## RESIDENCY REVIEW COMMITTEE

## COUNCIL ON PODIATRIC MEDICAL EDUCATION

**9312 Old Georgetown Road**

**Bethesda, Maryland 20814-1621**

**301-581-9200**

# PRE-EVALUATION REPORT

The Council on Podiatric Medical Education requires an institution seeking continuing approval of an established podiatric residency program to submit this form along with supplemental materials regarding the educational program. This information will be reviewed by the evaluation team prior to the on-site visit.

It is requested that **two flash drives** of this form and of the documentation in response to question 28, pages 3-4 (supplemental materials) be submitted to the council office. Hand-written responses and hard copy documentation will not be accepted.

1. Sponsoring institution: Click here to enter text.

2. Address: Click here to enter text.

3. City, State, Zip: Click here to enter text.

4. Telephone: Click here to enter text.

5. Fax: Click here to enter text.

6. Website address: Click here to enter text.

7. Number of beds: Click here to enter text.

1. Co-sponsoring institution: Click here to enter text.

9. Address: Click here to enter text.

10. City, State, Zip: Click here to enter text.

11. Telephone: Click here to enter text.

12. Fax: Click here to enter text.

13. Website address: Click here to enter text.

14. Number of beds: Click here to enter text.

15. Program director: Click here to enter text.

16. Office address (where all correspondence will be mailed): Click here to enter text.

17. City, State, Zip: Click here to enter text.

18. Telephone: Click here to enter text.

19. Fax: Click here to enter text.

20. E-mail: Click here to enter text.

21. Pager/cell phone number: Click here to enter text.

22. Type of program as defined in CPME 320 (July 2011):

Podiatric Medicine and Surgery Residency (PMSR)

Podiatric Medicine and Surgery Residency (PMSR with added RRA credential)

23. Indicate number of approved residency positions in each year of training: \_\_/\_\_/\_\_/\_\_

24. Program begins (m/d/y) Click here to enter a date. ends (m/d/y) Click here to enter a date.

25. Indicate the resident’s stipend in each year of training: $\_\_\_\_\_/$\_\_\_\_\_/$\_\_\_\_\_/$\_\_\_\_\_

26. Does the institution sponsor approved internships or residency programs other than in podiatric medicine?

Yes  No

If yes, list types of programs: Click here to enter text.

27. List the names and professional degrees of persons holding the following staff positions (if applicable).

(a) Sponsoring institution’s chief administrative officer: Click here to enter text.

(b) Chief of podiatric staff: Click here to enter text.

(c) Chief of medical staff: Click here to enter text.

1. Chief of surgical staff: Click here to enter text.

(e) Director of medical education: Click here to enter text.

28. Supplemental materials: The following items must be submitted on each flash drive (see page 1 of the report). Supplemental materials must refer to the type of residency for which the institution is seeking continuing approval. Items (a) through (o) are referenced to the applicable requirements in CPME 320.

1. Documentation of accreditation for each institution (e.g., hospitals, offices, nursing homes) participating in the residency program (including the sponsoring institution). (Requirement 1.2)

(b) Signed copy of original written agreement(s), and any addenda, or reaffirmations if needed, between the sponsoring institution and each co-sponsoring and/or affiliated institution and/or facility (e.g., hospitals, podiatric private practice offices, nursing homes). (Requirements 1.1 and 1.3)

(c) Written confirmation of the appointment of a site coordinator at each affiliated training site in which the program director does not actively participate. (Requirement 1.3)

1. Signed copy of the contract(s) or letter(s) of appointment between the sponsoring institution(s) and the resident(s) for each year of training. (Requirements 3.8 and 3.9)
2. The residency manual that includes, but is not limited to the following: (Requirement 3.10):
   1. The policies and mechanisms affecting the resident (Requirement 3.13)
   2. Rules and regulations (Requirement 3.13)
   3. Curriculum: A list of the competencies to be achieved by the resident and identification of the specific rotation(s) to be used to enable resident achievement of each competency. (Requirement 6.1)
   4. Formal schedule for clinical training for the duration of the program. The schedule must relate to the institutions and facilities listed in response to item (a) above and to the rotations identified in the curriculum. The schedule also must document that the time spent in the rotations in infectious disease plus internal medicine and/or family practice plus two medical subspecialties (dermatology, endocrinology, neurology, pain management, physical medicine and rehabilitation, rheumatology, and wound care) is equivalent to a minimum of three full-time months of training. (Requirements 6.3 and 6.4)
   5. A journal review schedule and a schedule of didactic activities that complement and supplement the curriculum on at least a weekly basis for the current training year. (Requirements 6.7 and 6.8)
   6. Copies of the documents that will assess and validate the extent to which the resident has achieved the competencies. (Requirement 7.2).

(f) The certificate verifying satisfactory completion of training requirements that includes the statement “Approved by the Council on Podiatric Medical Education” relative to the PMSR. (Requirement 3.11)

(g) Curriculum vitae of the program director and a statement providing evidence that the director possesses appropriate clinical, administrative, and teaching qualifications suitable for implementing the residency. (Requirement 5.2)

(h) List of podiatric medical faculty actively involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). If a faculty member is not certified by a board recognized by the Joint Committee on the Recognition of Specialty Boards, please describe the specialized qualifications possessed by this individual that make him/her qualified in the subject matter for which he/she is responsible. (Requirements 5.5 and 5.6)

(I) List of non-podiatric medical faculty actively involved in the program with educational and professional qualifications of each (i.e., for each staff member, list only name, degree, and affiliations with certifying and professional organizations). (Requirements 5.5 and 5.6)

(j) Copy of the ACLS certificate for each resident. (Requirement 6.5)

(k) Copies of completed assessment documents for all rotations and for each resident from the start of his/her training. These documents must also be made available to the team during the on-site visit. (Requirement 7.2)

(l) Description and copies of the most recent annual self-assessment of the program’s resources and curriculum. (Requirement 7.3)

(m) Copies of promotional materials (e.g., pamphlets, brochures, flyers, etc.).

(n) List with each resident’s name, the resident’s year of training, and whether the resident is to receive the added credential program year, and e-mail address.

***Because the institution must utilize an electronic logging system, the on-site evaluation team will review resident logs online. However, the institution will still be required to provide on two flash drives the logs for each resident’s entire residency experience for the institution’s file in the council office. Additional information related to these logs, including the date by which the logs must be provided, will be identified in the letter confirming the date of the on-site evaluation.***

29. By signing this form, the chief administrative officer and the program director confirm the commitment of the institution in providing podiatric residency training.



Chief administrative officer Date



Chief administrative officer of co–sponsoring institution (if applicable) Date



Program director Date

CPME/RRC 310

Rev: December 2013