

Council on Podiatric Medical Education
American Board of Podiatric Orthopedics
and Primary Podiatric Medicine
American Board of Podiatric Surgery
constituents of the
Residency Review Committee

**EVALUATION TEAM REPORT FOR PODIATRIC MEDICINE AND SURGERY
RESIDENCY**

CONFIDENTIAL

INSTITUTION:

ADDRESS:

CITY-STATE-ZIP:

EVALUATION TEAM CHAIR:

EVALUATION TEAM MEMBER(S):

DATE(S) OF EVALUATION:

CPME STAFF LIAISON:

PREVIOUS CATEGORY(IES) OF RESIDENCY/NUMBER OF AUTHORIZED POSITIONS:

DATE(S) OF PREVIOUS EVALUATION(S):

CURRENT NUMBER OF RESIDENTS PER YEAR __/__/__

TOTAL NUMBER OF RESIDENTS PLANNED PER YEAR __/__/__

NUMBER OF RESIDENTS TO RECEIVE THE ADDED CREDENTIAL PER YEAR __/__/__

INSTITUTION(S) VISITED (Name, Location, Relationship [Co-sponsor or Affiliate])

STAFF INTERVIEWED

Chief Administrative Officer:

Program Director:

Chief of Podiatric Staff:

Site Coordinator:

Director of Medical Education:

Chief of Medical Staff:

Chief of Surgical Staff:

Podiatric Staff (must represent the majority of those involved in the training experiences afforded the residents):

Medical/Other Staff:

RESIDENTS INTERVIEWED

(Include name, year in current program, and program(s) previously completed)

NOTE: If individuals listed on the agenda were unavailable for interview, please indicate who was unavailable and why as well as any other pertinent comments regarding the institution's efforts in preparing for the on-site evaluation.

SUMMARY OF FINDINGS

INSTRUCTIONS TO EVALUATION TEAM:

In response to each of the questions below, please write a concise and relevant narrative statement on the following page. Your comments should be specific to each statement, include sufficient detail to describe all areas of activity, and be supported with factual data. The information that you provide must be consistent with information provided elsewhere in the report.

Your response will be edited by staff into a summary of findings that includes the narrative statement provided by the other evaluator(s), as well as information provided in the narrative responses related to each standard. The questions will not appear in the summary of findings presented to the sponsoring institution.

- a. Describe the sponsoring institution. (Responses should address, but not be limited to, the following areas: accreditation, number of beds, information on co-sponsorship [if applicable], other residency programs provided.)
- b. Describe the administrative structure of the residency program and any potential changes under consideration by the program (e.g., institutional affiliations and training provided, who is responsible for coordinating the program's activities at the sponsoring institution and the affiliated institution [if applicable], time resident spends at other sites [if applicable], increases or decreases in positions).
- c. Describe the curricular structure of the residency program and any potential changes under consideration by the program (e.g., competencies, rotations, extent of office experiences, involvement of podiatric and non-podiatric medical faculty, didactic experiences).
- d. Describe the strengths of the program.
- e. Describe the weaknesses of the program.
- f. Describe any other factors that may be important regarding the approval status of this program.

SUMMARY OF FINDINGS-continued

CPME REQUIREMENTS

Based on the on-site evaluation process, the evaluation team may identify areas of potential noncompliance. The sponsoring institution receives a draft copy of the evaluation team report for correction of factual errors. The sponsoring institution is encouraged to respond in writing to areas of potential noncompliance and recommendations identified by the evaluation team, and provide documentation to support the response. The draft copy of the evaluation team report, and any response and documentation submitted by the sponsoring institution, is then considered by the Residency Review Committee. Based upon a recommendation from the Committee, the Council determines the approval status of the program. The sponsoring institution receives a final copy of the evaluation team report and is notified of the approval action of the Council. **Areas of noncompliance determined by the Council may include, but are not limited to, those indicated by the evaluation team.** The institution will be requested to submit documentation of progress made in addressing areas of noncompliance and/or concerns expressed by the Committee or the Council.

Areas of noncompliance are identified within two areas: Institutional Standards and Requirements and Program Standards and Requirements. For further description of the Council's standards and requirements, please consult CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies* (July 2011).

INSTRUCTIONS TO EVALUATION TEAM:

During the on-site evaluation of a residency program, the evaluation team will gather detailed information as to whether the requirements of the residency program have been met. Compliance with the requirements provides an indication of whether the broader educational standard has been met. In the requirements, the verb "shall" is used to indicate conditions that are imperative to demonstrate compliance.

In responding to the questions/statements, please be aware that if the guidelines in the 320 document utilize the verbs "must" and "is," then this is how a requirement is to be interpreted, without fail. The approval status of a residency program is at risk if noncompliance with a "must" or an "is" is identified.

Indicate each area of potential noncompliance and identify by number the specific requirement. Each area identified must be supported by descriptive statements that provide reasons for the assessment by the evaluation team that the program is in noncompliance. These statements must be consistent with information provided elsewhere in the report. Please keep in mind that the nature and seriousness of each area of potential noncompliance are considered in determining compliance with the related standard and ultimately in determining the approval status of the program.

I. Institutional Requirements (see pages 9-16, CPME 320)

II. Program Requirements (see pages 16-31, CPME 320)

RECOMMENDATIONS

INSTITUTIONAL STANDARDS AND REQUIREMENTS

Includes requirements in Standards 1.0 to 3.0. There are no questions related to Standard 4.0, as the standard applies to the sponsoring institution's responsibility to report to the Council on Podiatric Medical Education regarding the conduct of the residency program.

STANDARD 1.0

The sponsorship of a podiatric medicine and surgery residency is under the specific administrative responsibility of a healthcare institution that develops, implements, and monitors the residency program.

1. Identify the type(s) of institution(s) that sponsors the residency program (Requirement 1.1):
 - Hospital.
 - Academic health center.
 - Co-sponsorship. (Describe the arrangement. The institutions must define their relationship to each other, with specific information related to the delineation of the extent to which financial, administrative, and teaching resources are to be shared. The document must describe the arrangements established for the program and the resident in the event of dissolution of the co-sponsorship. **This information must be included in an appropriate agreement related to the residency program.**):

2. For each institution, **including the sponsor and co-sponsor (if applicable)**, provide the name and location, the accrediting agency, the length of accreditation granted and, for affiliates, whether appropriate documentation exists of the relationship to the sponsor (including the date the document was signed) and the name of the site coordinator (1.2 and 1.3):

Name	City, State	Accred/ through Year	Affil (y/n)/ Date	Name of Site Coordinator	Coordinator Holds a Staff Appointment (y/n)

Comments:

3. When the institution provides training at secondary institution(s) or facility(ies), the affiliation agreement (1.3):

Acknowledges the affiliation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delineates financial support (including resident liability) of each training site.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delineates educational contributions of each training site.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is signed and dated by the chief administrative officer or designee of each training site.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is forwarded to the program director.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is reaffirmed at least once every five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no to any statement, please provide an explanation/clarification.

4. The entirety of training experiences provided at sites located beyond daily commuting distance from the sponsoring institution and/or co-sponsor **is no more than one-sixth of the entire residency** (1.3). Yes No

If no, please provide an explanation.

5. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 1.0):

STANDARD 2.0

The sponsoring institution ensures the availability of appropriate facilities and resources for residency training.

6. The sponsoring institution ensures that the physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient (i.e., well maintained and properly equipped) to permit achievement of the stated competencies of the residency program (2.1). Yes No

If no, please provide an explanation.

7. The following are available for resident training (2.1):

Adequate patient treatment areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate training resources.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A health information management system.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no to any statement, please provide an explanation/clarification.

8. The sponsoring institution affords the resident ready access to the following resources (2.2).

Podiatric texts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical texts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other reference texts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Journals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audiovisual materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructional media.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic retrieval of information from medical databases.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no to any statement, please provide an explanation/clarification.

9. The sponsoring institution affords the resident ready access to adequate information technologies and resources (2.3). Yes No

If no, please provide an explanation.

10. The sponsoring institution affords the resident ready access to adequate office and study spaces at the institution(s) in which residency training is primarily conducted (2.4). Yes No

If no, please provide an explanation.

11. Designated support staff are available to ensure efficient administration of the program (2.5). Yes No

If no, please provide an explanation.

12. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 2.0):

STANDARD 3.0

The sponsoring institution formulates, publishes, and implements policies affecting the resident.

13. The sponsoring institution has identified a committee that is responsible for interviewing and selecting the resident (3.1, 3.2). Yes No

If no, please provide an explanation.

Briefly describe the composition of the committee and the interview/selection process:

14. Prospective residents are informed in writing of the selection process and conditions of appointment established for the program (3.2). Yes No

If no, please provide an explanation.

15. On what date was the interview conducted (3.2)?

16. The institution makes available a written copy of the residency curriculum to the prospective resident (3.2). Yes No

If no, please provide an explanation.

17. The sponsoring institution participates in a national resident application matching service (3.3). Yes No

If no, please provide an explanation.

18. On what date did the sponsoring institution obtain a binding commitment from the prospective resident(s) (3.3)?

19. Is the applicant charged a fee (3.4)? Yes No

If yes, what is the amount and to whom is it paid?

20. If the applicant is charged a fee, does the fee include (3.4):
- | | | |
|--|------------------------------|-----------------------------|
| Processing of the application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participation in the national resident application matching service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Final interview at the institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other? (specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
21. Are the policies regarding application fees published (3.4)? Yes No
- If yes, where?
- If no, please provide an explanation.*
22. Each program applicant is notified as to (3.5):
- | | | |
|--|------------------------------|-----------------------------|
| The completeness of his/her application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The final disposition (acceptance or denial) of his/her application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If no to either statement, please provide an explanation.*
23. Each applicant is a graduate of an accredited college or school of podiatric medicine (3.6). Yes No
- If no, please provide an explanation.*
24. Each resident in the PMSR passed Part I of the exam of the National Board of Podiatric Medical Examiners prior to beginning the residency (3.6). Yes No
- If no, please provide an explanation.*
25. Each resident in the PMSR passed Part II of the exam of the National Board of Podiatric Medical Examiners prior to beginning the residency (3.6). Yes No
- If no, please provide an explanation.*

26. The resident is (3.7):

Compensated equitably with other residents at the institution and/or in the geographic area. Yes No

Given the same rights and privileges as other residents at the institution and/or in the geographic area. Yes No

If no to either statement, please provide an explanation.

27. What form of written agreement exists between the sponsoring institution and the resident (3.8)?

Contract Letter of Appointment

28. The contract or letter states whether the reconstructive rearfoot/ankle credential is offered (3.8). Yes No

If no, please provide an explanation.

29. The contract or letter states the resident stipend (3.8). Yes No

If yes, state the amount. \$ _____, \$ _____, \$ _____

If no, please provide an explanation.

30. The agreement has been signed and dated by the (3.8):

Chief administrative officer/Appropriate senior administrative officer. Yes No

Program director. Yes No

Resident. Yes No

If no to any statement, please provide an explanation.

31. If a letter of appointment is used, the resident is provided with a written confirmation of acceptance, which was forwarded to the chief administrative officer or the appropriate senior administrative officer (3.8). Yes No

If no, please provide an explanation.

32. In a co-sponsored program, describe the contractual arrangement between the institutions and the resident. Include whether it is signed and dated by the chief administrative officer of each co-sponsoring institution, the program director, and the resident (3.8).

33. The contract describes the arrangements established for the resident and the program in the event of dissolution of the co-sponsorship. Yes No

If no, please provide an explanation.

34. The agreement includes or references the following (3.9):

Duties of the resident and hours of work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duration of the agreement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health insurance benefits.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional, family, and sick leave benefits.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave of absence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional liability insurance coverage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other benefits, if provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Briefly describe these other benefits:

If no to any statement, or if the guidelines for requirement 3.9 are not fully met, please provide an explanation/clarification.

35. The sponsoring institution ensures that the following written policies, mechanisms, and schedules are included in a residency manual and distributed to and acknowledged in writing by the resident prior to the start of the training program (3.10, 3.13):

Mechanism of appeal/due process policies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remediation methods established to address instances of unsatisfactory resident performance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rules and regulations for resident conduct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Curriculum of the PMSR.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule of didactic activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Journal review schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPME 320.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPME 330.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any statement, please provide an explanation/clarification.

36. The sponsoring institution ensures that any revisions to the following written policies, mechanisms, and schedules in the residency manual are distributed to and acknowledged in writing by the resident (3.10, 3.13):

Mechanism of appeal/due process policies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remediation methods established to address instances of unsatisfactory resident performance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rules and regulations for resident conduct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Curriculum of the PMSR.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule of didactic activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Journal review schedule.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPME 320.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPME 330.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any statement, please provide an explanation/clarification.

37. The institution(s) provides an appropriate certificate verifying satisfactory completion of training requirements to each graduating resident (3.11). Yes No

If no, please provide an explanation.

38. The certificate states the following (3.11):

Date of completion of the resident's training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approval by the Council on Podiatric Medical Education.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Successful completion of training requirements for the added credential (if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any statement, please provide an explanation.

39. The certificate is signed and dated by the program director and the chief administrative officer, or designee (3.11). Yes No

If no, please provide an explanation.

40. The sponsoring institution ensures that the program is established and conducted in an ethical manner (3.2, 3.12). Yes No

If no, please describe.

41. Describe the remediation methods available and whether they have been utilized (3.13).
42. If remediation has been utilized and extended the length of the program for the resident, what was the date the program was completed (3.13)?
43. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 3.0):

PROGRAM STANDARDS AND REQUIREMENTS

STANDARD 5.0

The residency program has a well-defined administrative organization with clear lines of authority and a qualified faculty.

44. The sponsoring institution has designated one podiatric physician as program director (5.1). Yes No

If no, please provide an explanation.

45. The program director is provided proper authority by the sponsoring institution to fulfill the responsibilities of the position (5.1). Yes No

If no, please provide an explanation.

Additional comments:

46. The program director is (5.1):

Compensated equitably with other residency directors at the institution and/or in the geographic area. Yes No

A member of the medical staff at the institution. Yes No

A member of the graduate medical committee or equivalent within the institution. Yes No

If no to any statement, please provide an explanation.

47. The director possesses (5.2):

Appropriate clinical qualifications. Yes No

Appropriate administrative qualifications. Yes No

Appropriate teaching qualifications. Yes No

Board certification. Yes No

Please indicate which board(s): ABPOPPM ABPS

If no to any statement, please provide an explanation.

48. Assess the extent to which the director provides administrative coordination and direction for the residency, as evidenced by his/her performance in fulfilling the following responsibilities in all participating institutions (5.3):

Rating Scale: 1-Good; 2-Fair; 3-Poor

	1	2	3
Maintenance of records.	()	()	()
Communication with the RRC and CPME.	()	()	()
Scheduling of training experiences.	()	()	()
Resident instruction.	()	()	()
Resident supervision.	()	()	()
Resident evaluation.	()	()	()
Curriculum review and revision.	()	()	()
Program self-assessment.	()	()	()
Resident participation in training resources.	()	()	()
Resident training in didactic experiences.	()	()	()

If any of the above receive(s) a rating of fair or poor, indicate the reason(s) for this rating, including your assessment of whether the amount of time spent by the director is sufficient to fulfill each of the above responsibilities.

49. The director does not delegate to the resident any of his/her administrative duties. __Yes __No

If no, please provide an explanation.

50. The director ensures that the residents receive equitable training experiences (5.3). __Yes __No

If no, please provide an explanation.

51. How many hours per week does the director devote to the residency program (5.3)?

52. The director participates in faculty development activities at least annually (5.4). __Yes __No

If yes, please describe.

If no, please provide an explanation.

53. How many **podiatric** faculty members are involved *actively* in the training program (5.5)?

54. This number is sufficient to (5.5):

Achieve the stated competencies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervise the resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluate the resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any statement, please provide an explanation.

55. **Podiatric** medical faculty members take an active role in (5.5):

Presenting didactic activities to the resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discussing patient evaluation and management with the resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reviewing patient records with the resident to ensure accuracy and completeness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any statement, please provide an explanation.

56. **Podiatric** medical faculty members are qualified by education, training, experience, and clinical competence (5.6). Yes No

If no, please provide an explanation.

57. How many **podiatric** faculty members (excluding the program director) who participate *actively* in the program are certified by (5.6):

American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)	American Board of Podiatric Surgery (ABPS)	ABPOPPM and ABPS

The board-certified podiatric faculty play an appropriate and effective role in training the resident. Yes No

If no, please provide an explanation.

58. If any member of the active podiatric faculty is not certified by either ABPOPPM or ABPS, please state the individual's name and specialized qualifications (5.6).

59. How many **non-podiatric** medical faculty members are involved *actively* in the training program (5.5)?

60. This number is sufficient to (5.5):

Achieve the stated competencies.

Yes No

Supervise the resident.

Yes No

Evaluate the resident.

Yes No

If no to any statement, please provide an explanation.

61. **Non-podiatric** medical faculty members take an active role in (5.5):

Presenting didactic activities to the resident.

Yes No

Discussing patient evaluation and management with the resident.

Yes No

Reviewing patient records with the resident to ensure accuracy and completeness.

Yes No

If no to any statement, please provide an explanation.

62. **Non-podiatric** medical faculty members are qualified by education, training, experience, and clinical competence (5.6).

Yes No

If no, please provide an explanation.

63. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 5.0):

STANDARD 6.0

The podiatric medicine and surgery residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. The sponsoring institution provides training resources that facilitate the resident’s sequential and progressive achievement of specific competencies.

64. The curriculum of the PMSR is completed within _____ months. (6.0)
65. If the curriculum is extended beyond 36 months, please explain the institution’s educational rationale, consistent with program requirements, for this extension. (6.0)
66. If the curriculum has been extended, on what date did the program director obtain approval from the sponsoring institution to extend the length of the curriculum? (6.0)
67. If the curriculum has been extended, on what date did the Residency Review Committee grant approval to the institution to extend the length of the curriculum? (6.0)
68. The curriculum is clearly defined (6.1). Yes No
The curriculum is distributed at the beginning of the training year to all individuals involved in the training program (6.1). Yes No

If no to either statement, please provide an explanation.

69. The curriculum provides the resident appropriate and sufficient experiences to (6.1):
- | | |
|--|--|
| Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the pediatric and adult lower extremity. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Assess and manage the patient’s general medical and surgical status. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Communicate effectively and function in a multi-disciplinary setting. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Manage individuals and populations in a variety of socioeconomic and healthcare settings. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Understand podiatric practice management in a multitude of healthcare delivery settings. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and clinical practice. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If no to any statement, please provide an explanation.

70. The resident performs and interprets the findings of comprehensive medical history and physical examinations (6.1). Yes No

If no, please provide an explanation.

71. The resident develops the ability to utilize information obtained from the history and physical examination and ancillary studies to formulate an appropriate diagnosis and plan of management (6.1). Yes No

If no, please provide an explanation.

72. The resident participates directly in the medical evaluation and management of patients from diverse populations (6.1). Yes No

If no, please provide an explanation.

73. The resident participates directly in urgent and emergent evaluation and management of podiatric and non-podiatric patients (6.1). Yes No

If no, please provide an explanation.

74. The sponsoring institution requires the resident to maintain web-based logs documenting all experiences related to the residency (6.2). Yes No

If no, please provide an explanation.

75. These logs are in a format approved by the RRC (6.2). Yes No

If no, please provide an explanation.

76. The web-based logging system is _____ (6.2).

77. At the beginning of the training year, the program publishes a formal schedule for clinical training that includes experiences at all training sites (6.3). Yes No

If no, please provide an explanation.

78. At the beginning of the training year, the schedule is distributed to (6.3):

Residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Faculty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administrative staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any statement, please provide an explanation.

79. If the program includes podiatric private practice office-based training, what percentage of the program is conducted in this setting (6.3)?

If the percentage is greater than 20 percent, please provide an explanation.

80. The curriculum provides the resident experience in patient management in both inpatient and outpatient settings (6.4). Yes No

If no, please provide an explanation.

81. The following individuals (e.g, program director, chief of surgery, etc.) were involved in the development of the residency curriculum (6.4):

82. The rotation in Medical Imaging includes the following (6.1, 6.4):

Plain and stress radiography.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fluoroscopy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nuclear medicine and vascular imaging.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MRI, CT, and diagnostic ultrasound.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (_____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any training experience, please provide an explanation.

83. The rotation in Pathology includes the following (6.1, 6.4):

Anatomic pathology.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cellular pathology.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (_____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to either training experience, please provide an explanation.

84. The resident performs (and/or orders) and interprets appropriate diagnostic studies, including (6.1, 6.4):

- | | | |
|---|------------------------------|-----------------------------|
| Laboratory tests (e.g., hematology, serology/immunology, toxicology, and microbiology). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other diagnostic studies (e.g., electrodiagnostic, non-invasive vascular, bone mineral densitometry, compartment pressure). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EKG | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (_____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no to any training experience, please provide an explanation.

85. The rotation in Behavioral Sciences includes the following (6.1, 6.4):

- | | | |
|--|------------------------------|-----------------------------|
| Understanding of psychosocial aspects of health care delivery. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Knowledge of and experience in effective patient-physician communication skills. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Understanding cultural, ethnic, and socioeconomic diversity of patients. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Knowledge of the implications of prevention and wellness. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (_____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no to any training experience, please provide an explanation.

86. The rotation in Infectious Disease includes the following (6.1, 6.4):

- | | | |
|--|------------------------------|-----------------------------|
| Recognizing and diagnosing common infective organisms. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Using appropriate antimicrobial therapy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interpreting laboratory data including blood cultures, gram stains, microbiological studies, and antibiotics monitoring. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exposure to local and systemic infected wound care. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (_____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no to any training experience, please provide an explanation.

87. Describe the qualifications (including education, training, experience, and clinical competence) of the medical faculty member(s) who provides training in infectious disease (5.6, 6.1, 6.4).

88. The Medicine rotation includes training in at least **one** of the following (6.1, 6.4):

- | | | |
|--------------------|------------------------------|-----------------------------|
| Internal medicine. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Family medicine. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If training is not provided in either of the above areas, please provide an explanation.

89. The Medical Subspecialty rotations include training in at least **two** of the following (6.1, 6.4):

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Physical medicine and rehabilitation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neurology. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dermatology. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rheumatology. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Endocrinology. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pain management. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wound care. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If training is not provided in at least two of the above areas, please provide an explanation.

90. Time spent in the Infectious Disease rotation + Internal Medicine and/or Family Practice rotation + the two Medical Subspecialty rotations = at least three (3) full-time months of training (6.4) Yes No

If the amount of time is less than three full-time months of training, please provide an explanation.

91. The rotations in General Surgery and Surgical Subspecialties include the following (6.1, 6.4):

- | | | |
|--|------------------------------|-----------------------------|
| Understanding management of preoperative and postoperative surgical patients with emphasis on complications. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Enhancing surgical skills. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Understanding surgical procedures and principles applicable to non-podiatric surgical specialties. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (_____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no to any training experience, please provide an explanation.

92. The Surgical Subspecialty rotation includes training in at least **one** of the following (6.4):

- | | | |
|---------------------|------------------------------|-----------------------------|
| Orthopedic surgery. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Plastic surgery. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vascular surgery. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If training is not provided in at least one of the above areas, please provide an explanation.

93. The rotation in Anesthesiology includes the following (6.1, 6.4):

Local anesthesia.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General, spinal, epidural, regional, and conscious sedation anesthesia.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (_____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to either training experience, please provide an explanation.

94. The resident (6.1, 6.4):

Participates actively in pre-anesthetic and post-anesthetic evaluation and care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the opportunity to observe and/or assist in the administration of anesthetics.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to either statement, please provide an explanation.

95. The rotation in Emergency Medicine includes the following training resources (6.1, 6.4):

Emergency room service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Urgent care center.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trauma service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Critical care unit service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (_____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If no to any training experience, please provide an explanation.

96. The program ensures that the resident is certified in advanced cardiac life support for the duration of training (6.5). Yes No

If no, please provide an explanation.

97. This certification was obtained within six months of the resident's start of the program (6.5). Yes No

If no, please provide an explanation.

98. The residency curriculum includes instruction and experience in hospital protocol and medical record-keeping (6.6). Yes No

If no, please provide an explanation.

99. The program director assures that the patient records accurately document the resident's participation in (6.6):

Performing history and physical examinations. Yes No
Recording operative reports, discharge summaries, and progress notes. Yes No

If no to either statement, please provide an explanation.

100. Didactic activities that complement and supplement the curriculum are available at least weekly (6.7). Yes No

If no, please provide an explanation.

101. Describe the format(s) in which the didactic activities occur and how often each activity occurs (6.7).

102. The residency curriculum includes instruction in research methodology (6.7). Yes No

If no, please provide an explanation.

103. There is a journal review session to facilitate the resident's reading, analyzing, and presenting medical and scientific literature (6.8). Yes No

If yes, how often does it meet? Who participates?

If no, please provide an explanation.

104. The resident is afforded appropriate faculty supervision during all training experiences (6.9). Yes No

If no, please provide an explanation.

105. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 6.0):

STANDARD 7.0

The residency program conducts self-assessment and assessment of the resident based upon the competencies.

106. The resident’s logs are reviewed, evaluated, and verified by the program director at least monthly (7.1). Yes No

If no, please provide an explanation.

107. The resident’s achievement of competencies is assessed and validated by the program director and the faculty on an ongoing basis (7.2). Yes No

Describe the assessment tool(s) (include whether they are in written or electronic format, in what areas the resident is assessed [communication skills, professional behavior, attitudes, initiative], how the resident is assessed [rubrics, observation, checklist]).

If no, please provide an explanation.

108. The program director conducts a formal meeting, at least semi-annually, with the resident (7.2). Yes No

If no, please provide an explanation.

109. The completed assessment instruments include the following (7.2):

Dates covered by the assessment. Yes No

Name and signature of faculty member and date of assessment. Yes No

Name and signature of resident and date of assessment. Yes No

Name and signature of director and date of assessment. Yes No

If no to any statement, please provide an explanation.

Comments:

110. The timing of the assessment for each competency allows sufficient opportunity for remediation (7.2). Yes No

If no, please provide an explanation.

111. The program requires the resident to take in-training exams as prescribed by JCRSB-recognized specialty boards (7.2). Yes No

If no, please provide an explanation.

112. If the resident is required to take in-training exams, the sponsoring institution pays the fees associated with the exams (7.2). Yes No

If no, please provide an explanation.

113. A formal process exists for annual self-assessment of the program's resources and curriculum (7.3). Yes No

If yes, describe the process including the following aspects:

Identification of individuals involved:

Performance data utilized (i.e., evaluation of the program's compliance with the current standards and requirements of the Council, the resident's formal evaluation of the program, the director's formal evaluation of the faculty, and the extent to which the didactic activities complement and supplement the curriculum):

Measures of program outcomes utilized (i.e., success of previous residents in private practice and teaching environments, hospital appointments, and publications):

Results of the review (i.e., whether the curriculum is relevant to the competencies, the extent to which the competencies are being achieved, whether all those involved understand the competencies, and whether the resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved):

If no, please provide an explanation.

114. Use the space below to provide any additional information or further clarification for items that have not been addressed in this section of the report (Standard 7.0):

ADDITIONAL INFORMATION

EACH EVALUATOR: Please write a concise and relevant narrative statement in response to each of the questions below. Your comments should be specific to each question, include sufficient detail to describe all areas of activity, and be supported with factual data. The information that you provide must be consistent with information provided previously in the report and must address the training provided in both podiatric medicine and podiatric surgery.

115. Are the examination/treatment room, operating room, and equipment appropriate for the training program? Yes No

Comments:

116. Describe the types of inpatient podiatric management experiences afforded the resident.

117. Comment on your review of the resident's logs recording surgical procedures (i.e., presence of fragmentation, diversity of procedures, volume of procedures, projections for the entire training year).

118. Comment on your review of the resident's logs in reference to the podiatric medical experiences, inclusive of diversity of procedures, volume of procedures, and projections for the entire training year.

119. Comment on your overall impression of resident training evident through your review of patient charts and x-rays.

120. Comment on the diversity of the podiatric patient population available for residency training.

121. Describe the methods by which the curriculum includes the development of patient-physician communication skills.

122. Provide a brief summary to describe the training provided in podiatric medicine. This summary should be a compilation of the information obtained through the pre-evaluation materials, review of patient charts and x-rays, review of resident logs, and interviews conducted. This brief summary will be included in the overall summary of findings (pages 3-4) presented to the program.

123. Provide a brief summary to describe the training provided in podiatric surgery. This summary should be a compilation of the information obtained through the pre-evaluation materials, review of patient charts and x-rays, review of resident logs, and interviews conducted. This brief summary will be included in the overall summary of findings (pages 3-4) presented to the program.

124. Following review of the resident’s logs, list the volume of case activities and procedure activities in which each resident took an active part as the first assistant. (First assistant: The resident participates actively in the procedure **under direct supervision of the attending.**)

Complete for all residents, indicating audited statistics. Include statistics for all training completed to date for residents at all sites utilized and the specific period covered by these statistics. Statistics should cover each resident’s entire residency experience.

	Resident Name	<i>Current</i> Month in Residency Program/Program Category (PMSR, PMSR with added credential, PM&S-24, or PM&S-36)	Statistics reflected in the Patient Care Activity chart (next page) include the following previous programs (POR, PPMR, RPR, PSR-12, PSR-24, PM&S-24, PM&S-36, PMSR) (please state)
1			
2			
3			
4			
5			
6			
7			
8			

The team may count one year of statistics from previous training in a PSR-12 (if applicable), two years of statistics from previous training in a PSR-24 or PM&S-24 (if applicable), and one year of statistics from previous training in an RPR, PPMR, or POR (if applicable). This data must be verifiable.

125. Statistics below are for the period _____ 200 _____ to _____ 201 _____

Patient Care Activity Requirements

Activities	Resident Activity on Procedure															
	(1) 1 st 2 nd asst		(2) 1 st 2 nd asst		(3) 1 st 2 nd asst		(4) 1 st 2 nd asst		(5) 1 st 2 nd asst		(6) 1 st 2 nd asst		(7) 1 st 2 nd asst		(8) 1 st 2 nd asst	
RESIDENT																
Category 1 – Digital																
Category 2 - First Ray																
Category 3 - Other Soft Tissue Foot Surgery																
Category 4 - Other Osseous Foot Surgery																
Category 5 - Reconstructive Rearfoot/Ankle (added credential only)																
Total Number of Procedures (categories 1-5, 1 st & 2 nd assistant)																
Total Number of Procedures (1 st & 2 nd assistant)																
Total Podiatric Surgical Cases																
Category 6 – Other Podiatric Procedures																
Category 7 – Biomechanics																
Category 8 – Comp Medical History & Physical Exams																
Trauma Cases*																
Podopediatric Cases																

Podiatric clinic/office encounters meet or exceed the requirement. __Yes __No

If no, please provide an explanation.

126. To assure proper diversity within each procedure category and subcategory, at least 33 percent of the procedure codes within each category and subcategory must be represented with first assistant procedures. For example, in the Other Osseous Foot Surgery category, at least 6 of the 18 different procedure codes must have at least one activity as first assistant.

To avoid overrepresentation of one procedure within a category and subcategory, one procedure code must not represent more than 33 percent of the total number of procedures logged in each procedure category and subcategory. For example, the number of partial osteotomies must not exceed 26 when the minimum of 80 required Digital procedures are logged.

Based upon the volume of procedures and cases reported in the previous chart, Patient Care Activity Requirements, complete the following (the number of first assistant procedures for each resident):

Category	# of Procedure Types	# of Procedure Types Needed	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Digital	13	5								
First Ray Hallux Limitus	8	3								
First Ray Hallux Valgus	9	3								
Other First Ray	10	4								
Other Osseous Foot Surgery	19	6								
Other Soft Tissue	14	5								
Reconstructive Rearfoot/ Ankle (Elective – Osseous)	10	4								
Reconstructive Rearfoot/ Ankle (Elective – Soft Tissue)	8	3								
Reconstructive Rearfoot/ Ankle (Non-Elective – Osseous)	8	3								
Reconstructive Rearfoot/ Ankle (Non-Elective – Soft Tissue)	7	3								

127. Complete the following chart to provide the requested information about the rotations provided. The following abbreviations should be used:

Format - block (B), sequential (S), or case-by-case (C)

Supervision - adequate (A) or inadequate (I)

Level of resident participation - active (A); observation (O)

Rotation	Location	Format/Length	Supervision	Participation
Medical imaging				
Pathology				
Behavioral science				
Infectious disease				
Internal medicine				
Family practice				
Dermatology				
Endocrinology				
Neurology				
Pain management				
Physical medicine & rehabilitation				
Rheumatology				
Wound care				
General surgery				
Orthopedic surgery				
Plastic surgery				
Vascular surgery				
Anesthesiology				
Emergency medicine				
Podiatric surgery				
Podiatric medicine				

NOTES