe: Many piñatas, many!

El Guapo: Jefe, would you say I have a plethora of piñatas?

Jefe: Yes, El Guapo. You have a plethora.

El Guapo: Jefe, what is a plethora?

—*The Three Amigos* (1986)

It's not a new idea, by any means, but an idea that needs to be revisited. Multiple adjunct professorships can only serve to better the educational experience of our podiatric medical students. After all, why limit the exposure of the medical students to the faculty at the medical schools when there is a plethora of knowledge just outside the "hallowed halls?"

Private practice podiatrists have a tremendous wealth of experience-based knowledge and a rich supply of diverse pathology in their respective offices, which can only serve to enhance and augment the educational experience of our

students. The plan is simple: incorporate all of the available sources so that the graduating podiatric medical students are not only exposed to the “wholeness” of the profession but are “fired up” and excited about their chosen profession.

The new buzzword in the world of fitness is “core” exercise. We are constantly reminded that to achieve our goals we must first concentrate on waking and developing our core. The benefit of this is to develop balance. Our colleges supply this core with their full-time dedicated faculty; however, the educational process should not be limited to the development of the core. It is essential to the survival and future development and advancement of our profession that we allow our students the ability to develop much more. This “axial” development, if you will, strengthens the core and can only come from repeated exposure to what the outside private practitioners offer, their experiences, and their patient load.

So—how to accomplish this task? It’s very easy and straightforward: offer the outside practitioners in close proximity to the colleges a faculty appointment. Adjunct or clinical professorships benefit the colleges, the private practitioner, and most importantly, the students and the future of our profession. Besides, everybody likes to have a title, certainly an academic title that would impress patients—and a nice plaque for the office wall wouldn’t hurt!

The addition of part-time clinical faculty only serves to strengthen the core faculty who are often overstretched in their efforts to equalize the educational experiences of the students. It also serves to strengthen the limited resources often found at the colleges. After all, in numbers there is strength.

Regardless of what “experiences” we had during our education or how much we may feel that the colleges may or may not be putting out too many students, we cannot and should not hold that against the students; none of what is occurring around them is their doing. Our only purpose is to ensure that those of us, who have the ability to do so, contribute to producing the finest podiatric medical students possible and continue the tradition of podiatry as the premier lower extremity specialist bar none.

I challenge the colleges, if they have not already done so, to include the private practitioners as clinical appointed faculty. There are a significant number of these individuals willing and able to contribute to the education of the podiatric medical students. It’s a win-win situation. We certainly don’t want our students to have a Napoleon Dynamite experience:

Grandma: How was school?

Napoleon Dynamite: The worst day of my life, what do you think?

—*Napoleon Dynamite* (2004)

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