

Recommendations for Podiatric Medical Education Final June 15, 2020

Submitted by the American Association of Colleges of Podiatric Medical Colleges and
the Council on Podiatric Medical Education.

The education of medical students has not been spared from the adverse effects of the COVID-19 pandemic. As students seek to complete clinical clerkships away from their home institutions, the restrictions on participation in patient care, the limits imposed on travel, the absence of adequate inventories of PPE, and the requirements for social distancing have resulted in the degradation and cancellation of many of these scheduled outside educational experiences. As a result, students are fearful of the ability to meet educational requirements for graduation and being disadvantaged in the residency selection process.

In response to these unintended consequences from the pandemic, the Coalition for Physician Accountability issued its [“Final Report and Recommendations for Medical Education Institutions of LCME-Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants”](#) on May 11, 2020. The goal was “to create an equitable, transparent, and successful residency selection cycle” for their students. The adoption of these recommendations by many sponsoring institutions across the country has had unintended adverse consequences for podiatric medical and surgical education in the U.S. Podiatry has experienced an increase in the number of podiatric clerkship cancellations as a result of these recommendations which has added to the uncertainty of the resident selection process for podiatric medical school graduates.

Podiatric medical education and training differs from allopathic medical education and training with regards to clinical clerkships. Podiatric medical schools have historically relied on geographically dispersed student clerkship programs (away rotations) to provide core educational experiences required to satisfy accreditation requirements for graduation. They are not optional elective, specialty rotations. Unlike allopathic medical schools, local resources for clinical rotations are more limited for podiatric medical students. Only eight states have schools/colleges of podiatric medicine in the United States. Using the 535 members of the class of 2020 as example, there are only 372 residency positions in the states where podiatric medical schools are located--a deficit of 163 positions. Recognition of these differences is critical when considering actions affecting podiatric medical clerkships and the resident selection process.

These geographically dispersed clerkship programs also form the bedrock of the podiatric residency selection process. For both applicants and programs, these extended educational experiences are far more predictive of the success of a residency match than a short interview.

To illustrate, 70% of the Class of 2020 matched with programs where they served a clerkship. Without the benefit of clerkships, both applicants and programs believe their ability to assess fit will be seriously compromised.

To preserve these critical clerkship experiences and to provide an equitable environment for podiatric medical students in the residency selection process, the American Association of Colleges of Podiatric Medicine (AACPM) and the Council on Podiatric Medical Education (CPME) have created this guidance for schools, students, program directors, and sponsoring health care institutions. Despite the significant challenges posed by the COVID-19 pandemic, we believe we can provide a meaningful educational experience and an effective resident selection cycle; an experience that will reflect the innate contrast in our educational clerkship curriculum. These recommendations are intended as a framework to promote consistency in approach to podiatric clerkship rotations for the remainder of 2020 and into the 2021 academic year, as well as a contingency plan if in-person interviews for the 2020-2021 residency cycle are not feasible. These recommendations reflect our sense of how best to proceed.

This guidance is not meant to replace the independent judgment of medical schools, sponsoring institutions, or clerkship and residency programs in setting appropriate requirements for the preparation of their students and meeting the needs of their patients. Deans remain the final authority in decisions regarding their students, and program directors and institutional officers have the final authority for decisions regarding clerks and residents at their programs and institutions.

Our Considerations and Assumptions

- The care and well-being of patients and the safety of healthcare workers, learners and the community are the over-arching priorities.
- The need to do everything possible to reduce uncertainty and stress and to encourage the well-being of students, program staff, and institutions in an already strained system.
- The need to recognize the uniqueness of pre-doctoral podiatric medical education.
- The need of podiatric medical schools to prioritize their core learning competencies and the need for clerkship and residency programs to meet current resident competencies and specialty board certification requirements.
- The residency selection process must be an unbiased process.
- Trust that all involved will devise policies and make decisions that reflect the above priorities yet remain flexible and creative in meeting the challenges of the COVID-19 pandemic.
- **Also considered: the current situation and forecasts of the COVID-19 pandemic:**
 - the situation is fluid and uncertain.

- while there may be a decrease in infection rates over the summer, a resurgence of the virus in the fall or in the winter may occur.
 - any secondary spike in infection rates may exhibit geographic variation and result in periodic limitations on travel and intensify the disruption, fears, and stress for colleges, students, applicants and programs.

While we are aware that there is no one answer for all stakeholders, we believe these recommendations will encourage consistency and impartiality for all students.

Recommendation 1: External Clerkships for Podiatric Medical Students

Background: Clerkships that are external to the schools and colleges of podiatric medicine are of vital importance to ensure that students are prepared to step into the unique role of performing surgery and procedure-based training as first year (PGY-1) residents. Although several podiatric medical schools have locations in large cities with numerous local training resources, other schools are in less densely populated areas and must rely more heavily on training facilities outside of their city/state. While the use of simulated training, as an adjunct for certain skill development, and didactic education is encouraged, it cannot and should not replace the clinical encounters and interactions that can only be provided during a clerkship experience.

- **Recommendation** If hands-on training cannot be provided, podiatric medical schools are encouraged to do the following:
 - Employ virtual training and didactics to the greatest extent possible. Schools are reminded that any long-term, substantial curricular changes require CPME approval.
 - Work closely with each student to ensure that their concerns and situations are heard and represented in any modifications to their individual training pathway and that the competencies and goals for graduation are met or surpassed.
 - Communicate with external training programs to ensure that the training environment is adequate to achieve the competencies and goals for graduation, as well as to ensure that student training does not adversely impact the facilities' ability to provide the necessary care to the populations that they serve. Specific areas to be addressed include, but are not limited to:
 - an appropriate level of staffing for the specified training at the facility.
 - adequate personal protective equipment (PPE) to allow for the safe training of students without placing undue stress on the facilities' ability to provide patient care.
 - an appropriate number of patients in the specified field of training are available to provide an adequate training experience.
 - availability of travel and lodging for students at or nearby the training facility.

Recommendation 2: Residency Interviews

Background: Unlike allopathic and osteopathic interviews, stand-alone interviews at a program's location are the exception in podiatry. Since 2010, most podiatry residency interviews are conducted at a national event each January, the Centralized Residency Interview Program (CRIP). The 2020 CRIP had participation by 96% of the class of 2020 and 78% of podiatric residency programs which reflects typical attendance for CRIP. Prior to 2010, these interviews were held at three regional events.

- **Recommendation** – AACPM, applicants, and residency programs should continue to plan on the in-person residency interview event, CRIP, in January 2021. However, should circumstances require the cancellation of CRIP, all stakeholders should immediately begin work to design a virtual Interview process, on acceptable platform(s), to ensure that all programs and applicants have a reliable and conducive interview experience.

Recommendation 3: Supplemental Requirements to Qualify for Interviews and Residency Program Start

Background: To be eligible to participate in interviews and begin a residency in the podiatric profession, applicants must successfully complete formal school-based educational requirements, pass the National Board, and provide letters of recommendation. Often applicants must also submit other supplemental materials as part of a complete residency application. The current situation may result in delayed availability within the current approved timeline for the application cycle for some of these requirements.

- **Recommendation** – AACPM must work closely with the NBPME, CPME, and other stakeholders to identify any required modifications in the timeline/deadlines to assure required materials are available for the residency interview, match, and residency program start process for 2020-2021.